

HEALTH AND SOCIAL CARE

Diet & Healthy Weight Monitoring Report

October 2020

Key points

- In 2019, 66% of adults aged 16 and over were overweight, including 29% who were obese. Levels of overweight and obesity for adults aged 16-64 increased between 1995 and 2008, but have remained broadly stable since then.
- Since 1998, the proportion of children aged 2-15 at risk of overweight (including obesity) has fluctuated between 26% and 33% (30% in 2019). In 2019, 14% of children aged 2 to 15 were at risk of overweight, with a further 16% at risk of obesity.
- In 2019, 22% of adults aged 16 and over met the five-a-day recommendation for consumption of fruit and vegetables. This figure has remained fairly constant since 2003.
- In 2019, 14% of children aged 2-15 met the five-a-day recommendation for consumption of fruit and vegetables. This figure shows little variation over time, lying between 12% and 15% each year since 2008.
- Between 2014 and 2019, the volume of regular take-home soft drinks purchased reduced by 13%, whilst the volume of diet take-home soft drinks purchased increased by 18%.
- The calorie contribution of carbonated drinks (ambient and chilled) reduced from 58 kilocalories per person per day in 2015 to 43 kilocalories in 2019.
- Between 2014 and 2019, the volume of take-home biscuits and confectionery and the volume of cakes and pastries purchased increased by 8% and 14% respectively.

About this publication

This publication reports the latest results against the obesity indicator framework originally developed to monitor progress against the Scottish Government's Prevention of Obesity Route Map¹ published in February 2010. The Route Map has now been superseded by the [Diet and Healthy Weight Delivery Plan](#) and [Active Scotland Delivery Plan](#) published in summer 2018. New monitoring and evaluating arrangements for these plans will be established and will include reviewing the future of this publication.

This is a compendium publication bringing together data mostly already published by various other sources. At the time of reporting, there were no new data available for the prevalence of type 2 diabetes, total and saturated fat, free sugars and healthy living awards indicators.

Data are also available in the accompanying tables. Previous reports can be found on the Diet and Healthy Weight [website](#).

Contents

Contents	2
Policy Context	3
Adult overweight and obesity	5
Children at risk of overweight and obesity	8
Prevalence of Type 2 diabetes	11
Adult fruit and vegetable consumption	14
Child fruit and vegetable consumption	16
Total and saturated fat	18
Free sugars	20
Retail purchase of soft drinks with added sugar	22
Retail purchase of confectionery, biscuits, cakes and pastries	24
Healthy Living Awards	26

¹ <http://www.scotland.gov.uk/Publications/2010/02/17140721/19>

Policy Context

Obesity continues to be one of the biggest and most complex public health challenges of our time. Its effects are profound, impacting not only our health, but also our ability to lead happy, fulfilling lives. It also leads to increased, unsustainable demand on the NHS and other public services.

Obesity is the second-biggest preventable cause of cancer, behind only smoking, and is linked to around 2,200 cases of cancer a year in Scotland². Living with overweight or obesity is also the most significant risk factor for developing type 2 diabetes³, and can result in increased risk of other conditions, including cardiovascular disease and hypertension⁴.

The annual cost of treating conditions associated with overweight and obesity is estimated to range from £363 million to £600 million. The total annual cost to the Scottish economy of overweight and obesity, including labour market related costs such as lost productivity, is estimated to be between £0.9 billion and £4.6 billion⁵.

The pervasiveness of the issue, coupled with the health and economic consequences, supporting people to be a healthy weight is a public health priority for the Scottish Government.

In July 2018, the government published [A Healthier Future: Scotland's Diet and Healthy Weight Delivery Plan](#), which sets out a vision for everyone in Scotland to eat well and have a healthy weight. Central to the plan are the ambitions to halve childhood obesity by 2030 and significantly reduce diet-related health inequalities. The plan, which has over 60 broad-ranging actions, has a strong focus on prevention, including population level measures to make it easier for people to make healthier choices, as well as more targeted interventions.

The approach set out in the Diet and Healthy Weight Delivery Plan is underpinned by Scotland's wider Public Health Reform Programme and the creation of [Scotland's Public Health Priorities](#), jointly published by the Convention of Scottish Local Authorities (COSLA) and the Scottish Government, which aim to focus efforts to improve the health of the population. Included in these is a priority to create 'a Scotland where we eat well, have a healthy weight and are physically active'.

Alongside the diet and healthy weight delivery plan, the Scottish Government also published [A More Active Scotland: Scotland's Physical Activity Delivery Plan](#). This

² Katrina F Brown et al (2018) The fraction of cancer attributable to modifiable risk factors in England, Wales, Scotland, Northern Ireland, and the United Kingdom in 2015 <https://www.nature.com/articles/s41416-018-0029-6.pdf>

³ Hauner H (2010). Obesity and diabetes. in Holt RIG, Cockram CS, Flyvbjerg A et al (ed.) Textbook of diabetes. 4th edition.

⁴ Guh et al (2009) The incidence of co-morbidities related to obesity and overweight: A systematic review and meta-analysis <https://bmcpublichealth.biomedcentral.com/articles/10.1186/1471-2458-9-88>

⁵ A Castle (2015) Obesity in Scotland. SPICe Briefing, 15/01. 7 Jan 2015.

http://www.parliament.scot/ResearchBriefingsAndFactsheets/S4/SB_15-01_Obesity_in_Scotland.pdf

recognises the importance of physical activity in promoting and maintaining healthy weight. Progress towards the outcomes set out in this Delivery Plan is being monitored through a dedicated set of indicators linked to the [Active Scotland Outcomes Framework](#).

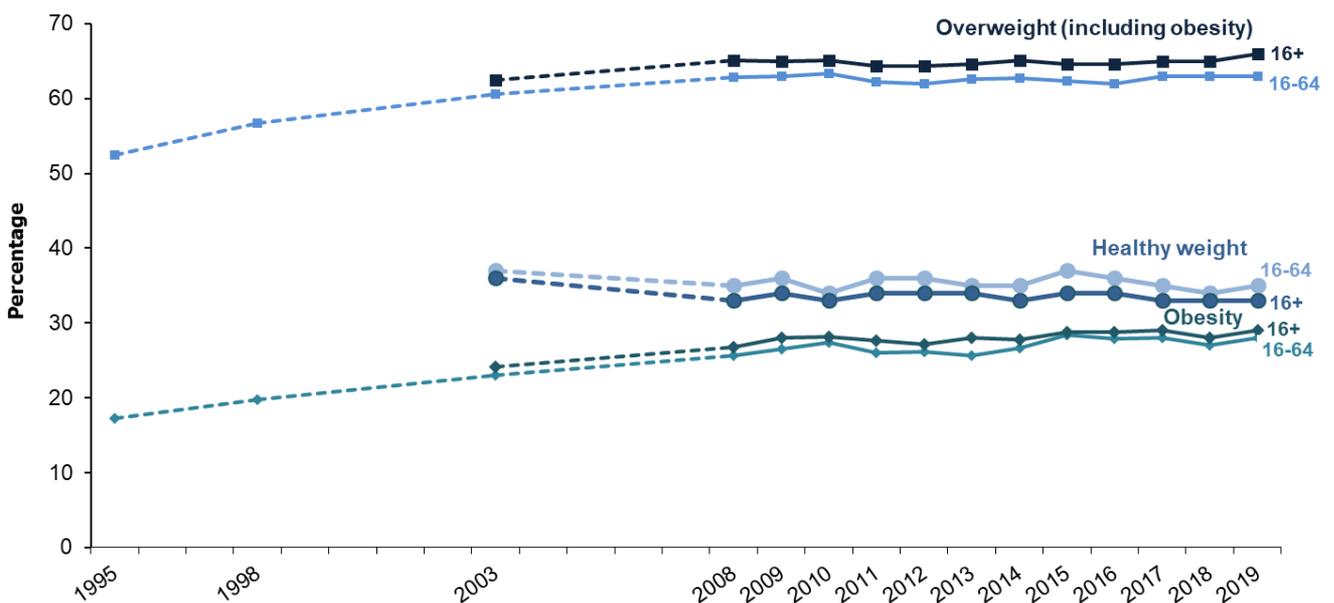
Adult overweight and obesity

Scottish Health Survey

Latest results

- In 2019, 66% of adults aged 16 and over were overweight (the highest in the time series, but not significantly different to the level observed in recent years), including 29% who were obese.
- In 2019, 33% of adults aged 16 and over had a weight within the healthy range, the same as in 2018 and 2017.
- There has been an increase in the proportion of adults aged 16-64 that are overweight (including obesity) since 1995, from 52% to 63%. Most of this increase was seen between 1995 and 2008, with figures remaining broadly stable since then.
- As in previous years, in 2019 prevalence of overweight including obesity was significantly higher among men compared with women (69% and 63% respectively). However, there was no significant difference between the proportion of men that were obese or morbidly obese compared with the proportion of women (29% and 30% respectively).
- Prevalence of overweight including obesity also varied with age; increasing from 40% of those aged 16-24, then linearly among those aged 25-74, to a high of 79% among adults aged 65-74, before decreasing to 71% among those aged 75 and over.

