The Food (Promotion and Placement) (Scotland) Regulations 2025

Equality Impact Assessment (EQIA)

October 2025

Scottish Government
Riaghaltas na h-Alba

Title of policy: The Food (Promotion and Placement) (Scotland) Regulations 2025

Summary of aims and desired outcomes of the policy

The primary aim of this policy is to reduce the public health harms associated with the excess consumption of calories, fat, sugar and salt, including the risks of developing type 2 diabetes, various types of cancer and other conditions such as cardiovascular disease, as part of a wide-ranging suite of actions to support healthier diets and healthy weight. This policy is also intended to contribute towards the reduction of diet-related health inequalities, including in relation to socioeconomic disadvantage.

Restricting the promotion of less healthy food and drink where they are sold to the public is intended to shift the balance of promotions towards healthier options, making it easier for people to purchase fewer high fat, sugar, or salt (HFSS) products and create an environment where it is easier for people to make healthier choices for themselves and their families. This is in line with the public health priority to develop a whole system approach to improve food environments; ensure a healthy, balanced diet is accessible and affordable to all; and improve population levels of healthy weight as set out in the Scottish Government's Population Health Framework.

Directorate: Population Health

Division: Population Health Strategy and Improvement

Team: Tobacco, Gambling, Diet and Healthy Weight

Executive summary

Background

Improving the nation's diet and promoting healthy weight is important to improve people's overall health and reduce the risk of diet and weight-related ill health. It is a key initial priority of the Scottish Government and COSLA joint Population Health Framework, given its importance for improving the health of the population, reducing inequalities, and preventing harm from experience of overweight and obesity.

The association between poor diet, excess weight and health outcomes such as heart disease, type 2 diabetes and certain cancers is clear and well evidenced.

The primary aim of this policy is to reduce the public health harms associated with the excess consumption of calories, fat, sugar, and salt, including the risks of developing obesity, type 2 diabetes, various types of cancer and other conditions such as cardiovascular disease. The regulations are part of a wide-ranging suite of actions to support healthier diets and healthy weight. This policy is also aimed at reducing diet-related health inequalities, including in relation to socioeconomic disadvantage.

The food environment and the options available and promoted to us shape our health. It is often skewed towards the promotion of less healthy food and drink, which can encourage people to purchase more than they need or intend and consume additional calories.

By restricting promotions on high fat, sugar or salt (HFSS) foods, the policy aim is to shift the balance of promotions towards healthier options, making it easier for people to reduce volume and impulse purchase of HFSS food and drink and make healthier choices. Evidence indicates that action to improve the food environment will contribute to improvements in population levels of healthy weight – in line with the priority of the Population Health Framework.

The Framework is based on five key interconnected prevention drivers of health and wellbeing:

- Prevention Focused System
- Social and Economic Factors
- Places and Communities
- Enabling Healthy Living
- Equitable Access to Health and Care

Restricting the promotions of less healthy food and drink has been identified as an early priority action under the Framework.

The Good Food Nation (Scotland) Act 2022 provides the framework for clear, consistent and coherent future Scottish food policy including cross-public agency action.

Restricting the promotion of less healthy food and drink is a population level intervention and is expected to have a positive impact on public health across population groups. Focusing on transforming the food environment is more likely to help improve diet and weight and be more effective in reducing health inequality than only encouraging individual behaviour change.

Regulations will make it easier for people to make healthier food choices by:

- targeting food categories that are significant contributors of calories, fat and sugar to the Scottish diet and are the food categories of 'most concern to childhood obesity' as described in the UK-wide reformulation programmes;
- restricting promotions of pre-packed food and drink products within targeted food categories that are HFSS;
- restricting certain price promotions of targeted HFSS foods, such as multi-buy offers (for example buy one get one free) and free refills of soft drinks with added sugar;
- restricting the placement of targeted HFSS foods in prominent locations in store and online.

Location restrictions - where a product can be displayed - will not apply to the following for practical considerations:

- specialist retailers (e.g. chocolatiers, confectioners, cake shops); and
- stores with a floor area of less than 185.8 m^2 (2,000 sq. ft).

The promotion and location restrictions (with the exception of the restriction on free refills of soft drinks with added sugar) will apply to businesses with 50 or more employees that offer prepacked targeted HFSS foods to the public, both in store and online (excluding out-of-home businesses such as restaurants, cafes and takeaways).

The restriction on free refills of soft drinks with added sugar will apply to business with 50 or more employees that offer such soft drinks for sale to the public (in store).

