



Action to reduce sales of sugar-sweetened drinks on NHS premises

Executive Summary

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Medical	Operations and Information	Specialised Commissioning
Nursing	Trans. & Corp. Ops.	Commissioning Strategy
Finance		

Publications Gateway Reference: 06248

Document Purpose	Consultations
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Document Name	Action to reduce sales of sugar-sweetened drinks on NHS premises: Executive Summary
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Author	NHS England
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Publication Date	09 December 2016
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Target Audience	CCG Clinical Leaders, Care Trust CEs, Foundation Trust CEs , Medical Directors, Directors of PH, NHS Trust Board Chairs, NHS England Regional Directors, NHS England Directors of Commissioning Operations, All NHS England Employees, Directors of HR, Directors of Finance, Communications Leads
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Additional Circulation List

Description	A new set of potential policies that will apply to any vendor of sugar-sweetened beverages on NHS premises. This consultation sets out two different proposals, and seeks alternative proposals, for reducing the sales of sugar-sweetened beverages in NHS Trusts and Foundation Trusts. We are now asking for views on these proposals, and other alternatives, to help determine the design of the policy.
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Cross Reference

Superseded Docs
(if applicable)

Action Required

Timing / Deadlines
(if applicable)

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Document Status

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Equality and Health Inequalities statement

Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:

Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and

Given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities

Executive summary

This document provides a summary of NHS England's recently published consultation on proposals to reduce sales of sugar-sweetened drinks on NHS premises. This summary includes:

1. The case for action
2. What NHS England is consulting on
3. The options
4. How to respond
5. What happens after the consultation

It is highly recommended that the full consultation document is read in addition to this summary document. The full consultation document can be found here:

<https://www.england.nhs.uk/wp-content/uploads/2016/11/sugar-proposals.pdf>

1. The Case for Action

Obesity is a growing problem in England and is expensive for individuals and society.

Key facts:

- Obesity among adults in England rose from 14.9% to 25.6% between 1993 and 2014¹.
- Nearly a third of children aged 2-15 are overweight or obese².
- The NHS spends £6.1 billion a year on overweight and obesity-related ill health³.
- Type II Diabetes is one of the main consequences of obesity and costs the NHS £8.8 billion annually⁴.
- If action is not taken to curb rising obesity rates, by 2050 nearly 60% of adult men, 50% of adult women and 25% of children will be obese⁵.

Eating and drinking too many calories increases the risk of weight gain and obesity. Weight gain and obesity is linked to eating more sugar⁶. According to the World Health Organisation, drinks containing high amounts of free sugars can be a major source of calories in people's diets, particularly in children and young adults⁷.

Soft drinks (excluding fruit juice) are one of the largest sources of sugar in adults. The largest single source of sugar for children aged 11 to 18 years is soft drinks. These drinks provide 29% of their daily sugar intake⁸. Sugar consumption is also one of the main causes of tooth decay in children, with tooth extractions now the leading reason for hospital admissions for children aged 5-9⁹. Drinking sugar-sweetened beverages has been found to be more strongly associated with weight gain than any other food or drink.

As Europe's largest employer, with over 1.3 million staff, the NHS promised in its overall strategy, the *Five Year Forward View*, to improve the health of its staff¹⁰.

The *Five Year Forward View* also promised the NHS will improve the health of the nation by leading by example. The food and drink sold in the NHS can send a powerful message to the public about healthy eating and drinking.

Although no single action will provide the answer to reducing the amount of sugar people eat or drink, actions to reduce the sale of sugar-sweetened beverages have gained support. Sugar-sweetened beverages (as opposed to foods) are the common target for these measures because they have empty calories and have little to no other nutritional value¹¹. As described above, sugar-sweetened beverages have also been shown to have a strong association with obesity.

Governments around the world including Mexico, Hungary and Australia have taken action on sugar. Some hospitals in Nelson & Marlborough in New Zealand have now stopped selling sugary drinks altogether¹².

The UK Government's plan for a soft drinks industry tax will, if introduced in April 2018, will encourage makers of these drinks to lower the amount of sugar drinks are made with. However, we believe that the NHS should be at the leading edge of national efforts, setting an example to society by adding a new policy starting earlier in April 2017.