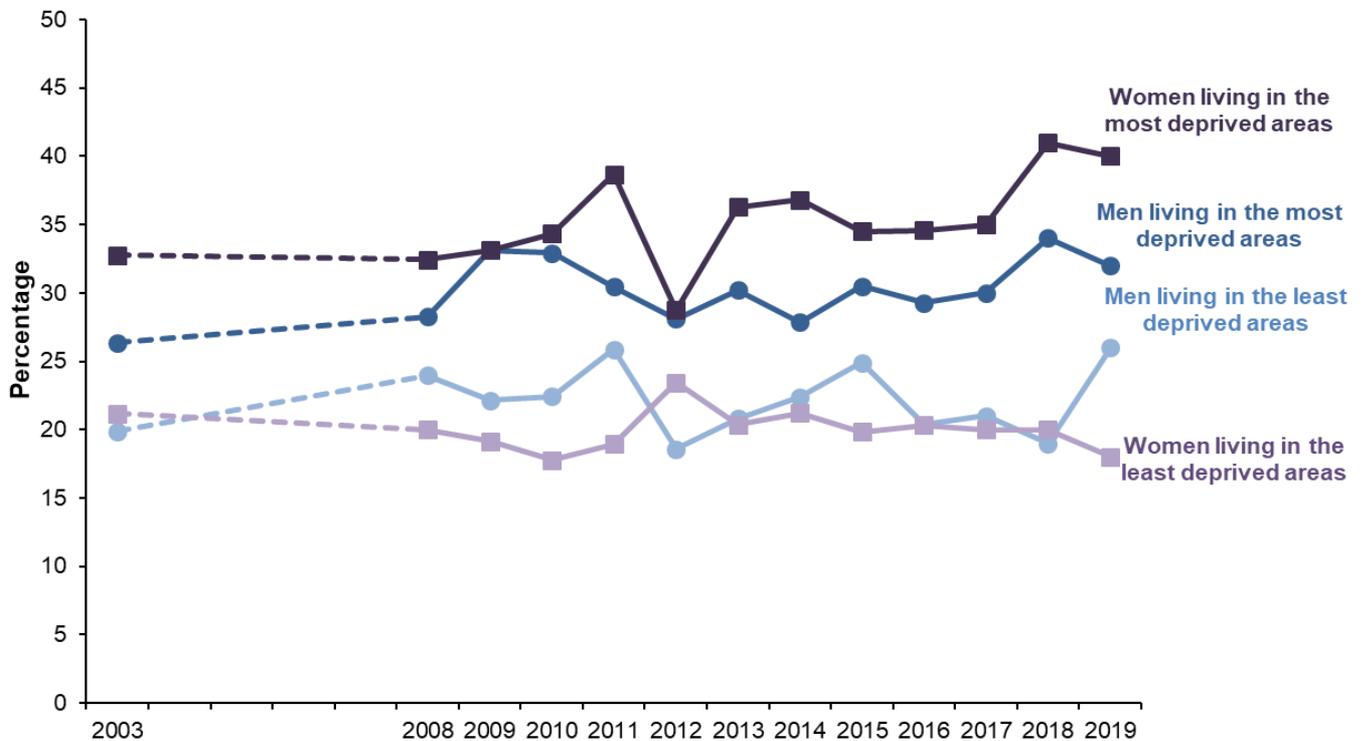
Figure 1. Proportion of adults with a healthy weight, overweight and obesity, 1995-2019 (ages 16-64) and 2003 to 2019 (ages 16+)



- Obesity rates are consistently higher in Scotland's most deprived areas compared to the least deprived (Figure 2). The gap has been particularly

pronounced for women in recent years - obesity rates in 2019 were 40% in the most deprived areas compared to 18% in the least deprived.

Figure 2. Proportion of adult (16+) obesity by area deprivation⁶ and sex, 2003-2019



Definitions

Weight within the healthy range – BMI 18.5 kg/m² to less than 25 kg/m²

Overweight – BMI 25+ kg/m²

Obese – BMI 30+ kg/m²

Geography available

Scotland level, health board, local authority (where sample sizes are sufficient).

Equalities data

Breakdowns by age, sex, deprivation (SIMD), equivalised income and disability (limiting long-term illness) are available in the [SHeS 2019 supplementary tables](#).

Rationale for including adult overweight and obesity

These data are useful to monitor changes in the proportion of Scotland's adult population who are within the healthy weight range, overweight and obesity. Different patterns amongst men and women of different ages can be identified. The 16-64 trend is included to allow comparisons with the 1995 and 1998 Scottish Health Surveys, as they did not collect BMI data for all ages. In 1995, the sample

⁶ Scottish Index of Multiple Deprivation. Chart presents most and least deprived SIMD quintiles.

was designed to provide a nationally representative sample of the working age population of Scotland (16-64) living in private households. In 1998, the upper age limit for adults was extended from 64 to 74.

Factors influencing adult overweight and obesity

- Diet, physical activity and sedentary behaviour are strongly associated with BMI.
- Obesity is significantly associated with area-level deprivation (SIMD)⁷.

⁷ Scottish Government (2019), The Scottish Health Survey 2018, volume 1, main report.
<https://www.gov.scot/binaries/content/documents/govscot/publications/statistics/2020/02/scottish-health-survey-2018-main-report-revised-edition-2020/documents/scottish-health-survey-2018-edition-amended-february-2020-volume-1-main-report/scottish-health-survey-2018-edition-amended-february-2020-volume-1-main-report/govscot%3Adocument/scottish-health-survey-2018-edition-amended-february-2020-volume-1-main-report.pdf>

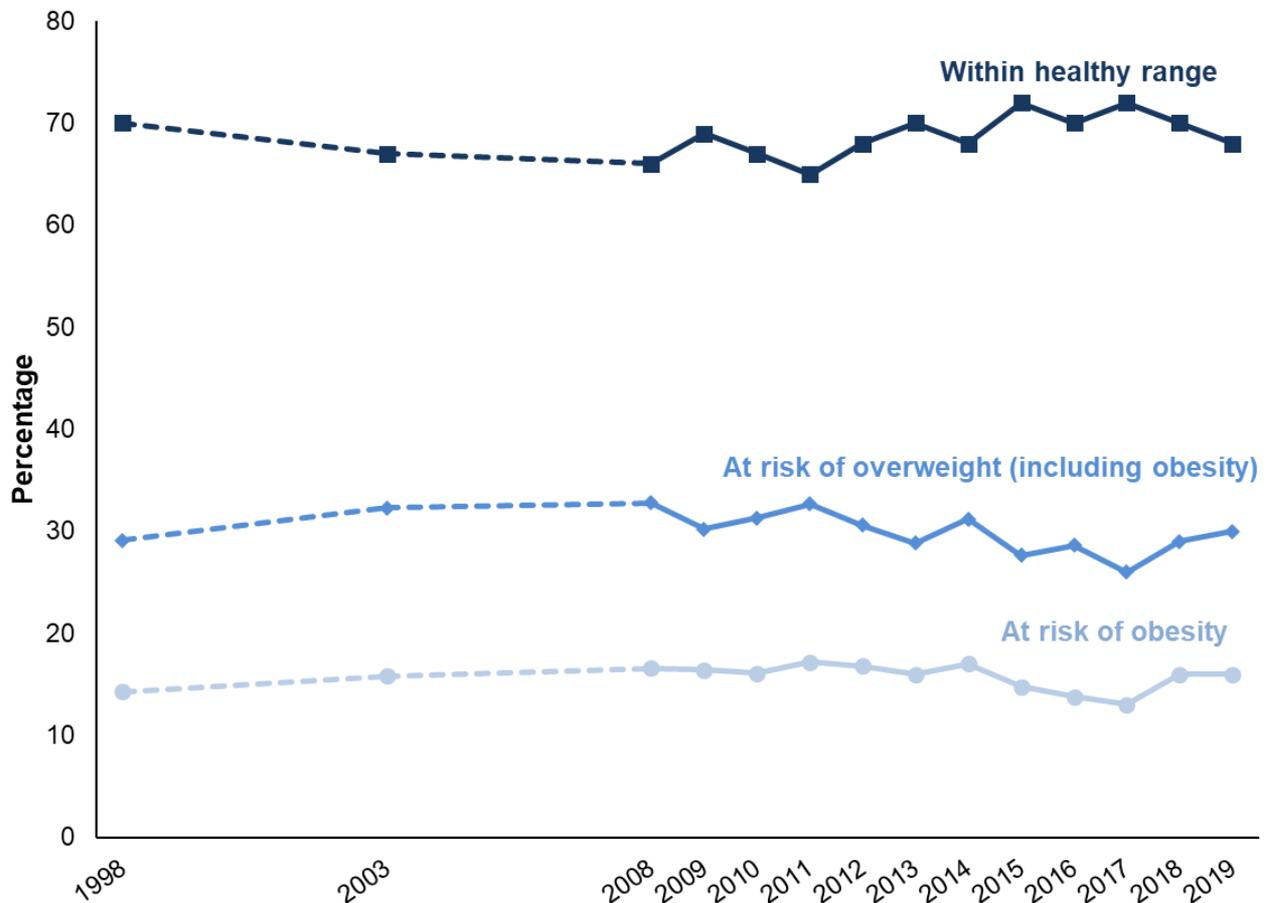
Children at risk of overweight and obesity

