CONSULTATION RESPONSE

Price Controls on Essential Food Items (November 2026)

About the Scottish Obesity Alliance

The Scottish Obesity Alliance (SOA) is a coalition of organisations committed to improving the nation's health by preventing obesity and supporting people living with obesity. The SOA brings together charities, professional bodies, royal colleges, healthcare organisations and other stakeholders to advocate for evidence-based policies that promote healthy weight, reduce health inequalities and create healthier environments across Scotland.

The Scottish Obesity Alliance is convened by Obesity Action Scotland, which provides the SOA's secretariat function.

For further information, please contact us at: info@scottishobesityalliance.org

The SOA works to represent the collective voice and interests of all its members. However, there may be specific instances where individual member organisations do not hold a position on a particular issue. Accordingly, while this response reflects the SOA's collective perspective, it should not be taken to represent the formal position of every member organisation in every instance.

Chapter 1

Q1. Do you agree or disagree that improving the affordability of essential food items, particularly for low-income households, should be a policy priority for the Scottish Government?

Agree

Q2. Do you agree or disagree that government intervention is required to improve the affordability of essential food items?

Agree

Q3. Do you agree or disagree with the proposal to introduce price caps on selected essential food items?

Unsure

Q4. Please explain your answers to Questions 1 to 3, including any alternative approaches or steps that should be taken to improve food affordability.

The Scottish Obesity Alliance is in support of action to improve the affordability of healthy food. Achieving a healthy diet is increasingly becoming a challenge for many households in Scotland. According to the Food and Drink Federation, food inflation is forecast to exceed 9% by the end of 2026[1]. This is an ongoing trend, as the Right to Food UK Commission also found that the price of healthier foods rose by £1.76 per 1,000 kilocalories between 2021 and 2023, compared with a £0.76 rise for less healthy foods[2]. The Food Foundation reports that the affordability gap is now at its widest level in more than a decade. Households with children in the lowest income quintile would need to spend around 85% of their disposable income on food to afford a diet that aligns with the Eatwell Guide[3].

This increasing pressure on household budgets is evidence that structural barriers shape dietary habits far more than individual choice. Existing market conditions have not delivered equitable access to healthy diets and therefore there is a clear role for government intervention to create a food environment that supports affordability, health and wellbeing.

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[1] Food and Drink Federation (FDF) (2026) *FDF revises food inflation forecast to at least 9% by the end of 2026*. Available at: https://www.fdf.org.uk/fdf/news-media/press-releases/2026/fdf-revises-food-inflation-forecast-to-at-least-9-by-the-end-of-2026/

[2] Right to Food UK Commission (2026) *A Road Map to Delivering Food Security to All by 2035: Final Report of the Right to Food UK Commission*.

[3] The Food Foundation (2026) *The Broken Plate 2026*. Available at: https://foodfoundation.org.uk/publication/broken-plate-2026

Alongside the increased cost of living and limited access to nutritious food, one in three adults in Scotland are living with obesity, with rates being significantly higher in our most deprived communities. In 2024, 36% of adults in the most deprived areas were living with obesity compared with 19% in the least deprived[4]. This inequality gap has widened over time and clearly reflects the intersection of health and poverty and demonstrates the need for cross government action. Moreover, the DISH study found that Scottish children's diets generally remain poorer than recommended, with excessive free sugar intake, insufficient fibre, fruit and vegetables, and marked inequalities by age and deprivation[5].

Linked to a rise in obesity rates has come the increase in diet related non-communicable diseases and associated social and economic costs. Obesity shortens life and increases the risk of type 2 diabetes, is a known cause of 13 types of cancer and is linked to cardiovascular disease, dementia, and many other non-communicable diseases.

Given the strong links between diet, obesity, food insecurity and health inequalities, measures designed to improve food affordability should seek to maximise both economic and health benefits. Food affordability is also important for children's health and wellbeing. Food insecurity can affect children's physical health, mental wellbeing, educational participation and broader life opportunities, further reinforcing the need for policies that support equitable access to healthy diets.

Despite our support for a need to address the affordability of healthy foods we are less convinced that the specific price cap model proposed in the consultation is the most effective or practical mechanism for achieving these aims. SOA members broadly conclude that the proposed model is unlikely to be an effective or workable policy in its current form and have raised significant concerns regarding implementation, administration, product selection and the potential for unintended consequences.

