



HEALTH AND SOCIAL CARE

Diet & Healthy Weight Monitoring Report

October 2019

Key points

- In 2018, 65% of adults aged 16 and over were overweight, including 28% 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% (29% in 2018). In 2018, 13% of children aged 2 to 15 were at risk of overweight, with a further 16% at risk of obesity.
- 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. Prevalence of Type 2 diabetes continues to increase steadily.
- In 2018, 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 2018, 15% 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 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 contributed by free sugars (13.8%) also remained higher than the Scottish Dietary Goal of less than 5% of energy.
- Between 2014 and 2018, the volume of sales of regular take-home soft drinks reduced by 11%, whilst the volume of sales of diet take-home soft drinks increased by 20%.
- Between 2014 and 2018 sales take-home biscuits and confectionery have increased by 5% and sales of cakes and pastries have increased by 10%.
- In 2019, 776 catering establishments held the Healthy Living award (HLA) or HLA Plus award.

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 The Route Map has now been superseded by the [Diet and Healthy Weight Delivery Plan](#) and [Active Scotland Delivery Plan](#) published in summer 2018.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.

Data are also available in the accompanying tables.

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¹ <https://www2.gov.scot/Publications/2010/02/17140721/19>

Policy Context

Obesity is undoubtedly 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, make it a key 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.

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'.

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

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

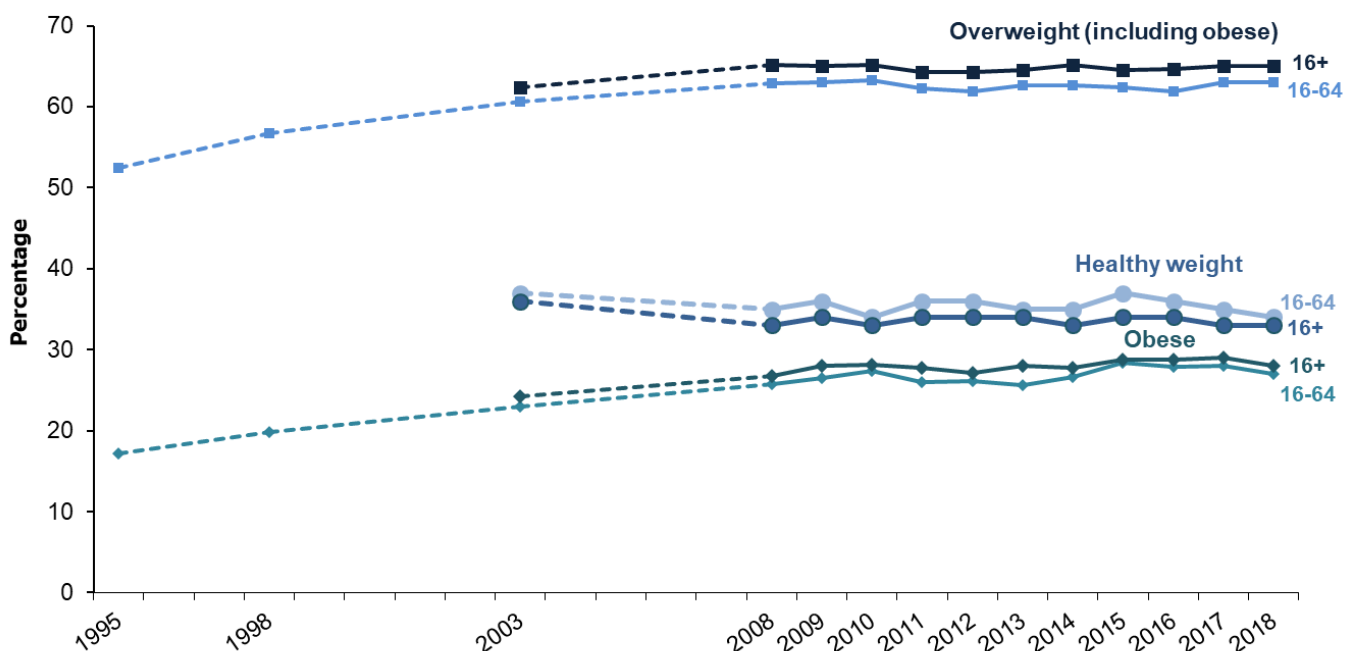
Adult overweight and obesity

Scottish Health Survey

Latest results

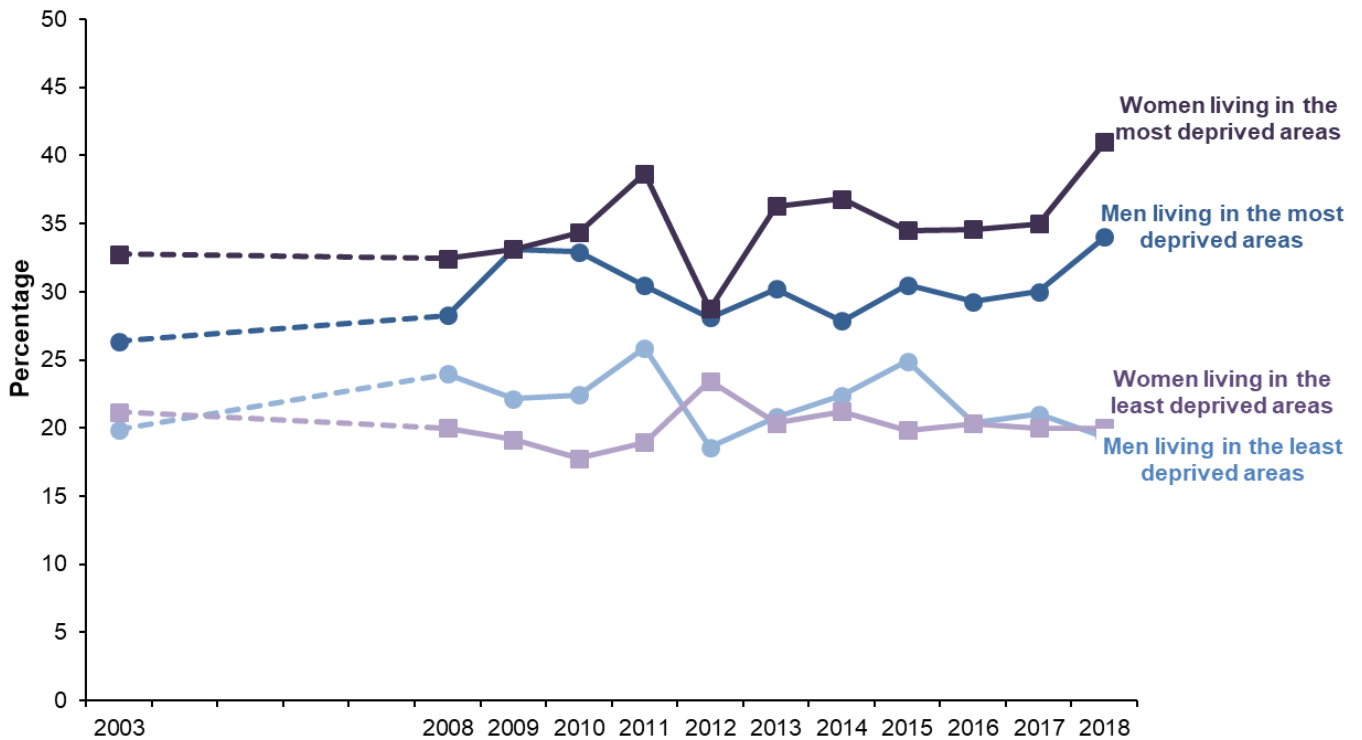
- In 2018, 65% of adults aged 16 and over were overweight, including 28% who were obese.
- In 2018, 33% of adults aged 16 and over had a weight within the healthy range, the same as in 2017.
- There has been an increase in the proportion of adults aged 16-64 that are overweight (including obese) since 1995, from 52% to 63%. Most of this increase was seen between 1995 and 2008, with figures remaining broadly stable since then.
- In 2018, prevalence of overweight or obesity was significantly higher among men compared with women (68% 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 (27% compared to 30% respectively).
- Overweight (including obesity) prevalence was lowest among young people aged 16-24 (45%). A significantly higher proportion of those aged 25-34 were overweight (58%), with further increases with age up to age 65-74 (except for the 55-64 age group). More than three quarters of those aged 65-74 were overweight including obese (76%), and all age groups above 44 (except for 75+, 68%) had a prevalence of over 70%.