Scottish Health Survey

Latest results

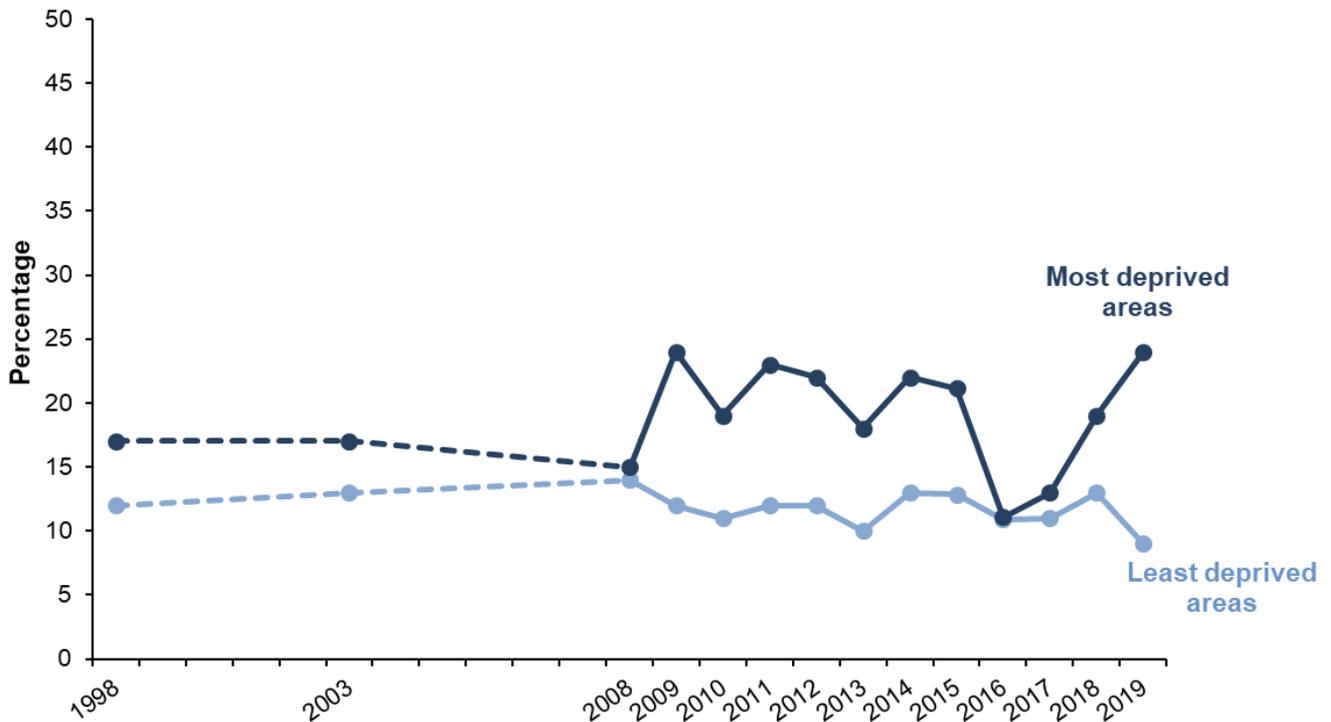
- In 2019, 16% of children aged 2 to 15 were at risk of obesity, with a further 14% at risk of overweight.
- Since 1998, the proportion of children aged 2-15 at risk of overweight (including obesity) has fluctuated between 26% and 33%, and was 30% in 2019.
- In 2019, 68% of children aged 2 to 15 had a weight within the healthy range.
- In 2019, the figure for those at risk of overweight (including obesity) and at risk of obesity was higher for boys than for girls (32% compared to 28% and 17% compared to 15% respectively). However, these differences were not statistically significant.
- The figure for those at risk of overweight (including obesity) was highest among children aged 12 to 15 (37%). Of girls this age, 39% were at risk of overweight including obesity. The equivalent figure for boys of the same age was 34%.

Figure 3. Proportion of children with a healthy weight, at risk of overweight and obesity, 1998-2019



- In 2019, a higher proportion of children were at risk of obesity in Scotland's most deprived areas (24%) that in the least deprived areas (9%). The gap between rates in the most and least deprived areas has fluctuated over time, with a high of 15 percentage points in 2019.

Figure 4. Proportion of children at risk of obesity by area deprivation⁸, 1998-2019



Definitions

Weight within the healthy range – BMI above 2nd and below 85th percentile

At risk of overweight (including obesity) – BMI at or above 85th percentile

At risk of obesity – BMI at or above 95th percentile

Geography available

Scotland level.

Equalities data

Breakdowns by age, sex, deprivation (SIMD), equivalised income and disability (limiting long-term illness) are available in the [SHeS 2019 supplementary tables](#).

⁸ Scottish Index of Multiple Deprivation. Chart presents most and least deprived SIMD quintiles.

Rationale for including children at risk of overweight and obesity

These data are useful to monitor changes in the proportion of Scotland's children who are within the healthy weight range, overweight and obesity. Different patterns can be identified between boys and girls, between children who live in the most and least deprived areas and among children of different ages.

Factors influencing children at risk of overweight and obesity⁹

- Diet, physical activity and sedentary behaviour are strongly associated with BMI.
- Parental BMI: children with a parent suffering from obesity are significantly more likely to be at risk of being overweight including obesity than both those with an overweight parent and those with no overweight parent. They are also significantly more likely to be at risk of obesity.

⁹ Scottish Government (2016), The Scottish Health Survey 2015, volume 1, main report.
<https://www.gov.scot/binaries/content/documents/govscot/publications/statistics/2016/09/scottish-health-survey-2015-volume-1-main-report/documents/00505798-pdf/00505798-pdf/govscot%3Adocument/00505798.pdf>

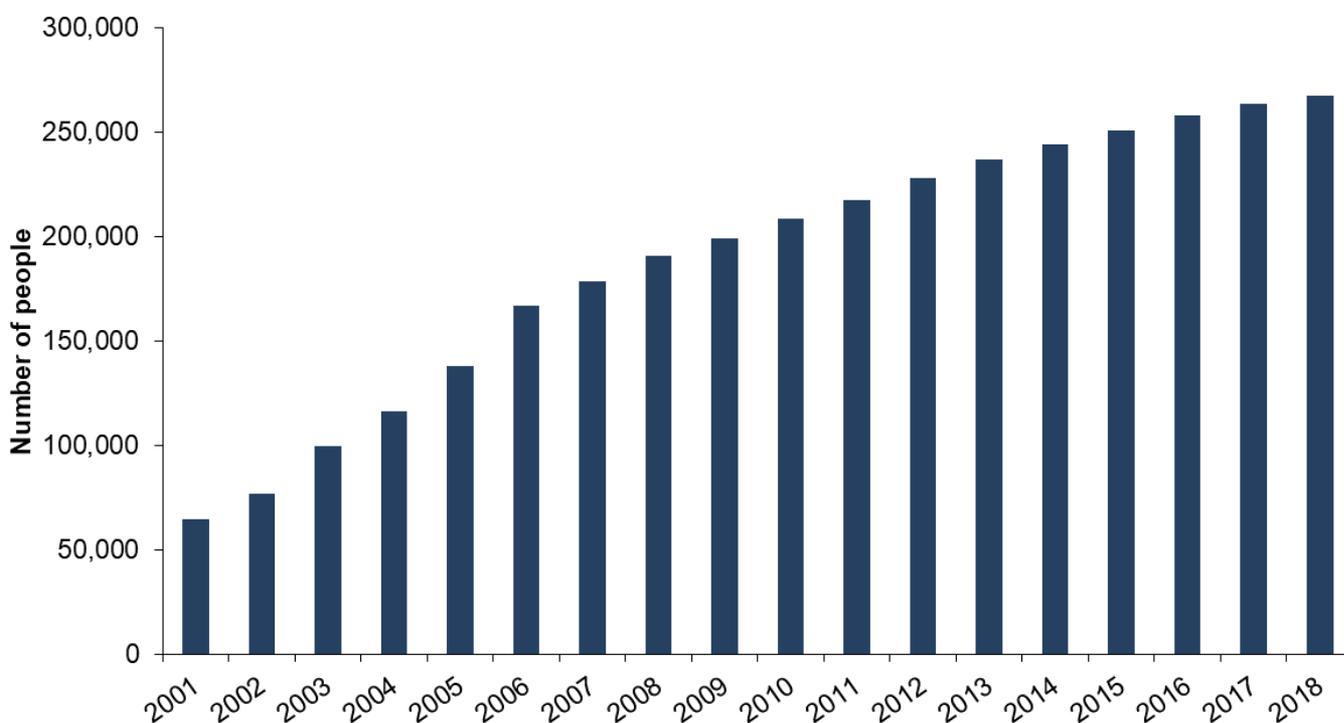
Prevalence of Type 2 diabetes¹⁰

Scottish Diabetes Survey

Latest results

- At the end of 2018, there were 304,375 people diagnosed with diabetes in Scotland recorded on local diabetes registers. This represented 5.6% of the population of all ages.
- Of all cases, 87.9% (267,615) were Type 2 diabetes.
- A greater proportion of those with diagnosed Type 2 diabetes are male (56.4%). This proportion has remained relatively stable since the survey started in 2001.

