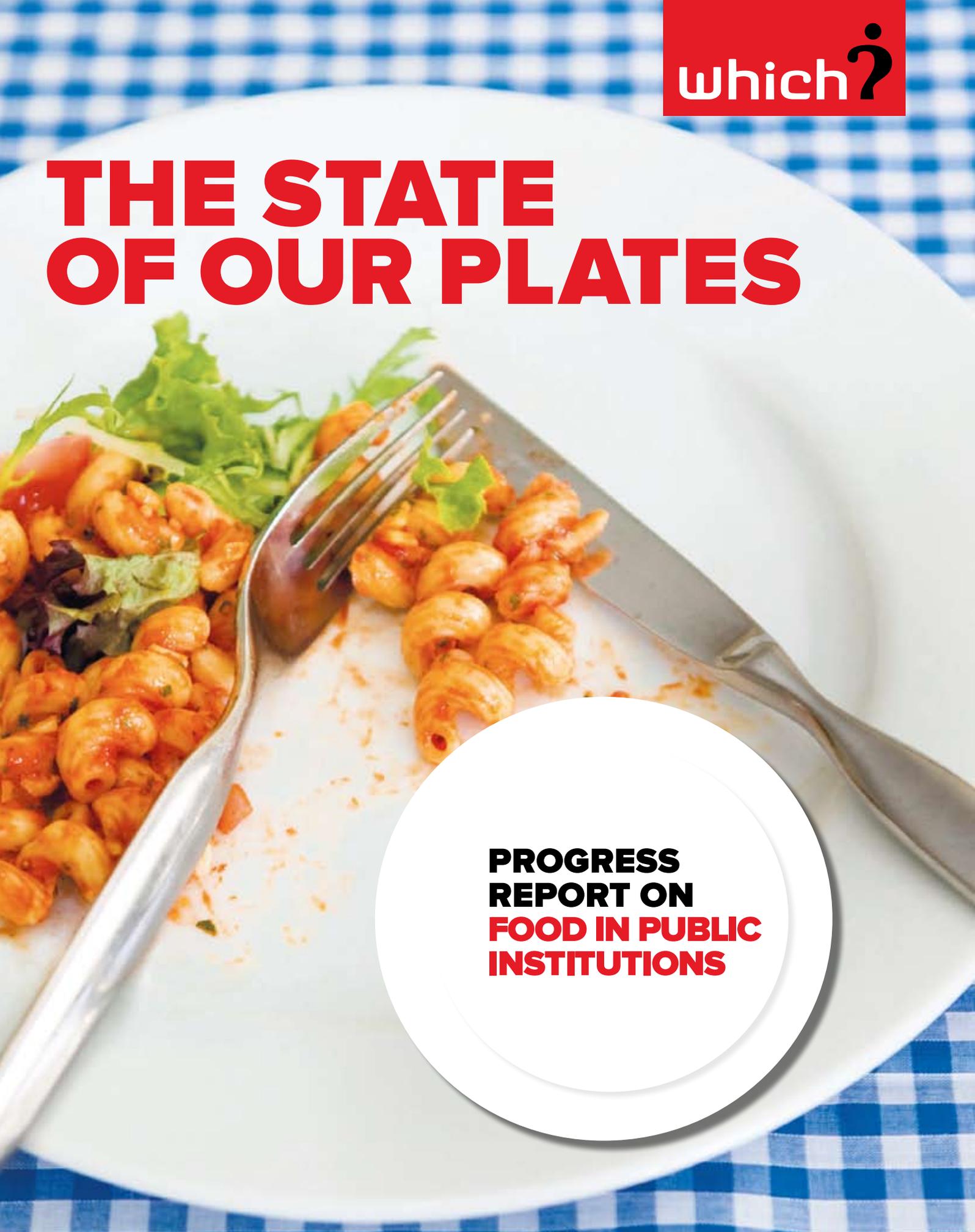


THE STATE OF OUR PLATES

A close-up photograph of a white plate of food on a blue and white checkered tablecloth. The plate contains a portion of spiral-shaped pasta with a red sauce, a side of green salad with tomatoes, and a silver fork and knife. A white circular graphic is overlaid on the bottom right of the plate.

**PROGRESS
REPORT ON
FOOD IN PUBLIC
INSTITUTIONS**

AUGUST 2011

MAKING HEALTHIER CHOICES EASIER

Which? works to make healthier food choices easier. In 2004 we set out twelve demands to government and industry for action to remove some of the barriers that make it a struggle to opt for healthier choices¹. One of the areas singled out was the need for standards for food on offer in key public institutions where you are often at your most vulnerable and have little alternative other than to eat the food on offer. A recent Which? survey found that this is an issue where people want action:

94% of people think it is important that there are standards in place to ensure that healthy choices are on offer in hospitals for patients and **83%** for visitors and out-patients, **94%** for schools, **94%** for nurseries and **92%** for care homes.*

But while there has been a lot of debate around food in schools, there has been a lot less focus on food in other important institutions. Which? research looking at the food on offer in hospitals² and care homes³, for example, has highlighted that while it is possible to find good practice, the picture can vary considerably depending on where you live. This report therefore assesses progress made across the UK to make sure that healthier choices have to be offered in schools, hospitals, residential care homes and nurseries.

