



Public Health
England

Protecting and improving the nation's health

A Quick Guide to the Government's Healthy Eating Recommendations

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

Public Health England

Wellington House

133-155 Waterloo Road

London SE1 8UG

Tel: 020 7654 8000

www.gov.uk/phe

Twitter: [@PHE_uk](https://twitter.com/PHE_uk)

Facebook: www.facebook.com/PublicHealthEngland

Prepared by: Nutrition Advice Team, Public Health England



© Crown copyright 2018

You may re-use this information (excluding logos) free of charge in any format or medium, under the terms of the Open Government Licence v3.0. To view this licence, visit [OG](https://www.og.gov.uk). Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

Published September 2018

PHE publications

gateway number: 2014220

PHE supports the UN

Sustainable Development Goals



Contents

About Public Health England	2
Contents	3
1. Executive summary	4
2. The Eatwell Guide	5
3. Government healthy eating recommendations	6
4. Further information	11
References	12

1. Executive summary

- 1.1. This document has been updated to reflect recent changes to government dietary recommendations. The original Quick Guide to Government Healthy Eating Recommendations has been available on the Healthier and more Sustainable Catering webpage on GOV.UK since February 2014.
- 1.2. This document is aimed at catering providers to support healthier catering provision, health professionals (including dietitians and nutritionists), teachers, university students, academics, industry and is also a source of information for the general population. It provides a summary of government dietary advice and nutrient recommendations throughout the lifecycle.
- 1.3. Government healthy eating recommendations are visually depicted in the Eatwell Guide¹ and are based on recommendations from the World Health Organisation (WHO)^{2,3}, Committee on Medical Aspects of Food Policy (COMA)^{4,5} and the Scientific Advisory Committee on Nutrition (SACN)^{6,7,8,9,10,11} that succeeded COMA in 2000.
- 1.4. This document provides a concise summary of government's healthy eating recommendations and signposts to the evidence upon which they are based.

2. The Eatwell Guide

2.1. The Eatwell Guide (below) is a pictorial representation of government healthy eating advice showing the proportions in which different types of foods are needed to have a well-balanced and healthy diet. The proportions shown are representative of your food consumption over the period of a day or even a week, not necessarily each meal time.



3. Government healthy eating recommendations

3.1. Eatwell Guide food groups and supporting information



Fruit and vegetables

Over a third of the diet should come from fruit and vegetables.

Eat at least 5 portions of a variety of fruit and vegetables every day. A portion is 80g or one of the following:

- a slice of a large fruit such as a melon
- a whole piece of fruit such as an apple or banana
- two pieces of small fruit such as satsumas
- three tablespoons of cooked vegetables
- a bowl of mixed salad

Limit the consumption of 100% fruit and vegetable juices and/or smoothies to a combined total of 150ml (one portion) per day and consume with meals to reduce the risk of tooth decay.

30g (1 heaped tablespoon) of dried fruit (such as raisins and apricots) also counts as one portion. Consume at mealtimes rather than as a between meal snack to reduce the risk of tooth decay.



Potatoes, bread, rice, pasta and other starchy carbohydrates

Base meals on potatoes, bread, rice, pasta or other starchy carbohydrates; choosing wholegrain versions where possible. This includes wholewheat pasta, brown rice, or simply leaving the skins on potatoes.

Wholegrain food contains more fibre than white or refined starchy food, and often more of other nutrients too.



Dairy and alternatives

Have some dairy and alternatives; choosing lower fat and lower sugar options.

Look at labels and choose milks lower in fat, such as skimmed, 1% or semi-skimmed; yoghurts lower in fat and sugar and cheeses lower in fat and salt.

When buying dairy alternatives like soya drinks, go for unsweetened, calcium-fortified versions.



Beans, pulses, fish, eggs, meat and other proteins

Eat some beans, pulses, fish, eggs, meat and other proteins (including 2 portions of fish every week, one of which should be oily).

Beans, peas and lentils (which are all types of pulses) are good alternatives to meat because they're naturally very low in fat, and they're high in fibre, protein, vitamins and minerals. Try adding them to soups, stews and ragùs to make your meal go further.

