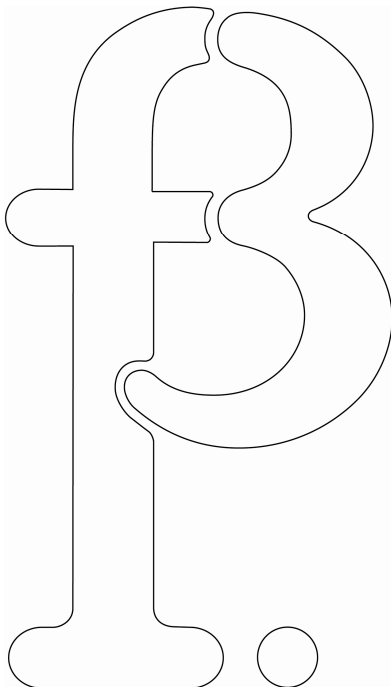




# Good Food on the Public Plate Evaluation Report

for Sustain



April 2008

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# 1 FOREWORD FROM SUSTAIN

## Sustainable food in the public sector: Time for a new approach

This evaluation report marks the end of a second phase of work with London's public sector to improve the healthiness and sustainability of the food they serve. This independent evaluation of the Good Food on the Public Plate project has been undertaken by F3: The local food consultants. It documents examples of inspirational work being undertaken by catering managers across London and the South East, to improve the quality and sustainability of the food they serve to patients, children clients and staff. Thanks and credit go to these shining examples of catering managers and catering operations who proactively make the effort to provide food that is good for people, but also better for farmers, local economies, animal welfare and the environment.

Sustainable food has risen rapidly up the public and political agenda since the launch of the Good Food on the Public Plate project in 2006. Food price rises and new food shortages in many countries are showing how vulnerable our food system is to global economic disruption and the changing climate. Our understanding is also growing of the very considerable burden of greenhouse gases associated with what we eat – around one fifth of all the UK's greenhouse gas emissions are from the food system. It remains the case that public procurement of food is a critical way to bring about the changes we need, to achieve a healthy, equitable and sustainable future. Wherever money is spent on food in the public sector, it should be supporting sustainability, not contributing to further damage. Sustain believes that arguments that the amount of spend it represents is small, compared to the private sector and therefore shouldn't be a priority, are weak to start with – weaker still given that the public sector should have a moral responsibility to set a standard for society.

In the light of such sobering thoughts, many of the caterers Sustain has worked with appear as champions of a better way of working, and should be celebrated as such. However, it is also important to remember that these people are isolated cases. In the words of one of the leading academics analysing public procurement, Professor Kevin Morgan, they remain "islands of good practice in a sea of mediocrity".

The evaluation process has been a valuable opportunity for Sustain (along with its partner organisations) – to reflect on what we have learned by our extensive experience of acting as facilitators and brokers of more sustainable food choices in public procurement. We are very keen to reflect on what really works – and what doesn't – so the report documents successes and promising approaches as well as the challenges we faced.

Reflecting on this project, it is clear that such work is still desperately needed. Progress towards a sustainable food system needs targeted and well-funded 'hand-holding' support, promotional events, information, networking, supply chain brokerage and training to enable procurement staff, catering managers, catering staff and suppliers to provide opportunities for sustainable food in the public sector.

However, we are also keenly aware that within the vast majority of public sector care facilities, the sole factor governing food procurement remains cost – especially in light of the Government's 2004 – 2008 Gershon Review period whose 'best value' message is routinely misinterpreted as 'lowest cost'. Key sustainability issues such as environmental impact, nutritional value, provenance, quality, preparation, presentation, taste, carbon footprint or animal welfare are still widely viewed with scepticism, or at best as low priority.

The contribution of food procurement to economic and social development in the local community is also low on the list of priorities - if it makes it on to the list at all. Institutional inertia remains one of the most significant barriers to change and this is not going to change on its own.

Important though the project work was and is, Sustain is forced to conclude, with the benefit of hindsight, that it is very difficult to see how significant improvements in the sustainability of food in public sector institutions can be achieved by the painstaking progress represented in this project, which relies on time-limited funding, limited staff time, well-informed and engaged staff, and the rare enthusiasm of a few individual 'champions' often working without institutional support, in a sector that has many other concerns than sustainable food. A different approach is now needed to achieve the scale and pace of change that is imperative in the face of issues such as peak oil and climate change.

We believe that a mandatory commitment on public sector organisations now needs to be instigated, to require management and catering staff to implement the necessary changes to ensure sustainable food procurement. This needs to be put in place and kept in focus by enforceable measures, with clear targets and monitoring of progress over time. This should also be embedded into the performance indicators of public sector institutions and backed up with training, and additional funding where necessary.

An important way to embed changes towards more sustainable supplies is to ensure sustainability becomes integrated into the culture of public sector institutions. In particular, this is likely to require an obligation on public sector institutions to specify health and sustainability in their food contracts, to provide the necessary impetus for significant change. It will also require tailored training that engrains attitudes and skills across the whole operation, including catering, procurement and management staff, as well as among health and care professionals, and time built into the daily routine that allows the staff to implement their training. We firmly believe this also needs to be embedded into the performance indicators of public sector institutions.

Furthermore, based on our experience of this project, and its predecessor the Hospital Food project, we encourage institutions to go further and play an educational role in promoting healthy eating and sustainable food to staff and patients, to improve food consumed at home.

This report contains recommendations from the consultants who undertook the evaluation of the project. It outlines many detailed ways in which greater uptake of healthy and sustainable food can be encouraged in the public sector. Sustain considers the recommendations to be appropriate and workable, and looks forward to supporting future work on these important issues. However, Sustain is also painfully aware that such an approach is painstaking, funded only patchily, and very, very slow.

