



Department  
of Health &  
Social Care

# **Assessment of the Costs and Benefits of updating the nutrition standards in the Government Buying Standards for Food and Catering Services**

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# Executive Summary

## Policy proposal

DHSC is consulting on updating the nutrition standards in the Government Buying Standards for Food and Catering Services (GBSF) so they reflect the latest scientific dietary advice.

This consultation seeks views on the proposed approach to update the existing nutrition standards in the GBSF to reflect new nutritional information to reduce the risk of dietary related disease.

## Expected costs and benefits

### Costs

The amendments to the GBSF will affect a wide range of bodies in the public sector, and companies who work with the public sector. All central Government departments and their agencies are required to comply with the GBSF, as well as prisons, the armed forces, and the NHS.

The wider public sector is encouraged, though not mandated, to apply the GBSF. Food and drink manufacturers and caterers which have contracts to supply the public sector are also likely to be impacted by these changes.

All the organisations affected will incur some familiarisation costs, with both businesses and government organisations needing to read and digest the new standards. An assessment of the impact of introducing the current nutritional criteria in the GBSF was previously conducted and the costs were expected to be negligible<sup>1</sup>. This was based on evidence from the Department of Health's informal Healthier Food Mark consultation, which suggested that, given current compliance levels with the then proposed nutritional standards, there would be no significant identifiable costs of compliance. Participants in the consultation also suggested that, where current compliance wasn't sufficient, the new nutritional standards could be achieved without significant additional cost.

Given that the costs associated with complying with the current nutritional standards were considered to be low, we believe that the costs of amending the standards would also be low. If the responses to this consultation indicate this is not the case then a formal Impact Assessment (IA) will be considered.

## **Benefits**

The burden of dietary related ill health in the UK is significant and places a substantial pressure on the NHS. Overweight and obesity related ill health alone is estimated to have cost the health service in England £5.1bn in 2014/15<sup>2</sup>.

Given the size of this burden, we believe the benefits of improving individual's diets and reducing the obesity epidemic are wide ranging and large, however they will take time to accrue. These are summarised as;

- An improvement in average population nutrient intakes, such as a reduction in intakes of free sugars, salt, saturated fat and calories and an increase in fibre;
- A reduction in obesity and dietary related ill health, resulting in reduced costs for the NHS and an increase in economic output;
- A potential increase in consumption of healthier items, such as portions of fruit and vegetables and oily fish, leading to further health benefits for individuals.

No quantification has been undertaken of the magnitude of these benefits. This is because of the significant complexity and uncertainty in determining the change in diets that would result from the proposed amendments.

# 1. Introduction

- 1.1 The burden of dietary related ill health in the UK is significant, causing considerable amounts of mortality and morbidity each year<sup>3</sup> and placing substantial pressure on the NHS. Obesity, for example, is a major determinant of ill health in the UK, causing heart disease, stroke, type II diabetes and cancer<sup>4</sup>. Obese females are over ten times more likely to develop type II diabetes than their healthy weight counterparts are, with obese males over five times more likely<sup>5</sup>. This imposes a substantial burden on the NHS, with overweight and obesity costing the English health system £5.1bn in 2014/15<sup>6</sup>.
- 1.2 In 2017, 64% of adults in England were classified as overweight or obese, with 29% being obese. Amongst children, the equivalent figures were 29% and 16%, respectively<sup>7</sup>. Without action, the burdens of obesity and its related conditions are expected to grow substantially over time. Projections suggest that the proportion of the UK adult population who are obese will increase significantly over the coming decades<sup>8 9</sup>.
- 1.3 Many people in the UK do not have balanced diets, and consume too many calories<sup>10</sup>, more sugar than recommended<sup>11</sup> and not enough portions of fruit and vegetables<sup>12</sup>. Our diets are influenced by many drivers, including our behaviour, environment and culture. Therefore, the Government is committed to pursuing a wide set of actions to improve people's diets and is committed to the public sector leading by example in ensuring a healthy food environment for children and parents on their premises.