Figure 1. Proportion of adults with a healthy weight, overweight and obese, 1995-2018 (ages 16-64) and 2003 to 2018 (ages 16+)



- Although inequalities in overweight prevalence vary by sex and over time, 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 2018 were 41% in the most deprived areas compared to 20% in the least deprived.

Figure 2. Proportion of obese adults (16+) by area deprivation⁶ and sex, 2003-2018



Definitions

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

Overweight – BMI 25+

Obese – BMI 30+

Geography available

Scotland level, Health Board, Local Authority (where sample sizes are sufficient).

Equalities data

Breakdowns by most equalities groups are possible. Breakdowns by age, sex, socio-economic status (SIMD) and disability (limiting long-term illness) will be available in the SHeS 2018 supplementary tables.

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

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 obese. 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 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/2019/09/scottish-health-survey-2018-volume-1-main-report/documents/scottish-health-survey-2018-edition-volume-1-main-report/scottish-health-survey-2018-edition-volume-1-main-report/govscot%3Adocument/scottish-health-survey-2018-edition-volume-1-main-report.pdf>

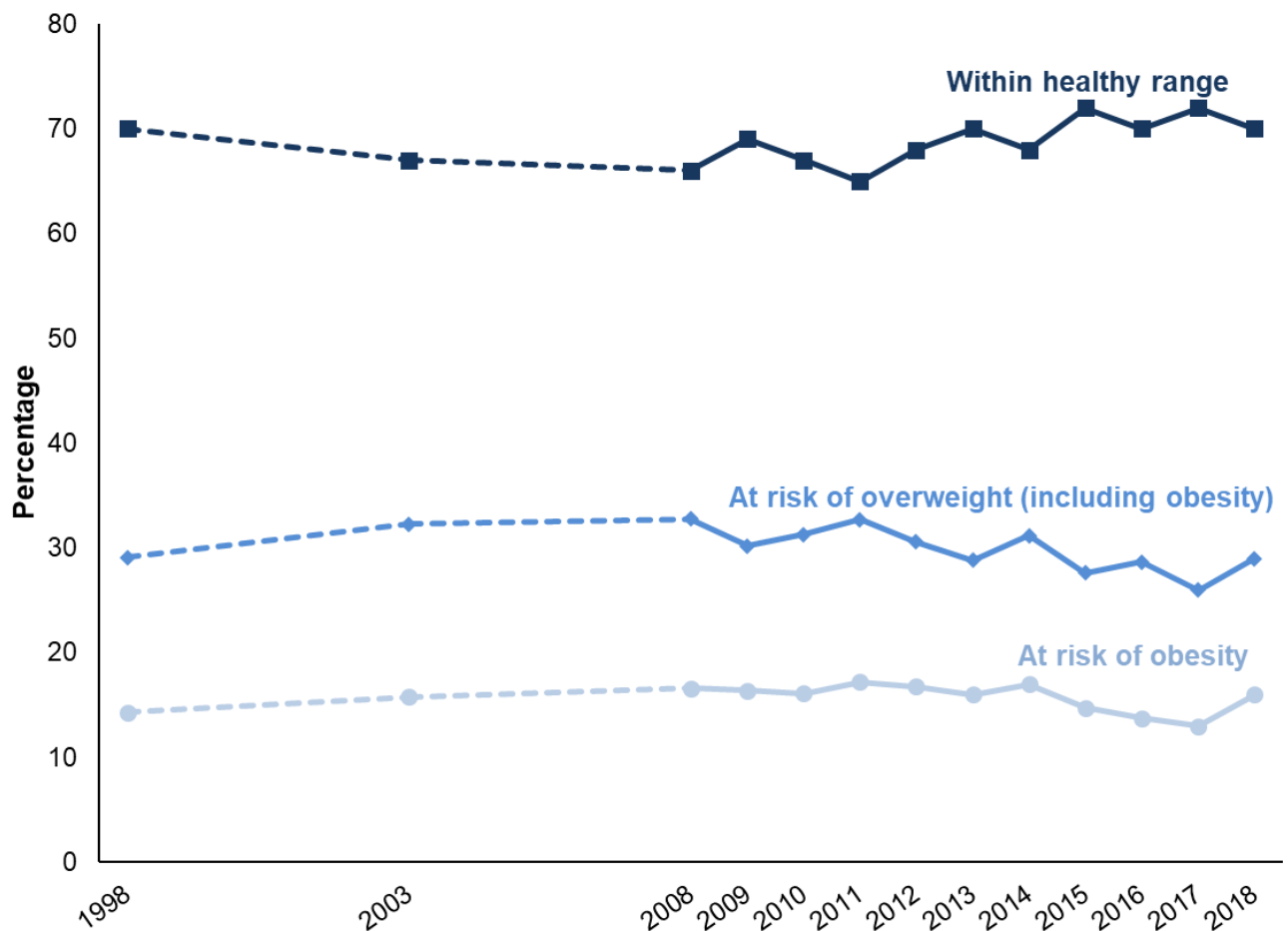
Children at risk of overweight and obesity

Scottish Health Survey

Latest results

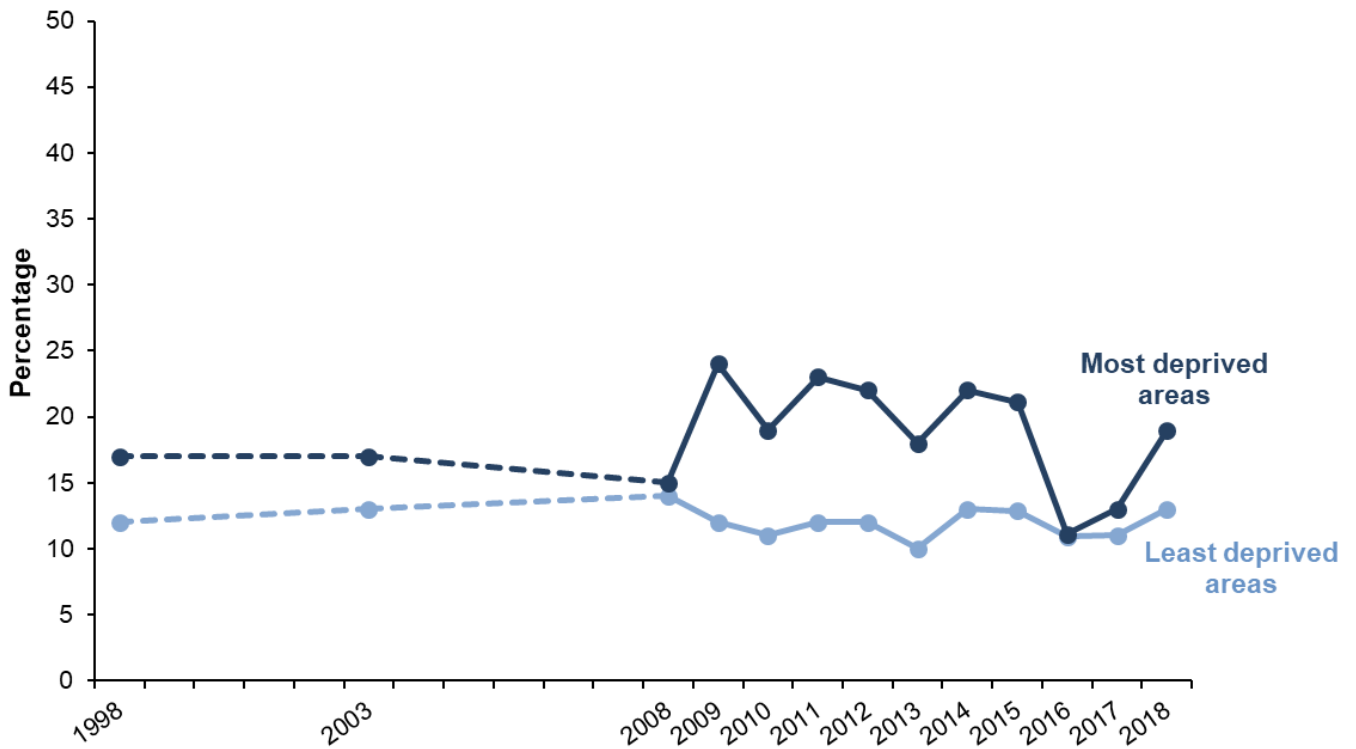
- In 2018, 16% of children aged 2 to 15 were at risk of obesity, with a further 13% at risk of overweight.
- Since 1998, the proportion of children aged 2-15 at risk of overweight (including obesity) has fluctuated between 26% and 33%, and was 29% in 2018.
- In 2018, 70% of children aged 2 to 15 had a weight within the healthy range.
- In 2018, the figure for those at risk of overweight (including obesity) and at risk of obesity was higher for boys than for girls (30% compared to 27% 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 (34%). Of girls this age, 37% were at risk of overweight including obesity. The equivalent figure for boys of the same age was 31%.