Some key participants of the Good Food on the Public Plate project said during the evaluation that the project had achieved close to the limit of the progress possible under the current framework of policies, personnel and budgets. For them, the next step needed to be the type of legislative change in the framework seen in the education sector where healthy food is now becoming routine due to legislation, targets, incentives, training and mandatory nutritional standards.

Moves are now afoot at a European level (instigated by the European Commission) to give action on sustainable production and consumption greater momentum – possibly with new legislation. We have also recently heard the good news that the Netherlands has introduced a target of 100% sustainable procurement (including food) for central government, with a target of 50% for regional and local government by the same date.

Such news gave us pause for thought. We ask, if the Netherlands can do this, why can't the UK?

Sustain's key recommendation arising from the Good Food on the Public Plate project is, therefore, that the UK should introduce a mandatory requirement on public sector institutions to buy and serve healthy and sustainable food, to meet national priority policy objectives relating to health, obesity, environment, sustainable agriculture and climate change. This needs to be instigated and kept in focus by mandatory and enforceable measures, with clear targets and monitoring of progress over time.

### **Acknowledgments**

Many people and organisations have helped Sustain in the Good Food on the Public Plate project – too many to list here. We extend our thanks to all of them. However, we also wish to make special mention of Mike Duckett, catering services manager at the Royal Brompton Hospital; and Paul Winter, hotel services manager at the South London and Maudsley Hospital Trust, who have been inspiring champions of sustainable hospital catering, demonstrating what can be done.

A handwritten signature in black ink, appearing to read 'Kath Dalmeny', with a long horizontal line extending to the right.

Kath Dalmeny

Policy Director

Sustain; the alliance for better food and farming

## 2 SUMMARY

This evaluation considers the effectiveness of the Good Food on the Public Plate project, led by Sustain: the alliance for better food and farming, from 2006 to March 2008. The purpose of the project was to increase the amount of sustainable i.e. local, seasonal and/or organic food in hospitals, care homes and schools in London and the South East by extending the scope and experience of the pilot which involved four London hospitals. The project ran from 2006-08, with funding from Defra's Rural Enterprise Scheme and The Bridge House (City Bridge) Trust. Its objectives were to:

- Work with at least twenty hospitals, five schools and five care/nursing homes in London and the South East to increase the amount of sustainable food being served as part of their routine catering;
- Improve the health of patients, pupils and residents, as well as staff and visitors, as a result of providing more fresh and healthy food; and
- Improve the viability of local economies by ensuring that small and medium sized enterprises have opportunities to supply to the public sector, including by developing shorter supply chains and linking producers and the public sector.

These objectives were to be met by implementing the following activities:

- Increasing the number of hospitals involved in the project from the original<sup>1</sup> four to twenty hospital and working directly with at least five care homes, and five schools in London and the South East.
- Increasing the proportion of sustainable food in hospitals to 15% on average, but aim for 30% in those hospitals that have already made good progress or can make changes quickly.
- Increasing the number and variety of suppliers of sustainable food on the Good Food on the Public Plate database.
- Working with at least ten private sector outlets to develop carcass balance in the use of various types of meat, whenever necessary.
- Tackling any distributional and logistical issues that arise from increasing the scale of the project.
- Continuing to raise awareness among hospital staff, patients and visitors of how their food consumption habits can change to support local businesses and contribute to sustainable development.
- Organising events to bring farmers, suppliers and others into hospital environments (at least five per year).
- Organising training sessions with dieticians, catering managers and patients (five per year) to highlight the importance of nutritious, sustainable food, particularly to help patients make changes when they leave hospital.
- Arranging events for hospital staff (three per year), including on the rules governing public procurement of sustainable food and how the tendering process can encourage sustainability.
- Arranging visits to a range of local and organic food suppliers and producers. These would include up to ten participants per session.
- Promoting celebratory events (four per year) to highlight achievements and promote new developments, including bringing in at least three producers/suppliers to the hospitals.

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<sup>1</sup> Four London hospitals were involved in the *Hospital Food Project*, a two year project by Sustain and the Soil Association which preceded *Good Food on the Public Plate*. For more details see <http://www.sustainweb.org/page.php?id=97>

- Expanding the network of people (to around 30-50) who are already engaged in, or are interested in, sustainable food procurement in the region, so that they can learn from each other and spread good practice more rapidly.
- Running quarterly working party meetings (providing guidance and support on project activities and policy development from a group of relevant experts).
- Offering assistance to producers (at least 50) in the tendering process for supplying at least 25 public sector institutions or groups. This would include at least 25 visits to producers to give individual assistance.

## **Evaluation summary**

Without exception, participants welcomed the support the project provided. Within the current policy and operating framework, and in addition to the lessons learnt from the project, there has undoubtedly been a positive, tangible contribution to increasing the level of sustainable consumption by target public sector organisations.

However, we consider that the project's targets were over-ambitious, so the expectation over the full range and number of activities was not fulfilled. The barriers described in this report mean that the number of activities and overall changes in sourcing behaviour were, from the outset, unlikely to be achieved, and with hindsight, many of the barriers to increasing sustainable sourcing were most likely beyond the capacity of this project to influence – especially in the area of institutional commitment. The report also highlights the challenges for the wider sustainable food sector, and for government, in making significant further improvements in the sustainability of food in hospitals and care homes.

It was not possible to quantify numerically the impact of the project in terms of increased use of sustainable food because there was no baseline data available on the volume/value of buying behaviour before the project. In any case, we consider it would be difficult to evaluate the project's additionality, either by tracking changes back to the project's activities or by calculating whether new local sources of food were substitutes for domestic or imported products, and hence a net gain to UK suppliers.