Where businesses operate under a franchise or franchise like agreement, the employees of the businesses operating under those agreements are treated as employees of the franchisor and not of separate businesses, for calculating whether the franchisor business has 50 or more employees.

Scottish Government plans for restriction of promotions align with equivalent policies to restrict promotion of less healthy food and drink in England and in Wales.

The Scope of the EQIA

The potential impact of the policy on protected groups has been considered throughout the policy development process. This Equality Impact Assessment (EQIA) has been undertaken as part of the development of a suite of impact assessments that set out impacts considered as part of arriving at the final policy decision.

The Scottish Government (SG) Promotions Policy Team has lead responsibility for the EQIA and has sought input and support from Analytical Services and from relevant policy areas in SG, including Social Justice, Food and Drink, and School Food. Input has also been sought from external stakeholders, including Public Health Scotland and Food Standards Scotland.

The EQIA has been informed by several public consultations on the policy, and further specific engagement with public health and business stakeholders through roundtable discussions, and with children and young people, and people with lived experience of socio-economic disadvantage.

A review of the available evidence has also been undertaken to support this EQIA and development of the final policy.

Public consultation

Several public consultations have been run over the course of the development of this policy.

A consultation in 2017-18 included questions on restricting promotions. An analysis of this was published in April 2018.

In 2018, following a commitment in the Diet and Healthy Weight Delivery Plan, the Scottish Government consulted on proposals to restrict the promotion and marketing of targeted HFSS food and drink where they are sold to the public. Analysis of the consultation was published in September 2019.

A further consultation on restricting HFSS promotions was open from the 1 July 2022 to the 23 September 2022. The independent consultation analysis is available on the Scottish Government website.

In 2024, the Scottish Government consulted on the detail of proposals, seeking views on the following:

- targeted foods within the scope of restrictions;
- price promotions within the scope of restrictions, including meal deals and temporary price reductions;

- the approach to placement restrictions of targeted foods in store and online;
- the qualifying businesses within the scope of restrictions, including proposed exemptions;
- the proposed approach to enforcement and implementation.

The consultation ran from 27 February to 21 May 2024. The consultation received 362 responses, 83 from organisations and 279 from individuals. The independent consultation analysis and Scottish Government policy response have been published.

Stakeholder engagement

The Scottish Government has pro-actively engaged with a wide range of stakeholders, including individual businesses, industry representative bodies, public and third sector organisations and individuals.

The Minister for Public Health and Women's Health held several roundtable discussions with public health and business stakeholders, as part of the 2024 consultation process. Summaries of these roundtable discussions have been published.

Poverty Alliance Workshops

The Scottish Government commissioned the Poverty Alliance to recruit and facilitate two workshops considering the impact of restricting promotions on less healthy food and drink items on people living on low incomes.

Internal Health Inequalities Internal Scoping workshop

The aim of the workshop was to explore the impact the policy may have on health inequalities, those with protected characteristics, human rights, and different socioeconomic groups. The internal session was facilitated by Public Health Scotland on the 14 November 2022. In attendance were representatives from Public Health Scotland, Food Standards Scotland, and Scottish Government policy teams representing groups who may be impacted by the policy, such as Children and Families, Social Justice, Food and Drink.

Young Scot

Scottish Government engaged Young Scot as Scotland's national youth information platform to help facilitate young people's engagement in relation to consultation and impact assessments on the policy to restrict less healthy food and drink promotions – including supporting young people to contribute their views to inform the development of the policy.

Consumer survey

In 2023, the Scottish Government commissioned a Consumer Survey on Shopping Behaviours and Meal Deals. A quota sample of 1187 adults in Scotland age 18+ years were asked a number of questions in relation to shopping behaviours and meal deals during September 2023. The sample was weighted to be representative of the Scottish adult population by age, sex, and socioeconomic status (SES).

Evidence review

The evidence relating to the impact of food and drink promotions on each of the protected characteristics has been reviewed and is summarised in the next section.

Key Findings

This section is a summary of existing evidence on expected impacts on population groups in Scotland through the lens of the protected characteristics in the Equality Act 2010.

A policy to restrict the location and price promotion of targeted HFSS food and non-alcoholic drinks is expected to have a positive impact on health outcomes across all population groups. A differential impact may occur across different population groups, primarily due to differences in consumption patterns of HFSS foods, shopping behaviours (thus exposure to promotions) and responsiveness to promotions. The prevalence of both price and placement promotions in store and online is such that that all consumers, regardless of characteristics, are exposed on a regular basis, and thus likely to be impacted to some extent.