Figure 3. Proportion of children with a healthy weight, at risk of overweight and obesity, 1998-2018



- A higher proportion of children are at risk of obesity in Scotland’s most deprived areas (19%) that in the least deprived areas (13%). The gap between rates in the most and least deprived areas has fluctuated over time, with a high of 12 percentage points in 2009. In 2018, the 4th and 5th most deprived areas⁸ of Scotland had the highest proportion of children at risk of obesity (19%).

Figure 4. Proportion of children at risk of obesity by area deprivation⁹, 1998-2018



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, socio-economic status (SIMD) and disability (limiting long-term illness) may be possible, but not all are available annually.

⁸ Using the Scottish Index of Multiple Deprivation (SIMD), this represents the over 60% most deprived areas of Scotland.

⁹ 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 obese. 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 obesity¹⁰

- Diet, physical activity and sedentary behaviour are strongly associated with BMI.
- Parental BMI: children with an obese parent 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 being obese.

¹⁰ 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>

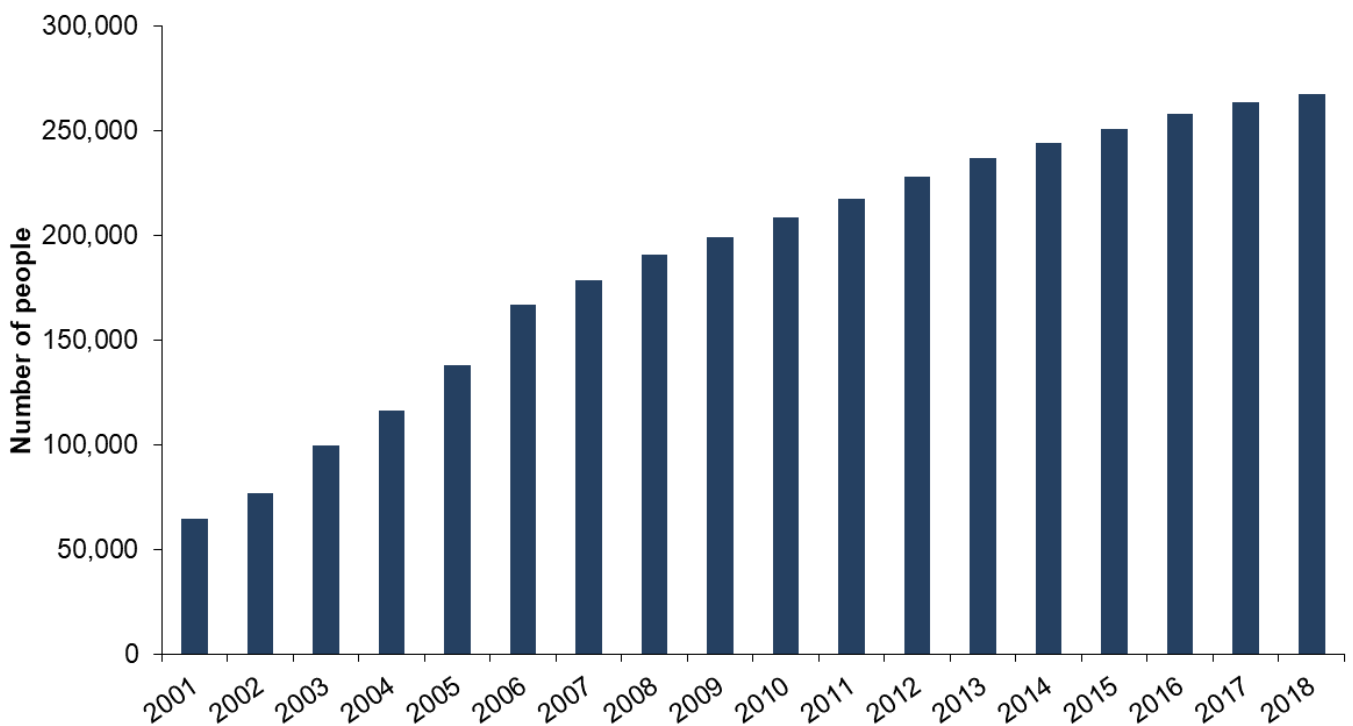
Prevalence of Type 2 diabetes

Scottish Diabetes Survey

Latest results

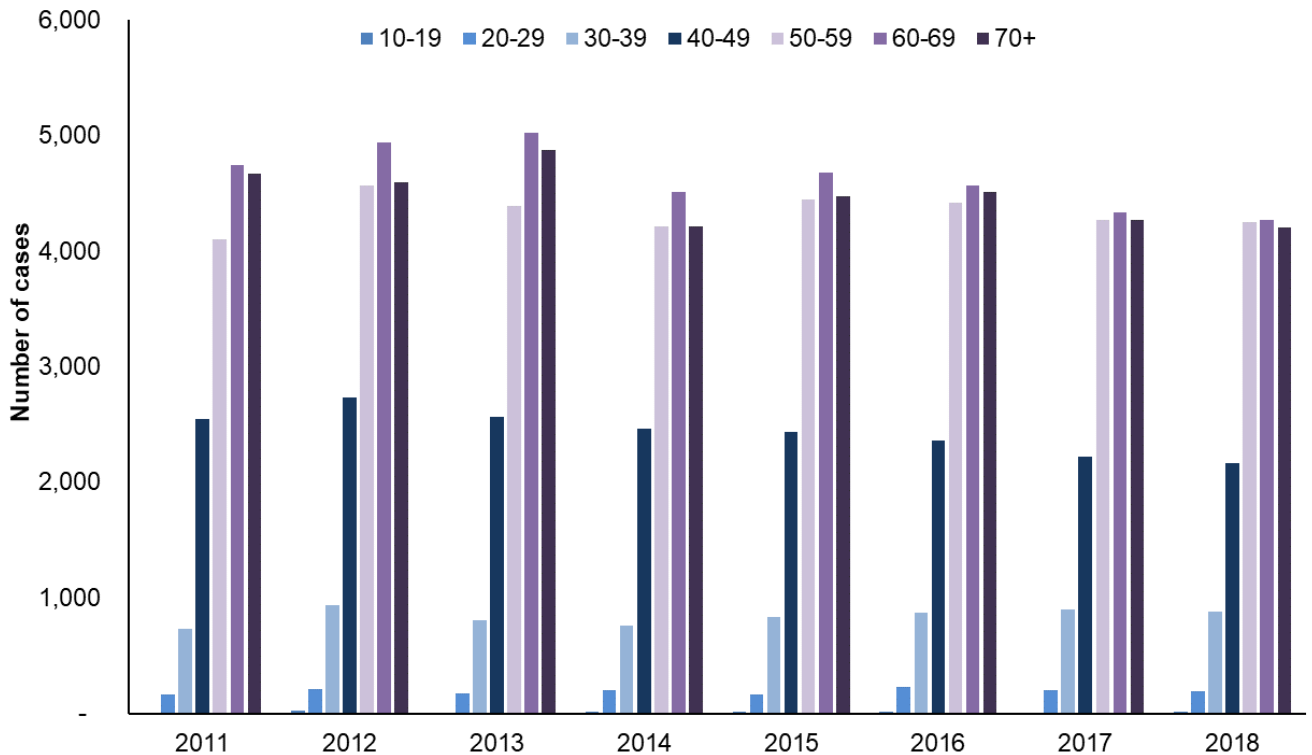
- At the end of 2018, there were 304,375 people diagnosed with diabetes in Scotland recorded on local diabetes registers. This represented 5.6% of the population of all ages.
- Of all cases, 87.9% (267,615) were Type 2 diabetes.
- A greater proportion of those with diagnosed Type 2 diabetes are male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