The most effective activities were reported as:

- Fostering the development of specialist local food hubs;
- Providing a supplier database;
- Organising farm/hub visits;
- Show-casing good practice through presentations and case study documents;
- Developing a mechanism for providing advice, promoting advocacy, and promoting the experience from the project's participants, and
- Providing a forum / support network for 'good practitioners' to which new members were welcomed to learn from others experiences etc.

An important way to embed changes towards more sustainable sourcing is to ensure sustainability becomes integrated into the culture of public sector institutions. It will also require tailored training that engrains attitudes and skills across the whole operation, including catering, procurement and management staff, as well as among health professionals, and time built into the daily routine that allows the staff to implement their training.

In some cases NHS Trusts' sustainability strategies had influenced, and been influenced by nutritional policies, but this link was usually under-developed or not implemented.

The project has highlighted what we consider to be two key areas that need to be in place before sustainable procurement can have an effect:

1. *NHS Trust and care home culture*: Where catering remains functionally isolated, progress is harder. Such institutions should learn from the 'whole institution food approach' championed by the School Food Trust. Routine uptake of healthy and sustainable food requires the involvement and support of management, procurement staff, nutritionists, clinical/nursing staff, caterers and patients. The commitment of the organisation to act as part of the local community and economy is also highly beneficial.
2. *In-house control of catering and food standards*: We observed that progress appeared to be considerably more limited in hospitals where patients' food was brought in ready prepared, and catering managers had limited influence over large contract caterers.

Other, perceived and real practical barriers to increasing sustainable sourcing and so limiting the impact of the project were:

1. *Budgets and costs*: Organic food was generally considered unaffordable in any significant volume. Progress could generally be made with local, seasonal, fresh produce, which was found to be more competitive than local meat supplies.
2. *Commitment of catering and procurement departments*: This includes the willingness to tackle the perceived (and sometimes over-stated) obstacle of EU procurement rules.
3. *Assurance schemes*: We found that suppliers sometimes balk at the complexity and expense of specifying assurance, without the certainty of sufficient subsequent sales. There is also limited awareness of what assurance schemes – that they exist, what they do, what the benefits are etc.
4. *Contracts and payment arrangements*: The length and size of institutional contracts, as well as the expense of the tendering processes, can deter smaller suppliers. The length of time it takes to get paid by, for example, the NHS, can also deter smaller suppliers who are more vulnerable to cash-flow delays.
5. *Private Finance Initiatives (PFI)*: Several participants said that the PFI approach, especially when undertaken through a design/build/operate contract, created considerable barriers to sustainable procurement.

Some participants concluded that these barriers were so significant (i.e. approximately 85% of London hospitals have a PFI in place to deliver catering) that the project had achieved close to the limit of the progress possible under the current framework of policies, personnel and budgets. In which case the next step would be to introduce the type of centrally-driven changes seen in the education sector, which might involve targets and performance indicators, monitoring mechanisms and incentives or enforceable measures, backed up with training and, where necessary, extra funding.

This project worked hard to integrate sustainability considerations into hospital catering, with some successes. Future projects need to further consider how to align sustainability objectives with those of catering managers and the NHS. Projects such as this one are generally motivated by a desire to promote sustainable food and provide opportunities for local suppliers; whereas those catering managers who are interested in change are primarily motivated by value for money, quality, direct contact with producers, and promoting the health and wellbeing of staff and patients. Robust evidence exists of the environmental and social benefits of sustainable food, but the links with nutritional health, especially the use of a higher proportion of food from plant sources, need further



investigation and dissemination – especially to agencies such as the Department of Health and Strategic Health Authorities, with an interest in public health. Future projects may consider focusing more explicitly on promoting healthy eating in public sector institutions, which is currently a rare occurrence, other than schools, where mandatory nutrition standards already exist. This may help to help tackle obesity and patient malnutrition on admission (over 130,000 patients in 2006/07)<sup>2</sup> – an 85% increase in recorded incidence since 1997. Institutions may go further and play an educational role in promoting healthy eating to staff and patients, to improve food consumed at home. One NHS Trust involved in the project was planning a Nutrition Week, and the staff of one PCT went shopping and then helped prepare food with rehabilitation patients to help establish healthier habits. More generally, one participant commented that, “since patients may assume hospital food is indicative of healthy eating, it needs to be”.

The project made the most progress with catering managers that were receptive and understood health and sustainability issues associated with food. The project also worked hard to engage with those catering managers who are less inclined to champion sustainable food voluntarily or with sufficient vigour. However, it remains the case that, to date, the best progress has been made with a handful of enthusiasts. Some others have made the first promising steps. Working with unreceptive or less motivated catering managers and institutions is more time-consuming and so requires significant investment of money, time and effort. It would therefore be especially important that any future activities incorporate explicitly address how best to embed improvements more permanently, to ensure that the benefits of the investment and changes in sourcing are sustained. At present, the promotion, departure or retirement of a catering manager who champions healthy and sustainable food risk the work in their institution on food issues ceases – effectively wasting the investment of time they have put in.

All catering managers that we spoke to for this evaluation wanted to see NHS Supply Chain (the NHS's supply chain services organisation that supports work on procurement, logistics and e-commerce) offering more sustainable food and drink options on the nominated suppliers list, and signposted as such. Potentially even more powerful would be to require the larger foodservice companies to offer more sustainable options within their own catalogue of products as an essential qualification for nominated supplier status.