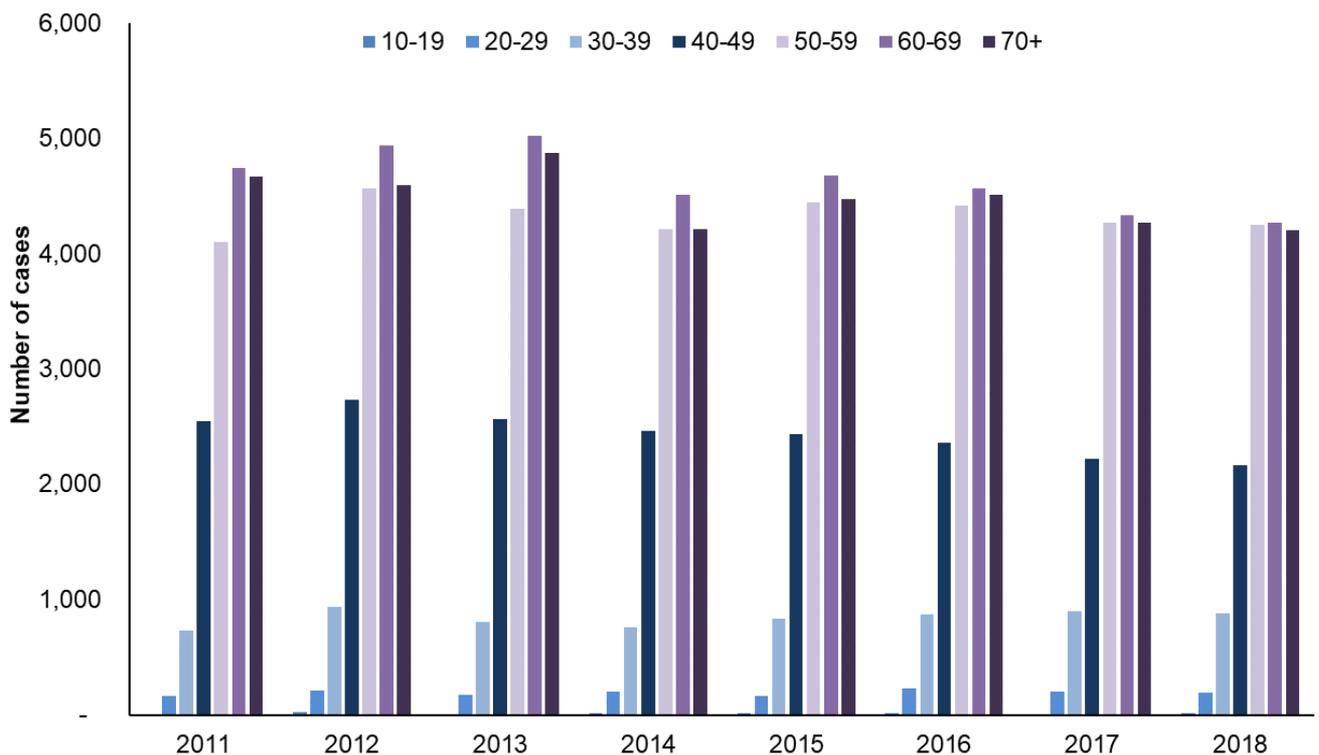
Figure 5. Number of people with a Type 2 diabetes diagnosis, 2001-2018



¹⁰ Due to the Scottish Diabetes Survey being published later, 2019 data were not available at the time of updating this report.

- Although the number of people with a Type 2 diabetes diagnosis continues to increase steadily¹¹, there were 15,980 new cases of Type 2 diabetes in 2018, down from 16,216 in 2017.
- In 2018, the highest number of new Type 2 diabetes cases was observed in the 60-69 age group (4,268), followed by the 50-59 age group (4,252).
- In 2018, 31.8% of patients with a recorded BMI and Type 2 diabetes were overweight (BMI 25 to less than 30) and 55.2% were obese (BMI 30+).

Figure 6. Number of new Type 2 diabetes cases by age, 2011-2018



¹¹ Between 2001 and 2006, the increase in numbers was partly due to improved recording. The increase observed since 2007 is more likely to reflect a real increase in numbers.

Equalities

Breakdowns by sex, age and ethnicity are included in the survey. Ethnic group is collected by the survey but subject to variable response rates and may require several years of data to be combined. Breakdowns by religion, disability and sexual orientation are not available.

Geography available

Scotland and health board level from 2009.

Rationale for including prevalence of Type 2 diabetes

These data are useful to monitor changes in the proportion of Scotland's population who have Type 2 diabetes. The Scottish Public Health Observatory estimates that almost half of Type 2 diabetes can be attributed to obesity. Diabetes is an important cause of disability and increases the risk of coronary heart disease and other health problems. Complications associated with diabetes include peripheral vascular disease (foot ulcers), which can in turn lead to amputation and diabetic retinopathy - the commonest cause of blindness in working age people. Those with poor glucose control are at increased risk of developing complications.

Type 2 diabetes is more common in deprived areas, and becomes much more common with increasing age. Overweight and obesity are also important risk factors: the risk of Type 2 diabetes is around ten times higher among those with a BMI over 30 compared to those with a BMI under 30.

Factors influencing prevalence of Type 2 diabetes

Poor diet (specifically excess energy intake), low levels of physical activity, and the resulting increase in levels of obesity.

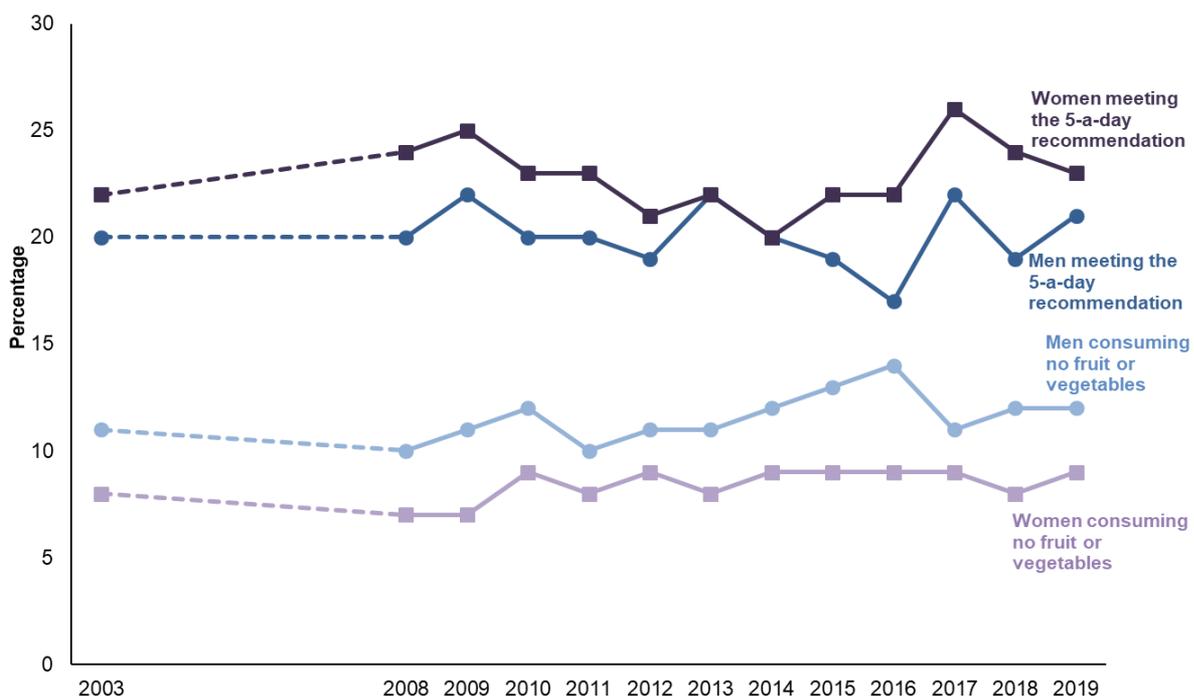
Adult fruit and vegetable consumption

Scottish Health Survey

Latest results

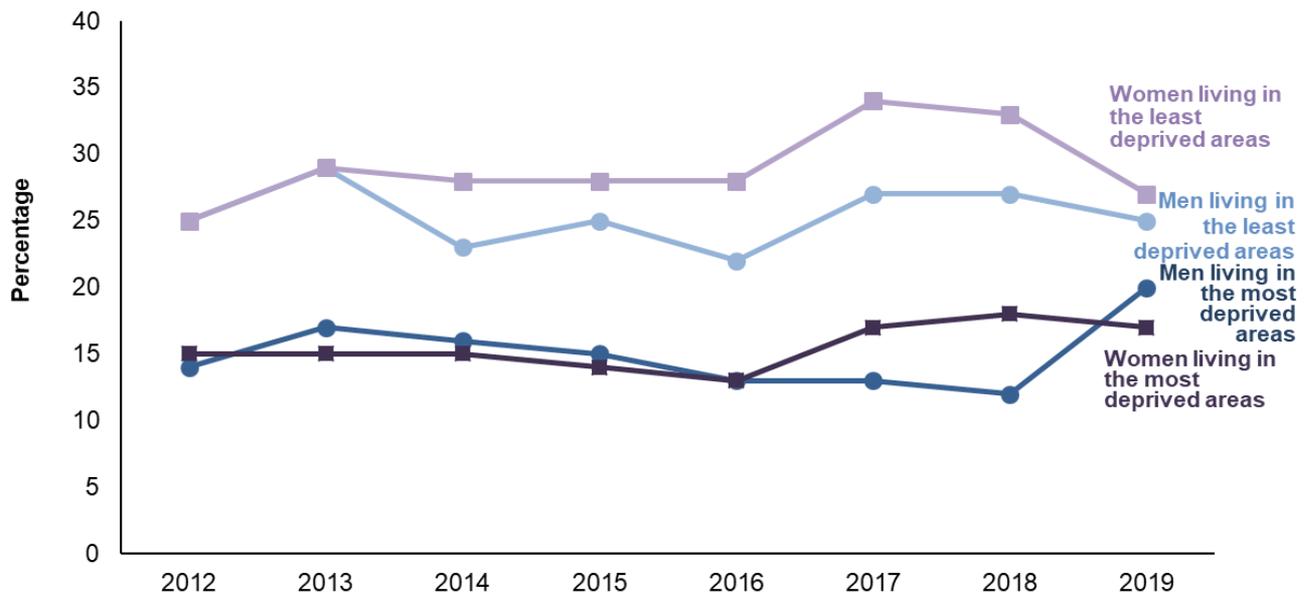
- In 2019, 22% of adults aged 16 and over met the five-a-day recommendation for consumption of fruit and vegetables, same as in 2018. This figure has remained fairly constant since 2003, with only a small amount of variation over the years (between 20% and 24%).
- In most years since 2003, women have been more likely than men to consume the recommended five a day portions of fruit and vegetables, yet in 2019 there was no significant difference between the sexes (23% of women compared with 21% of men met the five-a-day recommendation).
- In 2019, 10% of adults consumed no fruit and vegetables on a typical day, a figure which has not changed much since 2003.
- In 2019, adults consumed an average of 3.3 portions of fruit and vegetables a day, a figure which has varied very little since 2003. Mean fruit and vegetable consumption was not significantly different for women and men (3.3 and 3.2 portions a day respectively).
- In 2019, women aged 16 to 24 tended to eat less fruit and vegetables than older women (an average of 2.8 portions compared with means of between 3.2 and 3.5 for the other age groups). For men, lowest levels of consumption were observed in the 55-64 age group (an average of 3.0 portions a day) and highest for those aged 45-54 and 75 and over (an average of 3.3 portions a day).