## 2. Policy context

- 2.1 The Government Buying Standards for Food and Catering Services (GBSF)<sup>13</sup> were originally introduced in 2011 as a means of meeting the Greening Government Commitments when buying and providing food and catering services.
- 2.2 This proposal is part of a wider set of policies included in the Government's [Childhood Obesity: A Plan for action – Chapter 2](#), published in June 2018. The plan sets out the Government's national ambition to halve childhood obesity by 2030 and significantly reduce the gap in obesity between children from the most and least deprived areas<sup>14</sup>. The proposals outlined in Chapter 2 include consulting on mandatory calorie labelling in the out-of-home sector, ending the sales of energy drinks to children, encouraging further action in local areas and further restrictions on the marketing of high in fat salt and sugar (HFSS) products to children. The proposed policies will help individuals make better decisions by changing the food environment, so that healthier choices become the easiest choices.
- 2.3 In August 2016, the Government launched the [first part of its plan for action](#)<sup>15</sup>. This comprehensive plan aims to help children and families make healthier choices and be more active. Key measures in the plan included a Soft Drinks Industry Levy, a sugar reduction and wider reformulation programme, and a commitment to helping children enjoy an hour of physical activity every day. Chapter 2 builds on the first chapter of the plan, both to cement the action already taken, and to take action in other areas.
- 2.4 [The Soft Drinks Industry Levy](#) has been designed to incentivise reformulation and is charged on drinks with a total sugar content of 5 grams or more per 100 millilitres, with a higher charge for drinks that contain 8 grams or more per 100 millilitres. The Levy came into force in April 2018 and has already resulted in over 50% of manufacturers reducing the sugar content of drinks, equivalent to 45 million kg of sugar every year<sup>16</sup>.
- 2.5 As part of the wider reformulation programme, in August 2017 the Government announced an [extensive calorie reduction programme](#). This programme aims to remove excess calories from the processed foods that children eat most, helping to make the healthy choice the easy choice for consumers. The calorie reduction programme challenges the food industry to achieve a 20% reduction in calories by 2024 in product categories that contribute significantly to children's calorie intakes (up to the age of 18 years) and where there is scope for substantial reformulation and/or portion size reduction. This requires work to be undertaken by retailers and manufacturers, restaurants, pubs, cafes, takeaway and delivery services and others in the eating out-of-home sector. The proposed products covered by the

programme include ready meals, pizzas, meat products, savoury snacks, sauces and dressings, prepared sandwiches and other “on the go” foods<sup>17</sup>. The final list of product categories to be included within the programme will be confirmed after engagement with stakeholders.

- 2.6 All central Government departments and their agencies are required to comply with the GBSF, as well as prisons, the armed forces, and the NHS. Schools must follow the school food standards legislation but may also choose to use the GBSF too. The wider public sector is encouraged to apply these standards, including to food and drink offered in vending machines (for example in leisure centres).



## 3. Policy Outline

- 3.1 DHSC is consulting on updating the nutrition standards in the Government Buying Standards for Food and Catering Services (GBSF) so they reflect the latest scientific dietary advice. A summary of the proposed changes is provided in Annex 1.
- 3.2 This will include the latest advice from the Scientific Advisory Committee on Nutrition (SACN) on recommended levels of sugar and fibre intake that has been accepted by Government and incorporated into Government policy and dietary messaging.
- 3.3 The consultation seeks views on the proposed approach to update the existing nutrition standards in the GBSF to reflect the latest scientific dietary advice, including new recommendations on sugar and fibre that has been incorporated into Government policy and dietary messaging to reduce the risk of dietary related disease. It was announced as part of Childhood Obesity: a plan for action, chapter 2, June 2018. This is part of the government's plan for action to significantly reduce childhood obesity by supporting healthier choices.
- 3.4 This is a technical consultation that is expected to be of greatest interest to food business operators, the food industry, Government agencies, local authorities, consumer groups and public bodies. If responses to the consultation indicate that we have underestimated the costs a formal Impact Assessment (IA) will be considered.
- 3.5 This document lays out the reasoning behind the amended advice and justification for the expected low costs.

## 4. Affected Organisations

- 4.1 An exact estimate of the number of businesses involved is unavailable, however Annex 2 provides a list of all businesses involved in the food and drink manufacturing sector and the food services sector. This provides an upper limit as a guideline. 143,200 businesses provide food in the UK, though the overwhelming majority of these will not supply their products to the public sector.
- 4.2 Bodies who will adopt the new standards include local and central government, prisons, armed forces, and hospitals. There are 418 principal councils in the UK<sup>18</sup> and across the UK there are 20 non-ministerial departments, 25 ministerial departments, 402 agencies and other public bodies, 12 public corporations<sup>19</sup> and 122 prisons in England and Wales. Incorporating updated GBSF nutrition standards into existing catering contracts with public institutions would be subject to the conditions within individual contracts.
- 4.3 The GBSF are included as one of the five current mandatory hospital food standards written into NHS standard contracts. Furthermore, there is also a clause which requires that GBSF is followed in all shops on hospital sites, e.g. WHSmith's and M&S. When the GBSF is updated, the new updated version will technically be mandatory for hospitals as soon as they are published on 'GOV.uk' as the contract refers to the standards in their latest format. However, the consultation seeks views on including an implementation period before any updated standards became mandatory. There are currently 86 NHS Trusts in England and Wales<sup>20</sup>.
- 4.4 It is not clear what level of current compliance there is with the proposed standards amongst central government departments. However, a report from the Department of Health in 2017 suggests that around 90% of hospitals are fully or partly compliant with the current GBSF criteria. We intend to use the consultation to improve our knowledge on current levels of compliance.
- 4.5 In terms of number of people affected, there were 5.36 million people employed in the public sector at March 2018. The prison population is around 83,000 people<sup>21</sup>, and the British Armed Forces currently have 192,120 active personnel<sup>22</sup>. Of all people in paid work, 16.5% were employed in the public sector and the remaining 83.5% were employed in the private sector<sup>23</sup>. While not all people employed in the public sector will be directly affected by the changes being proposed to the GBSF, this number provides a useful sense of the breadth of the impact.