Training of catering staff was considered important where hospitals retain traditional kitchens – including, for example, food preparation, handling fresh produce, commissioning sustainable food, presentation skills and minimising environmental damage, such as through energy, waste and water reduction. The *Good Food Training for London* project, funded by the London Development Agency as part of implementation of the Mayoral London Food Strategy over the next 18 months, will provide a valuable opportunity to increase the health and sustainability knowledge and skills in hospital and other public-sector kitchens and canteens in the Capital.

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<sup>2</sup> Hansard, 18 December 2007, PQ174970. Figure includes a diagnosis of malnutrition, a nutritional anaemia or another nutritional deficiency

Geographical clusters of neighbouring schools, care homes and hospitals collaborating over menus and suppliers should be considered as a potential pilot scheme. In addition, data standardisation is necessary to allow any monitoring of performance. Data should focus on Best Value, not just lowest cost.

### 3 OBJECTIVES OF THE EVALUATION

The evaluation sought to assess the project against the following questions:

- To what extent did the project implement its proposed activities?
- What impact did each of these activities have in terms of changing suppliers', buyers' and consumers' behaviour? What was the net increase in the purchase and use of sustainable food?
- How embedded are these changes throughout the supply chains created or supported?

To identify lessons for the future, the evaluation also asked whether, in light of their experience during the project, participants' assessment of the priorities has changed, and how the effectiveness of similar future projects might be increased in the South East and elsewhere.

#### **Project aims and participants**

Sustain's Good Food on the Public Plate (GFPP) project followed a successful initiative working in association with the Soil Association and four London hospitals to increase the use of healthy and sustainable food<sup>3</sup>. Building on this experience, the GFPP was funded through the English Rural Development Programme, administered by Defra, to work with 20 hospitals, five care homes and five schools in London and the South East to increase their purchase and use of sustainable food. In later stages of the project, schools were de-emphasised by the project, due to national developments in school food policy implemented after the project had begun. The project did work initially with several schools to promote health and sustainability, but subsequently decided it would be more efficient to refer interested schools on to other initiatives, to involve them in new national programmes of work<sup>4</sup>. Within hospitals, the objective was to achieve 15% sustainable food (defined as food that was local and/or organic) on average, but aiming for 30% in those which had already made progress or progressed quickly.

Through its project officers, Sustain aimed to facilitate an increase in the use of food from local suppliers and environmentally beneficial farming methods. This included:

- Organising events to bring farmers/suppliers and catering managers/chefs together, either in hospitals or at suppliers' premises;
- Developing the database of suppliers and making it available to catering managers;
- Training, networking and public tasting events;
- Helping producers with tendering procedures;
- Exemplifying what can be achieved by promoting case studies;
- Providing expertise in developing the case for sustainable food, for example, the facts about the environmental impact of long-distance distribution systems.

There were a number of boundaries to the project. For example, it focused on food consumption onsite, principally by patients rather than staff or visitors (although some of

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<sup>3</sup> See previous reference and <http://www.sustainweb.org/page.php?id=97>

<sup>4</sup> Including the School Food Trust and delivery of the nutrient- and food-based standards, and the lottery-funded, Soil Association-led Food for Life Partnership

the participating institutions also tackled food quality and sustainability in their staff and visitor canteens). When considering the health value of the food, there was no intent to educate buying and eating habits once patients had been discharged.

The project involved the target of hospitals and care homes. The project did work with the target number of schools, but as noted above shifted the emphasis with schools to a referral programme due to changes in national policy and activities. The degree of engagement by hospitals and care homes was variable. The project officers described involvement in terms of progress along a 'journey' of healthy and sustainable procurement – a handful of institutions having made very good progress along that journey by the end of the project; others having made reasonable progress; and the remainder having made only a few steps, if any, down the road. This reflects institutional enthusiasm, knowledge, commitment and whether or not opportunities exist within those institutions for engagement – particularly whether or not there are 'champions' within the institutions to engender organisational commitment, to take on additional work and to pursue opportunities with vigour.

## 4 ACHIEVEMENTS

Evaluating the project at its completion, with the benefit of hindsight, we consider that the project's targets were, from the outset, over-ambitious. As the project progressed, it became clear that the barriers described later in this report meant that the number of activities and overall target changes in sourcing behaviour would not be achieved – not for lack of effort on the part of the project officers and working party members. This alone is a worthwhile lesson, since it highlights the challenges in making significant improvements in the sustainability of food in hospitals and care homes.

For a variety of reasons, it was not possible to quantify numerically the impact of the project in terms of the increase in purchase and use of sustainable food. Baseline data available from the Hospital Food project that preceded the Good Food on the Public Plate project showed that most institutions were generally using sustainable food at around the 2% level of overall food use – usually among everyday purchases, rather than for any explicit commitment to sustainability. No data on secondary indicators was available such as the amount of food waste produced or the distance travelled by food, or the carbon footprint of food supplies. In any case, data is notoriously difficult to collect. We found little consistency in definitions used by hospitals in terms of calculating costs or monitoring where food comes from or how much money is spent with different suppliers.

This having been said, even were such numerical data to have been collected reliably (a big undertaking in itself), we consider it would be difficult to evaluate the project's additionality. First, it would be difficult to ascribe changes in procurement directly to the project's activities. Several interviewees commented that while the project was a positive contributory factor, there were of course other influences on their procurement choices, including internal policies on sustainability and nutrition; higher profile of sustainable food issues in the media; the long gestation of turning intentions and leads into sales; and the intrinsic enthusiasm and skill of some catering managers to overcome the obstacles – not least the widespread lack of indifference to sustainability of their superiors who needed to be 'on side' before progress could be made. Secondly, even with more consistent data, we consider that this would be unlikely to be sufficiently detailed to calculate reliably whether new local sources were substitutes for domestic or imported products, and hence the net gain to domestic and local suppliers.