Although the analysis focuses on one protected characteristic at a time, it is important to note that as a population-wide intervention, different protected characteristics inevitably intersect.

A recent evaluation of locations restrictions in England found that the policy did reduce sales of HFSS products and witnessed a ‘step change’ in data after implementation, suggesting this was not related to inflation or cost of living changing purchasing behaviours. The evaluation also concluded the restrictions were ‘equitable’ having assessed purchasing changes across a range of settings.

Age

Public health impact

Evidence suggests that children consume more HFSS foods than adults[1]. Promotions can encourage bulk purchasing and increased consumption, which may disproportionately affect children's dietary intake. By limiting such promotions, the policy could reduce exposure and consumption particularly among children, potentially contributing to healthier eating habits during formative years. However, while children consume more HFSS foods, a greater proportion of adults are overweight or obese, indicating that the policy could also have meaningful health implications for older populations.

Shopping behaviours could mediate the policy's impact by age. There is limited evidence on where different segments of society shop. Available evidence, however, indicates that younger people are more likely to shop at discounters, such as Lidl (less reliant on volume promotions) and local/ convenience stores. In a 2023 survey, overall, 60% of groceries were reported to be purchased from supermarkets, 28% from discounters, 10% from convenience stores and 2% from other sources. Older people (55+) reported getting more of their grocery shopping at supermarkets (65%) than younger people (58% for 35-54yrs and 55% for 18-34yrs). Younger age groups reported a greater proportion of their shopping from discounters than older groups (31% for 18-34yrs vs 25% for 55+yrs).

All groups only obtain a relatively small percentage of their shopping from local/ convenience stores. The younger age group obtained a little more (12%) than the older group (9-10%). This could have some limited effect on the policy's reach among younger adults, who may be less impacted by the regulations as they continue to be exposed to price and/ or location promotions of HFSS products through stores which are exempt from restrictions on the basis of business and/ or store size. This is mitigated by the inclusion of small businesses that have entered into a franchise or franchise like agreement (where the total number of employees of the franchisor and the businesses operating under the franchise agreement is 50 or more) within scope of regulations.

There is the potential for differential impacts of the restrictions given the potential for different responses to promotions by age. Again, the evidence is very limited, however, there are multiple studies that suggest that children have susceptible "unconscious short cuts" which predisposes them to more impulsive purchasing than adults. This is particularly the case for location promotions and the restrictions on these could be expected to have a greater impact for children or families with

[1] Scottish Health Survey - gov.scot – surveys 2017, 2018 and 2021; and Dietary Intake in Scotland's CHildren (DISH) research report - Food Standards Scotland (2025)

children[2] which would see a differential positive effect on this cohort given the higher consumption of HFSS by children and families with children.

Dietary requirements

It has been suggested in consultation responses and by participants at the Health Inequalities Scoping Workshop that older adults may be more likely to rely on processed ready meals and could be negatively impacted if ready meals were in scope of the policy.

The policy will not restrict availability of ready meals or promotions of non-HFSS ready meals. It is a possibility that HFSS ready meals will increase in price however this will depend on retailer behaviour and whether the introduction of 'everyday low pricing' in place of price promotions is introduced. However, promotions do not always offer best value and can lead to consumers overlooking cheaper alternatives for instance own brand products, or purchasing more than they need to get the discount e.g. in the case of bulk buy/x for £y type offers. Restricting promotions of HFSS ready meals may shift purchasing behaviour toward healthier options and have a positive public health impact on this group.

It has been suggested that the inclusion of fortified cereals in restrictions may increase the risk of vitamin D deficiency in at risk groups, including older adults. The policy will not restrict availability of fortified cereals, which will still be available to purchase. The regulations will only restrict the promotion of products which are HFSS. This could lead to a shift in purchase towards healthier breakfast cereals, many of which may be fortified too. In addition, since it is difficult to get adequate vitamin D from dietary sources alone, population groups at higher risk of vitamin D deficiency are advised to take a daily vitamin D supplement all year round.