**Questions to be included within the consultation regarding organisations**

Is your organisation compliant with the current nutritional standards contained in the GBSF? (1) Yes (2) Partly and (3) No.

Are there any of the current standards which you will find it difficult to comply with? If yes, then please provide further details.

## 5. Expected costs and benefits to business, government and society

### Costs

- 5.1 All the organisations affected are expected to incur some familiarisation costs, with both businesses and government organisations needing to read and digest the new standards. The time taken for initial familiarisation will vary between organisations depending on the size and scale of operations. However, we assume that on average, it would take one manager one hour to read and become familiar with the standards. More information on the number of companies who might be affected is given in [Annex 2](#) below.
- 5.2 An assessment of the impact of introducing the current nutritional criteria in the government buying standards was previously conducted and the costs were expected to be negligible<sup>24</sup>. Evidence for this comes from an informal consultation, carried out for the Department of Health's Healthier Food Mark (HFM) Impact Assessment. The original nutrition criteria for the Government Buying Standards for Food come from the HFM nutrition criteria, and comments received during the piloting and evaluation of HFM. Stakeholders (including government departments) reported that, given current levels of compliance with many of the then proposed higher nutritional standards, there would be no significant identifiable costs of compliance. Given this, we anticipate the costs of these amendments will be small. However, we propose the associated consultation to be used to check that the costs of compliance have not changed, and we will seek evidence on this as part of the consultation.
- 5.3 Furthermore, it's also important to note that the NHS did not need to comply with the standards until they were included in the 2017-19 standard contract. As a result, the cost to the NHS of complying with the current standards was not previously assessed.
- 5.4 The introduction of the previous standards was not expected to result in lost revenue for catering services providers through unmet demand for meals of a lower nutritional standard. Similarly, we expect this to be a small cost for these amendments but we do recognise that this is an assumption and would welcome any further evidence on this as part of the consultation.
- 5.5 There may be a small one-off cost to vending machine operators where these compliance criteria necessitate changes to vending machine offerings. New products which are added to the machines might not achieve the same sales or

have the same profit margins as the ones which were previously sold. We assume that any overall impact on the profitability of catering services providers, including vending machine operators, will be small.

- 5.6 Certain high salt and high sugar products will no longer be able to be sold, certain meal deals will no longer be permissible and certain types of product (e.g. high fibre bread) will need to be introduced. Being unable to sell certain types of product may adversely impact business who manufacture and supply products to the public sector. A full list of the changes proposed to the products is given in [Annex 1](#). Depending on the business' product range, this could be a positive or negative impact on sales for some private sector contractors and food and drink manufacturers.

### **Questions to be included in the consultation regarding costs**

How much impact do you think the proposed changes will have in terms of the costs borne by your organisation? (1) Negligible (2) Moderate costs (3) Significant costs

Will there be any one-off costs from altering products so they meet the proposed nutritional standards? If yes, then please provide further details.

Will there be any ongoing costs from introducing the proposed nutritional standards? If yes, then please provide further details.

Will there be any additional costs to vending machine providers other than those outlines above from introducing these new standards? If yes, then please provide further details.

Is there any additional evidence that would improve our understanding of the costs which would be faced by your organisation from implementing the proposed nutritional standards?

## **Benefits**

- 5.7 Many people in the UK do not have balanced diets, and consume too many calories<sup>25</sup>, more sugar than recommended<sup>26</sup> and not enough portions of fruit and vegetables<sup>27</sup>. In particular, adults consume around twice the recommended maximum amount of sugar<sup>28</sup>. Furthermore, on average, compared with those with healthy body weights, overweight or obese adults consume between 362 and 425 kcals more than they need per day for men, and between 251 and 297 kcals per day for women.<sup>29</sup>