In the absence of such numerical data, the project's evaluation was made through a review of its achievements, in terms of activities completed, and a qualitative analysis based on the experience of those involved. From the information gathered, two things are clear:

- Many of the barriers to increasing the purchase and use of more sustainable food are beyond the capacity of a project such as this to influence (see details in Section 5);
- Without exception, those participants interviewed welcomed the support the project had provided. Within the current policy and operating framework, and in addition to the lessons learnt from the project, there has undoubtedly been a positive, tangible contribution to increasing sustainable food consumption by participating institutions. In general, the constraints on that contribution have been the extent of engagement on both the demand and supply sides, rather than the capacity of the project team to provide assistance. However, staff turnover has been disruptive. Although Sustain

was able to find replacement staff with relevant expertise, personnel changes were seen as having temporarily slowed the momentum of the project.

All of those interviewed had valued some or all of the services and support provided by the project. When asked what external support would be useful in the future, one participant commented simply “more of the same”. The following more specific comments about the different activities were made:

a) ***Farm and local food hub visits***

These highlighted some of the differentiation that small suppliers can offer – much better than formal presentations and meetings. Catering staff valued these chances to see first-hand the farming operations and produce. However, they need systematic follow-up, and some suppliers may not have exploited opportunities efficiently.

b) ***Suppliers’ visits to hospitals and on-site public tastings***

Mainly due to problems around outbreaks of Foot & Mouth Disease (FMD) and Blue Tongue disease during the project, supplier visits to hospitals had to be cancelled. These might well have been helpful in developing suppliers’ understanding of customer needs, but might not have proven as valuable in generating demand because, as mentioned above, they do not allow catering managers to see at first hand the source of the potential supplies, which is a unique selling point for local and smaller suppliers.

c) ***Showcasing achievements***

Preparing case studies and organising presentations and visits to show where and how progress had and could be made was welcomed. This exemplified what could be achieved even within the existing environment and procedures, which helped to overcome negative attitudes and perceptions. Some interviewees commented that some NHS catering and purchasing staff fixate on barriers. Highlighting what others have achieved within the same frameworks and budgets contributes towards overcoming obstacles.

d) ***Supplier database***

Providing a database of potential sustainable suppliers was considered very practical help, as were the tailored efforts made by project officers to find suppliers for catering managers’ specific needs. Reducing the costs of identifying suppliers was seen as an important external function in helping catering managers. Where it required individual searches or brokerage, it was time-intensive for the project officers. One participant reported on the usefulness of database services such as [www.smallsupplier.com](http://www.smallsupplier.com) (an online listing of around 400 small suppliers of food and non-food suppliers around the UK, though with no explicit sustainability criteria). With this approach, suppliers remain responsible for delivery to the customer, while finances and paperwork (invoices, statements and payments) are dealt with by the website and database coordinators.

e) ***An established portal for advice and signposting***

Increasing the purchase and use of sustainable food in the public sector requires sustained commitment. Establishing and maintaining a recognised, single source of assistance for the process was commonly cited as essential. Sustain had achieved that profile, which meant that when catering managers needed advice, they knew where to

turn. Many participants regretted the prospect of this progress being lost with the conclusion of the project, and the resultant costs of catering managers returning to individually “re-inventing the wheel”. Project officers had also been useful in building the environmental case for sustainable food procurement – especially valuable when practitioners’ motivation and expertise were linked more closely to issues of quality.

f) ***Development of sustainable food hubs***

A consistent message from catering managers was the benefit of having a single source of accredited, assured, sustainable food supplies. This might mean a more diverse supply base used by large contract foodservice companies, or development of aggregation services such as those by Bank Farm, the leading specialist local food hub in the South East. The project has shown that this approach offers great potential for a step change in the use of sustainable food. This approach was reported as:

- Significantly cheaper, because it lowers both the costs of finding suppliers and the subsequent administration costs, i.e. because there is only one invoice. Having only one delivery also reduces cost and environmental impact;
- Much simpler, because the intermediary can undertake quality assurance procedures, for example Safe and Local Supplier Approval (SALSA, see [www.salsafood.co.uk](http://www.salsafood.co.uk)), which alleviates small suppliers of the need to comply with disproportionately expensive accreditation schemes, and customers from taking responsibility for this process. It also alleviates the primary producer of the need to understand and participate in tendering procedures; and
- More reliable, by having multiple sources for each product, a sustainable food hub can guarantee reliability, which individual producers may not be able to.

However, it was the perception of some contributors that the public sector did not offer sufficient potential on its own to provide sufficient demand for a consolidation hub for sustainable food supplies. For example, the supermarket ASDA is a major customer for Bank Farm (80 lines are supplied to 10 stores in the South East). Nonetheless, hospitals and care homes were seen by suppliers as holding some advantages as customers. One supplier commented that the two most significant factors in the attractiveness of a particular customer is the size of order and its consistency. Hospital order volumes do not vary significantly across the year, so the main limiting factor is only about the size of demand.

***Sharing learning:*** Much of the learning from the project is embodied in people and networks. However, Sustain has made a big effort to share the experiences of project officers and catering managers through bilateral meetings, conferences, and detailed documentation of these events – made available freely on the Sustain website, and well linked to by Sustain’s extensive network of people and organisations interested in promoting healthy and sustainable food. Sustain has also produced a report on case studies, drawing on experience from a participant in the Good Food on the Public Plate project, and also reflecting on good practice in projects elsewhere in the UK and Europe. Commissioning this evaluation also reflects a commitment by Sustain and the project to examine the lessons from the project activities, and to share this learning more widely.