- 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 level, 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.

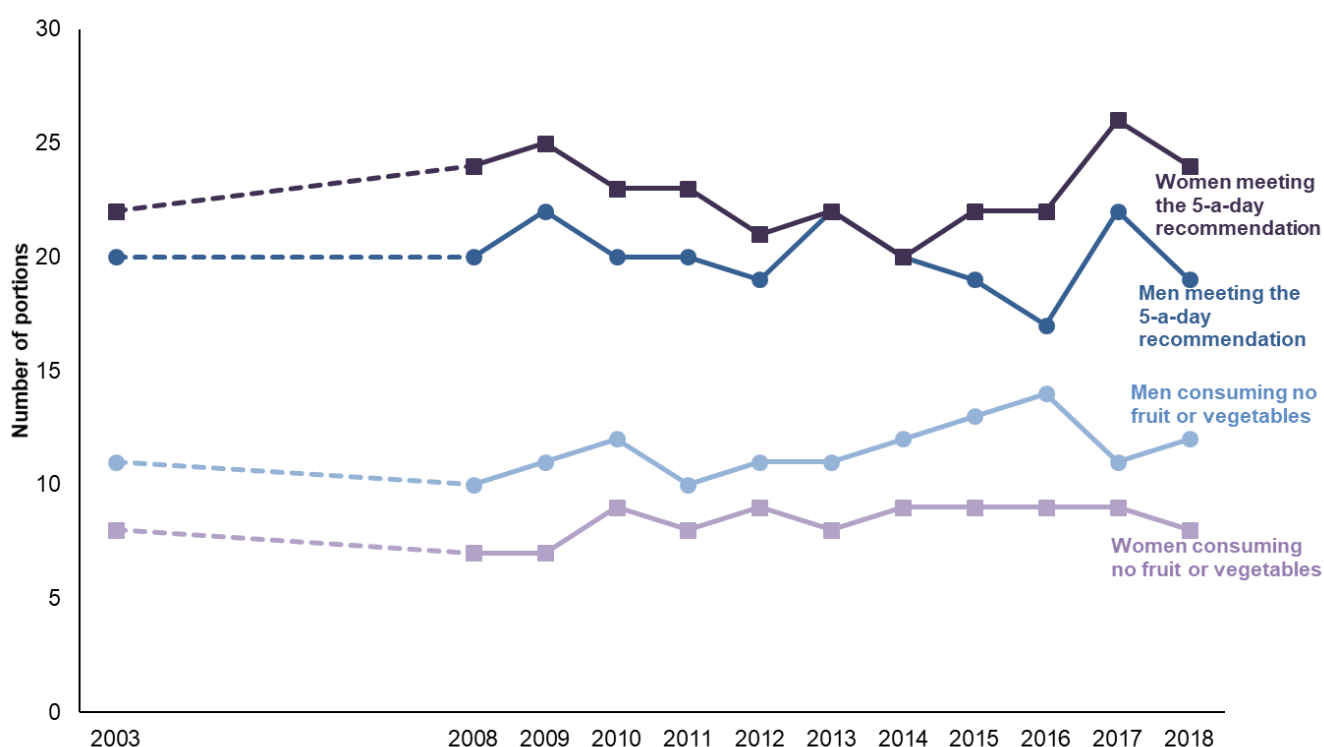
Adult fruit and vegetable consumption

Scottish Health Survey

Latest results

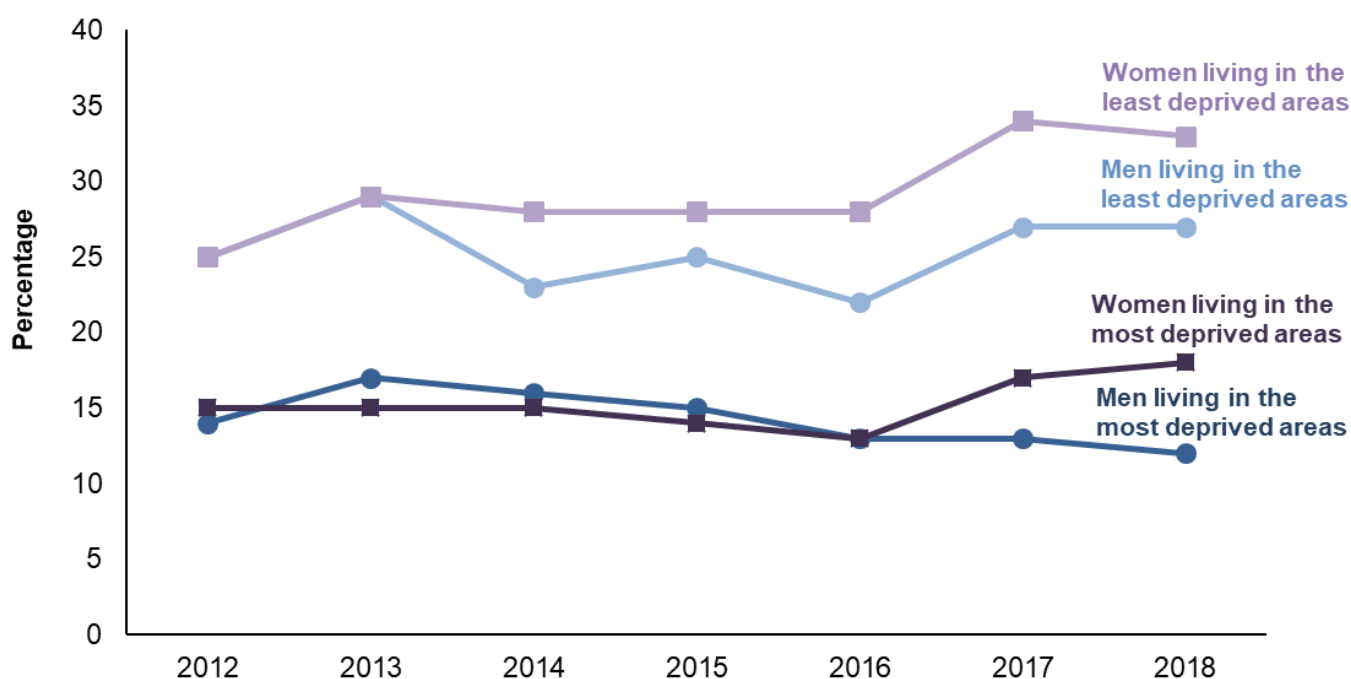
- In 2018, 22% of adults aged 16 and over met the five-a-day recommendation for consumption of fruit and vegetables. This figure has remained fairly constant since 2003, with only a small amount of variation over the years (between 20% and 24%).
- Women were significantly more likely to consume the recommended amount of fruit and vegetables than men in 2018 (24% and 19% respectively), a difference that has been evident in most years since 2003.
- In 2018, 10% of adults consumed no fruit and vegetables on a typical day, a figure which has not changed much since 2003.
- In 2018, adults consumed an average of 3.2 portions of fruit and vegetables a day, a figure which has varied very little since 2003. Mean fruit and vegetable consumption was higher for women than men (3.5 compared to 2.9 portions a day respectively).
- Women aged 75 and over tended to eat less fruit and vegetables than younger women (a mean of 3.0 portions, compared with means of between 3.4 and 3.7 for the other age groups). For men, lowest levels of consumption were in the youngest age group (2.5 portions a day for men aged 16 to 24) and highest for those aged 55 and over (an average of between 3.1 and 3.2 portions a day).