- 5.8 The burden of dietary related ill health in the UK is significant, causing considerable amounts of mortality and morbidity each year<sup>30</sup> and placing substantial pressure on the NHS. Too much salt consumption, for example, can raise blood pressure which increases the risk of heart disease and stroke<sup>31</sup> and a lack of fibre in our diets has been linked to an increased risk of developing cancer and having a stroke<sup>32</sup>. Being overweight or obese is now the second biggest preventable cause of cancer after smoking<sup>33</sup>. Moreover, overweight and obesity related ill health alone is estimated to have cost the health service in England £5.1bn in 2014/15<sup>34</sup>.
- 5.9 Given the size of the burden, we believe the benefits of improving individual's diets and reducing obesity rates are wide ranging and large, however they will take time to accrue. Given the breadth of effect of the GBSF the effect on society is substantial. These are summarised as;
- (a) An improvement in average population nutrient intakes, such as a reduction in intakes of free sugars, salt, saturated fat and calories and an increase in fibre;
  - (b) A reduction in obesity and dietary related ill health, resulting in reduced costs for the NHS and an increase in economic output;
  - (c) A potential increase in consumption of healthier items, such as portions of fruit and vegetables and oily fish, leading to further health benefits for individuals.
- 5.10 Moreover, there would be additional health benefits to the population from re-investing cost savings back into the NHS. Social care savings would be expected to be significant and reduced premature mortality would be expected to deliver additional economic output. However, because of the inherent difficulties in estimating the economic benefits, which would require detailed assumptions about how businesses or consumers will respond to the updated standards, we have not attempted to quantify these benefits.

## **6. Summary**

- 6.1 This document provides background to the proposed changes to GBSF. Given the low cost to business when the regulations were introduced originally, it is expected cost to business of updating the regulations will be low as well.

# 7. Annex 1: Proposed updates to the GBSF nutrition standards

## Proposed Mandatory Nutrition Standards

7.1 This section sets out the proposed mandatory nutrition standards for the GBSF update. For each standard, the key changes are highlighted in the green box.

### Reducing Salt

7.2 Vegetables and boiled starchy foods such as rice, pasta and potatoes, shall be cooked without salt.

7.3 Salt shall not be available on tables.

7.4 At least 75% of meat products, breads, soups and cooking sauces and ready meals procured by volume, and 75% of breakfast cereals and pre-packed sandwiches available meet current core salt targets<sup>35</sup> and all stock preparations shall be lower salt varieties (i.e. below 0.6g/100mls reconstituted). Note: The 75% applies individually to each food category described in the above specification, and not only to the combined availability / volume. The requirement relates to meeting maximum targets, or using an average target as a maximum where a maximum target is not set.

Change to current salt targets.

Increase from 50% to 75% of products with categories meeting targets and updated wording from procured by volume to available.

### Increasing fruit and vegetable consumption

7.5 A portion of fruit shall be sold at a lower price than a portion of hot or cold dessert.

7.6 Half of desserts available should contain at least 50% of their weight as fruit – which may be fresh, canned in fruit juice, dried or frozen. This excludes whole fresh fruit as a dessert option. Whole fresh fruit can be a dessert option but should not be included as an option when calculating whether half of dessert options should contain at least 50% of their weight as fruit.



- 7.7 Main meals within a meal deal should include a starchy carbohydrate which is not prepared with fats or oils, vegetables and 1 portion of fruit.

Excluding fresh fruit as a dessert for calculation purposes.

Change to the meal deal standard from the current: Meal deals include a starchy carbohydrate, vegetables and 1 portion of fruit.

Additional requirement of carbohydrate in meals not being prepared with fats or oils.

## Meal Deals

- 7.8 Any pre-packaged food and drink products in a meal deal should not be high in fat, sugar or salt (HFSS)<sup>36</sup>.
- 7.9 Any foods and drinks within a meal deal must also meet the relevant GBSF standards for the healthier options, e.g. healthier sandwiches<sup>37</sup>.

New mandatory standard to not include high fat, sugar or salt products in meal deals and to ensure food and drinks used within meal deals meet the healthier options in the GBSF standards.

## Reducing saturated fat

- 7.10 Meat and meat products (procured by volume), biscuits, cakes and pastries (available) be lower in saturated fat, where available.
- 7.11 At least 50% of hard yellow cheese procured by volume shall have a maximum total fat content of 25g/100g;
- 7.12 At least 75% of ready meals procured by volume shall contain less than 6g saturated fat per portion;
- 7.13 At least 75% of milk procured by volume is lower fat (semi-skimmed, 1% or skimmed milk)
- 7.14 At least 75% of oils and 75% of spreads procured by volume are based on unsaturated fats.

- 7.15 At least 75% of pre-packed sandwiches (and other savoury pre-packed meals (wraps, salads, pasta salads) available contain 400kcal (1680 kJ) or less per serving and do not exceed 5.0g saturated fat per 100g.

Additional requirement around pre-packed sandwiches and other savoury pre-packed meals for decreasing saturated in pre-packed sandwiches.

Very slight rewording for clarity regarding milk.

## Increasing Fibre

- 7.16 At least 50% of bread available contains at least 3g fibre per 100g (ie is a source of fibre), excluding pre-packed sandwiches.
- 7.17 At least 75% of pre-packed sandwiches (and other savoury pre-packed meals (wraps, salads, pasta salads) available contains bread with at least 3g fibre per 100g.