## 5 HOW EMBEDDED IS SUSTAINABLE FOOD?

The evaluation considered what lessons could be learnt about embedding changes from this and similar initiatives, to support long-term sustainability of the food system. Where external support is removed or an enthusiastic catering manager leaves, it is essential that progress is not lost. To this end, we looked for evidence of sustainable food policies and practices becoming embedded into institutional activities in the longer term. The evaluation found no examples of sustainability targets having been introduced as Key Performance Indicators (KPIs), or similar, either for individual catering managers or catering operations. The case of mandatory targets is discussed later, but clearly even the introduction of voluntary targets and/or standards would be an encouraging sign.

Many participants argued that an important way to embed the changes was to ensure sustainability became woven into the catering culture. In particular, training would help engrain attitudes and skills in the whole institution, involving catering, management and procurement staff. Training activities might also help improve staff satisfaction, retention and networking. Many participants said that through staff training, a policy of sustainable food procurement would outlast the influence of individual 'champions' of sustainable food.

Seasonal menus would offer another useful approach, ensuring fresh and sustainable produce at top quality and good prices. Seasonal menus had been adopted by participating institutions in a few cases, with enthusiasm, but this was by no means routine. Conversely, some participants argued that menu consistency throughout the year is valued in hospital catering, especially given the high costs of nutritional analysis. This reduces the scope for varying menus in line with the seasons, especially spontaneously taking advantage of produce gluts, which might otherwise also offer financial savings.

Hospitals with a sustainability strategy and commitment to reducing their environmental impact had a foundation upon which the project could have made a case for healthy and sustainable food to be integral to that commitment. However, most hospitals do not have a sustainability strategy (indeed, project officers stated that they did not know of any hospital with a published sustainability strategy) – and in any case, a strategy does not necessarily translate into practice. In some cases, hospital sustainability strategies had influenced nutrition policy, but this was usually undeveloped or not implemented.

Another means of driving change is to channel pressure from patients and patient groups. Although hospitals do survey patients' attitudes to the meals provided, and some hold focus groups, these generally only ask about overall quality, temperature and how they were served at the bedside. While no catering managers reported previous questions/complaints on issues around local or organic options, inviting patients to respond specifically on aspects of their meals, including what environmental or provenance values underpinned the procurement policy, might elicit more insight. Generally, it was felt that most patients have low expectations (although reportedly they respond with enthusiasm when these expectations are exceeded) and that meals are often the highlight of the day, especially for long-stay patients and care home residents. Indeed, several interviewees thought care home residents may offer greater scope for creating demand, given they have a longer term interest in the improvement of the food they are served. In addition, it was



felt that the practice of involving patients/residents in menu planning might be more effective than asking patients about food already provided.

## **6 LIMITATIONS ON ACHIEVING SUSTAINABLE FOOD**

The project has highlighted two key requirements that need to be tackled before significant changes in procurement can occur. Since these were not readily within the capacity or scope of the project to influence directly, it is clear that future expansion of sustainable sourcing will require additional and/or alternative approaches.

### **NHS Trust and care home culture**

Where catering remains an isolated – even neglected – operation, it was much harder for even enthusiastic catering managers to make progress. For example, in such circumstances there is no encouragement or pressure for procurement colleagues to tackle perceived (and they are only perceived) obstacles in procurement legislation. In contrast, progress is easier if the quality and freshness of the food provided is seen as integral to patients' health, recovery, morale and experience. Hospitals and care homes could learn much from the 'whole institution food approach' championed by the School Food Trust, involving the whole institution's community in food decisions. However, we found that engagement of nutritionists and clinical staff in catering policies and practices was variable, and even where they were involved in menu design this tended to focus on nutritional standards rather than quality or provenance issues. More widely, it was reported that there was little interaction between public health professionals and the catering operation.

A commitment by the Trust to act as part of the local community and economy is also beneficial in providing impetus for catering managers to consider buying locally. One interviewee explained that his Trust saw local residents as "our shareholders" and so it had a duty to contribute to the local community through procurement practices. Another said his hospital recognised that a buoyant local economy contributed towards improving local people's health, and this helped justify his policy of local sourcing. In this context, participants appreciated the assistance of project officers in developing and selling the case for more local and sustainable sourcing to Trust management, as well as highlighting less well-known issues around natural resources, such as marine stewardship. However it must be reinforced that this level of interest and concern was the exception – not the rule; the more typical approach is very much a limitation.

### **In-house control of catering and food standards**

We note that progress on food sustainability was considerably more limited in hospitals where patients' food was brought-in ready prepared. Without an on-site kitchen or central production unit, catering managers had limited influence over the buying practices of large contract caterers (outside the scope of this project), and could only introduce new requirements when contracts were re-tendered. Even where traditional kitchens had been retained, using alternative suppliers took time to broker and, in some cases, meant using more expensive ingredients. Limitations on staff time and budgets available for food purchasing were therefore influential to how much progress had been made because their purchase required the menus and budgets to be reconfigured in order to accommodate them.

