The Association of Directors of Public Health

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

The Association of Directors of Public Health (ADPH) is the representative body for Directors of Public Health (DPH) in the UK.

It seeks to improve and protect the health of the population through collating and presenting the views of DsPH; advising on public health policy and legislation at a local, regional, national and international level; facilitating a support network for DsPH; and providing opportunities for DsPH to develop professional practice.

The Association has a rich heritage, its origins dating back 160 years. It is a collaborative organisation working in partnership with others to maximise the voice for public health.

ADPH is supportive of this move by NHS England to limit the sales of sugar sweetened beverages (SSBs) in hospitals prior to the introduction of the Soft Drinks Industry Levy in 2018 and welcomes the opportunity to respond to this consultation.

Question 1: Do you agree that any new arrangements should apply solely to premises run by NHS organisations (NHS Trusts and Foundation Trusts) rather than to those run by providers from other sectors?

We appreciate that it may be more difficult to apply the policy to other NHS providers and might make the policy less practicable. However it is important to make sure that the policy is applied consistently and therefore it would be most effective if all NHS providers were covered.

We would propose a phased approach. As the vast majority of sales are from NHS Trusts and Foundation Trusts, the policy should initially be rolled out in these trusts only. We recommend that the policy is then rigorously evaluated to determine its effectiveness and ease of implementation.

Once the policy is tried and tested a decision should be taken to determine whether it is appropriate to roll it out to all NHS providers regardless of size. Lessons learned from implementing the policy in NHS organisations can be used when applying the policy to other providers in the long-term.

We would support a voluntary opt-in for non-NHS providers providing NHS services if it is administratively feasible. Many providers may want to opt in and therefore it would be prudent to allow them a way to do this.

Question 2: Do you agree that inclusion of new requirements in the NHS Standard Contract would be an appropriate and effective approach? If not, what would be a more appropriate vehicle?

ADPH agrees that the NHS Standard Contract would be the most appropriate vehicle for enacting the changes.

Question 3: Which of these approaches would be most suitable if a fee on SSB vendors were to be introduced?

If a fee on vendors were to be introduced ADPH would recommend the first option (a flat charge per unit of any SSB sold by the vendor) as this approach would be the easiest to implement consistently.

Question 4: What do you think the likely approach from vendors would be?

There is not currently enough evidence to anticipate accurately how vendors will respond to the implementation of the policy. However, evidence shows that implementation of a tax on SSBs does impact upon consumption. Several countries have implemented taxation on sugar-sweetened drinks and modelling has indicated that this would be a successful way to reduce consumption. A tax on sugary drinks in Mexico has led to a 12% reduction in sales.[1]

Question 5: Were an SSB fee introduced, what would be the right level at which to set it in order to achieve the policy aim?

The flat charge on SSB products should be at least 20% of the average SSB product price. The recent WHO report 'Fiscal Policies for Diet and the Prevention of Non-Communicable Diseases' concluded that there is reasonable and increasing evidence that taxes on sugar-sweetened beverages would result in reduced consumption if aimed at increased the retail price by 20% or more.[2] An October 2015 report by Public Health England recommended a tax of between 10-20% on high sugar products.[3]

Question 6: Do you agree with the proposed reporting arrangements?

No comment.

Question 7: What will be the one-off and ongoing administrative costs associated with each of the proposed policies?

Option 1 (the introduction of a fee on SSB vendors and in particular a levy as opposed to a flat fee) may result in significant administrative burden. Establishing completely new systems for imposing a levy and the monthly or quarterly reporting needed would be significant, particularly given the multitude of settings and providers. During 2018 the Treasury's own Soft Drinks Industry Levy will be introduced, which would bring into question whether all the work for the NHS's levy would be for one year only or will continue beyond April 2018. There would be additional costs associated with the disbursement of the money and the communication with customers and NHS staff about where the money has been spent.

This is all compared with the much simpler and administratively cheaper option of banning SSBs entirely and thus not needing to set up systems for a fee or levy and the revenue generated.

---

[1] M Arantxa Colchero, B M Popkin, J A Rivera, S W Ng, 'Beverage purchases from stores in Mexico under the excise tax on sugar sweetened beverages: observational studies', *British Medical Journal*, 2016; 352, available here: http://www.bmj.com/content/352/bmj.h6704
[2] World Health Organisation, 'Fiscal Policies for Diet and Prevention of Non-Communicable Diseases', May 2015, available here: http://apps.who.int/iris/bitstream/10665/250131/1/9789241511247-eng.pdf?ua=1
[3] Public Health England, 'Sugar Reduction: The Evidence for Action', October 2015, available here: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/470179/Sugar_reduction_The_evidence_for_action.pdf

Question 8: In your view, should NHS organisations be required to reinvest the money generated into the health and wellbeing of their staff?

Yes. There should be clear guidelines detailing what constitutes an initiative to support 'health and wellbeing' and a robust system for managing this reinvestment and measuring impact of schemes.

It should be recognised that if the policy is effective the resources generated from this policy will decline as the purchase of SSBs decreases. Health and wellbeing programmes for staff should therefore not be solely dependent on it, with safeguards in place for their sustainability if funding cannot meet costs.

It should also be considered that staff and associated professional bodies may not want to directly benefit from the sale of SSBs against which they are campaigning.

Question 9: Which of the two policy options proposed would best meet our decision making criteria?