Disability

Public health impacts

In 2024, 39% of the adult population in Scotland reported living with a long-term limiting health condition, with women (42%) more likely than men (35%) to report having such a condition. There is limited evidence about intake of HFSS foods in this population group. Using fruit and vegetable consumption and average energy density as proxy indicators of how healthy in general the diet is, there was no

[2] Cairns, G., (2015), 'The Impact of Food and Drink Marketing on Scotland's Children and Young People', Institute for Social Marketing; Cairns, G., K. Angus, G. Hastings, and M. Caraher, (2012), 'Systematic reviews of the evidence on the nature, extent and effects of food marketing to children. A retrospective summary', *Appetite,* vol. 62, no. 1, pp. 209 – 215; Campbell S., E. James, F. Stacey, J. Bowman, and K. Chapman (2014), 'A mixed-method examination of food marketing directed towards children in Australian supermarkets, Health Promotion International, vol. 29, no. 2, pp. 267-277

difference between those with and without disabilities in 2021. It is acknowledged that there may be specific groups that have lower quality diets than non-disabled counterparts, and where that is the case, the policy will have a beneficial impact. In addition, the evidence is consistent that those with disabilities are more likely to live with overweight and obesity and hence the policy has further potential to have greater beneficial impact for this group.

In engagement with public health groups, it has been suggested that disabled individuals may be more likely to rely on processed ready meals. This policy will not restrict promotions of non-HFSS ready meals and ready meals that are in scope of restrictions will still be available to purchase, just not on promotion. As set out, promotions do not always offer best value and can lead to consumers overlooking cheaper alternatives or purchasing more than they need to get a discount. Therefore, restricting promotions on HFSS ready meals may encourage purchases of healthier options and have positive public health outcomes for those who frequently purchase them.

Disabled people are at greater risk of being overweight than those without a disability. Thus, anything that has the potential to influence intake of high calorie foods may benefit disabled people to a greater extent than those without a disability. There is limited evidence on where different segments of society shop. In a 2023 Scottish Government commissioned survey, no difference was observed in where people shopped depending on whether or not they had a disability. The survey found that the majority of people with or without disabilities buy their shopping from supermarkets or discount stores, and will therefore have similar exposure to promotions.

No evidence was identified of differential impacts – positive or negative – on specific subgroups of disabled people.

A limitation of disability evidence is that it rarely differentiates between types of disability or takes account of proportionately higher levels of long-term limiting illness in those on lower incomes or from more deprived areas or as people get older. Some considerations around disability may be similar to those captured under the earlier sub-section on age, given the link between age and potential onset of long term conditions.

Dietary requirements

Engagement for the EQIA suggested that consideration should be given to individuals with certain medical conditions who may require a specific diet. For example, those who require a high calorie diet, neurodivergent people who may be very particular about what they eat, or diabetics who may rely on sugary drinks to increase their blood sugar where required.

Following the policy's implementation, those who rely on a particular product or specific brand of product may no longer be able to buy that product on certain types of promotion, which may lead to increased costs for those individuals. It is important

to note that the policy does not restrict the sale of any product, and there are often cheaper and/or healthier alternatives available to those that are on promotion.

Sex

Public health impacts

The results of the 2024 Scottish Health Survey reported 69% of men and 63% of women having a BMI of 25 or more (defined as living with overweight, including obesity). Within that, 27% of men and 35% of women were reported to have a BMI of 30 or more (defined as living with obesity). Thus, anything that has the potential to influence intake of high calorie foods may benefit men more than women in general, but also those women living with the highest levels of obesity.

There has been no clear difference reported in overall diet quality between men and women. There was also no difference by sex reported as to where people grocery shop, with around two thirds of both men and women doing most of their shopping at supermarkets. It is, therefore, expected that there will be minimal difference in the policy's impact based on consumption behaviours and exposure to promotions by sex.

No evidence was encountered regarding any differential response by sex to location or volume-based promotions.

A key consideration is the policy's impact on low-income households. The lowest income households tend to be lone parent households. The large majority of lone parents are women and these households tend to experience the highest levels of food insecurity rates. Furthermore, women tend to be the main carers of children. These aspects and impacts on low-income households have been assessed further in an accompanying Fairer Scotland Duty Assessment.

Pregnancy and maternity

In 2022/23, obesity was recorded in 27.9% of maternities with a known BMI and this percentage is increasing more steeply over time. In an additional 28.6% of maternities, the individual was overweight totalling 56.5% living with overweight (including obesity). There has been a steady increase in maternal obesity, with a corresponding increase in gestational diabetes. Over a quarter and nearly a tenth of maternities were affected by obesity and diabetes respectively in 2023/24. Restriction of HFSS promotions is likely to have a positive impact given its expected positive impact on population level obesity and weight.