New mandatory standard for increasing fibre intake.

Additional requirement around bread available, and pre-packed sandwiches and other savoury pre-packed meals for increasing fibre.

## Reducing sugar intake

- 7.18 At least 75% of products available that are included in the following categories covered by the sugar reduction programme to not exceed the following:
- Biscuits - 100kcal
  - Cakes - 220 kcal
  - Morning goods - 220 kcal
  - Puddings - 220 kcal
  - Yogurts - 120 kcal
  - Ice cream - 220 kcal

Note: The 75% applies individually to each product category described in the above specification, and not only to the combined availability.

New mandatory standard for reducing sugar intake.

## Breakfast Cereals

7.19 At least 50% of breakfast cereals available are higher in fibre (i.e. at least 6g/100g) and shall not exceed 12.3g/100g total sugars (10g additional allowance for dried fruit in cereal).

Update to maximum sugar content for at least 50% of breakfast cereals – to bring in line with sugar reduction guideline.

Updated wording from procured by volume to available.

## Fish

If caterers serve lunch and an evening meal, fish is provided twice per week (2X 140g portion), one of which is oily. If caterers only serve lunch or an evening meal, oily fish (140g portion) is available at least once every three weeks.

No change

## Savoury Snacks

7.20 Savoury snacks are only available in packet sizes of 35g or less.

Newly created mandatory standard, previously this was only voluntary, and has been set at 35g.

## Confectionary

7.21 At least 75% of confectionery and packet sweet snacks are in the smallest standard single serve portion size available within the market and do not exceed

200 kcal (maximum) for chocolate and 125 kcal (maximum) for sugar confectionery.

Moved from voluntary best practice to mandatory with new calorie caps, bringing in line with sugar reduction guideline.

## Beverages

- 7.22 No more than 10% beverages available can be sugar sweetened beverages (SSB). **Note:** SSBs are any drink, hot or cold, carbonated or non-carbonated, including milk based drinks and milk substitute drinks such as soya, almond, hemp, oat, hazelnut or rice, which contains more than 20kcal/100ml energy (i.e. is not 'low energy (calorie)') and also has had any sugar added to it as an ingredient (i.e. is not 'no added sugar'). Products sweetened with a combination of artificial/natural sweeteners and sugars would, if they contain more than 20kcal/100ml energy (i.e. are not 'low energy (calorie)'), fall within this definition.
- 7.23 At least 90% of beverages made available must be low calorie/no added sugar beverages. **Note:** Low calorie (low energy) beverages are products not containing more than 20kcal (80kJ)/100ml energy for liquids. No added sugar means beverages that have not had sugar added to them as an ingredient. This includes beverages such as coffee, tea and hot chocolate which should not contain sugar sweetened flavoured syrups or be sugar sweetened as sold or provided; fruit juice, vegetable juice, smoothies, 'juicy waters' and water.
- 7.24 All SSB to be no more than 330ml pack size. Any SSB that are hot or cold milk-based drinks including milk substitute drinks such as soya, almond, hemp, oat, hazelnut or rice need to meet 300kcal cap.
- 7.25 Any meal deals should not include any SSBs.
- 7.26 At least 75% fruit juice, vegetable juice and smoothies to be provided in single serve packs. These single serve packs should contain no more than 200ml for juice alone, and as close to 150ml per serving as possible. **Note:** This could include larger single serve packs containing a 150ml serving of juice diluted with water.

Moved from the 330ml pack size for SSB from voluntary best practice to mandatory.

Moved from voluntary best practice to mandatory and increased to 90% from 80% (now 10% of beverages can be SSBs).

Change of wording from 90% of beverages procured by volume to made available.

New standard for fruit juices and smoothies.

New standard for milk-based drinks (including milk substitute drinks).

No SSBs to be included within a meal deal.

## Reducing Salt Intake

7.27 At least 75% of all products (procured by volume / available) that are covered by the current salt targets, meet this target.

7.28 **Note:** The 75% applies individually to each food category described in the above specification, and not only to the combined availability / volume. The requirement relates to meeting maximum targets, or using an average target as a maximum where a maximum target is not set.

New voluntary best practice standard for reducing salt intake.

## Proposed voluntary (best practice) nutrition standards

7.29 This section sets out the proposed voluntary (best practice) nutrition standards for the GBSF update. For each standard, the key changes are highlighted in the green box.

## Reducing Salt Intake

7.30 At least 75% of all products (procured by volume / available) that are covered by the current salt targets, meet this target.

7.31 **Note:** The 75% applies individually to each food category described in the above specification, and not only to the combined availability / volume. The requirement relates to meeting maximum targets, or using an average target as a maximum where a maximum target is not set.

New voluntary best practice standard for reducing salt intake.

