Food Standards Scotland

For safe food and healthy eating

Food Standards Scotland Dietary Monitoring and Surveillance Strategy 2026 – 2032

Published: 23 November 2026



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Acknowledgements

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At Food Standards Scotland we have a unique role, working independently of Ministers and industry to provide advice which is impartial, and based on robust science and data.

Our remit covers all aspects of the food chain which can impact on public health – aiming to protect consumers from food safety risks and promote healthy eating.

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1. Executive summary

This strategy sets out how Food Standards Scotland (FSS) will strengthen dietary monitoring and surveillance from 2026 to 2032.

It introduces a more structured, efficient and policy-focused approach, centred on:

- Regular reporting aligned to the Scottish Health Survey (SHeS) cycle
- Stronger analysis of inequalities
- Strategic use of complementary data and evidence
- Enhanced support for policy development and evaluation

This approach will:

- Improve understanding of dietary behaviours and risks
- Track progress towards the Scottish Dietary Goals (SDGs)
- Strengthen the evidence base for policy decisions
- Support prevention-focused action by government, public bodies and wider stakeholders to improve population health and reduce health inequalities

Delivery will prioritise high-quality dietary intake data, supported by wider evidence on food environments, biological status and emerging issues. A clear reporting framework and strong partnerships will maximise impact within available resources. Success will be demonstrated through improved timeliness, relevance and uptake of dietary evidence in policy, practice and decision-making, helping to inform actions that improve diet, health and reduce inequalities across Scotland.

2. Introduction

Food Standards Scotland (FSS) has a statutory duty to 'improve the extent to which members of the public have diets which are conducive to good health', as set out within the Food Scotland Act (2015). FSS also have a duty to protect the public from risks to health which may arise in connection with the consumption of food.

Diet is one of the most important determinants of population health. Dietary patterns influence healthy life expectancy, risk of chronic disease, health inequalities and demands on health and care services. Robust dietary evidence is therefore essential for informing prevention-focused policy and assessing whether actions are improving health outcomes across Scotland.

FSS has a well-established role in monitoring the Scottish diet, building on work previously undertaken by the Food Standards Agency in Scotland (FSAS). This programme provides independent, robust evidence to inform policy and public health action and supports FSS' organisational strategy 'A safe, authentic and healthier food environment that Scotland can trust'.

A major step forward in our ability to monitor and report on diets in Scotland is the integration of Intake24, a 24-hour recall tool, within the Scottish Health Survey (SHeS). This provides detailed and nationally representative dietary information for adults on a rolling basis every 3 years (since 2021), strengthening the evidence

available to monitor diets and assess risk. Data for children will be incorporated from 2027. The Intake24 tool is also used within the UK National Diet and Nutrition Survey (NDNS), providing consistency across survey data collection.

FSS is recognised as the leading authority on public health nutrition in Scotland, publishing independent and transparent evidence on diet. This includes analyses of food and drink purchasing patterns, dietary modelling, literature reviews and in-depth examinations of dietary behaviours and nutrient sources. This multi-source approach enables us to provide robust, evidence-based advice and recommendations to government and stakeholders, thereby supporting action to improve the Scottish diet.

3. The Scottish Dietary Goals

The Goals describes the type of diet that will improve health and reduce diet related disease. They are set at the population level, indicating both the direction of travel and the scale of change needed. Whilst the Goals underpin a healthy balanced diet, they are not intended to be consumer facing; the Eatwell Guide is the main consumer facing resource used across Scotland and the UK, providing practical guidance for individuals and reflects the SDGs in a consumer-friendly format.

FSS began work to review the 2016 SDGs in 2024/25, to ensure they continue to reflect current scientific evidence on diets and align with the policy landscape in Scotland. We will publish a technical report of the review and recommendations for revised SDGs later in 2026.

4. Policy context

Progress towards achieving the dietary Goals in Scotland has been slow, with limited improvement for over 20 years. Diets remain too high in calories, fats, sugar and salt and too low in vegetables, fruit, fibre and oily fish. Although some progress has been made, overall progress is insufficient and is contributing to high levels of diet related conditions, including 68% of people living with overweight and obesity. Improving healthy weight remains a key national priority.