Aim for at least two portions (2 x 140g) of fish a week, including a portion of oily fish. Oily fish includes salmon, sardines, mackerel and kippers.

On average eat no more than 70g red and processed meat a day. Processed meat includes sausages, bacon, cured meats and reformed meat products.

Some types of meat are high in fat, particularly saturated fat. When buying meat:

- choose lean cuts of meat
- go for leaner mince
- cut the fat off of meat and the skin off of chicken
- try to grill or steam meat and fish instead of frying

Oil and spreads

Choose unsaturated oils and spreads and eat in small amounts.

Although some fat in the diet is essential, generally we are eating too much saturated fat.

Unsaturated fats are healthier fats that are usually from plant sources and in liquid form as oil. This includes vegetable oil, rapeseed oil and olive oil; as well as spreads made from these oils.

All types of fat are high in energy and should be limited in the diet.

Foods high in fat, salt and sugar

Eat less often and in small amounts.

This includes products such as chocolate, cakes, biscuits, full-sugar soft drinks, butter, cream and ice-cream.

These foods are not needed in the diet and so, if included, should only be consumed infrequently and in small amounts.

Check the label and avoid foods which are high in fat, salt and sugar.

Aim to drink 6-8 glasses of fluid every day

Water, lower fat milk and sugar-free drinks including tea and coffee all count.

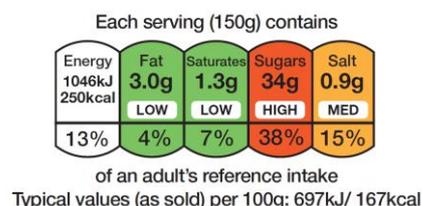
100% fruit and vegetable juices and smoothies also count towards your fluid consumption, although they are a source of free sugars and so you should limit consumption to no more than a combined total of 150ml per day.



Swap sugary soft drinks for diet, sugar-free or no added sugar varieties to reduce your sugar intake in a simple step.

Food labelling

Food labels can help you to choose between foods and to pick those that are lower in energy, fat, saturated fat, sugars and salt.



Where colour coded labels are used you can tell at a glance if they are high, medium or low in fat, saturated fat, sugars and salt.

For a healthier choice, try to pick products with more greens and ambers and fewer reds.

Daily energy requirements

We all need different amounts of energy (or calories) from food to be a healthy weight. How much you need depends on a number of factors, including how active you are. Whenever we eat more than our body needs, we put on weight.

The average energy requirement for a man is about 10.5 MJ (2,500 kcal); 8.4MJ (2,000 kcal) for a woman. For more information on nutrient requirements please see the link provided in the Government Dietary Recommendations section below.

By conventionⁱ:

- breakfast should provide about 1.7 MJ/400kcal of your energy
- lunch about 2.5 MJ/600kcal
- evening meal about 2.5 MJ/600kcal
- leaving 1.7 MJ/ 400kcal for all the snacks and drinks consumed between meals

ⁱ The information provided is based on the average energy requirements for a woman (2000kcal per day)

3.2. Supplements

Most of us can get all the nutrients we need by consuming a healthy, balanced and varied diet. However, **there are certain groups of the population for whom certain dietary supplements are recommended:**

Folic acid

Women who could become pregnant or who are planning a pregnancy should take a dietary supplement of 400 micrograms (μg) of folic acid every day from before conception until the 12th week of pregnancy, to reduce the risk of neural tube defects (NTDs) such as spina bifida.

Women who have an increased risk of having a pregnancy affected by an NTD, including those who had a previous NTD affected pregnancy and those with a family history of NTDs, are advised to take a higher dose of 5 milligrams (mg) of folic acid each day until the 12th week of pregnancy.

In addition to taking folic acid supplements, all pregnant women should eat folate rich foods such as green vegetables, some fruits (oranges for example) and fortified breakfast cereals.

Vitamin D

It is recommended⁶ that between the months of October and March **everyone aged five years and above including pregnant and breastfeeding women** should consider taking a supplement containing 10 μg of vitamin D per dayⁱⁱ. There are separate recommendations for children from birth to four years of age.