A key concern is that the consultation does not yet provide sufficient detail on how the policy would operate in practice, what its likely impacts would be, or how success would be measured. While we welcome the Scottish Government's willingness to explore options and seek views at an early stage, it is difficult to fully assess the merits of the proposal without clearer modelling of expected costs, benefits, behavioural impacts and implementation arrangements. The Scottish Obesity Alliance

[4] Scottish Government (2025) *The Scottish Health Survey 2024: Main Report*. Available at: https://www.gov.scot/publications/scottish-health-survey-2024-main-report/
[5] Food Standards Scotland (2025) *Dietary Intake in Scotland's Children (DISH) research report*. Available at: https://www.foodstandards.gov.scot/science-and-evidence/dietary-intake-in-scotlands-children-dish-research-report

would welcome the opportunity to comment further and/or be more actively involved in the development of more detailed proposals.

Should the Scottish Government decide to proceed with a food affordability intervention, any model should be accompanied by clear nutritional criteria and aligned with evidence-based dietary guidance. Affordability measures should make healthier foods more accessible and should not inadvertently increase access to products high in fat, sugar or salt. The Alliance therefore supports use of the Eatwell Guide and the updated Nutrient Profiling Model (NPM) as the basis for determining eligibility.

We believe that there may be more effective approaches for improving both affordability and population health. These could include improving the price differential between healthier and less healthy foods, supporting subsidies for healthier foods, strengthening restrictions on the promotion and placement of HFSS products, expanding free school meal provision, increasing uptake of Healthy Start, implementing healthy food standards across public and commercial settings, and exploring community food initiatives such as public diners. We also note emerging evidence supporting the proposed Healthy Food Standard policy, which would introduce mandatory reporting and targets for large food businesses. Such approaches seek to improve the availability, affordability and promotion of healthier foods across the wider food environment and may offer a more effective mechanism for improving dietary health at population level. Evidence suggests that coordinated food-system approaches are likely to be more effective than isolated interventions.

We also believe that any future policy should be considered within the wider context of Scotland's existing food and health ambitions, outlined within the Population Health Framework and Good Food Nation national plan, wider efforts to reduce poverty and health inequalities, and recently implemented measures to create a healthier food environment i.e. Food (Promotion and Placement) Regulations. New interventions should complement rather than duplicate or undermine these wider policy objectives.

If a price cap model is progressed, careful consideration should be given to potential unintended consequences. These include the possibility that retailers may treat a cap as a target price, raise prices elsewhere, substitute products, reduce availability, or select products that do not support healthy diets. Consideration should also be given to the potential impacts on farmers, producers, smaller retailers, people with specific dietary requirements, and communities with cultural food preferences that may not be reflected in a narrow list of staple foods.

In summary, the SOA supports the principle of improving food affordability and recognises the importance of government action. However, based on the evidence currently presented, we remain unconvinced about the proposed price cap model and would encourage the Scottish Government to continue exploring alternative and complementary approaches that evidence suggests are more likely to improve affordability, support healthier diets and reduce health inequalities. We would also encourage robust evaluation of any future policy to ensure it delivers meaningful benefits for the people it is intended to support.

5. What do you consider to be the main benefits of food price caps? Please provide evidence where possible.

The Scottish Obesity Alliance recognises that food price caps have the potential to improve the affordability of essential foods, particularly for households experiencing financial hardship. Rising food prices continue to make healthy diets increasingly unaffordable for many people, and lower-income households spend a greater proportion of their income on food than higher-income households. Improving access to affordable food is therefore an important policy objective.

A potential benefit of price caps is that they may provide immediate cost-of-living support by reducing the price of selected food items. International examples from countries including Croatia, Hungary and France suggest that price interventions can moderate the cost of certain food products and may help households facing inflationary pressures. However, most evaluations have focused on short-term affordability and consumer spending rather than health outcomes.

Where affordability measures are targeted towards foods that support healthy diets, there is potential for wider public health benefits. A 2024 Lancet Planetary Health systematic review and meta-analysis found that a 20% reduction in the price of fruit and vegetables was associated with a 16.6% increase in purchases of those foods. The review concluded that price reductions can generate meaningful improvements in diet where they are sustained over time[6]. Similarly, the World Health Organization has concluded that subsidies and other fiscal measures can increase the affordability and consumption of healthier foods when implemented as part of a wider package of interventions[7].

