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Working with communities to improve the quality of life for all in Argyll and Bute

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4 November 2013

A meeting of the **BUTE AND COWAL COMMUNITY PLANNING GROUP** will be held in the **EAGLESHAM HOUSE, MOUNTPLEASANT ROAD, ROTHESAY** on **TUESDAY, 3 DECEMBER 2013** at **2:00 PM**.

AGENDA

1. APOLOGIES

2. DECLARATIONS OF INTEREST

3. MINUTES

Bute and Cowal Community Planning Group – 3 September 2013 (Pages 1 - 6)

4. PARTNERSHIP UPDATES

(a) POLICE SCOTLAND

(b) SCOTTISH FIRE AND RESCUE

(c) SCOTTISH WATER

(d) NHS HIGHLAND

- Food and Health
- Mental Health and Wellbeing

Reports by Alison McGrory (Pages 7 - 28)

(e) ARGYLL VOLUNTARY ACTION

- Befrienders for Children

(f) SCOTTISH NATURAL HERITAGE

- Establishment of Argyll and the Isles Coast and Countryside Trust (AICCT)

Report by Julie Young, Development Officer (Pages 29 - 32)

5. **ISSUES RAISED BY THIRD SECTOR PARTNERSHIPS**
6. **ISSUES RAISED BY COMMUNITY COUNCILS**
 - Fly Tipping
 - Public Toilets
 - Parking Clocks and progress on the decriminalisation of parking in Argyll and Bute
 - Schools Reports and Catchment Areas
 - Dog Fouling
7. **COMMUNITY SAFETY HIGHLIGHT/EXCEPTIONS REPORT**
Report by Area Governance Officer (to follow)
8. **PRIMARY SCHOOL STANDARDS AND QUALITY REPORT**
Report by Quality Improvement Officer (to follow)
9. **SOA PROGRESS REPORT**
Report by Head of Improvement and HR (to follow)
10. **COMMUNITY PLANNING CONSULTATION EVENTS**
Report by Social Economy Development Officer (to follow)

BUTE AND COWAL COMMUNITY PLANNING GROUP

Councillor Robert Macintyre (Chair) Councillor Bruce Marshall (Vice Chair)

Contact: Danielle Finlay, Area Governance Assistant – 01631 567945

**MINUTES of MEETING of BUTE AND COWAL COMMUNITY PLANNING GROUP held in the
CASTLE HOUSE, CASTLE GARDENS, DUNOON
on TUESDAY, 3 SEPTEMBER 2013**

Present: Councillor Gordon Blair (Chair)

Councillor Michael Breslin
Councillor Bruce Marshall
Shirley MacLeod, Argyll and Bute Council
Liz Marion, Argyll and Bute Council
Morag Brown, Argyll and Bute Council
Eileen Wilson, Argyll and Bute Council
Paul Robertson, Police Scotland
Eddie Renfrew, Scottish Fire and Rescue
Iona MacPhail, ACHA
Laura Stephenson, Argyll and Bute CHP
Alistair McLaren, Argyll Voluntary Action
Cathy Proctor, Cowal Dog Training Club
Alison McCrossan, Scottish Health Council
Max Barr, Dunoon Community Council
Iain MacNaughton, Sandbank Community Council
Sue Minns, Kilmun Community Council & Caucus
Eleanor Stevenson, South Cowal Community Council and Caucus
Dennis Gower, Ardentinn Community Council

1. APOLOGIES

Apologies were received from Viv Hamilton, NHS Highland and Chief Inspector Gary Stitt, Police Scotland.

2. DECLARATIONS OF INTEREST

None.

3. MINUTES

The Minutes of the previous meeting of 4th June 2013 were approved as a correct record.

4. PRESENTATION BY ACHA

Iona MacPhail from ACHA gave a presentation to the group and updated everyone on recent issues.

She advised that Argyll Homes for All is now up and running and they have a team in both in Bute and in Cowal.

She updated the group on the Affordable Housing Scheme which costs from £54.82 a week for a flat to £91.43 a week for a house. This scheme gives tenants control of the housing stock and bring significant investment into the area.

She informed the group that there is now only 2% of homeless applicants

in Rothesay and this is due to there being enough accommodation to house people in the area.

She advised that ACHA have received a secure lottery funding award of £300K to provide financial advice to tenants. ACHA have agreed to use this money for welfare rights advice services including assistance at tribunals and appeals.

She was also delighted to advise the group of the new rent payment methods which was introduced in 2011. This provides additional ways for tenants to pay their rent with extended hours and there was £3M taken in the last year.

Decision

The Group noted the information provided.

(Ref: Presentation by Iona MacPhail dated 3rd September 2013, submitted).

5. PAPER ON SEXUAL HEALTH

Laura Stephenson from Argyll & Bute CHP spoke to the Group on the need to promote sexual health and wellbeing at local, regional and national levels. She advised the group on the Scottish Government's Sexual Health and Blood Borne (BBV) Framework 2011-2015 and how it identifies that Sexual Health Strategy Groups should have strong links with BBV Managed Clinical Networks, Alcohol and Drug Partnerships and Community Health Partnerships.

Outcome

The Group:-

- i. Noted the information provided;
- ii. Agreed to contact the Executive Director of Community Services to seek his support for promoting this in schools to address issues raised;
- iii. Agreed to discuss this at the Community Safety Forums to support and deliver local awareness raising ; and
- iv. Agreed to consider how the points in the paper might be incorporated into the proposed locality community engagement events.

(Ref: Report by Laura Stephenson, Argyll and Bute CHP dated 3rd September 2013, submitted).

6. PARTNER UPDATES

(a) POLICE SCOTLAND

Paul Robertson from Police Scotland gave an update on Anti-Social Behaviour and related offences. He advised that the figures had gone down back in June and was pleased to inform the group that

they had managed to sustain this. He also advised that there was good work being achieved in the Anti-Social Behaviour Sub Group.

He informed the Group that they were delighted with Cowal Games at the weekend as the event ran smoothly, was busier than last year, and in total they only had 13 arrests for the whole weekend where 5 were kept in custody. The offences were mainly alcohol related and 24 fixed penalties were also handed out over the weekend.

He advised that the National Campaign for doorstep crime is taking place between 9-27th September and that the Police will be working operationally with partners.

He also advised that Police Scotland will be inspecting local work sites over the next few weeks for criminal detections and will be linking in with banks, post offices etc for unusual withdrawals.

(b) **SCOTTISH FIRE AND RESCUE**

Eddie Renfrew from Scottish Fire and Rescue updated the Group on the sheltered housing accommodation. He advised that there has recently been 2 more fires in the premises and false alarms and they would like to revisit this situation again.

He updated the group on the recent home fire safety visits that have take place since 1st April – 31st August and there have been 33 in Bute, 65 in Cowal and they have had 15 referrals from Social Work, along with 7 development House fires in Cowal and 5 in Bute.

He informed the Group on a recent accident which took place along the Strachur road where someone had gone off the road and down an embankment and spent 3 nights there before they were seen, and advised that lone drivers should always carry a mobile phone to call for help if needed.

He advised that they are currently looking for part time fire fighters in the rural areas such as Tighnabruaich and are looking to promote for new recruits over the next few weeks.

(c) **SCOTTISH WATER**

There was no one present from Scottish Water so this item will continue to the December meeting.

(d) **NHS HIGHLAND**

There was no one present from NHS Highland so this item will continue to the December meeting.

(e) **ARGYLL VOLUNTARY ACTION**

Alistair McLaren from Argyll Voluntary Action advised the group that they are currently looking for training volunteers in the Dunoon and Cowal area.

He also advised that they are holding internet and social media training for the elderly so they can keep in touch with their

families/friends.

Cowal Dog Training Club

Cathy Proctor from Cowal Dog Training Club updated the group on the dog club and asked if the club could be promoted on the Council website. Morag Brown, the Council's Business Improvement Manager agreed to take this forward. Iona MacPhail from ACHA also agreed to support and publicise the club.

Cathy advised the group that they are currently based in Cowal Community Centre and have run continuously since 1985. They are also a registered Scottish Charity.

She further advised that their lease is for another 2-3 years so they cannot apply for any grant funding and this is putting a strain on the club as they pay £120 a month insurance which is going up each month due to their claims, and every penny they receive is going towards maintenance charges and the workers don't get paid.

She told the group that they have an annual dog show and workshops

Decision

The Group agreed that the Councillors would look into building repairs for the dog club building with Legal Services and agreed to put this on the agenda for the November Business Day.

7. ISSUES RAISED BY THIRD SECTOR PARTNERSHIPS

There were no more issues raised by Third Sector Partnerships.

8. ISSUES RAISED BY COMMUNITY COUNCILS

Police Mobile Office

Sue Minns from Kilmun Community Council raised an issue with Paul Robertson from Police Scotland regarding the Police mobile office.

She advised that no one had seen the police mobile office recently and asked if it had been in the area.

Paul advised that it may be getting moved to the post office and asked that the Community Councils email him with their 3 preferable locations and he would take that it on board.