Beyond these two factors, the project has highlighted other practical barriers to increasing the purchase and use of sustainable food, as follows:

- a) **Budgets and costs:** Organic food was generally considered by participants to be significantly more expensive, so using organic ingredients required some juggling of budgets. Local sourcing was considered more affordable, and both catering managers and suppliers concluded there was more potential in fresh produce than meat. Local fresh produce could offer advantages of freshness, while still competing on price. Generally, sustainable meat had been more challenging. One catering manager explained how French free-range chicken was 10% cheaper than British, leaving him struggling to justify a change. Another had only been able to find local yogurt at twice his current price. Although not investigated in depth, several interviewees commented on the wide variation in budgets and costs per patient across London (partly due to different accounting methods), with an inevitable impact on the scope for change.
- b) **Capacity and commitment of catering and procurement departments:** The willingness of catering managers and procurement departments to overcome obstacles is highly variable. The latter in particular often cited EU procurement rules as inhibiting what hospitals could achieve. Even where opportunities were available, making full use of these required staff to be skilled, and this highlighted the need for more training.
- c) **Assurance schemes:** Several participants said that complex and expensive assurance scheme requirements deterred smaller suppliers from considering public sector procurement as a viable customer, and purchasers were reluctant to consider suppliers without such accreditation. Accordingly, it will be important that the public sector contributes to the expansion of simpler and affordable schemes such as SALSA (Safe and Local Supplier Approval) and so allow more small suppliers to become accredited – and to put themselves across as being worth investing time and money on in order to supply the NHS and others.
- d) **Contracts and payment arrangements:** The project largely confirmed what was already well understood, that the length and size of contracts, as well as the time-consuming nature of tendering, are not suited to many small suppliers. Some catering managers expressed concerns about possible risks presented by small suppliers' distribution and administration. The length of time it takes to get paid by, for example, the NHS, can also deter smaller suppliers who are more vulnerable to cash-flow delays.
- e) **Private Finance Initiative:** Several participants commented that the PFI approach, especially when undertaken through a design/build/operate contract, created barriers to sustainable procurement. PFI companies might see long-term commercial benefits in designing hospitals without traditional kitchens, and then operating the catering services through low-cost catering suppliers. In these cases, the opportunity for incorporating sustainable approaches to food procurement is likely to be limited, though not impossible – PFIs *can* still incorporate things such as reducing packaging, waste, using sustainable suppliers, and hospital trusts *can* insist that they do this.

## 7 CONCLUSIONS AND RECOMMENDATIONS

Participation in the project and the process of evaluation have helped participants and stakeholders to identify a number of recommendations for future similar projects and other initiatives to increase the purchase and use of healthy and sustainable food in public-sector institutions such as hospitals and care homes.

Some participants argued that the project had achieved close to the limit of the progress possible under the current framework of policies, personnel and budgets. For them, the next step needed to be the type of centrally-driven changes in the framework seen in the education sector, where progress is dictated by targets, incentives and mandatory nutritional standards, backed by enforceable measures, training and, where necessary, additional funding.

Either as part of a mandatory framework or separately, there are a number of further lessons.

**Alignment of motivations:** This project was primarily motivated by the need to increase the use of sustainable food and providing opportunities for local farmers and growers in the south east. While some catering managers were also interested in the environmental aspects of production and distribution, and to a lesser extent contributing to the local economy, they were more motivated by food quality (e.g. freshness) and the benefits of direct contact with producers. Conversely, while some hospital trusts have corporate social responsibility strategies, their primary objective remains the efficient delivery of effective health interventions. Accordingly, aligning sustainable food procurement to achieving better health for patients might provoke greater management interest. However, generating robust evidence for this, especially in the case of short term patients, is likely to be difficult. Furthermore, the beneficial outcomes depend on food processing and cooking methods, as well sourcing.

Some participants saw potential in hospitals promoting healthy eating as part of a wider commitment to patients' and staff's wellbeing. A combination of better hospital catering and patient education prior to discharge would offer particular opportunities for tackling obesity, while also providing support to the 130,000 patients admitted in 2006/07 with a diagnosis of malnutrition<sup>5</sup>. While we noted that few NHS menus currently carry any health or provenance information – or even attractive adjectives - pictures and supplier details could be combined with general advice and explanations to provide a more engaging story while also explaining the health benefits of some options. This approach would help re-enforce the unique selling points of small, local, direct suppliers.

**Increasing demand:** There is scope for further increasing the demand for sustainable food. As the profile of the Good Food on the Public Plate project increased, more catering managers were contacting the project officers seeking assistance. However, project officers underlined a very significant challenge is in convincing unenthusiastic, unengaged or uninformed catering managers and institutions to change their practices – to have real

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<sup>5</sup> See footnote 2

impact it was recognised that it was not only the enthusiastic ones that needed engaging in some way – especially those who had not identified health or sustainability as important. Achieving change may require pressure and support from senior management in NHS Trusts and care homes (in turn dependent on external influences such as public opinion and government policy), clinical staff and dieticians. It is important that staff and patients are also heard, and given the opportunity to be heard, e.g. via focus groups, demonstrating their enthusiasm for more training and sustainable food – this will help influence those at the top. As discussed above, linking hospital food to the wider problem of obesity and malnutrition may offer leverage in the debate over hospital priorities.

**Facilitating supply:** The project focused on creating demand for sustainable food, rather than sourcing it. This function was mainly (though not entirely) left to the expertise of South East Food Group Partnership – SEFGP working in co-operation with Sustain on the supply side, while Sustain worked on the demand side. Nonetheless, a few comments from participants should be recorded here:

- Development of sustainable supply chains for the public sector requires clear, substantial and sustained demand. Without the confidence that this commitment will continue, individual suppliers, specialist sustainable food hubs and larger food-service contractors will not be able to justify the investment required.
- Food producers and sustainable food hubs need external assistance to understand the extent and nature of demand and tendering procedures.
- Requirements of one part of the public sector on its own is unlikely to represent sufficient demand to justify large-scale investment in sustainable food hubs. A coordinated approach across the public sector and with others would be beneficial.
- Consolidation hubs, rather than a plethora of individual, direct suppliers, are seen as preferable in terms of budgets, paperwork, logistics and environmental benefits.
- All catering managers wanted to see the NHS Supply Chain service offering more sustainable sources on the nominated suppliers list, since this would significantly reduce effort required by catering managers. Even more powerful might be to require larger foodservice companies to offer local and organic options within their own catalogue of products as a qualification for nominated supplier status. Some interviewees felt these companies would not voluntarily offer such options unless there was also significant demand from the private sector customers, so the public sector needed to insist on them being offered. This approach also offers scope for auditing procurement, providing volume data of purchases from sources designated and verified as sustainable.
- Finally, one catering manager wanted more specialist trade events, reporting that those targeting (largely) private catering operations were not sufficiently tailored to the requirements of the NHS, or indeed other public sector institutions.