[6] The Lancet Planetary Health (2024) *Impact of price reductions, subsidies, or financial incentives on healthy food purchases and consumption: a systematic review and meta-analysis*. Available at: https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(24)00004-4/fulltext

[7] World Health Organization (2024) *Fiscal policies to promote healthy diets: WHO guideline*. Available at: https://www.who.int/publications/i/item/9789240091016

Food affordability measures may also contribute to reducing health inequalities. People living in more deprived communities face greater barriers to accessing healthy diets and experience higher rates of obesity and diet-related ill health. If carefully designed, interventions that make nutritious foods easier to access could help address some of these inequalities.

However, the extent to which the specific price cap model proposed in this consultation would deliver these benefits remains uncertain and has not yet been demonstrated by the available evidence. Any anticipated public health benefits should therefore be tested through robust evaluation.

6. What do you consider to be the main risks or unintended consequences of food price caps? Please provide evidence where possible.

Our primary concern with the proposed price cap policy is the limited evidence-base in its favour. International examples of similar measures have been introduced primarily as affordability interventions rather than with the intention to improve diet and reduce obesity. As such, there is little evidence to draw on to demonstrate the impact of such measures on dietary or purchasing behaviours, obesity rates or health inequalities.

Members of the Scottish Obesity Alliance, and evidence from international examples, have raised concerns around the potential of retailers offsetting losses by increasing prices elsewhere, or potentially treating the cap as a target price, thereby raising the cost of certain lower-cost products in response to these measures. Such unintended consequences would have a detrimental effect on people in Scotland who are already struggling to afford healthy food.

The Scottish Obesity Alliance would also like to see further clarification on how cultural preferences, dietary requirements, food allergies and intolerances will be accommodated within the scope of this policy. We are concerned that households that are unable to consume certain staple foods may derive little or no benefit from the policy.

Consideration should also be given to the potential mental health impact of policy messaging. Communication around the scheme should avoid stigmatising certain food groups or promoting simplistic narratives about "good" and "bad" foods. Such approaches may have unintended consequences for people experiencing eating disorders or disordered eating behaviours, including binge eating disorder, anorexia nervosa and bulimia. Messaging should instead focus positively on improving access to affordable, nutritious foods and supporting healthier diets.

A further risk is that a price cap scheme could inadvertently undermine or conflict with other public health policies if not carefully designed. For example, products included within the scheme should remain consistent with existing nutrition and healthy food environment policies, including the recently implemented Food (Promotion and Placement) (Scotland) Regulations 2025. There is a risk that a scheme focused primarily on affordability could create unintended incentives to promote or increase the visibility of products that are subject to promotion and placement restrictions. This could provide confusing and contradictory messaging for consumers. Thus, to maximise public health benefit, the scheme should complement, rather than compete with, existing measures aimed at improving diet and reducing health inequalities.

Finally, there is a risk that the administrative burden that designing and implementing the price cap will require may divert attention from measures that may have a stronger evidence base for improving diet and reducing health inequalities.

Such measures include:

- action on poverty,
- income maximisation,
- implementation of healthy food standards,
- restrictions on the promotion and placement of HFSS products,
- increased uptake of Healthy Start and moving towards universal access to Healthy Start support for eligible families,
- expansion of Free School Meal provision and action to reduce barriers to access for children and families,
- local authority implementation of the Good Food Nation commitments.

Price caps should therefore be considered as one possible component of a broader package of food-system measures rather than a standalone solution.

Overall, while we wholeheartedly support the objective of improving food affordability in Scotland, we remain cautious about the proposed model and believe that further evidence, modelling and impact assessment are required before its likely effectiveness can be fully assessed.

Chapter 2

7. Which model of price cap do you consider likely to be the most effective - An item level price cap, a category-based price cap, a basket-based approach, or an alternative?

The Scottish Obesity Alliance does not consider any of the proposed approaches to be the most effective mechanism for improving food affordability or population health outcomes. Should the Scottish Government seek to implement this policy, further clarification would be necessary on how the cap would work in practice, whichever model was implemented.

Members of the Scottish Obesity Alliance have noted that a basket-based approach may be the easiest of the proposed approaches for consumers and may better reflect how households purchase food. However, this would still require substantial development and evaluation before implementation.

The Scottish Obesity Alliance would encourage the Scottish Government to explore alternative approaches that improve the affordability of healthy diets rather than individual food products. These could include increasing the affordability of healthier foods relative to less healthy foods, strengthening healthy food standards, supporting income maximisation measures, expanding access to healthy meals through schools and community settings, and implementing further food-environment policies that are supported by a stronger evidence base.