Scotland's Population Health Framework 2025–2035 sets out a ten-year strategy which emphasises prevention and reducing inequalities, with improvement to the food environment identified as a key priority to supporting healthier diet. Dietary monitoring and surveillance provides a critical evidence base for the Population Health Framework by assessing dietary behaviours, identifying inequalities in diet across population groups and socioeconomic circumstances, and evaluating whether prevention-focused policies are contributing to healthier food environments, improved diets and, ultimately, better health outcomes.

In parallel, regulations to restrict the promotion of high fat, sugar and salt (HFSS) foods will come into force in October 2026, targeting food categories that are significant contributors of calories, fat and sugar to the Scottish diet. Similar promotions regulations are already in place within England, alongside strengthened restrictions on advertising of HFSS foods on TV and online. These policies are intended to reduce exposure to less healthy foods and support consumers to access a healthy diet.

Robust dietary surveillance will be essential to understand how these changes to the food environment influence dietary intakes and inequalities across population groups, in addition to evaluating policy effectiveness and identifying any unintended consequences.

The Good Food Nation (Scotland) Act 2022, provides an overarching framework for food policy and requires Ministers to publish a national Good Food Nation Plan. The first Plan was published in 2025 and includes a core aim of transforming Scotland's food system to better support and promote a healthy population, by moving diets towards the SDGs. FSS dietary monitoring will play a key role in tracking progress against these ambitions.

5. Vision

Overall, the vision is for:

A credible, high-quality dietary monitoring framework that provides timely, robust and policy relevant evidence to support prevention, reduce inequalities and improve diet, health and wider public outcomes in Scotland.

Our dietary monitoring will provide the robust, timely evidence needed to understand population eating patterns, assess risks to diet related health and inform policy. At its core is risk assessment: analysing dietary intake data to identify priority areas for action, track emerging issues, and monitor progress toward the SDGs. This will be complemented by wider evidence, including purchasing data and consumer insights to understand factors and motivations for food choices.

The strategy is designed to be structured yet adaptable, enabling FSS to respond to changes in dietary behaviours, health risks and policy priorities. It provides clear strategic direction while future-proofing the strategy, ensuring the flexibility needed to remain effective and sustainable within available resources.

6. Objectives

The objectives of this strategy are to:

- conduct robust dietary risk assessment;
- report on progress towards the SDGs;
- inform policy development and dietary improvement actions
- identify emerging dietary risks and priority population groups; and
- support policy makers and stakeholders to take evidence-informed action to improve diets, population health and reduce inequalities.

The strategy spans 2026–2032, reflecting the cyclical nature of dietary data collection and the need to assess trends over time. It is intended to provide a clear long-term direction while allowing for regular review and adaptation to ensure our

approach remains aligned with emerging evidence and evolving assessment techniques.

7. Strategic principles

In line with the broader Public Health Nutrition Strategy, these principles form the foundation for how we operate, the standards we will uphold and the values that will guide our approach.

7.1 Data openness and transparency

We will ensure that dietary evidence, including datasets, analyses and methodologies is accessible wherever appropriate. Data will be shared through platforms such as the UK Data Service to support transparency, enable secondary analysis and maximise the use of our outputs by researchers, practitioners and stakeholders.

7.2 Accessibility and usability of evidence

To maximise the impact of our dietary surveillance evidence, we will ensure it is visible and accessible for a range of audiences. Particular emphasis will be placed on ensuring findings are translated into clear, actionable messages for policy makers and decision makers. Alongside technical reports, FSS will produce targeted summaries and briefing materials that highlight key findings, implications and opportunities for action.

Outputs will be provided in a variety of formats, including reports, summaries, visualisations and digital content, supported by webinars and online dissemination. Ensuring that evidence is usable for all audiences maximises impact and supports engagement across policy, practice, academia and the public.

We will strengthen engagement with academic partners, policy makers, public sector partners and other stakeholders and support secondary analyses through accessible datasets and guidance and monitor the reach and effectiveness of our dissemination activities, to improve how evidence is communicated and used.