Public Entertainment Licences

Iain MacNaughton from Sandbank Community Council asked for confirmation on the Council agreeing this and the Area Governance Manager confirmed it was agreed at the Council on 30th June.

Update on Parking Clocks

Councillor Marshall advised that this matter is still ongoing.

Dog Fouling

The group had a discussion on dog fouling in the area and Iain MacNaughton expressed his concern on it still being a huge problem. Paul Robertson from Police Scotland advised that there has been a CCTV camera put in certain places in Bute and Cowal which have had high concerns of dog fouling and he feels it has been reduced since this has been put in place.

Data Protection

There has been no follow up on data protection.

School Catchment Areas – North Bute and Kilmun

Morag Brown advised the group that the Council will progress this matter as part of the overall plan in response to the findings of the Commission on the Delivery of Rural Education. Cllr Breslin agreed to forward to Morag the specifics of the situation in regards North Bute Primary as there was no representative present from Bute Community Council to provide her with that detail.

Community Council Representation on the Cowal Community Safety Forum

Sue Minns raised an issue about receiving cold calling information from the previous meeting in June of the Cowal Community Safety Forum.

The Area Governance Manager agreed to look into this.

Community Council Review

The Area Governance Manager advised that the Community Council Elections are taking place on 31st October 2013.

Councillor Marshall informed the group he was impressed with the way Community Councils had been inputting into the Community Planning Group.

9. COMMUNITY SAFETY HIGHLIGHT/EXCEPTIONS REPORT

A report updating the group about the items discussed at the most recent meetings of the Bute and Cowal Community Safety Forums was considered.

Decision

The Group noted the work undertaken.

(Ref: Report by Area Governance Officer dated 2nd August 2013, submitted).

10. STREETSCENE SERVICE REVIEW IMPLEMENTATION

Given recent political decisions the detail of the proposals for each area has not yet been finalised to a point where effective consultation can take place, and discussion of the item is therefore postponed to a future date.

11. PROPOSED AREA FORUMS

A report considering the decision by the Community Planning Group on 22nd August 2012 to hold four Area Forum events to enable consultation and feedback on the SOA 2013-23, was considered.

Decision

The Group:-

- i. Agreed to encourage participation in the consultation process as detailed in the report;
- ii. Agreed that the Area CPG steering group established to consider and plan the Area Forum event is delegated to further consider the format of the event(s) and appropriate questions for the area;
- iii. Agreed that the Area CPG steering group identify partners to facilitate and record at workshop/discussion groups and agree dates; and
- iv. Agreed that the Area CPG steering group consider ways of processing ideas that come forward from the event to ensure people feel they have been able to actively contribute to community planning.

(Ref: Report by Community Development Officer dated 6th August 2013, submitted).

CATERING – FOR ALL IT'S WORTH**1 SUMMARY**

1.1 "Recipe for Success – Scotland's Food and Drink Policy" (2009) has been credited with bringing together health, economic and sustainability agendas for the first time. This policy framework prioritises the need to support individuals to make healthy sustainable choices, and understand more about the food they eat. It sets out the vision for Scotland's public sector to act as an exemplar for sustainable food procurement to generate sustainable economic growth.

The Scottish Government's procurement guidance document "Catering for Change" (2011) calls for public sector bodies to adopt a holistic approach, taking account of health, economic and environmental benefits when awarding food and catering service contracts and specifically calls for the adoption of sustainable food procurement as a corporate objective for all public sector organisations. This policy direction will be further strengthened by the Procurement Reform (Scotland) Bill and Community Empowerment and Renewal Bill..

1.2 The introduction of Cook Freeze into 4 NHS Highland hospitals in Argyll and Bute has raised a number of issues about the current approach towards hospital food procurement. This response to catering needs does little to maximise health, economic and sustainability benefits for Argyll and Bute, moving value well outside the Argyll and Bute economy. It acts against key messages of the health promotion agenda, which promotes a cultural shift in the way we eat – to healthy, more nutritious meals which are locally sourced and freshly prepared.

1.3 The 'Argyll and Bute – Catering - For All it's Worth' report has been produced by the Argyll and Bute Food and Health Working Group. The report reviews local and national policies relevant to the provision of hospital catering (and public sector food procurement in general) and looks at best practice from Nottingham University Hospital Trust, the Cornwall Food Programme and East Ayrshire Council and finds that the introduction of a sustainable food procurement approach within Argyll and Bute could deliver far reaching benefits:

- Maximise nutritional benefit of food served – potentially increasing uptake through improved palatability
- Promoting healthy eating and healthy choices to reduce cost of obesity and overweight
- Grow and add value to the food and drink industry in Argyll and Bute, and Scotland
- Multipliers on social and economic value of every pound spent within Argyll and Bute
- Retention of skilled workforce within Argyll and Bute
- The promotion of a sustainable food and drink supply chain that adds value across all its key components, primary producers to processors
- Increased food security
- Increased sustainability of agricultural sector
- Reduction in waste, carbon emissions and food miles associated with procurement

2. RECOMMENDATIONS

That the Area Community Planning Group are asked to endorse the following recommendations be put to the CPP:

- 1) Request to NHS Highland that no further roll out of Cook Freeze be planned until an evaluation of existing services and patient impact and uptake, is undertaken.
- 2) To request to NHS Highland that all future tendering of hospital catering services (prioritising the mid Argyll Cook Freeze contracts) follow the principles of sustainable procurement.
- 3) Adopt the principle of sustainable food procurement as a strategic objective of the partnership.
- 4) Facilitate the adoption of the principle of sustainable food procurement within partners'

corporate objectives.

- 5) Give further consideration as to how Argyll and Bute could maximise benefits through a sustainable food procurement approach by establishing a Policy Development group to review best practise and make recommendations.

3. BACKGROUND

3.1 Cook freeze is the method of preparing food by conventional methods then rapidly freezing which allows portions to be stored for a number of months. “Re-energising” (reheating) meals can provide additional flexibility to the health service as it requires fewer, and less skilled staff, less well equipped kitchens and ease of performance monitoring. It has already been introduced to Bute and Cowal hospitals and will be further rolled out to Mid Argyll Community Hospital and the new Mental Health facility in Lochgilphead.

3.2 Sourced through large global food businesses the preparation of the dishes does not maximise the nutrients available within each portion when compared to locally sourced products, freshly prepared. Another real concern with Cook Freeze products is in its taste, texture and presentation - Cook freeze may meet minimum nutritional standards as set out by the NHS, but if it is not palatable, and patients do not wish to eat it, then the nutritional value is further compromised. The introduction of Cook Freeze has not been formally evaluated within Argyll and Bute but there are examples reported of reduced patient satisfaction, reduced uptake of staff meals, reduced quality of food and increased levels of food waste.

3.3 Health Promotion Policy within Scotland is very clear – people should be encouraged to understand where their food comes from, to source fresh, locally produced food, and to cook healthy meals from local produce. Within Argyll and Bute there has been a range of activities undertaken by the NHS to promote these key messages, for example the Rock up in Red Roadshows and Cookery Demonstrations, presented across the area at a number of community events highlighted the quality and benefits of eating healthy fruit and vegetables.

3.4 The Government’s Food and Drink Policy recognises sustainable local procurement of food as being central to ambitious economic targets. The food sector in Argyll and Bute can contribute significant economic benefit to the area – helping to deliver our own Economic Development Action Plan through a sustainable food and drink supply chain that adds value across all its key components, primary producers to processors. There are also significant opportunities for social enterprises within the sector, for example Islay House Community Garden and Bute Produce.

3.5 There are a number of critical sustainability factors which relate to food – issues such as climate change, waste, bio diversity and energy, land and water use. We are advised to eat more locally produced food, grow your own and buy food with less packaging. Public Authorities are asked to become exemplars in the field of local sustainable procurement of food as set out in the ‘Catering for Change’ (2011) Procurement guidance to pursue the following objectives:

Economic	Environmental
<ul style="list-style-type: none"> • Secure value for money • Avoid/Reduce waste • Reduce energy use • Encourage participation by social enterprises and SMEs • Encourage new markets for sustainable foods • Contribute to the well-being of communities • Contribute to sustainable economic growth 	<ul style="list-style-type: none"> • Reduce use and waste of natural resources by adopting cleaner processes and technologies • Reduce energy input • Protect or enhance natural resources and biodiversity • Reduce waste (fertilisers, food & packaging) • Reduce water use • Reduce packaging • Use of recycled materials in packaging

Social	Health
<ul style="list-style-type: none"> • Raise awareness of the benefits of healthy foods • Increasing access to and availability of healthy food • Contribute to food security • Promote training and employment • Promote animal welfare • Recognise the value of good food, and nutrition with significant impacts for health and the environment 	<ul style="list-style-type: none"> • Promote good nutrition and health • Maintain or improve food safety and quality • Guard against negative impacts which may be attributed to high salt, sugar, fat, some preservatives • Positively influence the diets of staff and customers • Contribute to the Scottish Dietary Goals

3.6 The Procurement Reform (Scotland) Bill was introduced to Parliament on 3rd October 2013 with the intention of establishing a legislative framework for sustainable procurement that supports Scotland's economic growth by delivering economic, social and environmental benefits. The Bill proposes that before carrying out a regulated procurement, (a public body should) consider how in conducting the procurement process it can—

(i) improve the economic, social, and environmental wellbeing of the authority's area,

(ii) facilitate the involvement of small and medium enterprises, third sector bodies and supported businesses in the process.