Figure 7. Adult fruit and vegetable consumption by sex, 2003 to 2019



- Fruit and vegetable consumption (5-a-day) has been higher in Scotland's least deprived areas compared to the most deprived in recent years. In 2019, the gap was higher for women (27% in the least deprived compared with 17% in the most deprived areas) than for men (25% and 20% respectively).

Figure 8. Adult fruit and vegetable consumption by area deprivation and sex, 2012-2019



Definitions

A portion is defined as the conventional 80g of a fruit or a vegetable.

Geography available

Scotland level, health board, local authority (where sample sizes are sufficient).

Equalities data

Breakdowns by age, sex, deprivation (SIMD), equivalised income and disability (limiting long-term illness) are available in the [SHeS 2019 supplementary tables](#).

Rationale for including adult fruit and vegetable consumption

These data are useful to monitor changes in the proportion of Scotland's adult population who meet the 5-a-day recommendation for consumption of fruit and vegetables. Different patterns amongst men and women of different ages can be identified.

Factors influencing adult fruit and vegetable consumption

Availability, cost, and access to fruit and vegetables.

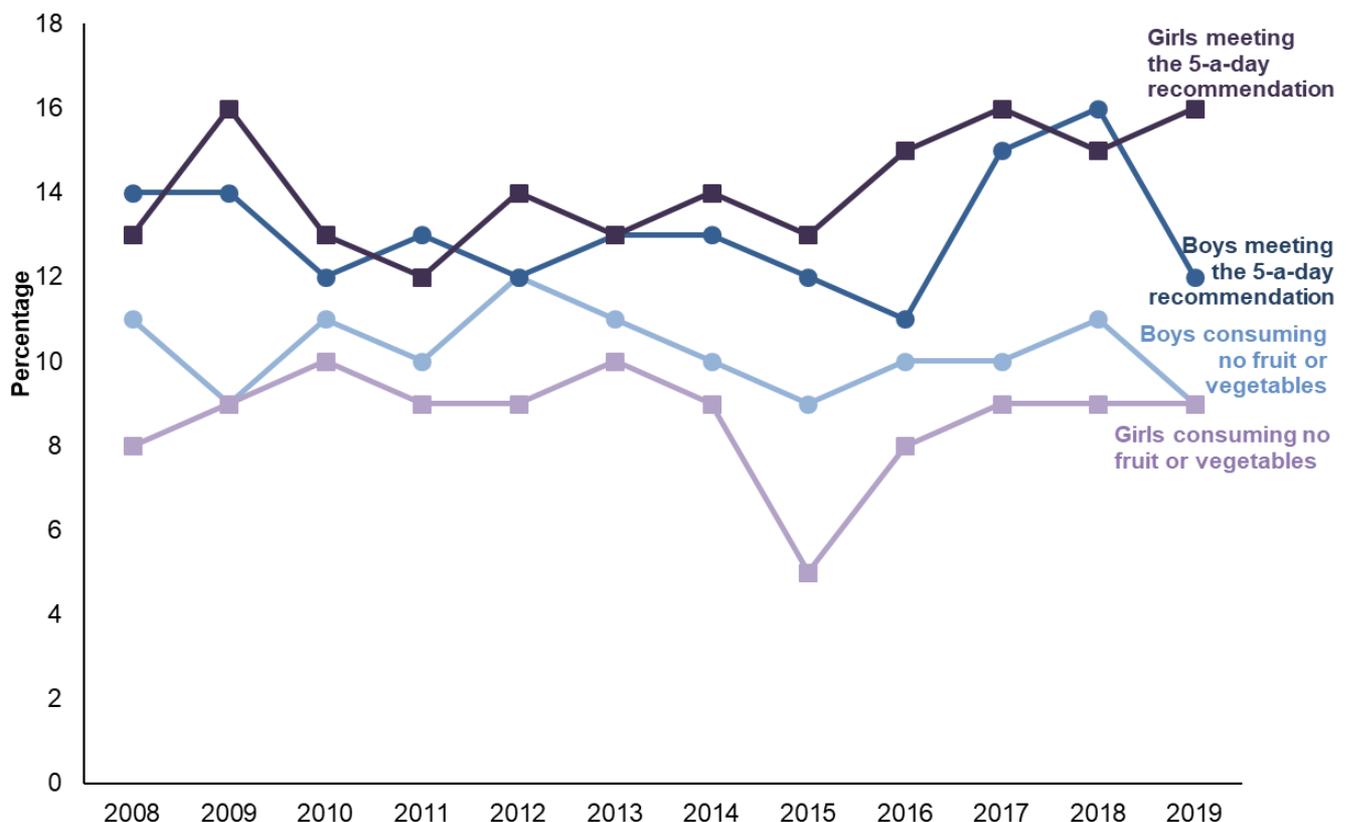
Child fruit and vegetable consumption

Scottish Health Survey

Latest results

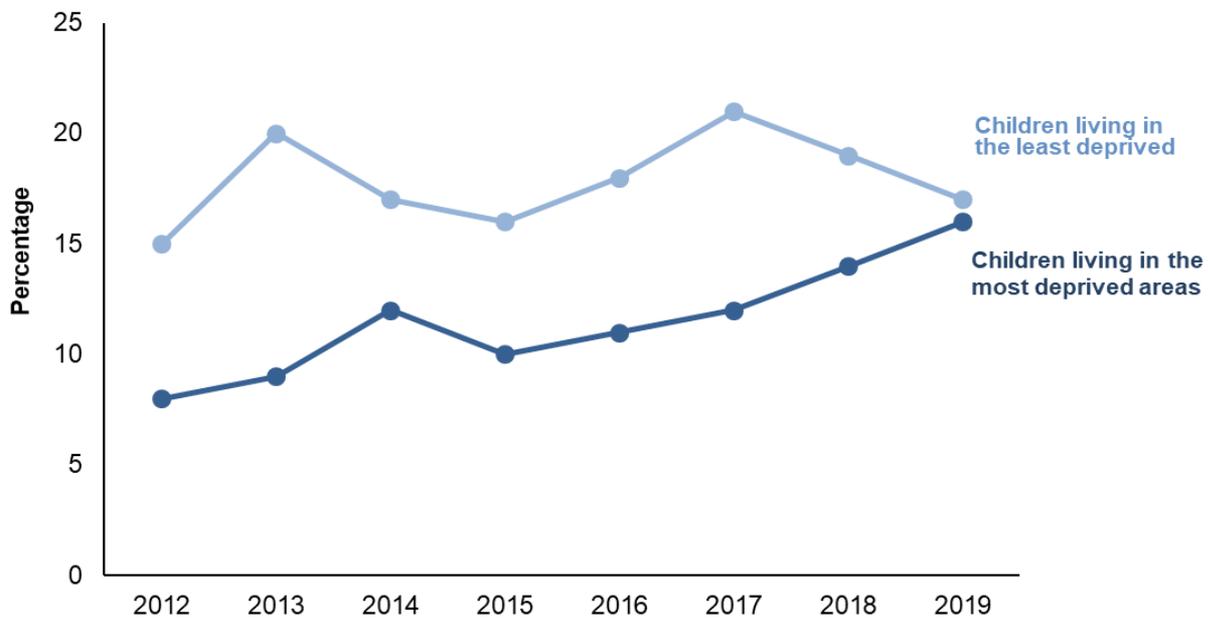
- In 2019, 14% of children aged 2-15 met the five-a-day recommendation for consumption of fruit and vegetables. This figure shows little variation over time, lying between 12% and 15% each year since 2008.
- In 2019, girls were significantly more likely to meet the five-a-day recommendation for consumption of fruit and vegetables (16% of girls compared with 12% of boys).
- The proportion of children consuming no fruit and vegetables has remained fairly constant since 2008. In 2019, 9% of children aged 2-15 (same for girls and boys) consumed no fruit or vegetables on a typical day.
- In 2019, children consumed an average of 2.8 portions of fruit and vegetables a day (3.0 for girls and 2.6 for boys), a figure which has varied very little since 2008.
- Girls aged 13-15 tended to eat less fruit and vegetables than younger girls (an average of 2.6 portions, compared with means of between 2.7 and 3.4 for the other age groups). For boys, lowest levels of consumption were in the 5-10 age group (2.5 portions a day) and highest for those aged 2-4 (3.1 portions a day).