7.3 Maximising use of existing data

We will prioritise the use of existing datasets to ensure efficiency and avoid duplication. This includes drawing on datasets, such as the SHeS and NDNS data, linking with other relevant sources, and aligning with ongoing work by our partners, including SG and Public Health Scotland (PHS). Leveraging existing evidence and maximising the use of digital solutions will enable us to maintain quality and breadth while using resources effectively. Section 9 provides more detail on how we will work with others to deliver our strategy.

7.4 A focus on inequalities

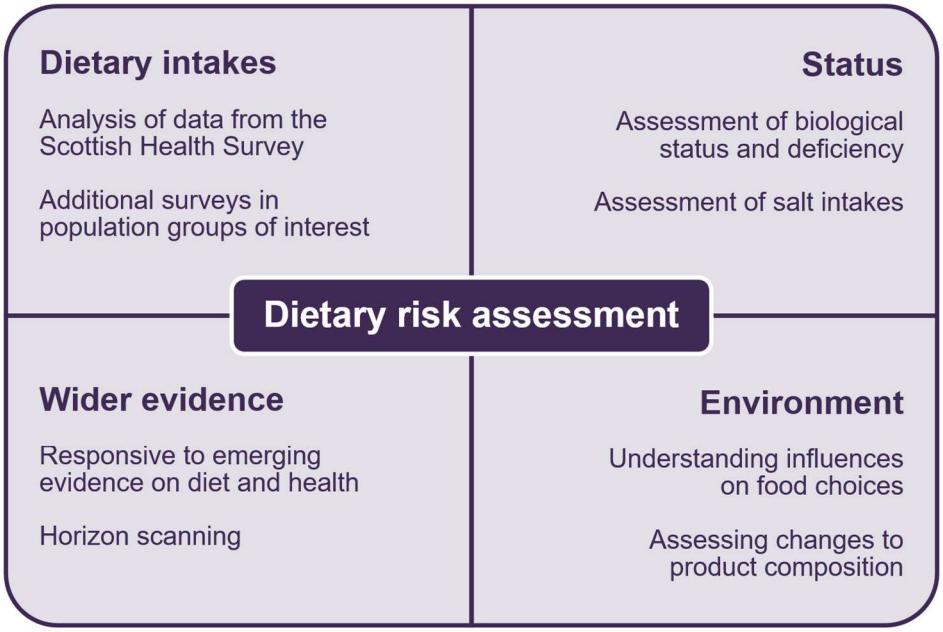
A focus on inequalities will be embedded through all aspects of our work. Where possible and recognising that this is not always feasible due to data availability, all

analyses will consider variations by socioeconomic position, sex, age, ethnic group and other relevant characteristics. This will support identifying where action is most needed and ensuring that recommendations support equity as well as overall population health.

8. Scope of the strategy

Dietary intake data will underpin dietary risk assessments, providing the primary evidence for understanding population diets and identifying areas of concern. This will be complemented, where possible, by wider evidence on biological status, the food environment and emerging issues. Figure 1 provides an overview of our overall approach, with more detail provided in Sections 8.1 – 8.4.

Figure 1: FSS approach to dietary risk assessment



8.1 Dietary intakes

Dietary intake data from the Scottish Health Survey (SHeS) will form the core of surveillance activity.

A structured reporting framework will deliver a clear, accessible, and comprehensive suite of outputs providing regular, high-level insights into progress against both food and nutrient based goals. This will build on existing SHeS reporting, enabling more detailed exploration of dietary intakes across population groups, including by socioeconomic factors such as SIMD and income, and identify key contributors to nutrients of concern. Where feasible, it will also explore opportunities to link dietary data with health outcomes collected through SHeS, such as BMI and diet-related conditions, ensuring a more holistic understanding of diet and health in Scotland.

Dietary intake data from SHeS are collected every three years. Reporting will be aligned to ensure outputs are timely and reflect the availability of new survey data.