3.7 The Community Planning Partnership has much of the local responsibility and accountability for translating these national policy areas into effective local outcomes, whilst maintaining standards and efficient service delivery. Cook Freeze is a good example of where day to day service delivery has moved operational activities forward outwith the strategic policy context. The area focus, and strategic overview of Community Planning Partnerships are therefore seen as essential to monitor public sector responses to this policy context and ensure opportunities are not missed.

3.8 There are persuasive examples of how sustainable procurement has been delivered, fully compliant with EU procurement requirements. In Cornwall a shift to sustainable hospital procurement has achieved an 85% spend on companies based in Cornwall, 41% of spend on Cornish produce and a 67% cut in food miles. Costs have not increased and patient response has been very positive. In Nottingham University Hospitals NHS Trusts 95% of meat is sourced through a local processor and all milk comes from local dairies. 150,000 food miles have been saved. In East Ayrshire a similar approach to school catering has been evaluated to significantly reduce carbon emissions whilst delivering £3 of economic, social and environmental benefits for every £1 spent.

4 CONCLUSIONS FROM "CATERING – FOR ALL IT'S WORTH"

4.1 Health policy prioritises the need to promote and support a cultural shift to healthier eating. Enshrined within this policy is the message to eat more nutritional foods that are freshly prepared. Significant work is undertaken by the NHS across Scotland to promote this message and the provision of locally grown foods. Cook Freeze as currently supplied into Argyll and Bute contradicts these key messages. Strict standards must be met in the provision of hospital catering, which can be done through a number of different catering models. Concerns have been raised about whether the Cook Freeze model supplies the best nutritional quality available, and whether what it does serve meets other quality factors in terms of taste, that ensures meals are actually consumed.

4.2 National and regional policy with regard to the economic importance of the Food and Drink sector to Scotland is clearly established. 'Recipe for Success' and the forthcoming legislation from the Procurement Scotland (Reform) Bill firmly establish the expectation that public sector procurement has an absolutely vital role to play in sourcing as much local and Scottish produce as possible to maximise benefits to local communities. This economic benefit extends through the whole supply chain – from producers, to suppliers, to caterers as well –

and the creation and retention of skilled workers within Argyll and Bute. Cook Freeze as currently operating adds no value to the Argyll and Bute economy, but actually loses value through the associated shift of resources outwith the area and reduction in skilled jobs.

- 4.3** Environmental policy centres around the reduction in carbon emissions and a zero waste approach. Food miles, food and packing wastage and sustainable procurement all have a role to play in meeting environmental objectives and should be a key consideration along with price and quality in the way that hospital food is sourced. Cook Freeze products sourced through non regional providers increase food miles, carbon emissions and packaging waste. If they are not eaten due to palatability issues then food waste is also increased.
- 4.4** Suppliers of frozen food can meet the clinical and food health standards set out for hospital catering. It is clear however that a cook freeze model sourcing ingredients from a global network, pre prepared and packaged for consumption at a point far from source makes no contribution to the wider health promotion policies, the strategic Food and Drink Policy, nor sustainable procurement as per Scottish Government guidance – all of which are directing the public sector to advocate and source the use of fresh, locally prepared food.
- 4.5** The Scottish Government has specifically directed public bodies to adopt Sustainable Food Procurement as a corporate objective and this will soon become enshrined in legislation through the Procurement Reform (Scotland) Bill. There are many potential benefits for Argyll and Bute in doing so – particularly when seen against the backdrop of the policy changes supported by the Community Empowerment and Renewal Bill.
- 4.6** Good practice from elsewhere within the NHS and public sector estate shows that hospital, and other public sector, catering can be procured in a manner that reduces environmental impact and maximises local economic benefit without it being necessarily more expensive, all whilst meeting strict health based standards. The introduction of a sustainable food procurement approach within Argyll and Bute could deliver far reaching benefits:
- Maximise nutritional benefit of food served – potentially increasing uptake through improved palatability
 - Promoting healthy eating and healthy choices to reduce cost of obesity and overweight
 - Grow and add value to the food and drink industry in Argyll and Bute, and Scotland
 - Multipliers on social and economic value of every pound spent within Argyll and Bute
 - Retention of skilled workforce within Argyll and Bute
 - The promotion of a sustainable food and drink supply chain that adds value across all its key components, primary producers to processors
 - Increased food security
 - Increased sustainability of agricultural sector
 - Reduction in waste, carbon emissions and food miles associated with procurement
- 4.7** Cook Freeze as introduced within Argyll and Bute Hospitals to date has fallen short of policy objectives and is at odds with health, economic and environmental policy. The Community Planning Partnership has a responsibility to ensure that local service delivery mechanisms are delivering not only national and regional policy objectives but are deriving the maximum benefits for communities within Argyll and Bute. It is also best placed to scope the potential of sustainable food procurement for Argyll and Bute and the resources (human, financial and political) required to deliver maximum benefits to our communities.

“Catering - for all it’s Worth”

Argyll and Bute Food and Health Working Group

October 2013

1 BACKGROUND

- 1.1 At the heart of any hospital catering service is the requirement to serve nutritious meals to meet patient needs and aid recovery. The design of catering services must ensure that patient needs are correctly identified, that safe food can be served, “*of defined standards in respect of nutritional quality, balance, palatability and temperature*,”¹. The right balance of nutrients is crucial to aid recovery and as such are an integral part of hospital treatment² but any food served must of course be eaten to be effective – demanding that food served must be appetising and served with encouragement and assistance.
- 1.2 Historically the strategic policy for health services has been pursued independently of other policy areas such as Economic Development and Sustainability. Policies and strategies relating to clinical health, health promotion, and associated services are numerous. In addition in its intention to move Scotland towards a Healthier, Wealthier and Fairer, and Greener Scotland the Scottish Government has begun to move the policy agenda to a more collaborative approach and there are now a number of cross cutting policies which link public health issues, along with environmental sustainability and economic growth.
- 1.3 There is often tension within individual organisations as the demands of day to day delivery often moves the agenda forward more rapidly than strategic policy. The area focus, and strategic overview of Community Planning Partnerships are therefore seen as essential to ensure opportunities are not missed - the Community Planning Partnership has much of the local responsibility and accountability for translating these national policy areas into effective local outcomes, whilst maintaining standards and efficient service delivery.
- 1.4 The introduction of a Cook Freeze model of Catering Services to 4 of the 7 Argyll and Bute NHS Highland Hospitals is a good example of where ease of delivering service demands have superseded national policy direction. This paper attempts to draw together the wider policy context against which any future service design is considered to ensure that health, economic and environmental benefits are maximised for Argyll and Bute.

2 HOSPITAL CATERING WITHIN ARGYLL AND BUTE

- 2.1 There are 7 NHS Highland hospitals across Argyll and Bute Community Health Partnership (CHP) Area:

- Argyll and Bute Hospital, Lochgilphead
- Lochgilphead Community Hospital
- Cowal Community Hospital, Dunoon
- Victoria Hospital, Rothesay
- Islay Hospital
- Lorn and Islands Hospital, Oban
- Campbeltown Hospital

Historically all served food to patients (and often staff and visitors where canteens/ cafes are available) on a Cook Serve model – food was prepared daily within hospital kitchens locally and delivered direct to patients.

- 2.2 In 2011 the Cowal and Bute Hospitals faced issues with staffing, quality, health and safety and kitchen upgrade costs. It was decided to close their kitchens and provide meals through an external supplier delivering meals through a Cook Freeze model. This is where meals are prepared at an offsite facility by conventional methods but rapidly frozen allowing storage of the frozen product for a number of months. Within the hospital setting the provision of cook freeze means that “re-generating” (re-heating) facilities, rather than comprehensive food preparation facilities are required.

¹ David and Bristow (1999), *Managing Nutrition in Hospital*, London. The Nuffield Trust

² Stratton, R.J. et al (2003) *Disease-related Malnutrition. An Evidenced-based Approach to Treatment*. Oxford: CABI Publishing.

- 2.3 The decision was taken to build the new Community Hospital in Lochgilphead without a kitchen, meals were instead to be served from the kitchens within the Argyll and Bute Hospital, sited nearby. With the planned closure of the Argyll and Bute Hospital and build of a new Mental Health building in Lochgilphead the decision whether to provide kitchen facilities within the new Mental Health build had to be decided in late 2012. It is understood that the Core Management team of the Argyll and Bute Community Health Partnership within Argyll and Bute considered a paper at its November 2012 meeting which was limited in its focus to the future of catering services within the two Mid Argyll hospitals. Their decision was to proceed with the new build without kitchen facilities, and introduce Cook Freeze to a further two hospitals.