8. Do you agree or disagree with the proposal that if a price capped item sells out, then the retailer should be required to sell an alternative at the capped price (if available and on sale to customers)?

Unsure

9. The proposal is that retailers would not be required to stock price capped food items. Do you agree or disagree with this approach?

Disagree

10. Please explain your answers to Questions 8 and 9.

In the event of a capped item selling out, we would require further detail regarding what would constitute an appropriate substitute and how nutritional equivalence, dietary requirements, cultural preferences and seasonal availability would be addressed. SOA members have expressed concern that substitutions could inadvertently favour less healthy or more heavily processed products, thereby limiting the intended public health benefits of the scheme. In order to mitigate this issue, we would recommend that appropriate guidance be put in place to support retailers in

making substitutions to ensure that nutritional value is the primary criterion for selection of a substitute, rather than price similarity to original out-of-stock product.

Regarding stocking requirements, the SOA is concerned that a scheme which does not require retailers to stock price-capped items would fail to achieve its intended aims. If retailers can choose not to stock relevant products, the policy may not improve affordability or access for the people it is designed to support. This could particularly affect communities with limited retail choice or households that already face barriers to accessing affordable healthy food.

For instance, the Cost of Remoteness report found that the additional minimum living costs faced by households in remote rural Scotland typically add 15-30% to a household budget compared with urban areas. Furthermore, food baskets purchased from local community stores were found to cost 44% more on the mainland and 27% more on islands than equivalent supermarket baskets[8]. These findings suggest that the benefits of any food price cap scheme could be unevenly distributed if retailers are not required to stock eligible products. Consideration should therefore be given to ensuring that people living in rural and remote communities, who already face higher food costs and more limited retail options, are able to benefit from the scheme in practice.

11. Do you agree or disagree that price caps should apply to relevant products sold online?

Agree

Please explain your answer.

If a price cap policy is introduced, it should apply consistently across both physical stores and online retail environments. Consumers increasingly purchase food online, and excluding online sales could create inconsistencies, reduce consumer benefit and potentially incentivise retailers to direct customers towards channels where the policy does not apply.

However, online inclusion alone will not guarantee improved affordability. The SOA would expect any future scheme to ensure that online implementation is transparent, accessible and monitored effectively, particularly for households that rely on online shopping due to disability, caring responsibilities or geographic location.

This is particularly important given the inequalities already experienced by some groups when accessing food. Consumer Scotland has highlighted that disabled people,

[8] Scottish Government (2021) *A Minimum Income Standard for Remote Rural Scotland: The Cost of Remoteness*. Available at: https://www.gov.scot/publications/minimum-income-standard-remote-rural-scotland-cost-remoteness/

particularly those living in rural Scotland, can face multiple barriers to accessing affordable healthy food, including lower incomes, difficulties accessing shops and food delivery services and additional disability-related costs[9]. These barriers can make online shopping an important route to accessing food for some households and therefore, it is important that the proposed price caps should apply online.

Further evidence from the Right to Food UK Commission highlights that, while online grocery shopping has improved access for some consumers, barriers remain, including access to a reliable internet connection, a fixed address, a suitable payment method and minimum spend requirements[10]. Applying price caps online is therefore necessary but will not address all barriers to accessing affordable food. Any online implementation should be designed with these challenges in mind to ensure the scheme benefits those most at risk of food insecurity.

12. Do you agree or disagree that a retailer should be able to meet their obligation to offer a food item at a capped price by offering a variety that exceeds the minimum requirements specified in Regulation?

Agree

Please explain your answer.

Allowing retailers flexibility to substitute with products that exceed the minimum regulatory requirements could help maintain availability of capped products when supply issues arise and reduce unnecessary administrative burden. Any substitute product should be nutritionally equivalent or superior to the specified product and should be offered at the same capped price. Such flexibility should not result in higher costs being passed on elsewhere in the food system or reduce the effectiveness of the scheme in supporting consumers to access affordable healthy food.

13. Should price capped foods:

a. have specific branding?
b. have specific signage/labelling?
c. be located or grouped together in-store (and online)?

Please explain your answer.