Figure 9. Child fruit and vegetable consumption by sex, 2008 to 2019



- In 2019, fruit and vegetable consumption (5-a-day) was higher in Scotland's least deprived areas (5th quintile) compared to the most deprived (1st quintile), but this difference was not significant. Seventeen per cent of children living in the least deprived areas met the recommendation compared to 16% of children living in the most deprived, the lowest gap recorded since 2012. Fifteen, twelve and eleven per cent of children met the recommendation in the 4th, 3rd and 2nd quintiles respectively, lower than the proportion in the most deprived quintile.

Figure 10. Child fruit and vegetable consumption by area deprivation, 2012-2019



Definitions

A portion is defined as the conventional 80g of a fruit or vegetable.

Geography available

Scotland level.

Equalities data

Breakdowns by age, sex, deprivation (SIMD), equivalised income and disability (limiting long-term illness) are available in the [SHeS 2019 supplementary tables](#).

Rationale for including children fruit and vegetable consumption

These data are useful to monitor changes in the proportion of Scotland's children population who meet the 5-a-day recommendation for consumption of fruit and vegetables. Different patterns amongst girls and boys of different ages can be identified.

Factors influencing children fruit and vegetable consumption

Availability, cost, and access to fruit and vegetables.

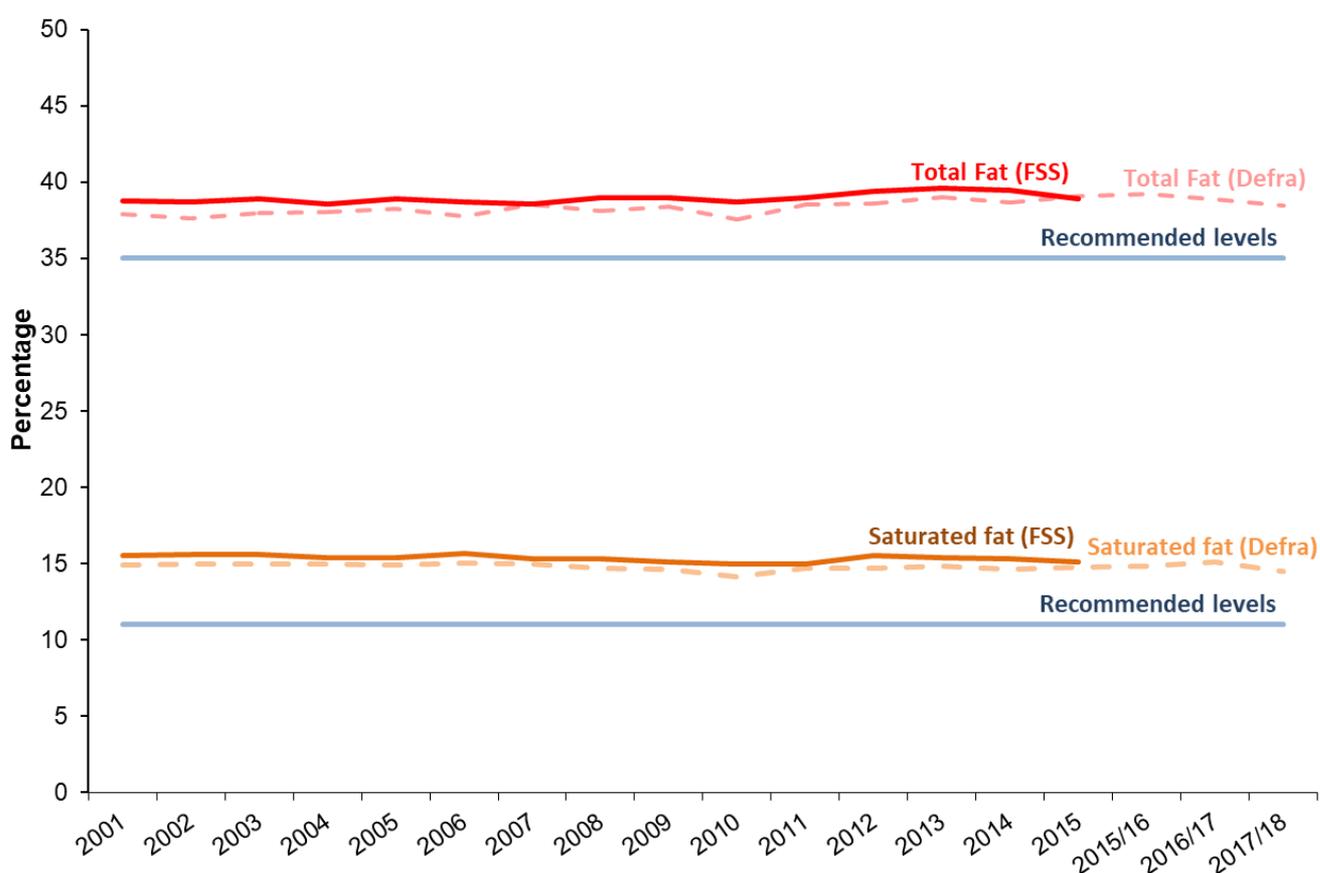
Total and saturated fat¹²

Food Standards Scotland (FSS) analysis of published data from Department for Environment, Food and Rural Affairs (Defra)¹³

Latest results¹⁴

- In 2017/18, the percentage of total food energy from all fats was 38.5%, above the Scottish Dietary Goal of no more than 35%.
- The percentage of total food energy from saturated fat was 14.5%, compared with the Scottish Dietary Goal of no more than 11%.

Figure 11. Proportion of total food energy from fat, 2001-2017/18



¹² 2018/19 data from the DEFRA Family Food Survey were not available at the time of updating this report. Therefore, it was not possible to provide an updated analysis of total food energy from total and saturated fat in Scotland.

¹³ <https://www.gov.uk/government/statistical-data-sets/family-food-datasets>

¹⁴ All adults within the household are asked to keep a diary to record all items of expenditure for two weeks. Children aged 7 to 15 years are also asked to keep a record of their personal expenditure.

Source

The UK Family Food survey is an annual publication which provides information on purchased quantities, expenditure and nutrient intake derived from both household and eating out food and drink. FSS secondary analysis data for Scotland on total fat and saturated fat are not available after 2015 due to the small sample size for Scotland. Since 2015 data on progress on the percentage energy from total fat and saturated fat have been calculated from the figures published in the Defra Family Food Dataset (by combining both household and eating out data for Scotland). The small difference between the FSS and Defra values is likely to be due to consideration of the amount of food and drink wastage in the FSS calculation.

Equalities

Information on differences in food and nutrient intake by deprivation (using the Scottish Index of Multiple Deprivation (SIMD)) is not available for Scotland after 2015. This is due to a reduction in sample size which limits sub-group analyses.

Geography available

Scotland level.

Rationale for including total and saturated fat

These data are useful to monitor change in the proportion of the population consuming energy dense foods and progress towards the Scottish Dietary Goals. Currently people are eating more saturated fat on average than is recommended (FSS Barton et al, 2018¹⁵). Prevalence of obesity indicates that energy intakes currently exceed energy requirements. Both these issues raise serious health concerns, particularly in relation to coronary heart disease, high blood pressure, stroke, Type 2 diabetes and certain types of cancers¹⁶.

Recommendations for food and nutrient intake are based on advice from the Committee on Medical Aspects of Food and Nutrition Policy (COMA) and the Scientific Advisory Committee on Nutrition (SACN). Published Dietary Reference Values cover a range of intakes for most nutrients and for fat and saturated fat are set as a percentage of daily energy intake for adults.

Factors influencing total and saturated fat

Availability, cost, and access to different food types.

¹⁵ <https://www.foodstandards.gov.scot/publications-and-research/publications/latest-estimation-of-food-and-nutrient-intakes>

¹⁶ Scottish Government (2019), The Scottish Health Survey 2018, volume 1, main report. <https://www.gov.scot/binaries/content/documents/govscot/publications/statistics/2020/02/scottish-health-survey-2018-main-report-revised-edition-2020/documents/scottish-health-survey-2018-edition-amended-february-2020-volume-1-main-report/scottish-health-survey-2018-edition-amended-february-2020-volume-1-main-report/govscot%3Adocument/scottish-health-survey-2018-edition-amended-february-2020-volume-1-main-report.pdf>