3. POLICY FRAMEWORK

3.1 National and Community Planning Strategy

The purpose of the Scottish Government is –“*To focus government and public services on creating a more successful country, with opportunities for all of Scotland to flourish, through increasing sustainable economic growth*”. This purpose, set around Strategic Objectives to make Scotland Wealthier and Fairer, Healthier, Greener, Smarter and Safer and Stronger is supported by 15 National Outcomes. The Argyll and Bute Community Plan and Single Outcome Agreement forms the mesh between these and local priority areas – themselves set into local strategies such as the Economic Development Action Plan and Health and Wellbeing Partnership Priorities.

- 3.1.1 The contribution which Hospital Food, and public sector food procurement in general, can make is relevant to all 15 stated National Outcomes; particularly employment opportunities; young people as effective contributors and responsible citizens; that children should have the best start in life; that we all should live longer and have healthier lives; tackling inequalities and improved life chances for those at risk; strong resilient communities; the environmental impact of consumption and production; and high quality public services.

3.2 Argyll and Bute

For the Argyll and Bute Community Plan it has particular relevance to the following outcomes:

CPP1: Retention and creation of jobs

CPP2: A skilled and competitive workforce to attract employment to Argyll and Bute

CPP3: to create an environment where existing and new businesses can succeed

CPP6: A sustainable environment

CPP7: The full potential of our outstanding built and natural environment is realised through partnership working.

CPP 8: Our children are protected and nurtured so that they can achieve their potential.

CPP 9: Our people are supported to live more active, healthier and independent lives.

3.3 Strategic Objectives: Healthier

3.3.1 National

The Health Policy context is two-fold – the narrow clinical requirements and standards which must be met, and the wider health improvement agenda and the role which the food we eat has within this.

- 3.3.2 Within a hospital setting access to nutritious food is essential to aid recovery and avoid complications. **The Food, Fluid and Nutritional Care in Hospital standards** were developed by NHS Quality Improvement Scotland and apply to specific elements of the service. They include sections on:

- the strategic and co-ordinated approach required by NHS Boards to ensure both food and fluid are delivered effectively in hospitals, and a high quality of nutritional care is provided;
- assessment and screening, in relation to eating, drinking and nutrition, and the subsequent care planning that is required when a person is admitted to hospital;
- the formalised mechanisms needed to actually plan and deliver food and fluid;

- the subsequent provision of food and fluid directly to patients;
- communication with patients about eating, drinking and nutrition; and
- specific training and education requirements for staff

3.3.3 The three most common approaches to hospital catering are:

- Cook Serve – where meals are prepared daily, usually within a hospital and served as soon as possible after preparation.
- Cook freeze – where meals are prepared at an offsite facility by conventional methods but rapidly frozen to a minimum of 18 degree allowing storage of the frozen product for a number of months before being reheated to 70 – 75 degrees prior to serving..
- Cook Chill – where meals are prepared then cooled to 0 – 3 degrees within 90 minutes, they can then be stored for upto 5 days before being reheated to 70 – 75 degrees prior to serving.

Under normal operating conditions (where hot food is held for less than 90 minutes) vitamin retention is better than that in cook chill process³. The cook freeze process has improved vitamin retention than that of cook chill. Regardless of methodology used the processes must be carefully controlled through an adequate Hazard Analysis and Critical Control Point system (HACCP) which addresses the supply, preparation, packaging, storage and distribution of food. The cooling and reheating stages of Cook Freeze and Cook Chill if not undertaken properly will lead to nutrient losses, but so will the delayed serving of a Cook Serve plate if not eaten within 90 minutes of preparation.

3.3.4 Within the wider **Health Promotion** context a healthy Population is essential to Scotland's future and the target is to match average European population growth over the period from 2007 to 2017 supported by increased healthy life expectancy in Scotland. The poor nutritional value of food currently consumed by a proportion of the Scottish population is partly responsible for the rise in obesity, cardiovascular disease, and diabetes.

3.3.5 Overweight and obesity pose real risks to the health of the population in Scotland and its ability to meet its overarching purpose of sustainable economic growth:

- Obesity in Scotland is linked to nearly 500,000 cases of high blood pressure, 30,000 cases of type 2 diabetes, and similar numbers of cases of osteoarthritis and gout.
- It is estimated that obese people in Scotland are 18% more likely to be hospitalised than those of normal weight
- More than £175 million direct NHS costs are due to obesity, this is equivalent to 2% of the NHS Scotland's revenue budget.⁴

3.3.6 ***Preventing Overweight and Obesity in Scotland: A Route Map Towards Healthy Weight*** (2010) sets out the Scottish Government's aim that the majority of Scotland's population is in the healthy weight range throughout adult life, thus avoiding the adverse consequences of overweight and obesity. It advocates some key messages and actions regarding food, and what and how it is eaten, one of which is to, "*Ensure that everyone has access to opportunities to learn how to shop for and cook affordable healthy meals from raw ingredients.*"

3.3.7 **A Health Promoting Health Service – Action in Hospital Settings** (NHS CEL January 2012)

NHS Boards in response to this, and in their role as a "Health Promoting Health Service," have acknowledged the consistency of approach to healthy eating which must be taken. The national guidance requires that::

- Caterers will be required to follow healthy living award criteria at the point of contract (re)negotiation.
- Retailers will be required to join the Scottish Grocers Federation healthy living programme and meet their Gold Standard criteria at the point of contract (re)negotiation.

³ LAWSON J.M., HUNT C., and GLEW G (1983) Nutrition in catering. *Nutrition Bulletin*, **38**, 93-104.

⁴ NHS Health Scotland Commentary on Public Health Aspects of NICE Clinical Guideline 43: Obesity: guidance on the prevention, identification, assessment and management of obesity in adults and children.

- NHS Boards continue to encourage and support food co-operatives and other social enterprises selling healthy produce

3.4 **Argyll and Bute**

The **Highland Healthy Weight strategy** (updated 2011) responds to the Route Map and its aims include

- To improve the health and wellbeing of the people of Highland, and Argyll and Bute by working towards targets which improve diet and physical activity levels.
- To increase the number of people who consume a healthy diet that is consistent with the UK Dietary Reference Values
- To create environments which promote and encourage healthy eating and physical activity.

3.4.1 The strategy endorses wide reaching structural measures to influence the quality (and quantity) of food consumed. It acknowledges that the increase in consumption of healthy diets is the most challenging aspect to address, and that it will require strong, considered representation of NHS Highland position to both local and national bodies.

The strategy calls for, “Tier 1 Population and community approaches to weight management” which include opportunities for action around:

- cooking classes
- skills in food preparation
- health start vouchers redeemable through local fresh food suppliers and coop schemes
- healthy living award in relevant premises;
- Develop and continue to support food co-operatives and community food initiatives
- Support current food initiatives and replicate in other areas
- Extend the number and reach of community initiatives which work with families on healthy food
- access and availability.

3.4.2 The **Argyll and Bute Food and Health Strategic Plan (2007)** was endorsed by the Community Planning Partnership. This Strategic Plan aims to promote health and quality of life through an integrated, comprehensive food and health plan in the local community. The benefits of increasing the amount and distribution of locally grown food, especially fruit and vegetables encompass many aspects of health including nutritional, environmental, social and cultural with direct and indirect economic benefits for the whole community. This plan was intended to be reviewed in 2010, though this has not been done.

3.4.3 It is very clear that at the core of this health improvement policy framework is the principle that people should be encouraged to know where their food comes from, and to have the skills to source, prepare and cook nutritious meals for themselves and their families, and to support the local food economy to respond to this.

“Whatever the reasons for our dietary habits, our culture must change if we are to prosper as a nation. We should be making our food choices in a more balanced way, taking account of food’s healthiness, quality, seasonality and freshness”.

- Recipe for Success, Scotland’s Food and Drink Policy

3.5 **Strategic Objectives: Wealthier and Fairer**

3.5.1 **National**

The Government **Economic Strategy** sets out 7 key priority areas – one of which is Food and Drink. The food and drink industry is a key sector of Scotland’s economy. It generates over £9.5 billion per year for Scotland and employs over 360,000 people from farmers and fishermen to shop assistants and waiters. These jobs are often in fragile rural and coastal areas. In pursuing its economic objectives for the sector the Scottish Government have however understood that the food agenda is inextricably linked to both diet and health, and sustainable development.

3.5.2

The **Food and Drink Policy, Recipe for Success** (2009), sets out the policy direction for Government to:

- support the growth of the food and drink Industry;
- build on Scotland's reputation as a land of food and drink;
- ensure we make healthy and sustainable choices;
- make our public sector an exemplar for sustainable food procurement;
- ensure our food supplies are secure and resilient to change;
- make food both available and affordable to all; and
- ensure that Scotland's people understand more about the food they eat

3.5.3 The targets and performance monitoring of the implementation of the strategy are not just limited to sales and exports. Scottish Dietary targets have been established and are set out within the Food and Drink Policy. As with the more health improvement focused policies considered above there is a key theme regarding the importance of food – 'from plough to plate' and the encouragement for more people to buy and prepare their own healthy meals.