Figure 7. Adult fruit and vegetable consumption by sex, 2003 to 2018



- 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 2018, the gap was the same for men (27% in the least deprived compared with 12% in the most deprived areas) and women (33% and 18% respectively).

Figure 8. Adult fruit and vegetable consumption by area deprivation and sex, 2012-2018



Definitions

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

Geography available

Scotland level, Health Board, Local Authority (where sample sizes are sufficient).

Equalities data

Breakdowns by most equalities groups are possible. Breakdowns by age, sex, socio-economic status (SIMD) and disability (limiting long-term illness) will be available in the SHeS 2018 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.

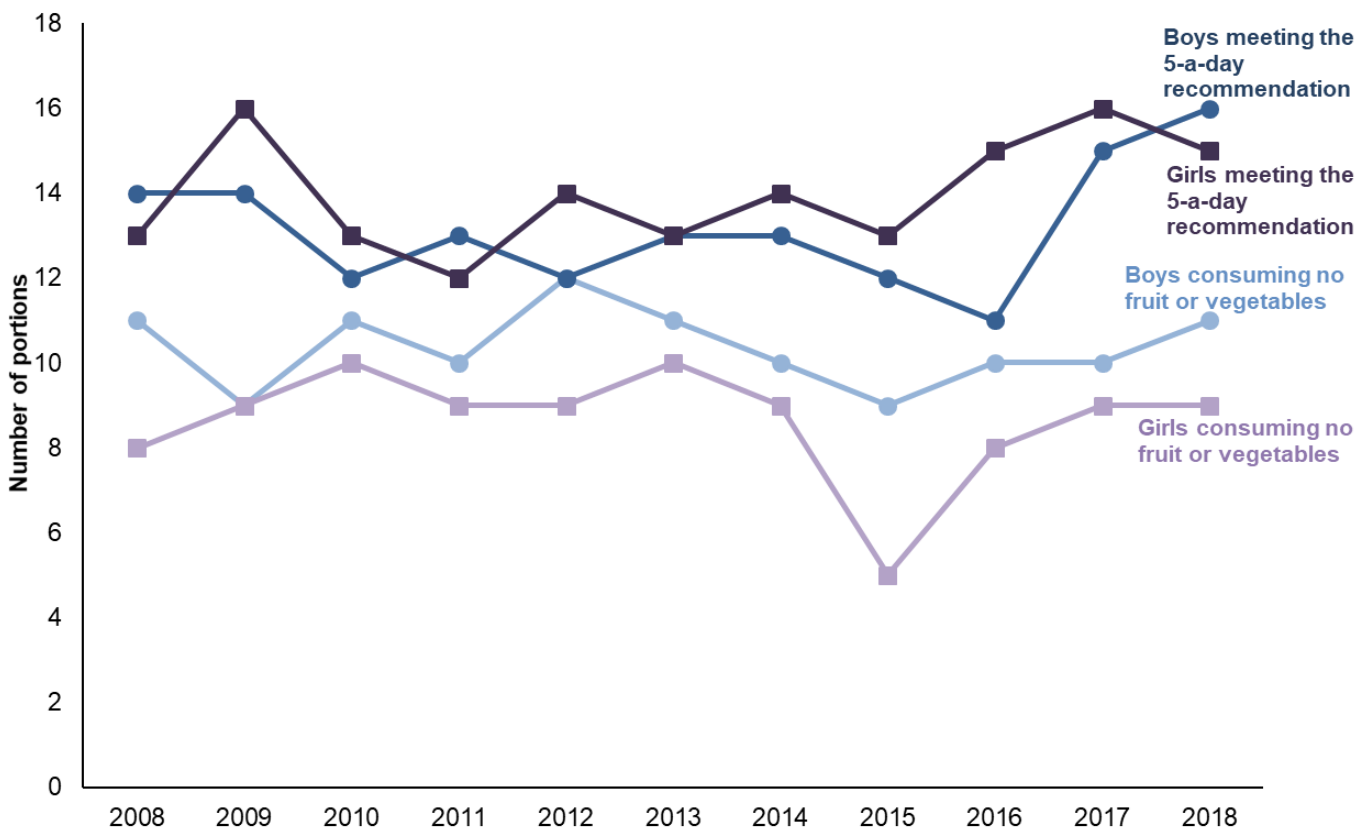
Child fruit and vegetable consumption

Scottish Health Survey

Latest results

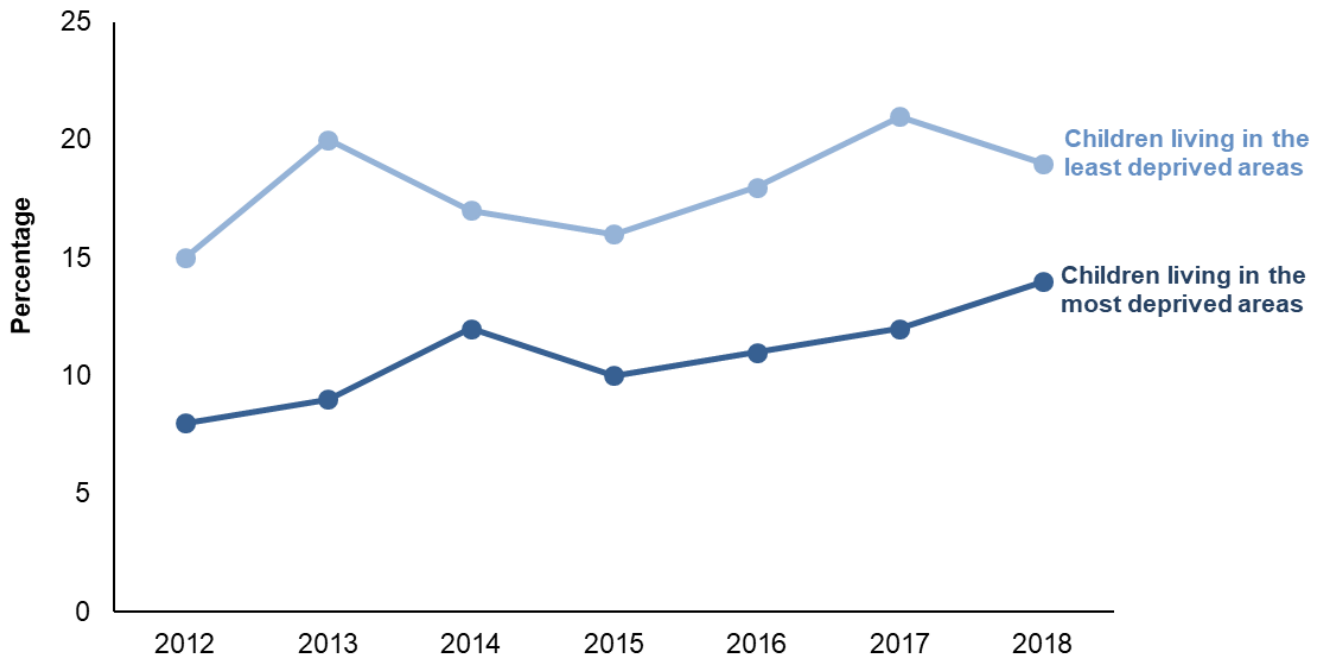
- In 2018, 15% of children aged 2-15 met the five-a-day recommendation for consumption of fruit and vegetables. This figure shows little variation over time, lying between 12% and 15% each year since 2008.
- Boys and girls were equally likely to meet the recommendations, with 15% of girls and 16% of boys having done so.
- The proportion of children consuming no fruit and vegetables has remained fairly constant since 2008. In 2018, 10% of children aged 2-15 (11% of boys and 9% of girls) consumed no fruit or vegetables on a typical day.
- In 2018, children consumed an average of 2.8 portions of fruit and vegetables a day (same for girls and boys), a figure which has varied very little since 2008.
- Girls aged 13-15 tended to eat less fruit and vegetables than younger girls (a mean of 2.4 portions, compared with means of between 2.6 and 3.3 for the other age groups). For boys, lowest levels of consumption were in the 11-12 age group (2.5 portions a day) and highest for those aged 2-4 (3.1 portions a day).