No evidence was encountered that investigated any differential consumption or shopping behaviours compared to the general population or responsiveness to

promotions. Advice from NHS Scotland on eating well in pregnancy, is to limit intake of high fat and high sugar foods and follow a healthy diet as per the general population. Restricting promotions on HFSS foods could encourage and make it easier for those who are pregnant to make healthier choices.

Concern was also raised by a respondent to the 2022 consultation that the health of pregnant women and young children would be impacted by restricting promotions of dairy products. However, only promotions of those dairy products classed as HFSS would be restricted, while healthier products could still be promoted. The policy will not prevent consumers from purchasing any products but is intended to support people to make healthier choices.

It has been suggested that the inclusion of fortified cereals within scope of restrictions may negatively impact pregnant women, as cereals can be fortified with folic acid which is required for foetal development. Only cereals classed as HFSS would be subject to restrictions, and healthier fortified cereals could still be promoted. Further, it is recommended that women take a folic acid supplement prior to conception and for the first 12 weeks of pregnancy. Since 2017, all pregnant women in Scotland have been provided with free Healthy Start vitamins, which contain folic acid, throughout their pregnancy. From December 2026, non-wholemeal wheat flour will be fortified with folic acid, to help increase folate levels in women and is in addition to current supplementation advice. It is therefore expected that promotions restrictions would not have a differential impact on this cohort.

Pregnant women are more likely to live in the most deprived areas than the general population. Potential impacts of promotions restrictions by deprivation are considered further in the Fairer Scotland Duty Impact Assessment.

Gender reassignment

No evidence was encountered that investigated any differential consumption or shopping behaviours compared to the general population, or responsiveness to promotions. There has been no suggestion made that the policy will have a significantly different impact based on whether an individual is proposing to go, are undergoing or have undergone (part of) a process of gender reassignment.

Sexual orientation

No evidence was encountered that investigated any differential consumption or shopping behaviours compared to the general population, or responsiveness to promotions. There has been no suggestion made that the policy will have a significantly different impact based on an individual's sexual orientation.

Race

In both adults and children, Black African or Caribbean groups are most at risk of obesity and Chinese or other Asian groups at lowest risk. However, the national weight surveillance methods do not take into account that Asian and Black groups are at higher risk of obesity at lower BMIs. Any measure that has the potential to influence intake of high calorie foods may benefit those at greatest risk of obesity.

Research indicates that diets of people from ethnic minority (EM) communities are complex and vary widely with significant heterogeneity such that no definitive differential impact from the restrictions can be predicted for ethnic minority groups as a whole.

There is limited evidence on where different segments of society shop. A Scottish Government commissioned consumer survey in 2023 found that White groups are more likely to do grocery shopping at supermarkets (61%) than EM groups (48%). All groups only obtain a relatively small percentage of their shopping from local/ convenience stores. There is a tendency for EM groups to obtain more than white groups (14% vs 10%), although this difference is not significant. This could limit the policy's reach among ethnic minority adults, who may be less impacted by the regulations as they continue to be exposed to price and/ or location promotions of HFSS products through stores which are exempt from restrictions on the basis of business and/ or store size. This is mitigated by the inclusion of small businesses that have entered into a franchise or franchise like agreement, (where the total number of employees of the franchisor and of the businesses operating under those agreements is 50 or more) within scope of regulations.

Insufficient evidence was encountered to be able to comment on whether ethnic minorities may respond differentially to price or location promotions. Assuming equal impact of HFSS food promotion restrictions, those with the highest intakes of HFSS may benefit to a greater extent than those without.

Through engagement with the Health Inequalities Scoping Workshop, it was suggested that the inclusion of fortified cereals in restrictions may increase the risk of vitamin D deficiency in at risk groups, including individuals with darker skin tones and those who cover their skin for religious reasons. Following implementation of this policy, fortified cereals would still be available to purchase, and promotions would only be restricted on products deemed to be HFSS. This could lead to a shift towards the purchase of healthier breakfast cereals. In addition, since it is difficult to get adequate vitamin D from dietary sources alone, population groups at higher risk of vitamin D deficiency are advised to take a daily vitamin D supplement all year round.

Religion

There is limited evidence on whether promotion restrictions are likely to have a differential impact on people belonging to specific religious groups. In analysis from 2008-2011 the level of obesity amongst people who were Buddhist or Hindu was 15%, lower than the then national average of 27%. Amongst people who stated their religion as Roman Catholic, other Christian or Muslim the levels of obesity were approximately in line with the then national average. Levels of obesity amongst people who stated that they were Church of Scotland members were higher than the then national average at 30%. Any measure that has the potential to influence intake of high calorie foods may benefit those at greatest risk of obesity.