3.5.4 Particularly relevant to the procurement and provision of hospital food is the section relating to the public sector acting as an exemplar for sustainable food procurement. The Policy aims to create opportunities for the public sector and food producers in Scotland to work together to promote:

- A holistic approach, taking account of health, economic and environmental benefits when awarding food and catering service contracts.
- The adoption of sustainable food procurement as a corporate objective for all public sector organisations.
- Awareness of the origin of food supplied through public sector contracts including how much is produced in Scotland.
- Consideration of the adoption of National Nutritional Standards for the NHS, local authorities and the Scottish Prison Service and the appropriateness of such standards being enshrined as a statutory responsibility as it is through the Schools (Health Promotion and Nutrition) (Scotland) Act, 2007.
- Development of appropriate knowledge, skills and expertise for producers and suppliers to access and deliver to public sector tenders.

The policy recognises the need to work in partnership with COSLA, NHS, local government and community planning partnerships to promote the procurement of healthy, sustainable food.

3.5.5 Looking to the future, The Procurement Reform (Scotland) Bill was introduced to Parliament on 3rd October 2013 with the intention of establishing a legislative framework for sustainable procurement that supports Scotland's economic growth by delivering economic, social and environmental benefits. The Bill is a significant element of the continuing Public Procurement Reform Programme. The Programme centres on the Scottish Model of Procurement being at the heart of Scotland's economic recovery. It sees procurement as an integral part of policy development and service delivery. It is a simple concept - business friendly, socially responsible. Looking at outcomes not outputs, it uses the power of public spend to deliver genuine public value beyond simply cost/quality in purchasing.

The Bill proposes that before carrying out a regulated procurement, (a public body should) consider how in conducting the procurement process it can:

- (i) improve the economic, social, and environmental wellbeing of the authority's area,
- (ii) facilitate the involvement of small and medium enterprises, third sector bodies and supported businesses in the process.

3.6 Argyll and Bute

Argyll and Bute's **Economic Development Action Plan** identifies Food and Drink as one of its 4 priority areas. It seeks to make Argyll more Competitive through the promotion of a sustainable food and drink supply chain that adds value across all its key components, primary producers to processors, in order to generate growth and wealth for Argyll and Bute.

3.6.1 The Government's current Community Empowerment and Renewal Bill seeks to support communities to achieve their own goals and aspirations through taking independent action and by having their voices heard in the decisions that affect their area. The policy changes proposed by this Bill will have an impact within Argyll and Bute communities – the consultation stage of this Bill has highlighted the need for policy to unlock enterprising community development; giving local people a greater say in local budget decisions & giving communities a right to challenge local public service delivery if it is not meeting their needs.

3.7 **Strategic Objective: Greener**

3.7.1 National

The Climate Change (Scotland) Act 2009 established ambitious targets for Scotland to become "Greener". Sustainable development is at the heart of the desire to operate within a low carbon economy, through targets to reduce emissions by 80% by 2050 and to move towards a Zero Waste policy.

3.7.2 Sustainable development with regard to food is a complicated subject which must take account of the full lifecycle of the food product from production to plate. Another key environmental issue surrounding hospital catering is the levels of waste due low uptake – Ward level wastage within the NHS as a whole has consistently been reported in excess of 60% (Edwards and Nash 1997).

3.7.3 In its 2009 report, "Setting the Table" the Sustainable Development Commission (the Government's independent watchdog on sustainable issues) noted that, *"diets of UK Consumers are a significant factor in a number of critical sustainability issues such as climate change, public health, social inequality, bio diversity and energy, land and water use."* Recommendations from this report include:

- Eat more locally produced food
- Grow your own
- Buy food with less packaging
- Eat more fruit and vegetables, bread and cereals
- Eat food which has been fairly traded

3.7.4 Sustainability is firmly embedded in the health and economic policy areas considered above, and in particular the desire to improve sustainable procurement. Sustainable procurement is defined as *"a process whereby organisations meet their needs for goods and services ... in a way that achieves value for money on a whole life basis in terms of generating benefits not only to the organisation, but also to society and the economy, whilst minimising damage to the environment."*

3.7.5 To assist in its vision for the public sector in Scotland to become an "exemplar" in food procurement (*Recipe for Success*) the Scottish Government have produced the procurement guidance document "Catering for Change" (2011) which promotes the adoption of a sustainable food procurement policy as part of the strategic objectives of all public sector organisations,

"You should measure the quality of the food you buy not only by the quality of the produce, but also by the extent that the food you buy contributes towards both your own organisation's and national objectives, such as sustainable economic growth, community planning, health improvement and addressing climate change"

3.7.6 The types of objectives that a sustainable food procurement policy might help to deliver can be summarised as:

Economic	Environmental
<ul style="list-style-type: none"> • Secure value for money • Avoid/Reduce waste • Reduce energy use • Encourage participation by social enterprises and SMEs • Encourage new markets for sustainable foods • Contribute to the well-being of communities • Contribute to sustainable economic growth 	<ul style="list-style-type: none"> • Reduce use and waste of natural resources by adopting cleaner processes and technologies • Reduce energy input • Protect or enhance natural resources and biodiversity • Reduce waste (fertilisers, food and packaging) • Reduce water use • Reduce packaging • Use of recycled materials in packaging
Social	Health
<ul style="list-style-type: none"> • Raise awareness of the benefits of healthy foods • Increasing access to and availability of healthy food • Contribute to food security • Promote training and employment • Promote animal welfare • Recognise the value of good food, and nutrition with significant impacts for health and the environment 	<ul style="list-style-type: none"> • Promote good nutrition and health • Maintain or improve food safety and quality • Guard against negative impacts which may be attributed to high salt, sugar, fat, some preservatives • Positively influence the diets of staff and customers • Contribute to the Scottish Dietary Goals

3.7.7

The Procurement strategy for Scotland's NHS/ Public sector categorically states a need for more local supplies that cut the Carbon cost and the transported mileage. The Audit Commission's own findings are that the totality of the Scottish NHS' Carbon emissions are broken down as - Heat & Power (24%), Transportation & Travel (24%) and Procurement (52%). To date the focus on improvements in Energy and emissions has been in relation to the built estate. This is largely due to it being easy to count and the permanence of the consumption year after year. This is despite the fact that Procurement emissions are greater than the other factors in delivery of care put together.

3.8 ***Argyll and Bute***

NHS Highland approved a Draft Catering Strategy in 2012 in advance of a comprehensive service review of Catering services. Still to be finalised the Policy Rationale given for the content of this Strategy is almost completely drawn from individual Health policies, the only exception being Scotland's Sustainable Development Strategy "*NHS Highland will take every opportunity to procure catering commodities from local, sustainable resources, reducing/minimising food miles where possible....catering has an important role to play in helping the Board to deliver its targets associated with Sustainable Development and Carbon Reduction...*". There is no reference to the National Food and Drink Policy, Recipe for Success, nor the Catering for Change Procurement Guidance.

4 WHAT HAS BEEN DELIVERED THROUGH THE COOK FREEZE MODEL?

4.1 Cook Freeze has relatively recently been introduced into Argyll and Bute Hospitals – Bute and Dunoon have been serving Cook Freeze food since summer 2011, with the contract for provisions secured by a large national provider, Apetito, who have their UK base in Wiltshire and link to a number of European facilities (the company originated in Germany and still has its headquarters in Rheine). The new mental health hospital in Lochgilphead has not yet been built, so the contracts to provide cook freeze into the new facility, and the Lochgilphead Community Hospital have not yet been tendered.

4.2 Strategic Objectives: Healthier

4.2.1 There has been significant discussion and debate over the quality of hospital food and the advantages and disadvantages of Cook Freeze against a Cook Serve Model. For many, the idea of a kitchen at the heart of a hospital is fundamental to the notion that hospitals are a place of healing and care; that patients are valued as the individuals they are and that the support of their dietary needs should reflect the way in which communities at large should prioritise their approach to healthy eating. The removal of kitchens and emergence of models of 're-energising' (re heating) pre packaged food to deliver to patient 'units' is to some then the antithesis of what hospital catering should be.

4.2.2 For service managers Cook Freeze is perceived to offer a number of advantages over Cook Serve – infrastructure savings can be made without the need for a full equipped kitchen, fewer, and less trained staff are required to prepare and serve the meals, it presents an easy option in terms of stock control, plus flexibility to respond to the wide variety of dietetic needs presented by patients.

4.2.3 In Scotland hospital food is required to meet those standards set out in The Food, Fluid and Nutritional Care in Hospital discussed above. Cook Serve and Cook Freeze models have both been found capable of meeting those standards and are regularly delivered in hospitals across the country. Where standards are set it is not uncommon that service operators focus on what must be done as a minimum, rather than consider what may be best, and the nutritional context for food production is a good example. Where the actual produce is sourced from will impact on nutritional values, quality and flavour with freshly picked local produce having a higher nutritional value.