**Training:** Even where hospitals retain traditional kitchens, recruiting, training and retaining skilled staff was cited as a significant barrier to ensuring that contracts specify sustainable food, and ensuring that staff make the best of fresh, local ingredients. Catering managers argued that the training must be flexible, affordable, convenient, and accordingly not suited to courses normally provided by higher education colleges. The *Good Food Training for London* project is likely to demonstrate that a viable alternative to standard catering training is possible, incorporating health and sustainability considerations. This is being run by the

Greenwich Co-operative Development Agency and Sustain, contracted by the London Development Agency as part of implementation of the Mayoral London Food Strategy. It provides free of charge, flexible training to public sector caterers to help with sustainable food procurement; healthy eating guidance and nutrition standards; preparing and presenting fresh and healthy food; customer care; incorporating seasonality into menus and ordering procedures; waste minimisation; and energy management.

***A diversity of attitudes requires a diversity of responses:*** Feedback on the project reflected the diversity of situations in hospitals and care homes. These stretch across a continuum of the extent and nature of catering managers' motives for increasing sustainable sourcing, as well as the variety of facilities, budgets and size of operation. This means a range of responses and activities is required. For example, it may be necessary to tackle the institution's culture through a rationale (why?) and case studies (what's achievable?). Some may need help on the first practical steps once a commitment has been made, like advising on suppliers; while others will be looking to push the boundaries.

Another recurrent theme from the evaluation was that this project had successfully supported the most enthusiastic catering managers, and helped others to turn good intentions into action. There was also recognition that the project had done a lot of work to help less active participants in making some progress along the road towards sustainable catering. However, to make significant further progress would require sustained commitment because it will need increasingly to focus on those that, at best, have little interest in or few possibilities for improving their procurement habits.

***Geographical clusters rather than vertical projects:*** One catering manager, a participant in the project, is looking at the scope for working with a neighbouring school, care home and hospital to collaborate over menus and suppliers. There are a number of issues to resolve, not least the differing nutritional needs of each customer, and he felt this would need external facilitation. Another participant is considering the possible benefits of setting up a centralised production kitchen to serve several local institutions and provide a large consistent market for sustainable food. An approach based on economies of scale and geography in supplying a variety of neighbouring public sector institutions may offer considerable potential, and could be investigated as a pilot scheme to investigate the possibilities of a sustainable central production unit in London.

***Project scope:*** It was also suggested that future projects might extend to other parts of the public sector, especially if schools are tackled separately. This could include universities, prisons, etc. It could also seek to influence the private sector, including private-sector caterers supplying the public sector, and other food-service providers and their suppliers.

***Need for data standardisation:*** Without a standardised approach to data collection, it is difficult to monitor performance. Food has multiple and often qualitative considerations that may not suit numerical analysis. A comparable and auditable approach should be considered. One catering manager suggested that this approach should focus on the value of food actually consumed, not simply the cost of ingredients/meals provided. This would help expose whether sustainable procurement offers Best Value even though it may not be the cheapest option. However, the data collection needs to be focused and efficient to

reduce its burden, and wherever possible provide information of operational value as well as for auditing.

## **APPENDIX**

### **About f3**

f3 is a Community Interest Company providing specialist research and consultancy services to the local and sustainable food sector in the UK. We have been established for eight years and have completed over 135 projects in the sector. Our work includes market research, feasibility studies and business planning, project and policy evaluation, training for producers and support organisations, strategic planning, and the facilitation of collaborative approaches.

We have a working knowledge of diverse forms of food enterprise throughout the UK, in both the urban and rural context. This includes experience of local distribution schemes, producer collaboration, local marketing, public procurement and consumer-side initiatives such as food co-ops, local markets and community gardens. We have also undertaken strategic research and consultancy for national and regional development agencies, and we have advised over twenty local authorities on the support and infrastructure needs for the development of the local food sector.

### **Evaluation methodology**

The evaluation contract was awarded to f3 after a competitive tendering exercise in January 2008.

The evaluation was undertaken primarily through 14 semi-structured interviews – in person and by telephone. These included current and former project officers and a range of project participants from different organisations and public sector institutions. All interviews were conducted on the basis of anonymity to encourage openness about both the successes and limitations of the project and the individual circumstances within interviewees' organisations. The evaluation team also attended the final project working group meeting, which included a discussion on assessing the outcomes and lessons from the project. In addition, internal project documents and reports were reviewed.

### **Sustain staff**

The project officers at the beginning of the project were Emma Hockridge and Mat Castle, Emma left Sustain in July 2007 to work on sustainable food issues at a Sustain member organisation, the Soil Association. She continued to contribute to discussions on policy and practice as part of the project's Replication Group. Mat left the project in March 2007. Rosie Blackburn replaced Emma, from a background in promoting local produce in the southeast; and Maresa Bossano replaced Mat, from a background in promoting healthy eating and food access in the Sussex region. Whilst the gap in-between leaving and replacement was kept to a minimum and every effort was taken to minimise the effect of the changes there may have been some temporary impact on the project.