2. What is NHS England consulting on?

We are consulting on two options. Firstly, we are consulting on a fee to be paid by those who sell sugar-sweetened beverages on NHS premises. Sugar-sweetened beverages include certain milk-based drinks, fruit juices and other drinks with more than 5 grams of added sugar per 100ml. The money from the fee will be reinvested in staff health and wellbeing programmes, including on physical activity schemes. Secondly, we are consulting on a policy that will stop the sale of sugar-sweetened beverages on NHS premises. However, if a better alternative to the two proposed options is proposed, we will also give it serious consideration.

To make a decision, we are considering the following:

- How likely these options are to decrease the volume of sales of sugar-sweetened beverages.
- Any wider impact on the health and wellbeing of NHS staff, patients and visitors.
- How a single approach can be applied across all NHS providers.

We think the best way to start a new proposal would be to do so through the NHS Standard Contract. This is the national contract, published by NHS England. The NHS Standard Contract is regularly used for these types of proposals.

The two proposed options are:

- The introduction of a fee to be paid by any retailer that sells sugar-sweetened beverages on NHS premises.

- Removing sugar-sweetened beverages from sale on NHS premises.

3. Option one: The introduction of a fee on vendors of sugar-sweetened beverages

This option would introduce a fee for any vendor of sugar-sweetened beverages (SSB) on NHS premises. The fee would be paid directly to the NHS organisation, and the money must be spent on staff health and wellbeing or donate it to a Trust's charity for the benefit of its patients and staff.

We have suggested three potential structures for the fee:

- 1.) Placing a flat charge per unit of any Sugar-Sweetened Beverage sold by the vendor.
- 2.) Charging a percentage of revenue generated by sales of Sugar-Sweetened Beverages by the vendor.
- 3.) A tiered approach
 - i. Charging a fee equivalent to 10% of revenue generated by sales of Sugar-Sweetened Beverages where sales of sugar-sweetened beverages represent less than 10% of total revenue from sales of all drinks. *And*
 - ii. Charging a fee equivalent of 20% of revenue generated by sales of Sugar-Sweetened Beverages where sales of SSBs represent more than 10% of total revenue from sales of all drinks.

Option two: Removing sugar-sweetened beverages from sale on NHS premises

This option would see a ban on the sale of any sugar-sweetened drinks on NHS premises.

This approach is already being followed in some hospitals across the United Kingdom, including at The University Hospitals of Morecambe Bay NHS FT¹³. It is currently being introduced throughout hospitals in New Zealand and is being trialled at the University of California, San Francisco.¹⁴

4. How to respond or ask questions about this consultation

Please email enquiries and responses to england.healthyworkforce@nhs.net. Also, an online survey can be filled in. However, we encourage individuals to read the full consultation document before completing the questionnaire found here: <https://www.engage.england.nhs.uk/consultation/sugary-drinks/consultation/intro/>

5. After the consultation

Responses will be fully considered before deciding the final policy. Depending on the outcome of this, an additional consultation may be needed on a National Variation to the NHS Standard Contract.

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- ¹ https://www.noo.org.uk/NOO_about_obesity/adult_obesity/UK_prevalence_and_trends
- ² https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/546588/Childhood_obesity_2016_2_acc.pdf
- ³ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/546286/Soft_Drinks_Industry_Levy-consultation.pdf
- ⁴ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/546286/Soft_Drinks_Industry_Levy-consultation.pdf
- ⁵ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/287937/07-1184x-tackling-obesities-future-choices-report.pdf
- ⁶ The Scientific Advisory Committee on Nutrition. (2015) Carbohydrates and Health. Online. Available from: <https://www.gov.uk/government/groups/scientific-advisory-committee-on-nutrition>
- ⁷ <http://www.who.int/mediacentre/news/releases/2016/curtail-sugary-drinks/en/>
- ⁸ PHE, Sugar Reduction: the evidence for Action. 2015
- ⁹ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/546286/Soft_Drinks_Industry_Levy-consultation.pdf
- ¹⁰ NHS England Five Year Forward View: <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>
- ¹¹ http://www.cph.org.uk/wp-content/uploads/2013/11/SSB-Evidence-Review_Apr-2013-2.pdf
- ¹² <http://www.stuff.co.nz/national/health/77184731/Ground-breaking-sugary-drinks-policy-at-Nelson-Marlborough-DHB>
- ¹³ <http://www.freshthinking.uhmb.nhs.uk/2016/06/07/morecambe-bay-hospitals-to-stop-selling-soft-drinks-with-high-levels-of-sugar/>
- ¹⁴ <http://www.nytimes.com/2016/11/08/well/eat/putting-sugary-soda-out-of-reach.html>