4.2.4 Time and travel reduce vital nutrients in fresh fruit and vegetables. For instance, peas can lose up to 50% of their nutrients within a week of harvesting and spinach stored at room temperature loses between 50 – 90 % of its vitamin C within 24 hours of being picked. Time and exposure to light destroys folic acid, a nutrient present in many green leafy vegetables⁵. This means that nutritional value of fruit and vegetables travelling long distances diminishes as time elapses.

4.2.5 In addition, fruit and vegetables that are grown in large quantities and intended to be freight transported significant distances tend to be harvested early so they will survive the long distance transport. For instance, tomatoes picked when green can still appear to ripen during transportation due to colour change however, there is no nutritional gain. Similarly, flavour will not develop to the same extent as if harvested when ripe⁶. In contrast, smaller local producers tend to pick varieties of fruit and vegetables for taste, harvest when ripe and deploy less intensive production methods, which tend to yield crops with higher nutritional content. Using tastier local produce might also stimulate an increase in consumption of meals by patients residents and staff, and a consequential reduction in levels of food waste.

4.2.6 Cook Freeze products could potentially be produced close to source, using as many local suppliers as possible to maximise nutrient value and taste of food. It is difficult to ascertain where large companies like Apetito source their supplies. They advertise that 90% of their food is sourced through the EU (including the UK) however their Sourcing Policy 2012 says

⁵Australian Organic Food Directory, <http://www.organicfooddirectory.com.au/generalissues/bioregionalism/nutrient-loss-in-transport.html>

⁶'Is Local More Nutritious? It Depends', Frith, K. (January 2007), Harvard School of Public Health -<http://chge.med.harvard.edu/resource/local-more-nutritious>.

nothing specific about targeting local suppliers within their supply chains. Their Sustainability Policy 2013 says little about local procurement, though their previous Sustainability Policy did note that their Chicken supplier was based in Thailand and their Potato supplier Denmark, and it is likely that their own network of European manufacturing bases take particular processing responsibilities, e.g. in 2002 the Rheine factory dealt with all pancake and egg products⁷.

- 4.2.7** Where supply chains are so complex they require significant effort to demonstrate integrity of their product - the recent horsemeat scandal which saw horsemeat introduced to some hospital food served in Northern Ireland is an example of how standards can break down. Apetito products were not tainted in anyway by horsemeat, though testing arising from this period of uncertainty by Newtownabbey Borough Council in Northern Ireland did find pork within Apetito labelled Beef lasagne product⁸.
- 4.2.8** Another area where cook freeze models have raised concerns is about their palatability. Whilst nutritional standards can be met, the meals produced must be tasty enough to be eaten and the Cook Freeze process can effect the texture and taste of the product as meals are re-energised. There is little data available within NHS Highland as to patient satisfaction and uptake with Cook freeze products – the anticipated 2014 in-patient surveys may provide some indication as to whether patient attitudes towards meals in Bute and Cowal have been affected since its introduction, though its data will not be specific on this point.
- 4.2.9** Food prepared and delivered by a Cook Serve model can also be subject to issues of variable quality, with its own complicated supply chain – but what it does give hospital management and CHP's is greater control over these factors.

4.3 Strategic Objectives: Wealthier and Fairer

- 4.3.1** Considering what we do know about Apetito's food procurement above it is reasonable to assume that very little of the ingredients, or labour put into their production are sourced within Argyll and Bute or Scotland. It is proposed therefore that the financial value of provisions paid by Argyll and Bute CHP to Apetito for their services to Bute and Cowal hospitals leaves Argyll and Bute, and Scotland, with very little positive economic impact, or multipliers within our own economy. Should the 2 mid Argyll hospital contracts for cook freeze be let to a similar global operator then there will be a further net loss.
- 4.3.2** Is there a saving for the CHP in delivering Cook Freeze rather than Cook Serve? It was established by the Audit Commission (2001 – Acute Hospital Portfolio) that this is not necessarily the case. Where a cook serve model works from standard costed recipes the average spend per day, per patient is £2.20, but for cook chill / freeze it was £2.40. It is understood within the costings for the mid Argyll provision that the provision cost for Cook Freeze was significantly higher than that of Cook Serve, but savings would eventually be brought forward by the reduction in staffing costs – fewer required, and a lower skill level.
- 4.3.3** In this respect Argyll and Bute's economy misses out twice – the value of the provisions cost is lost to the area, compounded by the impact of skills losses and actual number of jobs within the catering sector.

4.4 Strategic Objectives: Greener

Cook freeze, through a large global supplier like Apetito, often raises concerns about impact on wider sustainability issues. Their 2013 Sustainability Report and 2012 Environmental Policy establish clear targets for the company to reduce emissions, water use, waste and to use a higher proportion of recyclables within their operation. Suppliers must meet the standards set out in the Ethical Trading Initiative Base Code.

- 4.4.1** As outlined above however their supply chain is one of global procurement and the

⁷ Revenues soar 55% for enlarged Apetito, which rolls on despite economic slump. (Dusseldorf Show Preview, E.W. Williams Publications, Inc).

⁸ www.Apetito.co.uk.

transportation of food across Europe, and up and down to Argyll presents particular challenges as to how the CHP meets the sustainability requirements of its own procurement approach. Looking at the Sustainable Development Commissions own recommendations this existing Cook Freeze approach does not encourage people to eat more locally produced food, grow your own or buy food with less packaging. It makes no contribution to the sustainability principles contained within the National Food and Drink Policy.

5 WHAT HOSPITAL CATERING COULD DELIVER

5.1 There are some very useful examples of where hospital catering is maximising benefits for specific areas – one of which is the Cornwall Food Programme which since 2001 has aimed to promote better food in hospitals with a more environmentally sustainable procurement in the public sector.

5.2 **Cornwall Food Programme**

In this case a Central Food Production Unit established within Cornwall has successfully tendered to supply food into 5 Hospital Trusts, and is now looking to supply food into other establishments on a commercial basis. The Central Food Production Unit, supported by the Hospital Trusts, operating within EU procurement guidelines, has at its heart the provision of locally procured, healthy food and it has been evaluated to have achieved the following:

- 83% of £975,000 food budget spent on companies based within Cornwall
- 41% of budget is spent on Cornish produce
- 67% cut in food miles has been achieved
- Costs have not increased – remaining at £2.50 per patient per day
- More nutritious food has been more popular with patients and staff

5.2.1 Cook serve need not be more expensive than Cook freeze: *“There’s a myth (that it is) extremely hard and expensive to run things in the traditional way, ... but it’s actually cheaper,”* says John Hughes the Head of Catering at Nottingham University Hospital Trust who serve a variety of fresh local produce as part of a Catering Mark Scheme which sets targets to serve 75% fresh food including Farm assured meat, *“ I think the NHS could save £200m a year, at the low end if every hospital did this.”*

5.3 **Nottingham University Hospitals NHS Trust**

Nottingham University Hospitals NHS Trust operates on two sites – the City Hospital and the Queens Medical Centre. All the milk for City Hospital, 1,000 pints a day dairies 11 miles away. Similarly the campus gets 95% of its meat from a local processor, who act as a hub for local farmers in the East Midlands, bringing together sufficient volume to meet most of the hospital’s needs. If local meat isn’t available, the supplier lets the catering team know and offers local alternatives if possible. Sourcing the meat locally was initially more expensive, but the catering team switched to cuts more suited to long, slow cooking methods, saving money and improving the meal quality. The trust also found that cooking their own hams using pork from a local pig farmer was also cheaper. Their local vegetable processor use a traffic light system to denote provenance: green = East Midlands, orange = UK, red = overseas.

5.3.1 This emphasis on using local and sustainable suppliers has saved an estimated 150,000 food miles a year and £6 million and has allowed the hospital to gain the Soil Association’s Food for Life Catering Mark bronze award. *However it’s not all plain sailing – many smaller suppliers found the contract tendering process difficult and lacked the necessary accreditation and it can be time consuming to manage smaller suppliers.*

Sustainability measures don’t just apply to food – the whole trust is active in reducing its carbon footprint. The catering department is no different and aims to have a carbon neutral kitchen by:

- _ Insulating fridges and freezers
- _ Using heat recovery to heat water
- _ Minimising packaging waste, including using reusable plastic containers for vegetable and using china crockery rather than throwaway plastic trays for patients’ food.
- _ Sending food waste to a company who currently compost around 50% and are looking to increase that proportion.

5.3.2 The next major step at Nottingham is the development of a new Central Production Unit on trust owned land on the City Campus, based on the Cornwall Food Project. The new CPU would be able to cater for more than 8,000 people a day, covering the Queens Medical Centre and allowing the hospital to supply other NHS and public sector organisations in the region.

5.4 In the wider public sector approach to improve sustainable procurement East Ayrshire Council is often cited as best practice:

East Ayrshire Council

East Ayrshire Council provides school meals to pupils based on, unprocessed, local and organic ingredients. Established in a pilot school in 2004, by the school year 2008 the initiative covered 40 of the authority's primary schools and 1 secondary school. East Ayrshire Council's school food service subsequently decided to adopt the Food for Life framework devised by the Soil Association. This requires that;

- 75% of food consumed each week should be made from unprocessed ingredients
- 50% must be locally sourced, and
- 30% organic.