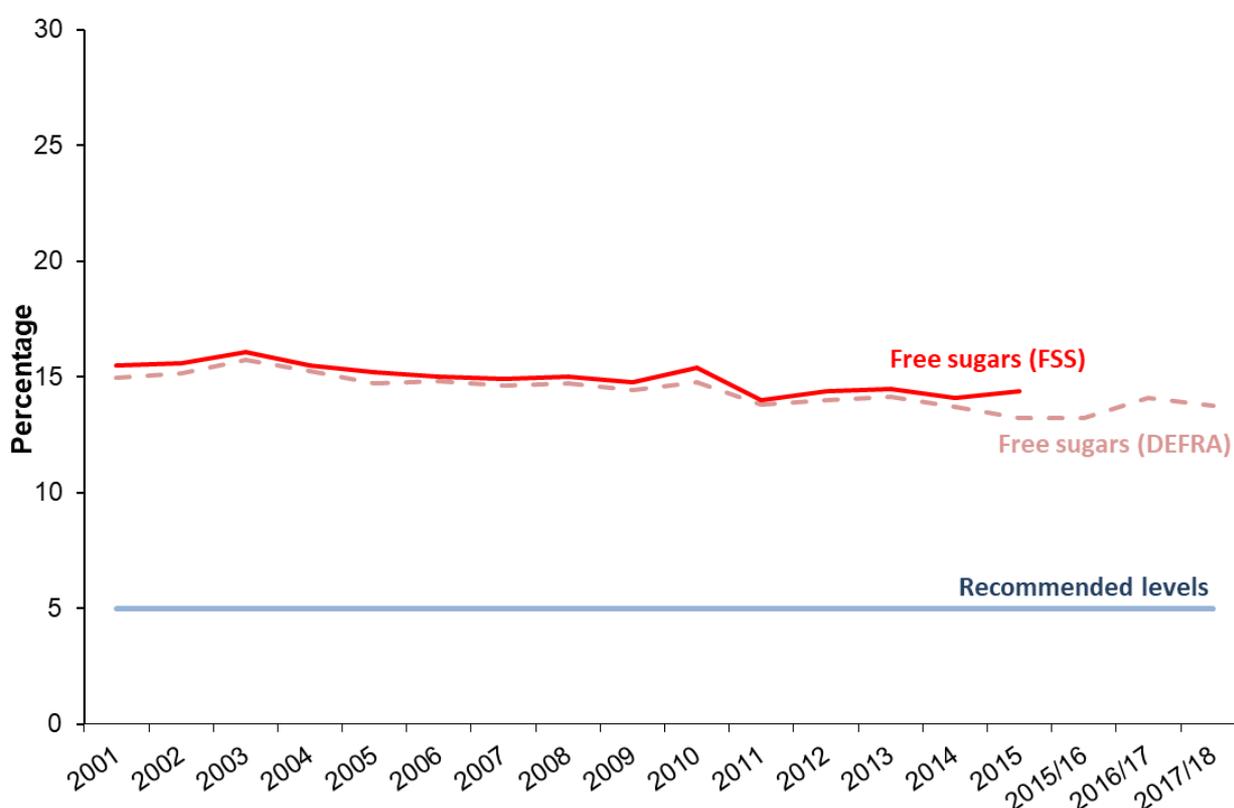
Free sugars¹⁷

Food Standards Scotland (FSS) analysis of published data from Department for Environment, Food and Rural Affairs (Defra)¹⁸

Latest results¹⁹

- The percentage of total food energy contributed by free sugars²⁰ has reduced slightly from 15% in 2001 to 13.8% in 2017/18.
- Intakes remain higher than the Scottish Dietary Goal of less than 5% of energy²¹.

Figure 12. Proportion of total food energy from free sugars, 2001-2017/18



¹⁷ 2018/19 data from the DEFRA Family Food Survey were not available at the time of updating this report. Therefore, it was not possible to provide an updated analysis of total food energy from free sugars in Scotland.

¹⁸ <https://www.gov.uk/government/statistical-data-sets/family-food-datasets>

¹⁹ All adults within the household are asked to keep a diary to record all items of expenditure for two weeks. Children aged 7 to 15 years are also asked to keep a record of their personal expenditure.

²⁰ The analysis is based on intakes of Non-milk Extrinsic Sugars (NMES) which are also known as added or free sugars and are found in sweets, biscuits, soft drinks, added to breakfast cereals, table sugar, honey and fruit juice. They are not in milk or integrally present in the cells of food such as fruit and vegetables.

²¹ The Scottish Dietary Goal (SDG) has recently been updated (Scottish Government, 2016) and is now that no more than 5% of daily energy intake should be from free sugars. Data reported in previous years were based on recommended levels of 11%.

Source

The UK Family Food survey is an annual publication which provides information on purchased quantities, expenditure and nutrient intakes derived from both household and eating out food and drink. FSS secondary analysis data for Scotland on free sugars are not available after 2015 due to the small sample size for Scotland. Since 2015 data on progress on the percentage energy from free sugars has been calculated from the figures published in the Defra Family Food Dataset (by combining both household and eating out data for Scotland). The small difference between the FSS and Defra values is likely to be due to consideration of the amount of food and drink wastage in the FSS calculation.

Equalities

Information on differences in food and nutrient intake by deprivation (using the Scottish Index of Multiple Deprivation (SIMD)) is not available for Scotland after 2015. This is due to a reduction in sample size which limits sub-group analyses.

Geography available

Scotland level.

Rationale for including free sugars

These data are useful to monitor change in the proportion of adults and children consuming energy dense foods and progress towards the Scottish Dietary Goals. As noted above, prevalence of obesity indicates that energy intakes currently exceed energy requirements with associated health problems.

Factors influencing free sugars

Availability, cost, and access to different food types.

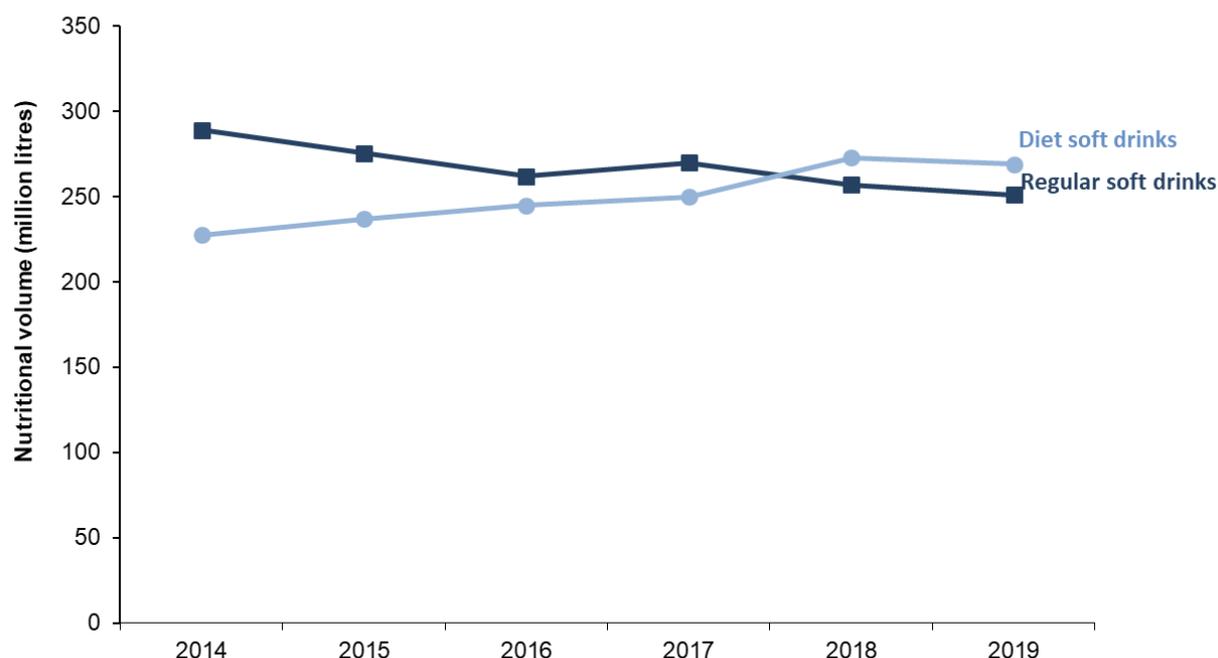
Retail purchase of soft drinks with added sugar

Food Standards Scotland

Latest results^{22, 23}

- Since 2014, the volume of ambient and chilled regular take-home soft drinks purchased by Scottish households reduced by 13% from 289 to 251 million litres in 2019²⁴.
- Since 2014, the volume of ambient and chilled diet take-home soft drinks purchased by Scottish households increased by 18% from 228 to 269 million litres in 2019.
- The calorie contribution of carbonated drinks (ambient and chilled) reduced from 58 kilocalories per person per day in 2015 to 43 kilocalories in 2019.

Figure 13. Retail purchase of regular and diet soft drinks (ambient and chilled), 2014-2019



²² In February 2018, Kantar made changes to improve the way they weigh and measure Scotland, as well as other regions in Great Britain. This means that the standard Kantar definition now captures data on Scotland only, rather than Scotland and Borders (English side). This has resulted in an up-weighting on the volumes purchased in Scotland. Data have been updated with the revised definition of Scotland from 2014 only.

²³ Kantar continually improve their datasets, with regular changes/updates to both product coding and the way the data collected from sample data are weighted up to represent the total picture. Data are usually reworked back 5 years to ensure trends are not adversely affected. Therefore, there may be slight differences in the data provided for 2015-2019 in this report, compared to those previously published.

²⁴ Food Standards Scotland has improved the definitions of diet and regular soft drinks to now include both ambient and chilled drinks. Previous monitoring reported ambient soft drinks only. Data using this improved definition are only available from 2014.

Source

Food Standards Scotland commissioned data from Kantar.

Geography available

Scotland level.

Equalities data

Not applicable.

Rationale for including retail purchase of soft drinks with added sugar

These data are useful to monitor the volume of retail purchase of soft drinks with added sugar in supermarkets in Scotland. There is evidence of an association between sugar-sweetened soft drinks and prevalence of obesity and interventions in this area have been shown to be effective.

Factors influencing retail purchase of soft drinks with added sugar

Availability and affordability of healthy choices.

