

Food in the Public Sector

METHODS	ACTIONS
PUBLIC PROCUREMENT	Protection of budgets for public sector catering from inflation costs, costs for going local and costs of crop losses
	Catering budgets should be inflation protected and include insurance for price increases i.e. poor crop etc.
	Need to redress the balance between priority given to food and health in Scotland and funding/resources given to public sector catering
	Review of procurement in all public sector areas eg NHS, Local Authorities, education
	Scottish Government to draw on existing examples of good practice and produce guidelines/toolkits for local authorities on procurement
	Sharing knowledge especially on evaluation of procurement
	Public procurement take on Food For Life targets: 75% fresh, prepared on site – need school kitchens, 50% local – sourced from local community, 30% organic – cuts down dietary pollution, helps environment examples – East Ayrshire, Highland
	Incentives to produce more local, reduce food miles, reduce carbon footprint. Built into future contracts too
	More nutrition knowledge and support within the procurement process
	A national database of nutritionally analysed recipes – sharing across sectors
	Skills for life – operational training. High level of commitment
	Operational staff should advise on what works
	National food/ Nutrition standards for the public sector
	Local authority education departments should consider how they can give greater priority to promoting healthy eating at school
	Incentives, training and support to help implementation of actions within a food policy
	Joined up thinking in partnership: LA; NHS; prisons and universities
	Food production for the public sector eg cook/chill - cook/freeze, needs developing in Scotland
HOSPITALS	Every hospital should include a food production kitchen wherever possible
	Increased funding for patient meals per day should be more than the current minimum spend
	Food is a basic human right. Every patient should receive high quality, nutritional care

	NHS Board level commitment and implementation of the QIS Food , fluid and nutritional care in hospitals
	Review NHS procurement
SOCIAL MARKETING	Promote the introduction of protected meal times
	Ban the word 'healthy', instead focus on 'balanced, nutritious, Scottish, tasty'
	Reduce the barriers/constraints to people eating a healthy, nutritious diet. Knowledge is high; how do we shift behaviour? Sharing best practice

Please note that the text in bold are the prioritised actions.

1. Is the vision or 'direction of travel' correct?

Generally, the group felt that the vision was moving in the right direction. Hence agreement with the overall arching aims but concern about the challenges of conflicts.

Issues were raised regarding whether national policies were at odds with the local priorities and actions and the need to bridge these differences. Another conflict discussed was the specific point of hospital fruit stalls having issues in PFI hospitals.

The vision of every hospital and school having a production kitchen with properly qualified staff was proposed in one of the groups.

The group also felt that local produce may not always be best or most accessible in terms of cost. Crops failures can lead to not enough supply for demand.

Procurement was also an issue with too many people on board and so finances are stretched. There is also not enough flexibility. Nutritional knowledge and expertise of procurement staff was an issue discussed.

Scotland is also not seen as behind England and is setting its own examples in other areas. Need to look at other countries that are far ahead of Scotland rather than England.

2. Do you agree with the proposed actions in the discussion document?

The group had issues with the fact that Scotland lacks buying power. We export too much to sustain what we have and the public sector cannot compete with the big supermarkets in terms of volume, price and delivery points (in that there are too many). There were discussions that the NHS and prisons can not afford to buy Scottish produce with beef being quoted as an example. Suppliers cannot always keep up with demand e.g. East Lothian. There were some discussions of a nationally funded database of nutritionally analysed standard recipes and the need of a linked dietary analysis package.

Not all schools are on a level playing field and it was felt that some mechanism needs to be introduced to ensure that all head teachers make healthy eating a priority. A greater involvement of the school children may also help.

The group also felt that the policy needed adding to and making more consistent regarding the information on actions to be taken. More incentives are needed ie back up and support to ensure that national standards specifications are across the whole public sector, including staff. More training is needed for all caterers in health and nutrition.

3. How do we get there/ how do we do this?

There is a need for guidance on how to implement targets perhaps through the setting up of databases by operational people working together, this could also offer ideas of best practice.

Joined-up thinking is also needed, with national statements of intent and local actions striving for the same thing. A review of NHS procurement and talking to Local Authorities would help with this.

More money is needed to raise the profile of healthy eating and the Government's commitment to this. The barriers that stop people from eating healthier foods and making informed choices need to be addressed. Not using funding from unhealthy food retailers such as McDonalds, Walkers Crisps would set a good example from the top.

Knowledge of healthy food is improving especially with children but this now needs to be put into practice.