ADPH would welcome the introduction of either option to reduce the consumption of SSBs in hospitals and welcomes NHS leadership on this issue.

A ban on sales would be the most effective way to achieve the policy aim as it removes the possibility that vendors will absorb the cost and simply takes away the choice for the consumer. An outright ban on sales may also result in less administrative burden in the application of the policy as it lacks the complication that an applied levy may include, i.e. the need to put a classification system in place and collect revenue, which will be further complicated once the Treasury's SSB levy is introduced in 2018.

As outlined in the consultation document, there is strong evidence for the role of SSB consumption in the promotion of weight gain and obesity leading to a greater risk of developing type 2 diabetes. The introduction of a ban is likely to have the greatest impact on the health and wellbeing of patients, visitors and staff. It will ensure that SSBs cannot be purchased and is therefore very likely to reduce their consumption.

The health benefits of a ban for staff and patients are likely to outweigh the benefits of investment in staff health and wellbeing initiatives of the monies raised through a levy. This is because the revenue should be a depreciating fund if the policy aim is achieved over time so investment in these initiatives would gradually reduce and may cease.

A ban therefore does seem the best mechanism for achieving the desired policy intent and best meeting decision making criteria. It is positive to see that the trial in the Walton Centre NHS Foundation Trust has been a success and has received positive feedback from customers.

Another option could be to implement both a fee on SSB vendors and a cap on the amount of SSBs that can be sold in NHS Trusts. This combination of the two approaches could an appropriate way to achieve the policy aim and is a softer approach than a ban. It also would lessen the economic impact that a ban might have on vendors (a ban may result in loss of sales).

Question 10: Are there any alternative policies that NHS England could introduce that would meet the decision-making criteria equally well, or better, than those proposed?

No comment.

Question 11: Do you think that 5g/100ml is the right level for the total added sugar content in a sugar sweetened beverage?

Yes, as this is in line with the lower level set by the planned Soft Drinks Industry Levy.

We would query the use of the term 'added sugars'. We would recommend that the definition used is consistent with the Scientific Advisory Committee on Nutrition (SACN) recommendation that the term 'free sugars' be adopted in the UK (SACN, 2015 page 196). This is in line with recommendations from the WHO.

Question 12: Do you think we should exclude drinks for treating medical conditions?

Yes – for example dieticians recommend Lucozade original as a hypo treatment for Type 1 Diabetes patients which is convenient and readily available. This should be considered exempt. Exemption might also include prescribable products recommended by The Advisory Committee on Borderline Substances (ACBS) on the basis that they may be regarded as drugs for the treatment of specified conditions.

Question 13: Do you think we should exclude the five allowable ingredients to ensure pure fruit products are kept outside the scope of the policy?

We recognise that pure fruit juice is important for helping people to achieve five-a-day. However pure fruit juice only counts as a maximum of one of the 'five a day' even if more than one portion (a 150ml glass) is consumed. Fruit juice can be a major provider of sugar for some people.

Where fruit nectars with added sugar and honey are used to sweeten beverages, if the total sugars in that product exceed 5g/100ml, it should be subject to the levy. Added fruit juice or fruit juice concentrate should not be excluded.

Question 14: Do you think we should include pre-packaged milk based products in the scope of the policy?

Yes. Plain milk should be the easy choice and encouraged as opposed to flavoured milks. Milk contains approximately 5g natural sugar per 100ml of liquid and therefore anything over 5g per 100ml is likely added sugar.

Any dairy drink which contains added sugar should therefore be included.

Question 15: Which approach offers the best way of classifying pre-packaged milk based drinks?

Option 1 (where a drink contains less than 75% milk and also contains added sugar with a total sugar content of 5g/100ml or more, then it will be subject to the policy) will not be effective as the 75% minimum proportion is too low. A minimum proportion of 75% milk would result in products such as high sugar milkshakes not being subject to the levy. For example, one well-established brand of chocolate milkshake contains 91% milk yet contains around 36.3g of what is likely added sugar.

We therefore support option 2 (where a drink contains added sugar, with a total sugar content of 10g/100ml then it will be subject to the policy). This will bring milk-based drinks in line with other

drinks covered by the levy as it will cover those milk-based products with 5g or over of added sugar per 100ml.

Question 16: Do the definitions of sugar syrups outlined above cover all likely sugar syrups used with hot drinks?

Yes.

Question 17: Do you think that any hot drink with added sugar syrup should be included in the policy?

Yes. Liquid drinks flavourings and syrups should be included as part of the levy policy as these products could contribute significantly to an individual's sugar intake. In particular, these flavourings are often used in certain types of drinks that have become popular with teenagers, for example flavoured hot chocolates.

Having a comprehensive and consistent approach limits the scope for industry exploiting loopholes.

Question 18: Do you think that NHS England should set out a timescale over which NHS organisations must achieve full implementation of the policy?

NHS organisations should aim to implement the measure prior to the roll-out of the SDIL in order to demonstrate NHS leadership in this policy area. NHS England should set out a timescale which enables them to do so. Encouraging implementation from April 2017 with plans for full implementation as soon as possible – preferably by the end of the financial year – is consistent with the approach taken in other areas of contracts and CQUINS.

Question 19: What should be the contractual consequences for trusts if they fail to achieve full compliance within the agreed timescale?

The onus for compliance should fall on the companies which run the outlets and the franchise owners as well as the Trusts. Fines or other penalties should therefore be applied to all parties.