## Increasing Fibre

- 7.32 To ensure at least 50% of all bread available contains at least 3g fibre per 100g (ie is a source of fibre), as per the mandatory standard.
- 7.33 **And, in addition to the mandatory standard** at least 25% of all bread available contains at least 6g per 100g (ie high in fibre), excluding pre-packed sandwiches.

New voluntary best practice standard for increasing fibre intake.

## Breakfast Cereals

- 7.34 To ensure at least 50% of all breakfast cereals available contain at least 6g per 100g of fibre (ie high in fibre) and shall not exceed 12.3g/100g (10g additional allowance for dried fruit in cereal), as per the mandatory standard.
- 7.35 **And, in addition to the mandatory standard**, at least 25% of all breakfast cereals available contain at least 6g per 100g (ie high in fibre) and shall not exceed 5g/100g (10g additional allowance for dried fruit in cereal).

New voluntary best practice standard for increasing fibre and decrease sugar intake.

## Savoury Snacks

- 7.36 Savoury snacks are only available in packet sizes of 30g or less.

No change to standard.

## Confectionery

- 7.37 All confectionery and packet sweet snacks available are in the smallest standard single serve portion size available within the market and do not exceed 200 kcal (maximum) for chocolate and 125 kcal (maximum) for sugar confectionery.

New voluntary best practice standard for reducing sugar intake.

## **Beverages**

- 7.38 All beverages made available (100%) must be low calorie/no added sugar beverages, i.e. no SSBs are offered for sale.

New voluntary best practice standard for reducing sugar intake.

## **Menu Cycle Analysis**

- 7.39 Menu cycles are analysed to meet nutrient based standards relevant for the majority of customers using the catering provision.

No change to standard, very slight rewording for clarity.

## **Calorie and allergen labelling**

- 7.40 Removed category.

Removed the best practice requirement for menus for (food and beverages) to include calorie and allergen labelling

The previous voluntary standard relating to calorie and allergen labelling on menus has been removed due to the progression of both policy areas since the GBSF nutrition standards were developed.

## 8. Annex 2: UK Business Counts - enterprises by industry and employment size band

8.1 Sourced from <https://www.nomisweb.co.uk> 03/01/2019. This is an upper limit of the number of businesses that will be affected by the changes being proposed to the GBSF. The true figure of the number of businesses that will be impacted by the changes is likely to be significantly lower, with those who do not work with government or local authorities being unaffected. However, the proportion of this table that are involved with supplying government or public-sector organisations is unknown.

**Table 1: UK Business counts by industry and employment size**

Industry	Total	Micro (0 to 9)	Small (10 to 49)	Medium-sized (50 to 249)	Large (250+)
1011 : Processing and preserving of meat	335	200	80	40	20
1012 : Processing and preserving of poultry meat	105	45	35	15	10
1013 : Production of meat and poultry meat products	550	305	165	55	20
1020 : Processing and preserving of fish, crustaceans and molluscs	305	165	90	40	10
1031 : Processing and preserving of potatoes	45	20	10	10	5
1032 : Manufacture of fruit and vegetable juice	70	55	15	0	0
1039 : Other processing and preserving of fruit and vegetables	495	375	65	40	20
1041 : Manufacture of oils and fats	60	45	5	5	0
1042 : Manufacture of margarine and similar edible fats	5	5	0	0	0
1051 : Operation of dairies and cheese making	375	240	75	45	10
1052 : Manufacture of ice cream	325	245	75	5	0
1061 : Manufacture of grain mill products	150	95	20	25	10
1062 : Manufacture of starches and starch products	5	0	0	0	0
1071 : Manufacture of bread; manufacture of fresh pastry goods and cakes	2,520	1,675	670	135	40



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1072 : Manufacture of rusks and biscuits; manufacture of preserved pastry goods and cakes	300	185	75	30	10
1073 : Manufacture of macaroni, noodles, couscous and similar farinaceous products	20	15	5	0	0
1081 : Manufacture of sugar	5	0	0	0	0
1082 : Manufacture of cocoa, chocolate and sugar confectionery	400	265	85	30	15
1083 : Processing of tea and coffee	90	55	20	10	5
1084 : Manufacture of condiments and seasonings	210	145	30	20	10
1085 : Manufacture of prepared meals and dishes	245	150	45	40	10
1086 : Manufacture of homogenised food preparations and dietetic food	165	150	15	0	0
1089 : Manufacture of other food products n.e.c.	780	550	160	55	20
5610 : Restaurants and mobile food service activities	86,880	69,065	16,310	1,215	295
5621 : Event catering activities	8,655	7,235	1,205	160	55
5629 : Other food service activities	2,305	1,930	290	45	35
5630 : Beverage serving activities	37,810	26,045	11,220	495	50
Column Total	143,200	109,260	30,770	2,515	655