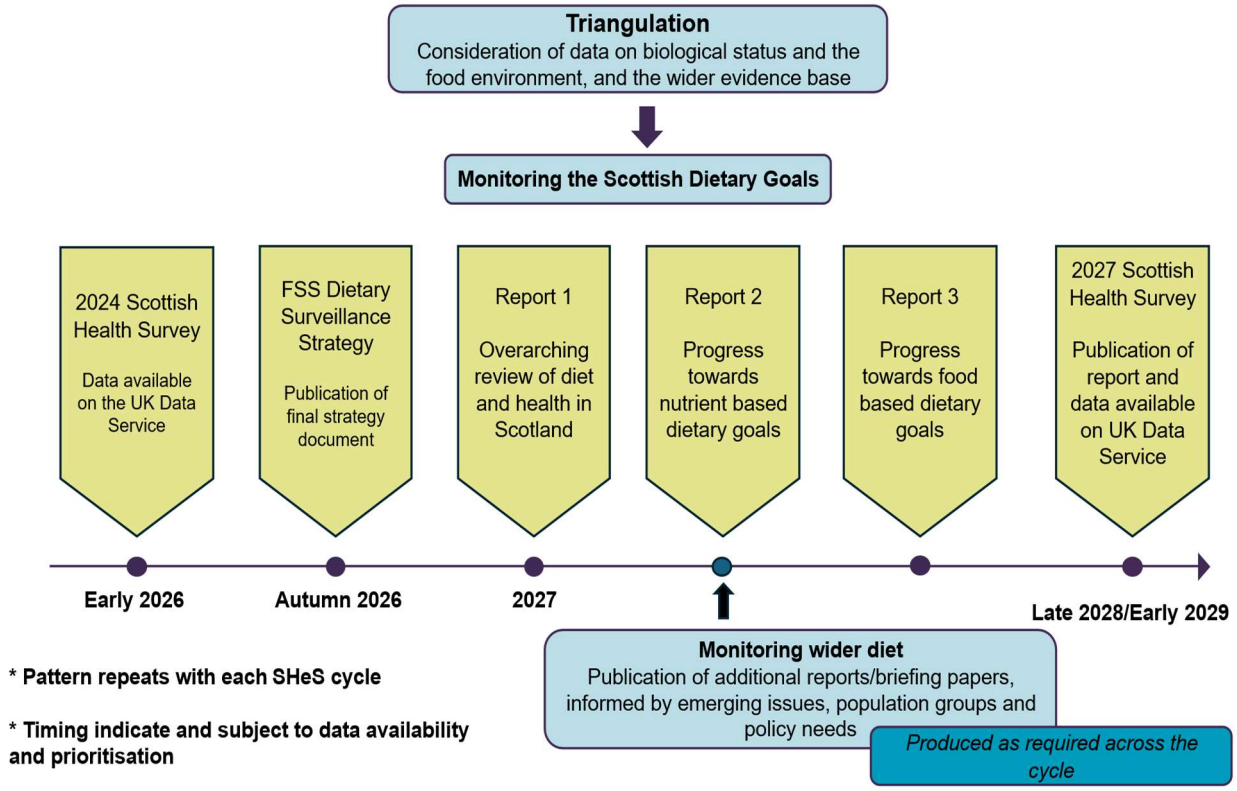
In addition to the core reporting, we will undertake supplementary analyses to address aspects of the diet not fully captured within the Goals such as micronutrient intakes (and status where available, see section 8.2), or examinations of particular dietary patterns, and priority population groups. Topics will be agreed on an annual basis by the Public Health Nutrition Division, with input from SG, relevant stakeholders and partners such as PHS.

Dietary findings will be interpreted alongside relevant food environment data where appropriate (see section 8.3) such as purchasing patterns and progress towards reformulation.

Together, this approach provides a flexible, responsive, and comprehensive reporting structure capable of supporting policy development, evaluation, consumer and stakeholder messaging, public health nutrition action and wider prevention efforts in Scotland.
Findings will be actively communicated to policy makers, delivery partners and other key stakeholders through tailored outputs and engagement activities to support evidence-informed decision making.

Figure 2 provides an indicative reporting timeline for dietary surveillance outputs across the Scottish Health Survey cycle.