Recommendations and Conclusion

This EQIA has been undertaken as part of the development of a suite of impact assessments. This EQIA sets out a summary of the findings that have informed decisions on the final policy to restrict promotions of food and drink high in fat, sugar or salt, which is set out in the Scottish Government response to the consultation.

In summary, the policy to restrict promotions of targeted HFSS food and drink is a population level intervention. The feedback and evidence set out in this EQIA suggests that the policy may have differential impacts across different population groups, primarily due to differences in consumption patterns, shopping behaviours and responsiveness to promotions.

Overall, the policy is expected to have a positive impact on public health across all population groups by limiting exposure to HFSS promotions and reducing excess purchase (and consumption) of targeted HFSS foods, supporting healthier choices. Children in particular were identified as likely to benefit from this policy, given their higher consumption of HFSS foods compared to adults. However, given levels of overweight and obesity amongst adults, the policy is also anticipated to have a meaningful, positive impact across older age groups.

There may be some differential impact of the policy on different population groups depending on where people shop, and their exposure to promotions, although evidence is limited. For example, discounters are less reliant on volume price promotions compared to supermarkets. Therefore, groups who shop more frequently in discounters, such as communities who have lower than average incomes, may not be exposed to promotions to the same extent, potentially limiting the impact of the policy amongst these groups. This will be mitigated in part by the fact that location restrictions will apply in these stores, so the policy is still expected to have a positive impact on these groups.

The food categories within scope of promotions restrictions align with equivalent policies in England and Wales. These are food categories that are significant contributors of calories, fat, and sugar to the Scottish diet, and are the food

categories of 'most concern to childhood obesity' as described in the UK-wide reformulation programmes.

Evidence suggests that groups more reliant on particular foods within scope of restrictions, such as ready meals, could possibly be slightly negatively impacted by the policy in terms of the affordability and availability of these foods. However, only the promotion of targeted HFSS foods will be restricted so availability is unlikely to be affected. HFSS options would still be available to purchase, and healthier versions may become cheaper. Some evidence from a Leeds University evaluation of location promotions in England suggested that three out of four manufacturers involved in the study were factoring in restrictions as part of reformulation plans. This suggests that some products currently HFSS may be reformulated to be healthier and potentially continue to be offered on promotion. In addition, evidence shows that promotions do not always offer best value and can lead to consumers overlooking cheaper alternatives or purchasing more than they need or intend to get the discount. Also, targeting fewer food categories would reduce the positive public health impact of the policy across all population groups.

Whilst regulations will not directly increase the costs of non-HFSS products, and HFSS products will still be available to purchase, feedback from businesses suggests that divergence from equivalent policies in England and Wales could lead to higher implementation costs for businesses in Scotland. This could indirectly impact different populations groups if businesses passed on these costs to consumers, for example in the form of higher food prices. This is a significant consideration given current cost of living pressures and is considered in the Fairer Scotland Duty Impact Assessment.

Wider policy landscape

Focusing on transforming the food environment is more likely to help improve diet and weight and be more effective in reducing health inequality than only encouraging individual behaviour change. As set out earlier in this assessment, the promotion of less healthy food and drink is a population level intervention and is expected to have an impact across population groups. These regulations will restrict the promotion of targeted HFSS foods to reduce volume and impulse purchase of these products. The policy is not intended to restrict availability, choice, or access to food.

However, this policy alone will not deliver the scale of change required to improve diet and levels of healthy weight in the Scottish population. Inequalities in health are determined by wider, socio-economic factors, and a multi-faceted approach is needed. At both national and local level, the Scottish Government is taking wide ranging action to improve diet and support people to be a healthy weight. This includes, among other things, nutritional standards to support healthier food provision in schools, free school meals, information, advice and support for families through Parent Club and Best Start Foods, and improving availability of healthier food in local communities through the Scottish Grocers Federation Healthy Living Programme.

Monitoring and review

The importance of robust monitoring and review of the policy is recognised. Public Health Scotland are leading a programme of evaluation research supported by an Evaluation Advisory Group which includes economic and analytical advisers across Public Health Scotland, Food Standards Scotland and Scottish Government with policy officials and additional input from academics. It has implemented a range of studies to assess the baseline situation against which to compare progress and impacts at a later stage. Inequality assessment, where feasible, is a key part of this work.

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