

Public Procurement NHS

Ian Stenton, Head of Sustainability



LUH

- Large teaching trust with four hospitals
- Annual budget over £880m
- Employ over 13,000 staff
- Formed in October 2019
- Royal Liverpool & Broadgreen Hospitals
- Aintree Hospital







The Hospital Food Standards Panel's report on standards for food and drink in NHS hospitals

An independent group established by the Department of Health and led by Dianne Jeffrey, chairman of Age UK

August 2014

Case Study Royal Liverpool University Hospital and the 10 Key Characteristics

Royal Liverpool University Hospital recognised that not every group of patients can be accommodated by routine meals times. Working with patients, they devised a call order service so that patients who were unable to eat at mealtimes could get food when they felt like it. The key to their success was the engagement of all disciplines and the involvement of patients. Patients responded positively and were much happier. Nursing staff reported improved patient satisfaction. The hospital applies different offers for different patient groups, with trials in gerontology and surgical wards.



RLH's Patient Meal Experience Group

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/523049/Hospital_Food_Panel_May_2016.pdf
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/586490/HFSP_Report.pdf



Food & Drink Strategy

- Panel's report states it should include:
 - Nutritious food for patients
 - Healthier food for staff and visitors
 - Sustainable food for all





Food Standards Requirements

- NHS Standard Contract
 - SC19 Food Standards
 - Must develop and maintain a food and drink strategy in accordance with the Hospital Food Standards Report
 - Must have regard to Food Standards Guidance
 - When procuring, must include terms to provide healthy eating and drinking options and to adopt the Government Buying Standards



Vending Reviews

- Support from HEG
- Worked with partners
- Looked at alternatives:
 - Healthy vending
 - Fresh salads
 - Patient meals



A Report on the Hospital Vending Across Four Hospital Sites in Merseyside

Prepared by Vanessa Martin Final Year Bsc Human Nutrition Student Liverpool John Moores University

Nicola Calder and Sylvia Cheater Food and Nutrition Programme (HEG)

On behalf of The Health Equalities Group

March 2015



Liverpool University Hospitals

NHS Foundation Trust



Obesogenic Hospitals: The Nutritional Value of Food and Beverage Options in Hospital Vending Machines
Miss Aamna Malik [Medical Student], Dr Scott W Murray MB ChB, BSc, MRCP, MD [Consultant Cardiologist]
University of Liverpool; Department of Cardiology, Royal Liverpool University Hospital, Liverpool, UK



Background

Obesity and Diabetes are rapidly growing pandemics, costing the NHS in excess of £5 billion per year. 1,2 It is increasingly recognized that the environment, more than consumer awareness and health-consciousness, significantly affects individuals' diet and health choices. 3

Vending machines are a convenient and accessible source of food and drink for patients, staff and visitors.⁴ The presence of unhealthy options in this setting may facilitate excess energy intake through "bad calories" and aid weight gain, preventing hospitals from truly promoting healthy lifestyle changes and contradicting clinical recommendations/CQUINS.

Objectives

- To evaluate the nutritional value of food and drink options available in a hospital vending machines.
- To determine the availability of products high in fat, saturated fat, sugar and salt (HFSS) in comparison to water and healthy options.

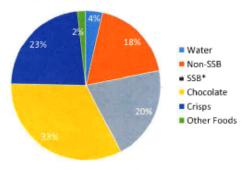
Methodology

Data was sourced from Selecta vendor for products sold in fifteen vending machines across the Royal Liverpool University Hospital site during January – May 2016. Nutritional content of products was determined via company website searches and subsequently assessed against NHS daily recommendations.

Results

111 different products types and 31,143 individual items were processed/sold by Selecta. Unhealthy items made up the majority of products (75.8%). Healthy options including fruit, vegetables, salads, sandwiches and nuts were unavailable. Water contributed to only 4% of the drink products sold compared with SSB and non-SSB contributing 43%

Figure 1. Breakdown of Products Sold



*Sugar-Sweetened Beverage

Table 1. Total Nutritional Value of All Products Sold

Total	Average	Average RDI*
auchon)		and the same of
716,860	23.0g	8.9%
532,368	17.1g	19%
194,285	6.2g	8.9%
144,903	4.7	23.3%
46,497	1.5	3.0%
5,339	0.2	2.9%
4,941,287	159.0	7.9%
497,445	16.0	53.2%
	716,860 532,368 194,285 144,903 46,497 5,339 4,941,287	716,860 23.0g 532,368 17.1g 194,285 6.2g 144,903 4.7 46,497 1.5 5,339 0.2 4,941,287 159.0

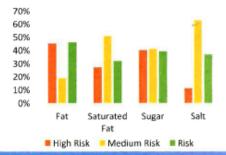
^{*}Recommended Daily Intake %

of items.