If a price cap is introduced, we feel that clear signage and labelling would be important to aid customers in identifying eligible products easily and understanding how the scheme operates. Any branding, signage or product placement should be

[9] Consumer Scotland (2025) *Disabled consumers in rural Scotland: Exploring experiences of accessing goods and services*. Available at: https://consumer.scot/publications/disabled-consumers-living-in-rural-scotland-html/
[10] Right to Food UK Commission (2026) *A Road Map to Delivering Food Security to All by 2035: Final Report of the Right to Food UK Commission*.

designed to be accessible and easy to navigate for all consumers, including people with disabilities, those with low literacy, and people for whom English is not their first language.

There may also be opportunities to use signage or labelling to support wider public awareness of healthy eating and the affordability of healthier food choices as part of a public information campaign on healthy diet.

Were any prominent displays or dedicated areas implemented for price-capped products, regulations should be in place to ensure that these do not inadvertently undermine existing restrictions on the promotion and placement of less healthy foods.

Consideration should also be given to avoiding stigma or embarrassment for those purchasing price-capped products, with the scheme presented as a universal measure that benefits all consumers. Consultation with people with lived experience of food insecurity should inform the design of any branding, signage, labelling and product placement, helping to ensure that the scheme is accessible, practical and acceptable to those most likely to benefit from it.

Chapter 3

14. To what extent should the following factors be taken into account when selecting items subject to a price cap?

Factor	Score (0-5)
General affordability (particularly for low-income households)	**5**
Healthy eating policies	**5**
Nutrition guidance	**5**
Impacts on producers, retailers and other businesses	**4**
Consumer preferences	**3**
Food security	**5**

Please explain your answers.

We believe that affordability, food security, healthy eating policies and nutritional guidance should be the primary considerations when determining any foods eligible for a price cap scheme. Improving access to affordable food is an important public policy objective, particularly given the evidence that food insecurity is primarily driven by affordability pressures and constrained household incomes.

However, affordability alone is insufficient. Any intervention should contribute to healthier diets and improved population health outcomes. The SOA therefore believes that nutritional value should be a core deciding factor in determining eligible foods and that price interventions should align with existing dietary guidance, healthy eating policies and Scotland's health improvement ambitions.

Impacts on producers, retailers and other parts of the food system should also be considered carefully. Any intervention should avoid unintended consequences such as reducing producer incomes, distorting markets or creating barriers for smaller retailers and suppliers.

Consumer preferences are important but should be considered alongside nutritional value rather than driving decisions independently. Food preferences vary considerably across cultural, religious, social and health contexts and should inform implementation, but public investment should prioritise foods that support healthy diets and reduce health inequalities.

15. Which food items or product types should be prioritised for inclusion in any future price cap scheme?

If the Scottish Government chooses to progress a price cap model, priority should be given to foods that support healthy dietary patterns and align with existing public health nutrition guidance.

Rather than relying solely on broad food categories or retailer discretion, we recommend that the Scottish Government utilise the updated Nutrient Profiling Model 2018 (NPM) to inform eligibility criteria. Using the NPM alongside the Eatwell Guide would help ensure that eligibility is restricted to products that support healthy diets and would reduce the risk of including highly processed foods that contain some beneficial ingredients but remain high in fat, sugar or salt overall. Priority should be given to:

- Fruit and vegetables (fresh, frozen and canned with no added sugar or salt)
- Pulses and beans
- Wholegrain starchy carbohydrates
- Lower-fat dairy products
- Fish
- Minimally processed protein foods

Foods high in fat, sugar and salt (HFSS) should not be included unless there is a specific nutritional justification.

Consideration should also be given to food intolerances, allergies, cultural requirements, religious dietary practices and vegetarian or vegan diets to minimise the risk of unintended inequalities and ensure that the scheme is inclusive and accessible to a diverse population.

16. Are there any food items or product types that should not be included in any future price cap scheme?

SOA support a scheme in which nutritional value is the primary consideration. Therefore, foods that are high in fat, sugar and salt should generally not be included within any future price cap scheme.

Inclusion of HFSS products would risk undermining the public health objectives of the scheme and could send conflicting messages to consumers about what constitutes a healthy diet. It may also be inconsistent with wider Scottish Government efforts to half rates of childhood obesity and improve dietary health, including the implementation of the Food (Promotion and Placement) (Scotland) Regulations 2025, which seek to reduce the promotion of less healthy foods.

17. How should the Scottish Government take into account the seasonality of food when applying price caps?

Seasonality creates practical challenges for any product-based approach and reinforces our concerns about the complexity of implementing price caps. The Scottish Government should avoid models that rely heavily on individual products that may vary significantly in price, availability or quality throughout the year.