5.4.1 Fully applying EU procurement regulations, on 2 separate tendering exercises in 2005 and 2008, 9 lots were tendered and local SME suppliers were successful in their tenders for beef, lamb, pork, fresh fish, milk, eggs, fresh fruit and vegetables, bakery and grocery. Tenders were evaluated on the basis of 50% price and 50% quality thereby allowing the evaluation to account appropriately for quality considerations and the delivery of sustainable development. Menus were altered to comply with the national nutrient standards for school meals. The menus reflect the availability of seasonal produce and the decision was taken to use almost entirely fresh food rather than rely on pre cooked food which simplified compliance with the national standard. Currently the extended pilot transacts in the region of £250,000 with SMEs.

5.4.2 An evaluation by ADAS for the Scottish Government, found that East Ayrshire Council could keep within EU procurement procedures and still buy local, increase fresh and organic produce, purchase significantly improved quality of ingredients and achieve this at a modest cost increase in cost which was around the average food cost of all Councils in Scotland per meal. The evaluation recognised that there were a range of wider benefits, such as reduced environmental damage through reduced „food miles“ and waste packaging, social benefits for children and parents, health benefits and wider economic benefits for the local economy:

- Reduction of 3.97 Tonnes of CO2 emissions in one school, in one month, with a forecasted annual saving of 37.7 Tonnes
- Carbon saving of 1.08 Tonnes in one school, in one month, with a forecasted annual saving of 10.28 Tonnes
- for every £1 invested in the pilot, at least £3 in environmental, economic and social value has been returned.(SORI indicator)

5.5 **Scotland Food and Drink and the 2014 Commonwealth Games** team have established a food charter to guide the procurement of catering for the Glasgow based games next year. Caterers will be expected to look to Scottish food & drink producers first. Their aim is that this Charter will be adopted by the Ryder Cup and key Homecoming events and, crucially, become a legacy document for the country to influence high quality Scottish sourcing way beyond 2014.

5.6 **Argyll and Bute**, has suppliers with potential to deliver quality local produce into hospitals – and not just private SME's. Community gardens are supported by NHS Scotland as part of their health promotion work – in Argyll 3 out of the 6 hospital locations have community gardens in their locale, providing a particular opportunity to help sustain these initiatives on a commercial basis. Indeed work has already been undertaken to consider to what extent Islay House Gardens could supply fresh seasonal produce into Islay Hospital.

5.6.1 It is unrealistic to expect that a shift to freshly prepared locally sourced food could be immediately delivered within Argyll and Bute hospitals, or other public sector, catering. It is

also unrealistic that all catering requirements for the Argyll and Bute CHP could be sourced locally, or that local supply chains are ready and waiting for such an opportunity. What is clear however is that much more could be done to contribute to national and regional economic, health and environmental objectives than to sit back and allow a slow but steady creep of catering contracts tendered to global Cook Freeze producers. Consideration must be given as to how Argyll and Bute, can derive maximum benefit from the food supplied to it from the public sector, rather than just whatever option makes compliance with standards and food safety matters the easiest to bear from a management perspective.

5.6.2 If the CHP were to actively pursue a sustainable procurement agenda within a Cook Serve model the benefits for Argyll and Bute could potentially be far reaching:

- Maximise nutritional benefit of food served – potentially increasing uptake through improved palatability
- Promoting healthy eating and healthy choices to reduce cost of obesity and overweight
- Grow and add value to the food and drink industry in Argyll and Bute, and Scotland
- Multipliers on social and economic value of every pound spent within Argyll and Bute
- Retention of skilled workforce within Argyll and Bute
- The promotion of a sustainable food and drink supply chain that adds value across all its key components, primary producers to processors
- Increased food security
- Increased sustainability of agricultural sector
- Reduction in waste, carbon emissions and food miles associated with procurement

5.6.3 All best practise models summarised here have at their core strong leadership. The Cornwall Food Programme was delivered by a EU funded manager who was supported by a board including the 3 Chief Executives of the NHS Trust Hospitals and the Soil Association. Nottingham University Hospital Trust and East Ayrshire Council endorsed at the highest level and delivered by senior members of staff. The Community Planning Partnership within Argyll and Bute can play a similar role in here in providing leadership in this issue, and is best placed to consider the potential of sustainable food procurement for Argyll and Bute, and the resources (human, financial and political) required to deliver it.

5.6.4 Robin Gourlay, Head of Facilities Management Educational and Social Services at East Ayrshire has undertaken considerable work around the shift to sustainable procurement, and the incentives, costs and benefits which are required, and can be delivered. In “Walk the Talk” (2009) he makes a number of recommendations - all of which deserve careful consideration by relevant agencies and tiers of government – especially in light of the Procurement reform (Scotland) Bill which will set out a legislative framework for sustainable procurement. A flavour of them are listed:

- In menu development across the public sector seasonal food which can be grown in Scotland should be preferred and the amount of vegetarian food offered on menus should be increased. Fish and shellfish from sustainable and well managed sources should be preferred.
- In order to measure progress in the food economy and the efficiency of SMEs to meet the needs of Scotland’s hospitals, schools and welfare catering, prisons and NDPBs, as a guiding principle, a minimum of 35% of produce supplied to the public sector should be of Scottish origin and the Food for Life recommended target of 50% or greater should be considered good practice.
- It is recommended that the adoption of Sustainable Food Procurement becomes an explicit objective in the SOA and for all Public Sector Organisations and Non Departmental Public Bodies.
- To strengthen ‘Community Planning Partnerships’, derive a new benefit from the ‘Shared Services Agenda’ and foster food contracts which encourage local and smaller suppliers, there should be a reconfiguration of arrangements for public sector procurement allowing aggregation of contracts across sectors within local geographic

areas. This might include, for example, Local Authority and Health Service requirements.

- supporting the treatment of food as a commodity to be dealt with as a category C1 contract, as envisaged in the McClelland report, allowing food and drink contracts to be aggregated within the combined purchasing power inside local authority or health board boundaries. This would effectively create a '*Community Planning Food and Drink Purchasing Consortium*'.

6 CONCLUSIONS

- 6.1** Health policy prioritises the need to promote and support a cultural shift to healthier eating. Enshrined within this policy is the message to eat more nutritional foods that are freshly prepared. Significant work is undertaken by the NHS across Scotland to promote this message and the provision of locally grown foods. Cook Freeze as currently supplied into Argyll and Bute contradicts these key messages. Strict standards must be met in the provision of hospital catering, which can be done through a number of different catering models. Concerns have been raised about whether the Cook Freeze model supplies the best nutritional quality available, and whether what it does serve meets other quality factors in terms of taste, that ensures meals are actually consumed.
- 6.2** National and regional policy with regard to the economic importance of the Food and Drink sector to Scotland is clearly established. 'Recipe for Success' and the forthcoming legislation from the Procurement Scotland (Reform) Bill firmly establish the expectation that public sector procurement has an absolutely vital role to play in sourcing as much local and Scottish produce as possible to maximise benefits to local communities. This economic benefit extends through the whole supply chain – from producers, to suppliers, to caterers as well – and the creation and retention of skilled workers within Argyll and Bute. Cook Freeze as currently operating adds no value to the Argyll and Bute economy, but actually loses value through the associated shift of resources outwith the area and reduction in skilled jobs.
- 6.3** Environmental policy centres around the reduction in carbon emissions and a zero waste approach. Food miles, food and packing wastage and sustainable procurement all have a role to play in meeting environmental objectives and should be a key consideration along with price and quality in the way that hospital food is sourced. Cook Freeze products sourced through non regional providers increase food miles, carbon emissions and packaging waste. If they are not eaten due to palatability issues then food waste is also increased.
- 6.4** *Apetito*, or other suppliers of frozen food can meet the standards set out in The Food, Fluid and Nutritional Care in Hospital Meals and HCAPP. It is clear however that a cook freeze model sourcing ingredients from a global network, pre prepared and packaged for consumption at a point far from source makes no contribution to the wider health promotion policies, the strategic Food and Drink Policy, nor sustainable procurement as per Scottish Government guidance – all of which are directing the public sector to advocate and source the use of fresh, locally prepared food.
- 6.5** The Scottish Government has specifically directed public bodies to adopt Sustainable Food Procurement as a corporate objective and this will soon become enshrined in legislation through the Procurement Reform (Scotland) Bill. There are many potential benefits for Argyll and Bute in doing so – particularly when seen against the backdrop of the policy changes supported by the Community Empowerment and Renewal Bill.
- 6.6** Good practise from elsewhere within the NHS and public sector estate shows that hospital, and other public sector, catering can be procured in a manner that reduces environmental impact and maximises local economic benefit without it being necessarily more expensive, all whilst meeting strict health based standards. The introduction of a sustainable food procurement approach within Argyll and Bute could deliver far reaching benefits:
- Maximise nutritional benefit of food served – potentially increasing uptake through improved palatability

- Promoting healthy eating and healthy choices to reduce cost of obesity and overweight
- Grow and add value to the food and drink industry in Argyll and Bute, and Scotland
- Multipliers on social and economic value of every pound spent within Argyll and Bute
- Retention of skilled workforce within Argyll and Bute
- The promotion of a sustainable food and drink supply chain that adds value across all its key components, primary producers to processors
- Increased food security
- Increased sustainability of agricultural sector
- Reduction in waste, carbon emissions and food miles associated with procurement

6.7 Cook Freeze as introduced within Argyll and Bute Hospitals to date has not just fallen short of policy objectives – it is at complete odds with health, economic and environmental policy. The Community Planning Partnership has a responsibility to ensure that local service delivery mechanisms are delivering not only national and regional policy objectives but are deriving the maximum benefits for communities within Argyll and Bute. The Community Planning Partnership is the right body to provide leadership in the issues around Cook Freeze – with the potential to turn a negative situation into something much more positive for Argyll and Bute. It is also best placed to scope the potential of sustainable food procurement for Argyll and Bute and the resources (human, financial and political) required to deliver maximum benefits to our communities.