Based on the traffic light food label system, 57.6% of items scored red (unhealthy) and 20% yellow in at least one category. Only 22.4% scored four green labels. Interestingly, SSBs scored green labels for sugar content based on NHS guidelines (22.5/100g). Foods other than

Chocolate, Crisps and processed drinks made up only 6%

Figure 2. Percentage of High/Medium/Low Risk Labels



Conclusion

Vending machines provide convenient access to highly processed, sugar laden snacks. These are insulinogenic and facilitate obesity.⁵ This pandemic must be addressed urgently and aggressively by directly changing the environment in a fashion similar to the highly successful UK Salt Reduction Strategy.⁶ These changes can be initiated in hospitals through the Commissioning for Quality and Innovation (CQUIN) system. Successful changes will provide considerable improvements in public health health costs to the NHS.

References

- 1. WHO. Controlling the global obesity epidemic.
- http://www.who.int/nutrition/topics/obesity/en/ (accessed 21 Oct 2016).
- 2. HM Government (2016) Childhood Obesity: A Plan for Action.
- http://tinyurl.com/h4pawkv
- Shelley JJ. Addressing the policy cacephony does not require more evidence: an argument for reframing obesity as caloric over-consumption. BMC Public Health 2012; 1042.
- Lawrence S, Boyle M, Craypo L. The Food and Beverage Vending Environment in Health Care Facilities Participating in the Healthy Eating, Active Communities Program. Pediatrics 2009; 123: 5287.
- 5. Fat; The New Health Paradigm Credit Suisse 2015
- Moran A, Krepp EM, Curtis CJ, Lederer A. An intervention to increase availability of healthy foods and beverages in New York City hospitals: the healthy hospital food initiative, 2010-2014. Prov Chronic Dis. 2016; 13: 77.



Healthy Food CQUIN 16-17

- Ban price promotions
- Ban advertisements
- Ban from checkouts
- Ensure healthy options available









Healthy Food CQUIN 18-19

- Signed up to national SSB reduction scheme
- 80% of confectionery and sweets do not exceed 250kcal

 At least 75% of pre-packed sandwiches and prepacked savoury snacks contain less than 400kcal and 5g saturated fat per 100g







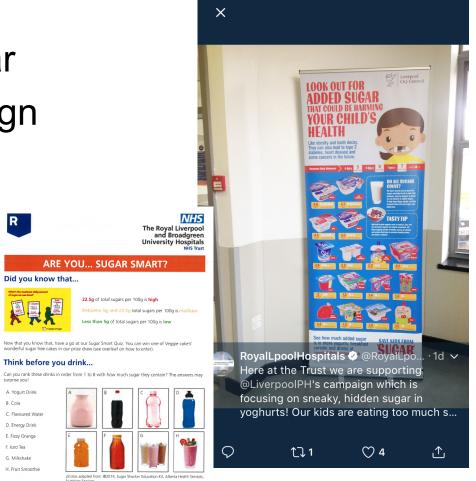
NICE Quality Standards

Statement	Outcomes and Evidence
Adults using vending machines in local authority and NHS venues can buy healthy food and drink options	A review of the changes to vending offer will be undertaken and we expect that there will be an increase in, and promotion of, healthy food and drink options. The contrcator will provide a report of the changes they have implemented.
Adults see details of nutritional information on menus at local authority and NHS venues	There will be a commitment from onsite meal retailers to provide nutritional information on menus. Evidence will be provided from audits.
Adults see healthy food and drink choices displayed prominently in local authority and NHS venues	There will be a commitment from onsite retailers to reduce promotion of unhealthy snacks and actively promote healthy options. Evidence will be provided from audits (note: CQUIN includes commitments from retailers. Audits can still take place, as part of NICE and CQUIN).



Sugar Reduction

- Save Kids from Sugar
- Liverpool PH campaign
 - Cereals
 - Drinks
 - Yoghurts







Sugar Trial

- RVS sites
- Highlight high sugar
- 7% reduction
- No loss in sales







Catering Contract

- Government Balanced Scorecard
- Liverpool Healthcare Commissioner's Social Value Strategy
- Soil Association Food for Life









ECONOMIC WELLBEING GOALS

Improve health outcomes for adults and children by reducing poor health associated with low income

- 1. Support employment to reduce experiences of poverty and hardship.
- 2. Support a Living Wage and moves towards this to reduce low incomes.
- Support good working conditions to relieve health problems associated with employment.
- 4. Support education, skills and training as a means to improve health outcomes and resilience as well as health literacy and participation.

SOCIAL WELLBEING GOALS

Improve health outcomes by creating an enabling society that maximises individual and community potential, reducing poor health associated with social context

- Reduce social isolation and associated health risks by including social contact as a valued outcome.
- Support development of social capital in order to foster healthy communities in which participation is widespread.

ENVIRONMENTAL WELLBEING GOALS

Improve health outcomes through approaches which reduce health inequalities and mitigate climate change, creating healthy places and communities now and for the future

- Increase active travel (walking and cycling) in order to increase physical activity, reduce travel emissions related respiratory illness and carbon emissions.
- 2. Reduce carbon emissions in order to mitigate against **climate change** and its negative consequences for health and health inequalities.
- 3. Minimise use of hazardous substances in order to protect health.