Where fruit and vegetables are included, consideration should be given to fresh, frozen and tinned alternatives to maintain affordability and consistency throughout the year.

18. How should the Scottish Government take into account products that come in different sizes, weights and quantities?

This is another area where we believe additional detail and modelling are required. Any scheme should prioritise transparency and comparability for consumers. Price caps should, wherever possible, be based on consistent measures such as weight or volume to avoid confusion and ensure consumers can easily understand the benefit provided.

The SOA is concerned that differing pack sizes could create unintended inequities, particularly for smaller/single households, older people or people on lower incomes who may be unable to afford larger pack sizes despite better unit-value pricing. The design should therefore balance consumer flexibility with affordability and accessibility.

19. How should the Scottish Government reflect varying nutritional requirements arising from health needs, religious requirements, cultural, social or other preferences?

People experience food insecurity differently and nutritional needs vary significantly across the population. The scheme should recognise:

- Cultural and ethnic dietary staples.
- Religious requirements, including halal and kosher foods.
- Food allergies and intolerances.
- Disability-related dietary requirements.
- Specific health needs and medically prescribed diets.
- Age-related nutritional needs.

SOA members have expressed concern that a narrow list of staple foods could unintentionally exclude groups whose diets rely on different foods and could therefore provide unequal benefit across the population.

For this reason, we would encourage the Scottish Government to undertake a full Equality Impact Assessment and Health Inequalities Impact Assessment before progressing any scheme, ensuring that benefits are distributed fairly across Scotland's diverse population.

Chapter 4

20. Do you agree or disagree with the proposal that any price cap scheme would apply to large supermarket chains only? Please explain your answer.

Disagree

SOA members have highlighted that many people experiencing socioeconomic disadvantage do not primarily shop in large supermarkets. Disabled people, rural communities and those without access to a car may rely on local convenience stores, community shops or online delivery. However, we also note recent Nesta modelling that indicates that the ten largest supermarkets are where people get 90% of their calorie intake[11].

Particular consideration should be given to families with children who may rely on local stores because of transport barriers, caring responsibilities, disability or rural location.

As previously stated, we would recommend that an Equality Impact Assessment and Health Inequalities Impact Assessment should be undertaken to ensure that benefits would be distributed equitably across population groups. This should inform the potential application of price caps beyond only major supermarkets to ensure that those experiencing the greatest barriers to accessing affordable healthy food.

22. Should the price cap policy be applied to any of the following:

- **Independent convenience stores.**
- **franchise convenience stores.**
- **symbol group convenience stores.**
- **specialist retailers (e.g. bakeries, butchers, greengrocers, fishmongers).**
- **locations that do not sell groceries as their primary purpose (e.g. coffee shops, petrol stations).**
- **Smaller retailers selling supermarket brand goods.**
- **other (please state).**

[11] Nesta, *Why the healthy food standard will benefit households across Scotland*, https://www.nesta.org.uk/blog/why-the-healthy-food-standard-will-benefit-households-across-scotland/

Please explain your answers.

The Scottish Obesity Alliance does not believe there is a single retail model that will work equally well across Scotland. Decisions about the scope of the scheme should be informed by experiences of food insecurity and where people purchase food. Consideration should be given to disabled people, low-income households and rural communities, who may be less likely to rely on large supermarket chains and more likely to depend on local convenience stores, community retailers or online delivery services.

Disabled people experience disproportionately high levels of food insecurity and may particularly benefit from measures that reduce the cost of healthy food. The Food Foundation reports that 11% of households containing a disabled adult experienced food insecurity in 2021-22, compared with 3% of households without a disabled adult, based on analysis of the Department for Work and Pensions Family Resources Survey. Furthermore, The Food Foundation found that disabled households face barriers beyond affordability, including being unable to reach food shops (23.2%), difficulty accessing grocery deliveries (12.2%), and being unwell enough to shop for or prepare food[12].

The Poverty Alliance has also highlighted evidence from Citizens Advice Scotland showing that more than 40,000 disabled people were skipping meals in order to prioritise energy use for essential devices such as wheelchairs and mobility scooters.[13] Together, this evidence demonstrates that disabled people face both financial and practical barriers to accessing food.