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Choose Life: Prevention of Suicide and Self Harm in Argyll and Bute

The Area Community Planning Group is asked to:

- **Note this paper.**
- **Provide support for the ongoing stakeholder consultation regarding the Choose Life Project Service Level Agreement .**
- **Consider their role in relation to prevention of suicide and self harm in Argyll and Bute.**

1 Background and Summary

Two people die by suicide each day in Scotland. Identified as a Community issue, there were 762 deaths by suicide in Scotland in 2012. Suicide rates generally increase with increasing deprivation, with rates in the most deprived areas of Scotland significantly higher than the Scottish average. Suicide rates in the most deprived decile were double the Scottish average. Taking into account the current economic climate it is expected that there will be a negative effect reflected in the numbers of people negatively affected by suicide each year increasing. Based on three-year rolling averages there was an 18% fall in suicide rates between 2000-2002 and 2010-2012 in Scotland

Choose Life in Argyll and Bute began in 2003 with posts being established to take forward the Government's 10-year Strategy and Action Plan to prevent suicide in Scotland. Initially the funding for this work in Scotland was ring-fenced with this protection being subsequently removed. Argyll and Bute Council recognised the value and importance the project and continued funding the project for a further 6 years, (taking the funding up to March 2014). The staff have been employed and supported by NHS Highland as part of the partnership approach since the project's inception.

The National Aim of Choose Life was to reduce death by suicide by 20% in Scotland to be achieved by 2013. A training HEAT target accompanied this aim. This target saw completion in 2010 with NHS Highland successfully attaining the goal of 50% of key frontline staff educated & trained in using suicide assessment tools/prevention training programmes by 2010. Argyll and Bute CHP are still to achieve this 50% target currently sitting at around 36%.

In addition to undertaking work in the National Objectives, the project continues training Argyll & Bute CHP staff in order to achieve 50% of frontline staff trained in suicide awareness and intervention skills. The launch of the new Suicide and Self Harm Strategy was expected late summer 2013 but has been delayed and is now expected in Dec 2013.

2 Community Development Approach to Suicide Prevention

Choose Life supports community development through a broad range of activities. For example, the Smoothie Bike is utilised monthly by community groups; the 'Walkin in my Shoes' Tour visited 6 locations in Argyll and Bute including 3 islands in 2012. A quiz undertaken by around 380 young people around suicide and self harm and awareness raising undertaken at the annual Helensburghs Got Talent show over the past 6 years are all examples of the variety of different activities Choose Life has been instrumental in delivering. The project has supported capacity building in communities by providing or supporting a wide

range of training such a Living Life to the Full (Cognitive Behavioural Therapy) and Supporting People Bereaved by Suicide courses.
Further Information in available in the Choose Life annual report for 2012/2013.

3 Contribution to the SOA and local strategy

Suicide and Self-harm prevention are informed and relevant to the following:

- Joint Health Improvement Plan 2013 – 2016
- Strategic Framework for Mental Health and Wellbeing 2012 – 2014
- SOA outcomes on people living active, healthier and independent lives and inequalities are reduced.

4 Next Steps

The Choose Life project is currently subject to a stakeholder consultation as part of the review of the Service Level Agreement. The delay by the Scottish Government in launching the new National Strategy has implications for the current Service Level Agreement negotiations given that the current Government aim of reducing deaths by suicide by 20% is to be completed by Dec 2013. Furthermore, the current SLA continues until 31st March and the New Strategy is not available making it difficult to plan service delivery beyond March 2013. Contract review and stakeholder consultation are currently underway to guide the decision around the future of the Choose Life project and we encourage partners to take part in this process by submitting your comments to the Commissioning Team at Argyll and Bute Council for the attention of Jackie Connelly in Adult Care: jackie.connelly@argyll-bute.gov.uk

**Health Improvement Team
Argyll and Bute CHP**

October 2013

ARGYLL & BUTE COUNCIL
DEVELOPMENT AND
INFRASTRUCTURE SERVICES

BUTE AND COWAL
COMMUNITY PLANNING PARTNERSHIP
3rd DECEMBER 2013

Establishment of Argyll and the Isles Coast and Countryside Trust (AICCT)

1. SUMMARY

- 1.1 The purpose of this report is to advise members about progress with the Argyll and the Isles Coast and Countryside Trust. The initial Board, Steering group and Development Officer (Julie Young) is in post and the governance, structure and business plan are currently being taken forward. The AICCT is a partnership organisation that is intended to support the main themes of the Single Outcome Agreement in terms of improving our economy, attracting more people to live and visit Argyll and Bute, and working together with local communities to deliver services in a different way. The AICCT intends to be ready for an official launch in spring 2014.

2. RECOMMENDATIONS

- 2.1 That the Community Planning Partnership notes the contents of this report.

3. DETAIL

- 3.1 Following a feasibility study in 2012 (<http://www.argyll-bute.gov.uk/planning-and-environment/argyll-and-isles-coast-and-countryside-trust>) Argyll and Bute Council in partnership with Scottish Natural Heritage, Forestry Commission Scotland and NHS Highland agreed to fund the establishment of the Argyll and the Isles Coast and Countryside Trust as an independent body for a three year period subject to meeting performance targets.
- 3.2 The remit of the trust is to progress a programme of non-statutory works primarily relating to the natural and built environment with the central aim being– **to sustainably maintain, enhance and promote the coast and countryside of Argyll and the Isles for the benefit of communities, local businesses and visitors.**
- 3.3 There are eight key objectives for AICCT:

Objective 1: Maintain, manage, promote and enhance our biodiversity and historic environment,

Objective 2: Encourage, facilitate and promote responsible access to our coast and countryside for our enjoyment and to contribute towards our overall health and well-being,

Objective 3: Maximise external funding opportunities for the benefit of the natural, historic and social environment,

Objective 4: Encourage participation and partnership working of existing groups and sharing of best practice with local communities and partners on all matters relating to access, biodiversity, marine and coastal, health and wellbeing and the built environment,

Objective 5: Seek to create an economically sustainable business with social and environmental benefits for delivery of the Coast and Countryside Trust objectives,

Objective 6: Create demonstrable social benefits such as opportunities for employment, training, volunteering and improving health and wellbeing,

Objective 7: Deliver a co-ordinated advisory service and education for the benefit of all existing community trusts and other organisations with an interest in the environment.

Objective 8: The Trust may work with transnational partners.

- 3.4 The Trust will be established as a Scottish Charitable Incorporated Organisation, have 8 board members (one from each core funder and 4 from the community; each representing one of the geographical areas of Argyll and Bute, and a cross section of business and community interests/skills).
- 3.5 The AICCT will seek external project funding and develop business opportunities to meet running costs and to initiate future projects. The intention is to establish a sustainable multi layered business model with income being sourced from a combination of grants, donations, membership fees, project funding and enterprise opportunities.
- 3.6 Other Trusts and their structures have been researched throughout the development of AICCT, including West Dunbartonshire Environment Trust which receives direct funding support from their area Community Planning Partnership to help achieve their key outcomes.

4. CONCLUSION

- 4.1 The Argyll and Isles Coast and Countryside Trust will be formally launched in spring 2014 and will bring benefits for the environment, business and communities in Argyll and Bute. The AICCT will cover the full geographic area of Argyll and Bute working together with the Loch

Lomond and Trossachs National Park Trust that has also just been established.

- 4.2 The AICCT supports the main themes of the Single Outcome Agreement and would welcome support and project ideas from the Community Planning Partnership as the AICCT establishes itself over the coming months.

5. IMPLICATIONS

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|-----|-------------------------------------|--|
| 5.1 | Policy | The work of the AICCT supports the main themes of the Single Outcome Agreement |
| 5.2 | Financial | None associated with this report |
| 5.3 | Personnel | None |
| 5.4 | Equalities Impact Assessment | None. |
| 5.5 | Legal | None |

For further information, please contact
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