		Award Question						
Production	Mandatory Criteria	Satisfactory = 0 Good = 1	Very Good = 2	Excellent = 3				
Supply Chain Management	n/a							
Animal Welfare								
 Environment 								
Variety & Seasonality		n/a	n/a	n/a				
		Award Question						
Health & Wellbeing	Mandatory Criteria	Satisfactory = 0 Good = 1						
Nutrition								
 Food Safety & Hygiene 								
Authenticity & Traceability								
		Award Question						
Resource Efficiency	Mandatory Criteria	Satisfactory = 0 Good = 1	Very Good = 2	Excellent = 3				
Energy Management								
 Water 								
Waste								
		Award Question						
Socio-Economic	Mandatory Criteria	Satisfactory = 0 Good = 1	Very Good = 2	Excellent = 3				
Fair & Ethical Trade								
 Equality & Diversity 		n/a	n/a	n/a				
 Inclusion of SMEs 	n/a							
 Local & Cultural Engagement 	n/a							
 Employment & Skills 	n/a							
		Award Question						
Quality of Service	Mandatory Criteria	Satisfactory = 0 Good = 1	Very Good = 2	Excellent = 3				
 Food Quality 								
Customer Satisfaction	n/a							
Total	/12	/15	/30	/45				
Overall Total	/12	/45 (max - sc	ore only highest award qu	estion rating)				



		Assurance schemes									Combine schemes		
		BRC Global	SALSA	British Lion Mark Eggs	Red Tractor	Red Tractor Meat, poultry & dairy	Freedom Food	LEAF	Organic Food	Rainforest Alliance	Fairtrade	MSC Fish	FFLCM Assures Caterers
Production													
1.2 Animal Welfare	MC	-		V		✓	✓		✓				√
	AC ²			✓		✓	✓		✓				√
1.3 Environment	MC	-		✓	✓	✓		✓	✓	✓	✓	✓	√ ·
	AC ²			✓	✓	✓		✓	✓	✓	✓	✓	√
Health & Wellbeing													
2.2 Food Safety & Hygiene	MC	✓	✓	✓	✓	✓		✓*	✓	-	-	-	9'
	AC	✓	✓	✓	✓	✓			✓				√
2.3 Authenticity	MC	✓	✓	✓	✓	✓		✓	✓	-	-	✓	√
	AC	✓	✓	✓	✓	✓		✓	✓				√
2.3 Traceability	MC	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	√
	AC	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	V
Social & Economic Val	ue												
4.1 Fair & Ethical Trade	MC	-	-	-	-	-	✓	-	-	✓	✓	-	•
	AC						✓			✓			√
4.2 Equality & Diversity	MC	-	-	-	-	-	-	-	-	-	✓	-	
	AC										✓		
4.3 Inclusion of SMEs	MC	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	V
	AC												√

MC Mandatory Criteria

AC Award Criteria

✓ Satisfies Criteria³

Partially satisfies criteria, or satisfies with some caveats

Not in scope of scheme

N/A Not available

Makes use of some features that are provided by other schemes

1 For clarity we have expanded this section of the Scorecard to recognise that Authenticity and Traceability are different and may be mutually exclusive.

- Authenticity the scorecard requires schemes to help with ensuring authenticity to avoid the food fraud issues that came to light in 2013
- Traceability should involve independently audited chain of custody schemes.

2 Award Criteria in this section is based on volumes. It is up to each individual caterer/procurer to weight the relevance of volumes to each contract/catering operation.

³The score card assumes that product comes from suppliers certified against schemes that are marked ✓ schemes with ✓ will add less value to the score card.

*Food safety and hygiene is delivered by Red Tractor







What makes the NHS an anchor institution?

NHS organisations are rooted in their communities. Through its size and scale, the NHS can positively contribute to local areas in many ways beyond providing health care. The NHS can make a difference to local people by:





Working more closely with local partners

The NHS can learn from others, spread good ideas and model civic responsibility.



to support communities The NHS occupies 8,253 sites across England on 6,500 hectares of land.



Purchasing more locally and for social benefit In England alone, the NHS

spends £27bn every year on goods and services.



Widening access to quality work

The NHS is the UK's biggest employer, with 1.5 million staff.

Reducing its environmental impact

The NHS is responsible for 40% of the public sector's carbon footprint.

As an anchor institution, the NHS influences the health and wellbeing of communities simply by being there. But by choosing to invest in and work with others locally and responsibly, the NHS can have an even greater impact on the wider factors that make us healthy.



References available at www.health.org.uk/anchor-institutions © 2019 The Health Foundation.

https://www.health.org.uk/publications/reports/buildinghealthier-communities-role-of-nhs-as-anchor-institution



SUSTAINABLE GENALS