## **9. Annex 3: Questions to be included within the consultation regarding impacts**

1. Is your organisation compliant with the current nutritional standards contained in the GBSF? (1) Yes (2) Partly and (3) No.
2. Are there any of the current standards which you will find it difficult to comply with? If yes then please provide further details.
3. How much impact do you think the proposed changes will have in terms of costs borne by your organisation? (1) Negligible (2) Moderate costs (3) Significant costs.
4. Will there be any one-off costs from altering products so they meet the proposed nutritional standards? If yes then please provide further details.
5. Will there be any ongoing costs from introducing the proposed nutritional standards? If yes please provide further details.
6. Are you aware of products which already comply with the proposed nutritional standards? If yes then please provide further details.
7. Will there be any additional costs to vending machine providers other than those outlined above from introducing these new standards? If yes then please provide further details.
8. Is there any additional evidence that would improve our understanding of the costs which would be faced by your organisation from implementing the proposed nutritional standards?

## 10. References

- <sup>1</sup><https://www.whatdotheyknow.com/request/73619/response/189076/attach/5/20110222%20second%20gbs%20ia%20FINAL.pdf> (Accessed 27/02/2019)
- <sup>2</sup> Estimates for UK in 2014/15 are based on: Scarborough, P. (2011) The economic burden of ill health due to diet, physical inactivity, smoking, alcohol and obesity in the UK: an update to 2006–07 NHS costs. *Journal of Public Health*. May 2011, 1-9. Uplifted to take into account inflation. No adjustment has been made for slight changes in overweight and obesity rates over this period. We assume England costs account for around 85% of UK costs.
- <sup>3</sup> Rayner M, Scarborough P. The burden of food related ill health in the UK. *Journal of Epidemiology & Community Health*. 2005 Dec 1;59(12):1054-7.
- <sup>4</sup> Guh et al. (2009) The incidence of co-morbidities related to obesity and overweight: A systematic review and meta-analysis, *BMC Public Health*
- <sup>5</sup> Ibid.
- <sup>6</sup> Estimates for UK in 2014/15 are based on: Scarborough, P. (2011) The economic burden of ill health due to diet, physical inactivity, smoking, alcohol and obesity in the UK: an update to 2006–07 NHS costs. *Journal of Public Health*. May 2011, 1-9. Uplifted to take into account inflation. No adjustment has been made for slight changes in overweight and obesity rates over this period. It has been assumed England costs account for around 85% of UK costs.
- <sup>7</sup> Health Survey for England 2017, NHS Digital: <https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2017> (Accessed 27/02/2019)
- <sup>8</sup> Government Office for Science (2007) Tackling Obesities: Future Choices – Project report, <https://www.gov.uk/government/publications/reducing-obesity-future-choices> (Accessed 29/05/2018)
- <sup>9</sup> Pineda E, Sanchez-Romero LM, Brown M, Jaccard A, Jewell J, Galea G, Webber L, Breda J. Forecasting Future Trends in Obesity across Europe: The Value of Improving Surveillance. *Obesity facts*. 2018;11(5):360-71.
- <sup>10</sup> Calorie reduction: The scope and ambition for action, Public Health England, 2018. Available at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/685359/Calorie\\_reduction\\_The\\_scope\\_and\\_ambition\\_for\\_action.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/685359/Calorie_reduction_The_scope_and_ambition_for_action.pdf) (Accessed 27/02/2019)
- <sup>11</sup> Sugar Reduction: The evidence for Action, Public Health England, 2015. Available at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/470179/Sugar\\_reduction\\_The\\_evidence\\_for\\_action.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/470179/Sugar_reduction_The_evidence_for_action.pdf) (Accessed 27/02/2019)
- <sup>12</sup> Health Survey for England 2017, NHS Digital. Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england> (Accessed 27/02/2019)
- <sup>13</sup> Government Buying Standards for Food and Catering Services can be found at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/418072/gbs-food-catering-march2015.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/418072/gbs-food-catering-march2015.pdf) (Accessed 27/02/2019)
- <sup>14</sup> DHSC (2018) Childhood obesity: a plan for action, chapter 2 <https://www.gov.uk/government/publications/childhood-obesity-a-plan-for-action-chapter-2> (Accessed 27/02/2019)
- <sup>15</sup> DHSC (2016) Childhood obesity: a plan for action, [www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/546588/Childhood\\_obesity\\_2016\\_2\\_acc.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/546588/Childhood_obesity_2016_2_acc.pdf) (Accessed 27/02/2019)
- <sup>16</sup> HM Treasury (2018) Soft Drinks Industry Levy comes into effect, available at <https://www.gov.uk/government/news/soft-drinks-industry-levy-comes-into-effect> (Accessed 27/02/2019)
- <sup>17</sup> Public Health England (2018) Calorie reduction: The scope and ambition for action, <https://www.gov.uk/government/publications/calorie-reduction-the-scope-and-ambition-for-action> (Accessed 27/02/2019)
- <sup>18</sup> Local government in England structures, House of Commons library: <https://www.lgiu.org.uk/local-government-facts-and-figures/> (Accessed 27/02/2019)