Between late March/early April and the end of September, the majority of people aged five years and above will probably obtain sufficient vitamin D from sunlight when they are outdoors so they might choose not to take a vitamin D supplement during these months.

However, some groups of people will not obtain enough vitamin D from sunlight because they have very little or no sunshine exposure. People from these groups

ⁱⁱ This is due to the fact that vitamin D is only found in a small number of foods and so it might be difficult to get enough from foods that naturally contain vitamin D and/or fortified foods alone. This recommendation refers to the average amount of vitamin D consumed over a period of time (eg a week) and takes account of day to day variations in vitamin D intake.

should take a daily supplement containing 10µg vitamin D throughout the year. They are:

- people who are seldom outdoors such as frail or housebound individuals and those who are confined indoors eg in institutions such as care homes
- people who habitually wear clothes that cover most of their skin while outdoors

People from minority ethnic groups with dark skin such as those with African, African-Caribbean and South Asian origin might not get enough vitamin D from sunlight in summer, so they should consider taking a daily supplement containing 10µg vitamin D throughout the year.

Vitamins A and C

Infants and young children aged between six months and five years

should also be given a supplement containing vitamins A and C. Babies under six months of age should not need supplements containing vitamin A and C as their body stores of nutrients (obtained from the mother during pregnancy) and breast milk or infant formula intake should be adequate to meet their needs. Formula fed infants should not need vitamin supplements until they are having less than 500ml of formula a day, as formula is fortified with vitamins and minerals.

Children who have a good appetite and eat a wide variety of foods, including fruit and vegetables, might not need vitamin supplements. Parents who are concerned about their child's diet should talk to their GP or health visitor for further advice.

4. Further information

- 4.1. The Eatwell Guide, associated reports and supporting dietary messages are available at: <https://www.gov.uk/government/publications/the-eatwell-guide>
- 4.2. Government dietary recommendations for food energy and nutrients for males and females aged 1-18 years and 19+ years are also available via this link. This includes recommendations for food energy, macronutrients, micronutrients, salt, free sugar and dietary fibre:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/547050/government__dietary_recommendations.pdf

References

- ¹ The Eatwell Guide and all supporting information are available from:
<https://www.gov.uk/government/publications/the-eatwell-guide>
- ² World Health Organisation. Diet, nutrition and the prevention of chronic diseases. 2003. Available from: http://whqlibdoc.who.int/trs/WHO_TRS_916.pdf
- ³ World Health Organisation. Diet, nutrition and the prevention of chronic diseases. 1990. Available from: http://www.who.int/nutrition/publications/obesity/WHO_TRS_797/en/index.html
- ⁴ Department of Health. Report on health and social subjects 46 nutritional aspects of cardiovascular disease. Report of the cardiovascular review group Committee on Medical Aspects of Food Policy. London: HMSO; 1994
- ⁵ Committee on Medical Aspects of Food Policy. Dietary Reference Values for Food Energy and Nutrients for the United Kingdom. London: HMSO; 1991
- ⁶ Scientific Advisory Committee on Nutrition. Vitamin D and Health. London: TSO; 2016. Available from: <https://www.gov.uk/government/publications/sacn-vitamin-d-and-health-report>
- ⁷ Scientific Advisory Committee on Nutrition. Carbohydrates and Health. London: TSO; 2015. Available from: <https://www.gov.uk/government/publications/sacn-carbohydrates-and-health-report>
- ⁸ Scientific Advisory Committee on Nutrition. Dietary Reference Values for Energy. London: TSO; 2011. Available from: <https://www.gov.uk/government/publications/sacn-dietary-reference-values-for-energy>
- ⁹ Scientific Advisory Committee on Nutrition. Iron and Health. London: TSO; 2010. Available from: <https://www.gov.uk/government/publications/sacn-iron-and-health-report>
- ¹⁰ Scientific Advisory Committee on Nutrition. Advice on Fish Consumption: Benefits and Risks. London: TSO; 2004. Available from: <https://www.gov.uk/government/publications/sacn-advice-on-fish-consumption>
- ¹¹ Scientific Advisory Committee on Nutrition. Salt and Health. TSO; London: 2003. Available from: <https://www.gov.uk/government/publications/sacn-salt-and-health-report>