Figure 9. Children fruit and vegetable consumption by sex, 2008 to 2018



- In 2018, fruit and vegetable consumption (5-a-day) was higher in Scotland’s least deprived areas compared to the most deprived, but this difference was not significant. Nineteen per cent of children living in the least deprived areas met the recommendation compared to 14% of children living in the most deprived.

Figure 10. Children fruit and vegetable consumption by area deprivation, 2012-2018



Definitions

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

Geography available

Scotland level.

Equalities data

Breakdowns by most equalities groups are possible. Breakdowns by age, sex, socio-economic status (SIMD) and disability (limiting long-term illness) will be available in the SHeS 2018 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.

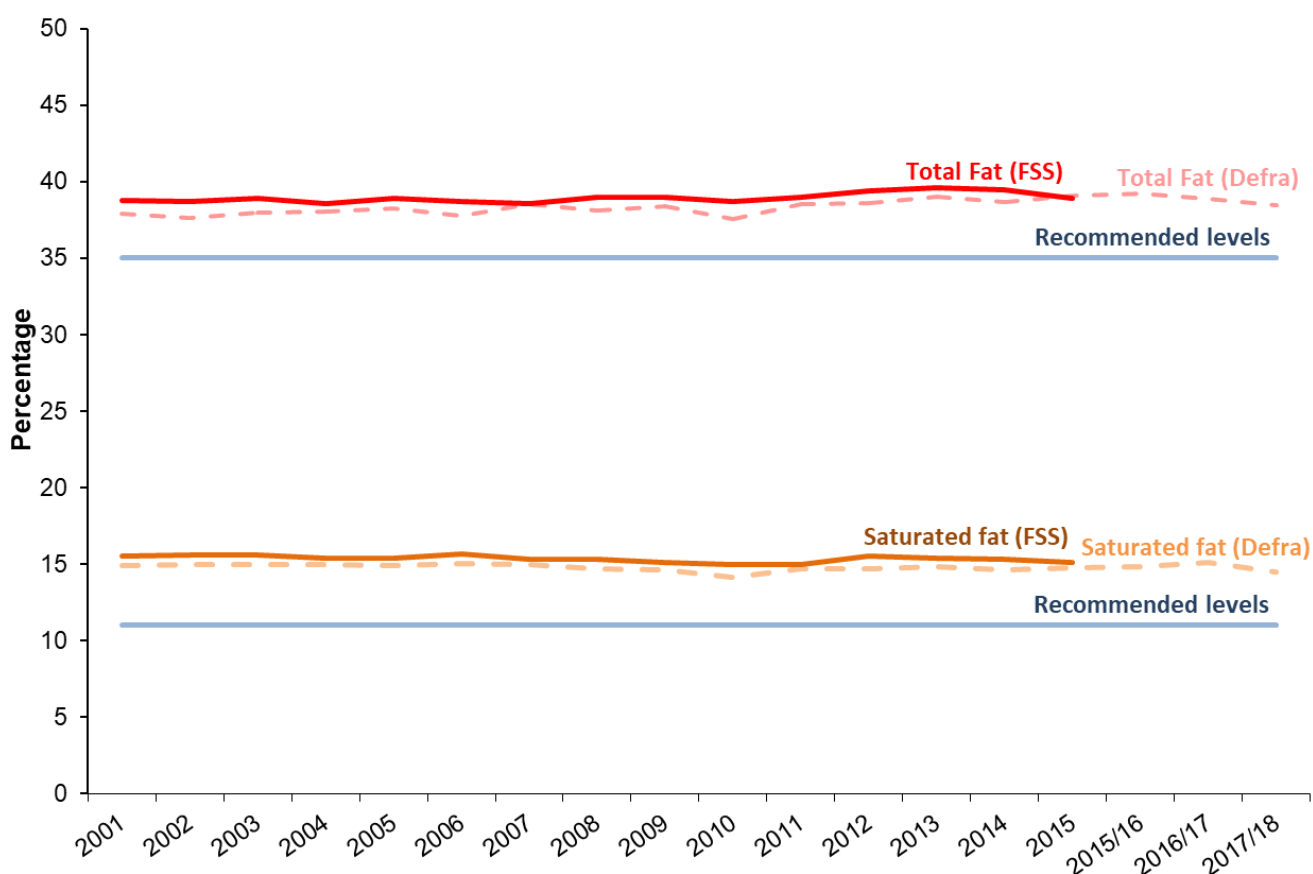
Total and saturated fat

Food Standards Scotland (FSS) analysis of published data from Department for Environment, Food and Rural Affairs (Defra)¹²

Latest results¹³

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

¹³ 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 is 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, 2018¹⁴). 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 cancers¹⁵.

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.

¹⁴ <https://www.foodstandards.gov.scot/publications-and-research/publications/latest-estimation-of-food-and-nutrient-intakes>

¹⁵ Scottish Government (2019), The Scottish Health Survey 2018, volume 1, main report. <https://www.gov.scot/binaries/content/documents/govscot/publications/statistics/2019/09/scottish-health-survey-2018-volume-1-main-report/documents/scottish-health-survey-2018-edition-volume-1-main-report/scottish-health-survey-2018-edition-volume-1-main-report/govscot%3Adocument/scottish-health-survey-2018-edition-volume-1-main-report.pdf>