Figure 2: Indicative reporting timeline



8.2 Biological status

Biomarker data strengthen dietary risk assessment by providing biological measures of nutrient status, helping to interpret data on intakes and assess risk of deficiency. These measures help bridge the gap between reported intake and actual risk of deficiency.

Urinary sodium surveys also provide a more accurate method of assessing salt intakes than dietary surveys alone.

However, biological sample collection is resource intensive and has not been recently conducted in Scotland. FSS will explore low-cost innovations including emerging technologies to improve monitoring of micronutrient and salt/sodium intakes and status.

8.3 Environment

Evidence on the food environment (for example information on promotions and marketing tactics) complements data on dietary intake, providing insight into purchasing patterns and the wider factors that shape dietary behaviour, including reformulation.

The inclusion of Intake24 within the SHeS now provides a consistent source of dietary intake data, which reduces the need for routinely commissioning annual commercial purchasing data as in previous years. Future commissioning will therefore be targeted and driven by policy and evidence needs.

FSS will also explore data-sharing opportunities between FSS, SG and other public sector organisations to maximise the value of existing data and avoid duplication of publicly funded data collection.

8.4 Wider evidence

FSS will remain responsive to emerging evidence on diet and health and new scientific developments by drawing on a wide range of reputable evidence sources, including systematic reviews and international dietary guidance, alongside academic and government studies.

Regular horizon-scanning, engagement with expert networks and participation in cross-government scientific forums will support early identification of new risks, trends and research priorities.

Clear articulation and more active use of our areas of research interest is essential to strengthening dietary surveillance, by ensuring future research aligns with both strategic priorities and emerging needs. FSS will promote its research priorities to encourage alignment with strategic needs, support relevant research, and strengthen links with the academic community. Publicising these requirements will help influence research and ensure evidence generated is relevant to policy.

9. Working with others

Collaboration is central to delivery of this strategy in order to maximise resource and avoid duplication.

9.1 Scottish Government (SG) and Public Health Scotland (PHS)

Regular engagement with SG and PHS supports alignment of evidence plans, shared understanding of priorities and identification of gaps affecting policy development. It also enables exploration of shared resourcing or co-funding approaches where interests overlap. Our strategic partnership agreement with PHS reinforces our commitment to data-sharing, intelligence and evidence, and enables collaborative research activities aimed at addressing shared public health priorities.

These partnerships are critical to ensuring dietary evidence informs policy development, implementation and evaluation across Scotland's public health system and contributes to delivery of wider prevention ambitions.

9.2 Scientific Advisory Committee on Nutrition (SACN)

FSS acts as the Scotland observer to SACN, contributing through attendance and participation in main committee and working group meetings, as well as horizon-scanning exercises where future risk assessments are collectively discussed and agreed. This ensures alignment between our analytical priorities and the evolving evidence base.

9.3 Rural and Environment Science and Analytical Services (RESAS) research programme

FSS contributes to the Rural and Environment Science and Analytical Services (RESAS) research programme, through involvement in programme development and advisory roles on individual projects. We will also promote the areas of research interest related to healthy and sustainable diets, contained within the Environment, Natural Resources and Agriculture (ENRA) Research Strategy 2027 to 2032.

10. Conclusion

This strategy sets out a clear, flexible, evidence-driven approach to monitoring dietary patterns in Scotland from 2026–2032. It prioritises high-quality dietary intake data supported by use of wider evidence and emphasises transparency, accessibility, a focus on inequalities and the efficient use of resources. Delivery will be supported through strong partnerships across government, public health and academia.

A structured reporting framework will provide timely, comprehensive assessments of progress towards the SDGs, while supplementary analyses will address emerging issues and specific population groups. This will improve the timeliness, clarity and usefulness of dietary evidence for policy and practice.

Effective risk management and prioritisation will ensure that the programme remains robust, adaptive and capable of informing policy, practice and future public health action. Taken together, this strategy strengthens the evidence base needed to inform policy, support prevention, reduce inequalities and improve diet, health and wider public outcomes in Scotland. By ensuring robust evidence reaches decision makers in an accessible and actionable way, it will help drive effective action across the public health system.