Geography is also an important consideration. Research commissioned by the Scottish Government found that minimum living costs in remote rural Scotland are typically 15-30% higher than in urban areas. The same study found that food baskets purchased from local community stores were 44% more expensive on the mainland and 27% more expensive on islands than equivalent supermarket baskets[14]. For many households, particularly in remote and island communities, local retailers are not a matter of choice but of necessity.

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[12] The Food Foundation (2023) *Food insecurity and inequalities experienced by disabled people*. Available at: https://foodfoundation.org.uk/sites/default/files/2023-12/Disabilities%20briefing_FINAL.pdf

[13] Poverty Alliance (2024) *Drawing a line under disabled people's poverty with the Minimum Income Guarantee: A roadmap to the Minimum Income Guarantee*. Available at: https://www.povertyalliance.org/wp-content/uploads/2024/10/3.-Drawing-a-line-under-disabled-peoples-poverty.pdf

[14] Scottish Government (2021) *The Cost of Remoteness: Reflecting higher living costs in remote rural Scotland when measuring fuel poverty*. Available at: https://www.gov.scot/publications/cost-remoteness-reflecting-higher-living-costs-remote-rural-scotland-measuring-fuel-poverty/documents/

As such, restricting a price cap scheme to large supermarket chains risks excluding some of the people and communities experiencing the greatest affordability challenges. While food price controls have the potential to reduce inequalities, implementation must ensure that benefits reach those who rely on local shops, community retailers, online grocery delivery and other accessible food options.

Chapter 5

28. Do you agree or disagree that the level of price caps should be the same for all businesses in scope and across all parts of Scotland?

Unsure.

The Scottish Obesity Alliance is uncertain whether a uniform national cap would deliver equitable outcomes across Scotland. While a consistent national approach may be simpler to administer, evidence suggests that food affordability challenges vary considerably between urban, rural and island communities. The Scottish Government should therefore assess whether a uniform cap would provide comparable benefits across different geographies and population groups, particularly given the higher food and living costs experienced in many rural and island areas. The findings of Equality Impact Assessments and Health Inequalities Impact Assessments should inform decisions on the final model.

Chapter 8

40. What should Scottish Ministers consider when reviewing the effect of the legislation, and what evidence would be required to support the review?

The Scottish Obesity Alliance believes that any review of the legislation should assess not only whether food prices have been reduced, but whether the policy has achieved its wider objectives of improving food affordability, supporting healthier diets, reducing food insecurity and addressing health inequalities.

The review should consider:

- Changes in the affordability of healthy diets, particularly for low-income households.
- Changes in household food purchasing patterns and consumption.
- Impacts on food insecurity and the ability of households to access nutritious food.
- Impacts on dietary health, obesity and health inequalities.

- Impacts on children's health, wellbeing, food insecurity and ability to participate fully in education and family life.
- The distribution of benefits across different population groups, including older people, disabled people and minority ethnic communities.
- Impacts on retailers, producers, suppliers and other affected businesses, including any unintended market consequences.
- The interaction between price caps and other Scottish Government policies, including the Food (Promotion and Placement) (Scotland) Regulations, Healthy Weight and Diet policy commitments, and the Good Food Nation framework.
- Any unintended consequences, such as product substitution, reduced product availability, increased prices elsewhere, or disproportionate impacts on particular communities.

We would also encourage the Scottish Government to make full use of monitoring and reporting mechanisms developed through Good Food Nation plans. Considerable work has already been undertaken to identify indicators, outcomes and evidence sources relevant to Scotland's food system. Any review of a price cap scheme should align with this wider framework to ensure that food affordability policies are assessed within the broader context of creating a healthier, fairer and more sustainable food system.

More broadly, the review should examine whether price caps represent the most effective use of policy and public resources when compared with alternative approaches. This should include consideration of measures such as improving the affordability of healthier foods, supporting income maximisation, increasing uptake of Healthy Start, and further action on the promotion and placement of products high in fat, sugar and salt. The review should determine not only whether the legislation has worked, but whether it has worked more effectively than other available interventions.

Children, young people and families with lived experience of food insecurity should be meaningfully involved in the design, implementation and evaluation of any affordability measures. This aligns with Article 12 of the UNCRC and would help ensure that policy decisions are informed by the experiences of those most directly affected. Evaluation activity should include qualitative evidence gathered directly from children, young people and families alongside quantitative measures.