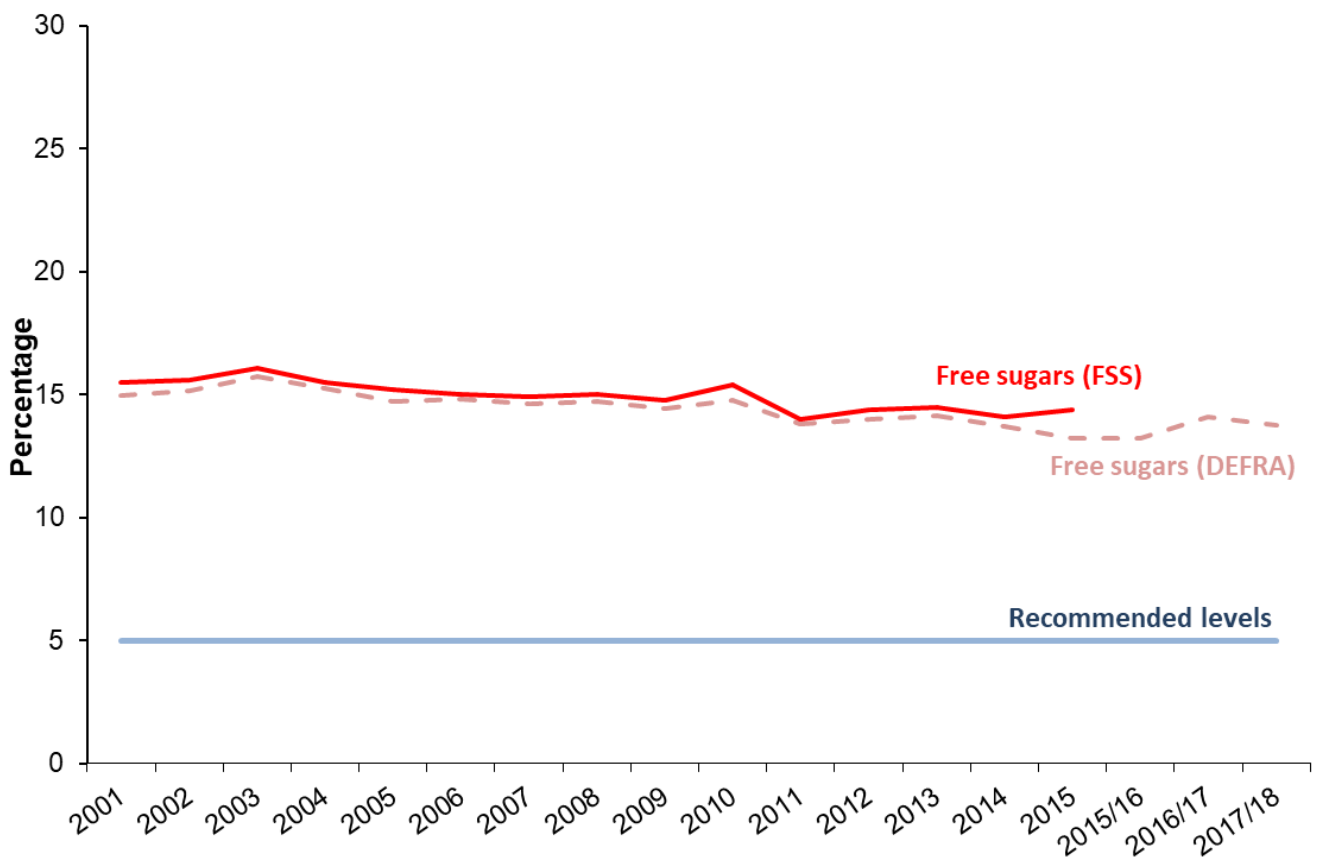
Free sugars

Food Standards Scotland (FSS) analysis of published data from Department for Environment, Food and Rural Affairs (Defra)¹⁶

Latest results¹⁷

- The percentage of total food energy contributed by free sugars¹⁸ 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 energy¹⁹.

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



¹⁶ <https://www.gov.uk/government/statistical-data-sets/family-food-datasets>

¹⁷ 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.

¹⁸ 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.

¹⁹ 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 is 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.

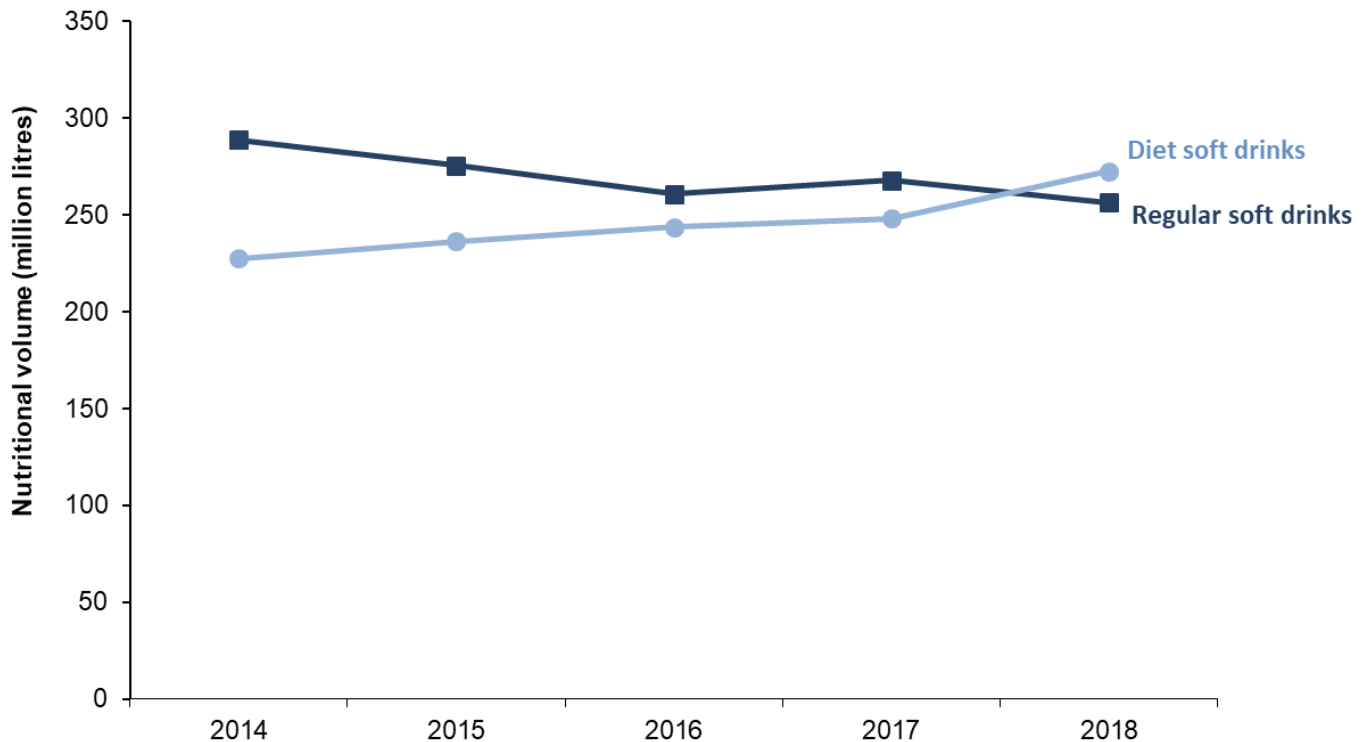
Sales of soft drinks with added sugar

Food Standards Scotland

Latest results²⁰

- Since 2014, the volume of ambient and chilled regular take home soft drinks purchased by Scottish households reduced by 11% from 289 to 256 million litres²¹.
- Since 2014, the volume of ambient and chilled diet take home soft drinks purchased by Scottish households increased by 20% from 228 to 272 million litres.

Figure 13. Sales of regular and diet soft drinks (ambient and chilled), 2014-2018



²⁰ In February 2018, Kantar Worldpanel 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. This has resulted in an up-weighting on the volumes purchased of the Scottish region. Data have been updated with the revised definition of Scotland from 2014 only.

²¹ 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 is only available from 2014.

Source

Food Standards Scotland commissioned data from Kantar Worldpanel.

Geography available

Scotland level.

Equalities data

Not applicable.

Rationale for including sales of soft drinks with added sugar

These data are useful to monitor the volume of sales 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 sales of soft drinks with added sugar

Availability and affordability of healthy choices.