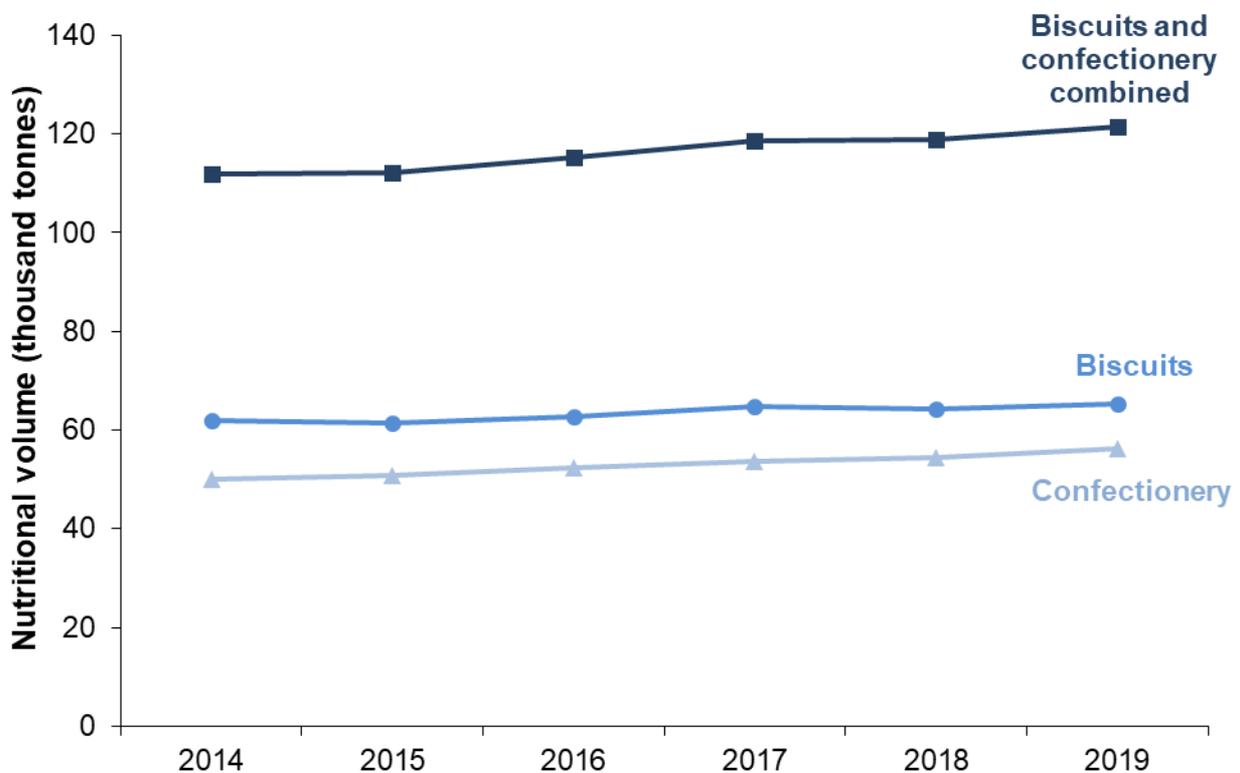
Retail purchase of confectionery, biscuits, cakes and pastries

Food Standards Scotland

Latest results^{25, 26}

- In 2019, the total volume of take-home biscuits and confectionery purchased by Scottish households was around 121 thousand tonnes. Purchases have increased by 8% since 2014.

Figure 14. Retail purchase of biscuits and confectionery, 2014-2019

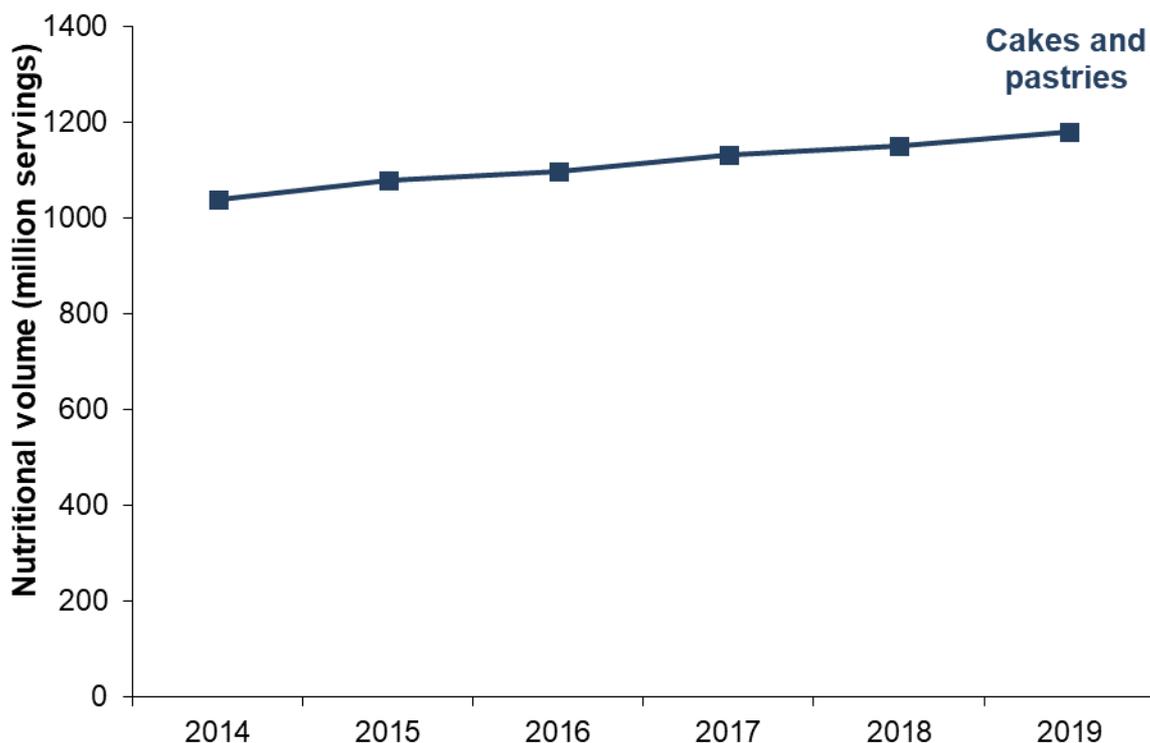


- In 2019, over one billion (1,181 million) servings of cakes and pastries were purchased by Scottish households. Purchases have increased by 14% since 2014.

²⁵ In February 2018, Kantar made changes to improve the way they weigh and measure Scotland, as well as other regions in Great Britain. This means that the standard Kantar definition now captures data on Scotland only, rather than Scotland and Borders (English side). This has resulted in an up-weighting on the volumes purchased in Scotland. Data have been updated with the revised definition of Scotland from 2014 only.

²⁶ Kantar continually improve their datasets, with regular changes/updates to both product coding and the way the data collected from sample data are weighted up to represent the total picture. Data are usually reworked back 5 years to ensure trends are not adversely affected. Therefore, there may be slight differences in the data provided for 2015-2019 in this report, compared to those previously published.

Figure 15. Retail purchase of cakes and pastries, 2014-2019



Source

Food Standards Scotland commissioned data from Kantar.

Geography available

Scotland level.

Equalities data

Not applicable.

Rationale for including retail purchase of confectionery, biscuits, cakes and pastries

These data are useful to monitor the retail purchase by volume of confectionery, biscuits, cakes and pastries in supermarkets in Scotland.

There is evidence that obesity is associated with over consumption of energy dense snack foods such as confectionery, biscuits, cakes and pastries. Moderate evidence exists in the literature for interventions aimed at reducing availability and affordability of energy dense foods and with a moderate rating for potential population effectiveness.

Factors influencing retail purchase of confectionery, biscuits, cakes and pastries

Availability and affordability of healthy choices.

Healthy Living Awards²⁷

NHS Health Scotland

Latest results

- In 2019, a total of 776 catering establishments held the Healthy Living Award (HLA) or HLA Plus award.
- Of these, 150 are first term HLA awards and 388 are renewed awards. A further 238 establishments hold the Healthy Living Plus Award.
- There has been a decrease of 4% in the number of establishments holding an award since 2018.

Table 1. Number of businesses securing Healthy Living Awards²⁸

Date	Current Awards	First Term	Renewals	Plus
October 2006	6	6		
October 2007	140	140		
October 2008	374	374		
October 2009	602	496	106	
October 2010	656	353	283	20
October 2011	675	295	291	89
October 2012	680	241	315	124
October 2013	625	185	315	125
October 2014	686	231	273	182
October 2015	757	260	294	203
October 2016	776	246	332	198
October 2017	798	214	352	232
October 2018	808	183	385	240
October 2019	776	150	388	238

²⁷ The healthyliving award was 'paused' in April 2020 due to the closure of the majority of the catering establishments, as part of the Scottish Government's nation-wide lockdown. No progress has been made by sites since and it is also expected that a number of the 2019/20 award holders will no longer be in business or in a position to continue with their award journey within the next year. As a result, the 2020 figures are not available.

²⁸ These figures fluctuate weekly. The data presented are a snap-shot in time at a given moment.

Geography available

Scotland level.

Equalities data

Not applicable.

Rationale for including healthy living awards

These data are useful to assess the take-up of Healthy Living awards by companies. The Healthy Living Award, introduced in 2006, recognises catering establishments for serving healthier food and finding ways of helping their customers make better food choices. The award is open to all kinds of catering places from sandwich shops to staff restaurants, and increasing the number of establishments with this award will play a part in improving diet across Scotland.

For all organisations already participating, the Healthy Living Award plus offers an opportunity to achieve step increases in the required ratio of healthy options to other options on the menus from participating caterers.

Evidence from existing literature²⁹ suggests a low level of evidence for the effectiveness of consumer targeted incentives but with potentially high levels of population effectiveness.

Factors influencing healthy living awards

Exposure to high energy foods.

²⁹ Environmental Scan of Potential Policy Interventions to Tackle Obesogenic Aspects of the Built Environment, Mooney et al 2010.

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How to access background or source data

The data collected for this statistical bulletin:

- are available in more detail through Scottish Neighbourhood Statistics
- are available via an alternative route
- may be made available on request, subject to consideration of legal and ethical factors. Please contact scottishhealthsurvey@gov.scot for further information.
- cannot be made available by Scottish Government for further analysis as Scottish Government is not the data controller.

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ISBN 978-1-80004-178-3 (web only)

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