Finally, the SOA believes that any review should be independently conducted, transparently reported and informed by meaningful stakeholder engagement. Given the uncertainties surrounding the proposed scheme, a robust evaluation framework should be established from the outset, with clear objectives, success measures and reporting requirements agreed before implementation begins. This would provide Ministers with a stronger evidence base for future decisions and help ensure that any

subsequent policy changes are guided by evidence rather than short-term market conditions or political considerations.

The review should assess impacts across different population groups, including impacts on health inequalities, food insecurity, protected characteristics and communities with specific cultural, religious or medical dietary requirements. Evidence should include Equality Impact Assessment and Health Inequalities Impact Assessment data to identify whether the policy has benefited all groups equally or has created unintended consequences.

Chapter 9

Q43. Should Ministers have flexibility to amend elements of a food price cap scheme in response to changing circumstances?

Agree

Please explain your answer.

Given the limited evidence currently available on the effectiveness of food price caps in improving diet, reducing obesity and addressing health inequalities, it is important that the legislation can adapt in response to evaluation findings and unintended consequences.

The Scottish Obesity Alliance would encourage the Scottish Government to consider how emerging evidence may support the use of alternative or complementary policy measures that have a stronger evidence base for improving population diet. For example, the ongoing review and updating of the Nutrient Profiling Model provides an opportunity to strengthen the effectiveness of wider healthy food environment policies, including restrictions on the promotion and placement of less healthy foods. Consideration should therefore be given to whether future amendments to any food price cap scheme remain aligned with the most effective approaches for supporting healthy weight and improving diet.

In exercising any powers to amend the scheme, Ministers should ensure that changes continue to support Scotland's wider policy objectives, including implementation of the Good Food Nation framework, healthy weight and diet commitments, and the Food (Promotion and Placement) (Scotland) Regulations 2025.

Q44. Please outline the detail of any other groups, communities or businesses that might be affected by a price cap scheme that is not considered elsewhere in this consultation.

The SOA believes there are several groups whose experiences may not be fully captured within the consultation.

Particular consideration should be given to people with food allergies, intolerances and medically prescribed diets, including those requiring gluten-free products, dairy-free alternatives or other specialist foods. A scheme focused on a narrow range of staple foods may offer limited benefit to individuals who cannot consume those products.

Consideration should also be given to ethnic minority communities and households whose diets rely on foods that may not be reflected in a standard basket of staple items. Foods commonly used in South Asian, African, Caribbean, Middle Eastern and other cultural cuisines may not be captured within a scheme that focuses primarily on traditional staple products. There is a risk that some communities would derive less benefit than others if cultural preferences and dietary practices are not considered during policy design.

Religious dietary requirements, including halal and kosher food, should also be considered, alongside the needs of disabled people, older people, and carers who may rely on specific products because of physical, financial or practical constraints.

As previously mentioned, we recommend that any future proposals be accompanied by comprehensive Equality Impact Assessment and Health Inequalities Impact Assessment processes to ensure that benefits are distributed fairly across Scotland's population.

Question 48

The Scottish Obesity Alliance supports the objective of improving food affordability and recognises the significant challenges many households face in accessing healthy diets. We agree that government has an important role to play in creating a food system that supports health, reduces inequalities and helps address food insecurity.

However, throughout this consultation we have highlighted concerns regarding the limited evidence currently available to support the specific price cap model proposed. While the consultation presents a range of possible approaches, there remains insufficient information on likely effectiveness, implementation costs, unintended consequences and impacts on dietary outcomes. As a result, it is difficult to assess whether the proposal would achieve its stated objectives.

No single policy can combat the rising poverty rates in Scotland and the widening inequalities experienced by those experiencing higher levels of deprivation. Therefore, a price cap is likely to have greatest impact when combined with other approaches including:

- Expansion of Free School Meals
- Universal uptake of Healthy Start
- Implementation of the proposed Healthy Food Standard policy, including mandatory reporting and health targets for large food businesses.
- Mandatory healthy food standards across public sector settings
- Stronger restrictions on HFSS price promotions and advertising
- Community food initiatives, including public restaurants, in areas of high deprivation
- Monitoring of retailer compliance and product availability

In summary, while we support the principle of helping households access affordable food, we remain cautious about the current proposal and would welcome the opportunity to engage further should more detailed and fully developed proposals emerge. We would encourage the Scottish Government to continue working with stakeholders across public health, poverty, food policy, retail and community sectors to develop evidence-based solutions capable of delivering meaningful improvements in affordability, dietary health and health equity.