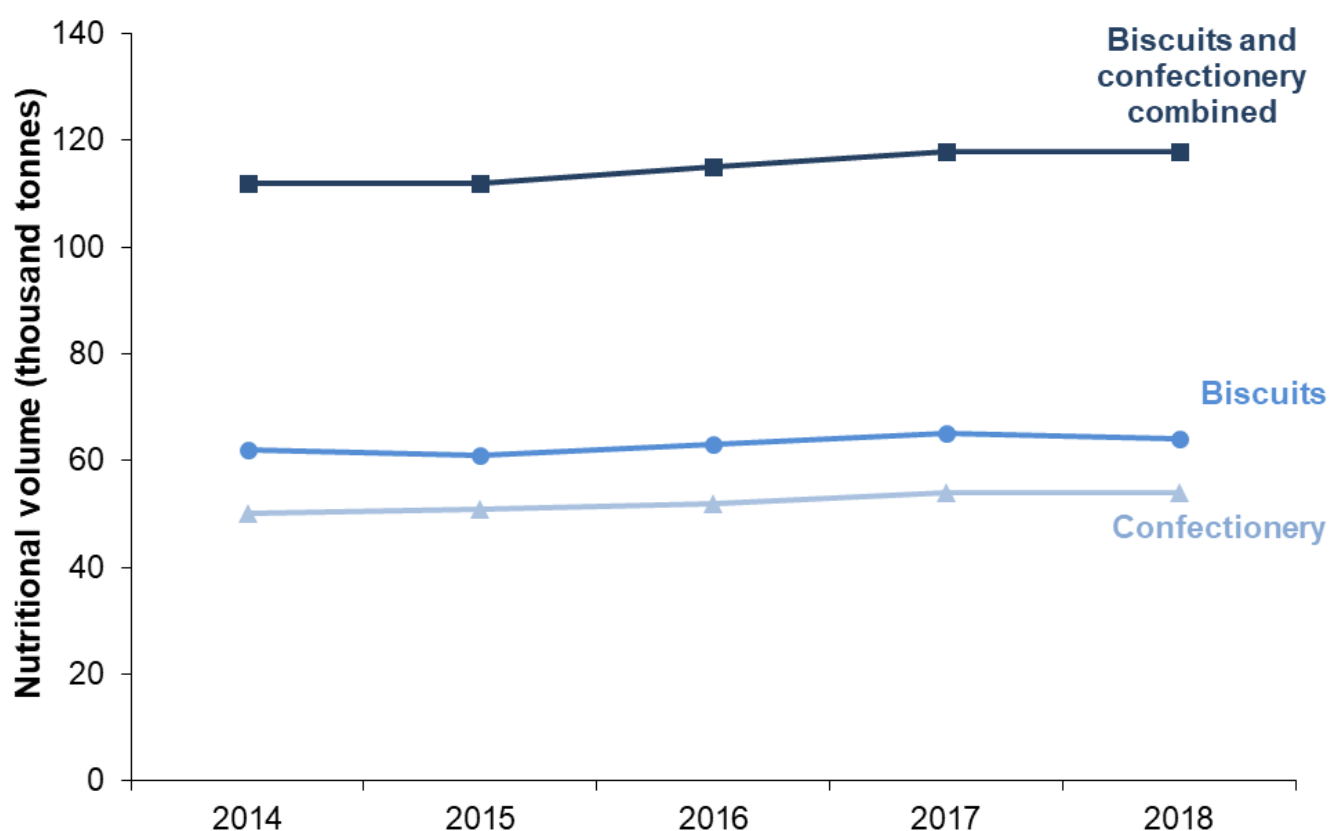
Sales of confectionery, biscuits, cakes and pastries

Food Standards Scotland

Latest results²²

- In 2018, the total volume of take home biscuits and confectionery purchased by Scottish households was around 118 thousand tonnes. Purchases have increased by 5% since 2014.

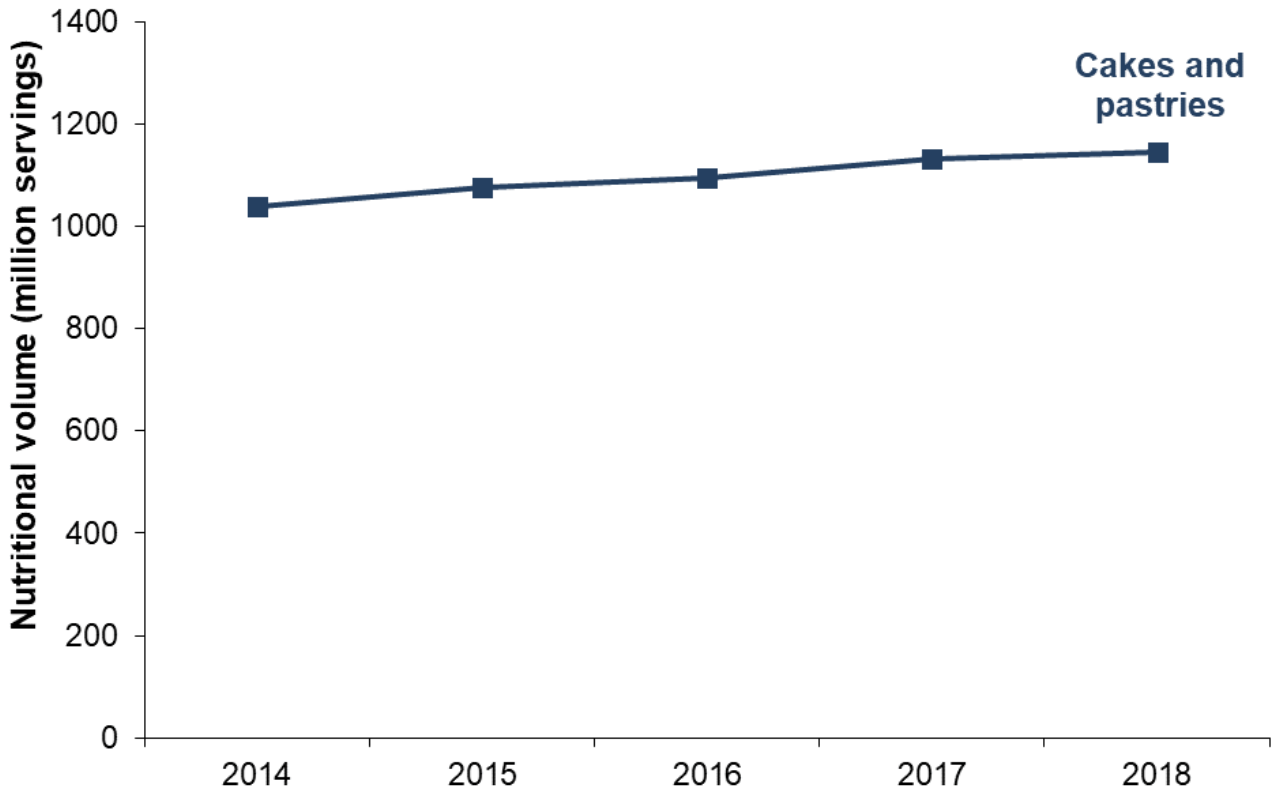
Figure 14. Sales of biscuits and confectionery, 2014-2018



- In 2018, over one billion (1,146 million) servings of cakes and pastries were purchased by Scottish households. Purchases have increased by 10% since 2014.

²² In February 2018, Kantar Worldpanel 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. This has resulted in an up-weighting on the volumes purchased of the Scottish region. Data have been updated with the revised definition of Scotland from 2014 only.

Figure 15. Sales of cakes and pastries, 2014-2018



Source

Food Standards Scotland commissioned data from Kantar Worldpanel.

Geography available

Scotland level.

Equalities data

Not applicable.

Rationale for including sales of confectionery, biscuits, cakes and pastries

These data are useful to monitor the sales 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 sales of confectionery, biscuits, cakes and pastries

Availability and affordability of healthy choices.

Healthy Living Awards

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 Awards²³

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

²³ 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 literature²⁴ 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.

²⁴ Environmental Scan of Potential Policy Interventions to Tackle Obesogenic Aspects of the Built Environment, Mooney et al 2010.

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Correspondence and enquiries

For enquiries about this publication please contact:

Xanthippi Gounari
Health & Social Care Analysis
Directorate of Population Health
DG Health and Social Care
Scottish Government
Telephone: 0131 244 4098
e-mail: scottishhealthsurvey@gov.scot

For general enquiries about Scottish Government statistics please contact:

Office of the Chief Statistician, Telephone: 0131 244 0442,
e-mail: statistics.enquiries@scotland.gsi.gov.uk

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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APS Group Scotland, 21 Tennant Street, Edinburgh EH6 5NA
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