- 
- <sup>19</sup> A list of government departments, agencies and public bodies can be found on the Gov.uk website: <https://www.gov.uk/government/organisations> (Accessed 27/02/2019)
- <sup>20</sup> NHS trust accounts: 2016 to 2017: <https://www.gov.uk/government/publications/nhs-trusts-accounts-2016-to-2017> (Accessed 27/02/2019)
- <sup>21</sup> Offender management statistics quarterly, April to June 2018: <https://www.gov.uk/government/statistics/offender-management-statistics-quarterly-april-to-june-2018> (Accessed 27/02/2019)
- <sup>22</sup> Quarterly service personnel statistics, 2018: <https://www.gov.uk/government/statistics/quarterly-service-personnel-statistics-2018> (Accessed 27/02/2019)
- <sup>23</sup> Public sector employment, UK March 2018: <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/publicsectorpersonnel/bulletins/publicsectoremployment/march2018> (Accessed 27/02/2019)
- <sup>24</sup> <https://www.whatdotheyknow.com/request/73619/response/189076/attach/5/20110222%20second%20qbs%20ia%20FINAL.pdf> (Accessed 27/02/2019)
- <sup>25</sup> Calorie reduction: The scope and ambition for action, Public Health England, 2018. Available at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/685359/Calorie\\_reduction\\_The\\_scope\\_and\\_ambition\\_for\\_action.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/685359/Calorie_reduction_The_scope_and_ambition_for_action.pdf) (Accessed 27/02/2019)
- <sup>26</sup> Sugar Reduction: The evidence for Action, Public Health England, 2015. Available at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/470179/Sugar\\_reduction\\_The\\_evidence\\_for\\_action.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/470179/Sugar_reduction_The_evidence_for_action.pdf) (Accessed 27/02/2019)
- <sup>27</sup> Health Survey for England 2017, NHS Digital. Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england> (Accessed 27/02/2019)
- <sup>28</sup> Sugar Reduction: The evidence for action. Available at: <https://www.gov.uk/government/publications/sugar-reduction-from-evidence-into-action> (Accessed 27/02/2019)
- <sup>29</sup> Calorie reduction: The scope and ambition for action, Public Health England, 2018. Available at: <https://www.gov.uk/government/publications/calorie-reduction-the-scope-and-ambition-for-action> (Accessed 27/02/2019)
- <sup>30</sup> Rayner M, Scarborough P. The burden of food related ill health in the UK. *Journal of Epidemiology & Community Health*. 2005 Dec 1;59(12):1054-7.
- <sup>31</sup> Bibbins-Domingo K, Chertow GM, Coxson PG, Moran A, Lightwood JM, Pletcher MJ, Goldman L. Projected effect of dietary salt reductions on future cardiovascular disease. *New England Journal of Medicine*. 2010 Feb 18;362(7):590-9.
- <sup>32</sup> Carbohydrates and Health, SACN 2015: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/445503/SACN\\_Carbohydrates\\_and\\_Health.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/445503/SACN_Carbohydrates_and_Health.pdf) Accessed (21/02/2019)
- <sup>33</sup> The second biggest preventable cause of cancer: being overweight, Cancer Research UK: <https://scienceblog.cancerresearchuk.org/2016/10/11/the-second-biggest-preventable-cause-of-cancer-being-overweight/> (Accessed 27/02/2019)
- <sup>34</sup> Estimates for UK in 2014/15 are based on: Scarborough, P. (2011) The economic burden of ill health due to diet, physical inactivity, smoking, alcohol and obesity in the UK: an update to 2006–07 NHS costs. *Journal of Public Health*. May 2011, 1-9. Uplifted to take into account inflation. No adjustment has been made for slight changes in overweight and obesity rates over this period. We assume England costs account for around 85% of UK costs.
- <sup>35</sup> Current core salt targets are available at <https://www.gov.uk/government/collections/sugar-reduction#salt-reduction->
- <sup>36</sup> The definition for 'high' in fat, sugar or salt is as defined in the DHSC and FSA publications: 'Guide to creating a front of pack (FoP) nutrition label for pre-packed products sold through retail outlets'. November 2016. Available here: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/566251/FoP\\_Nutrition\\_labelling\\_UK\\_guidance.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/566251/FoP_Nutrition_labelling_UK_guidance.pdf)
- <sup>37</sup> This would be for all categories of 'meal deals' such as 'breakfast meal deals', 'hot food meal deals', 'sandwich meal deals', 'hot drink and snacks, e.g. confectionary / savoury snack / items under the reducing sugar category'.

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