Our review reveals a patchy picture. Despite their responsibilities for health and wellbeing, there are still limited requirements for the food that has to be offered in these four important institutions. This is being looked at in some cases and Scotland stands out as going the furthest across the board in introducing standards.

ACTION NEEDED

Which? wants the four UK administrations to give this issue much greater priority across the board, building on existing guidance and good practice, so that meaningful food and nutrient-based standards apply, there is government support for their implementation and it's possible to eat healthily whatever your circumstances.

* An on-line survey of 1009 members of the British public between 14 – 15 June 2011. Weighted to be representative of the British population.



OVERVIEW

MAIN FINDINGS

- Scotland stands out as taking most action in this area across the board, while England systematically lags behind the other administrations except when it comes to school food.
- There has been the most action around food in schools, but the situation still varies around the UK: while England and Scotland have mandatory standards, Wales does not and Northern Ireland has more limited food-based standards.
- Scotland has guidance in place for food in hospitals for patients and visitors, Wales has recently consulted on standards for patients but England and Northern Ireland's approach is limited to food for more nutritionally vulnerable patients.
- While food in schools is improving, there has been less action for younger children in nurseries: official guidance is now available in all countries except England, where it is being developed, but it is only mandatory in Scotland.
- There are no official standards for provision of food on offer in residential care homes in any part of the UK other than vague, general obligations within care standards.



SCHOOL RATINGS

ENGLAND



food and nutrient-based standards in place for all food in schools; focus now needs to be on take-up

NORTHERN IRELAND



food-based standards in place, but limited

SCOTLAND



the first to introduce food and nutrient-based standards and they apply to all food; focus now needs to be on take-up

WALES



food and nutrient-based standards in place, but these are currently voluntary

FOOD IN SCHOOLS

Rationale: Food in schools plays an important role establishing children's food habits as well as providing a nutrition safety net, particularly for the most vulnerable. The evidence-base around the link between nutritious food and improved behaviour in school is also becoming more established.

Progress: All four administrations have phased in standards which cover school lunches and other food served in schools. There are some minor differences of approach. For example:

- the guidelines were initially implemented on a voluntary basis in **Wales**⁴ with a two-year pilot project to test their implementation, although there are now plans to turn these guidelines into standards in the near future: and
- there are no nutrient-based standards in the school food standards for **Northern Ireland**, with the administration concentrating instead on food-based standards.⁵

There are also some minor differences between the nutrient-based standards used in **England**⁶ and **Scotland**.⁷ For example, the Scottish standards have gone for a phased, and less ambitious, standard for sodium/ salt and base vitamin levels on 30 per cent of daily requirements, compared to a more generous 35 per cent in **England** and **Wales**. The standards for foods besides lunch on offer in school are very similar, although the Scottish standards do permit some savoury snacks, while the others do not.

Verdict: School meals have seen positive change with meaningful standards implemented across the UK, although they have yet to be made mandatory in Wales. The focus now has to be on increasing take-up.

Ensuring take up is still a challenge. Just over half of Northern Irish school children have school lunches for example.⁸ Around 38 per cent of secondary school pupils in **England** have the improved lunches. But it is estimated that 55 per cent take up is needed to control costs. And with recent local authority cuts and food and fuel price rises, the price of school meals is likely to increase. A recent school food trust survey, however, found prices had stayed fairly stable over the last year with rises of 3 per cent in primary schools and 2 per cent in secondary.⁹ Research has repeatedly shown that the nutritional quality of packed lunches is poorer,¹⁰ but many children won't go for either and will instead eat at fast food outlets off the school grounds. Some local authorities, such as Barking and Dagenham, have used planning laws to restrict these outlets while others have focused on trying to keep children on-site.

The School Food Trust has highlighted four key issues linked to uptake: a higher number of pupils eligible for free school meals; availability of full-production kitchens in the schools; political support from head teachers and local councillors for the meals and training for the caterers.

Entitlement to free school meals has been extended in **Scotland**, and **Northern Ireland** and the Scottish Government and local authorities have committed to further increases in the provision of free school meals. In **England**, the government has funded pilots on extending free school meal entitlement and some local councils are taking a lead in extending provision of free school meals.

NUTRIENT AND FOOD-BASED

In some cases authorities have introduced food-based standards; in others, they have gone for both food and nutrient-based standards. While food-based standards can be much simpler (eg. specifying how often to provide or limit certain types of foods such as meat and dairy products, oily fish or fruit and vegetables), nutrient-based standards are more specific and more precise. Food-based standards may work in some limited scenarios, but a combined approach which specifies the balance of different types of foods to be included alongside nutrient levels (eg. limiting fat, sugar or salt levels or ensuring that there are significant levels of protein, iron or calcium) are needed where the food on offer is intended for specific, and often vulnerable, groups in order to ensure that there is access to a balanced diet overall.

BROADER SUSTAINABILITY CRITERIA

It is also increasingly recognised that we need to give greater attention to the broader impact of what we eat beyond nutrition. This includes looking at sustainability issues such as the environmental impact of what we eat, animal welfare and fair trade. There are a lot of synergies between what we should be eating for our health and for the environment, although the evidence base is still evolving. The Government Food Buying Standards which have been issued in England attempt to integrate these issues but don't apply to the institutions we have highlighted here other than on a voluntary basis. There are other voluntary initiatives, such as the Food for Life Catering Award, which have been awarded to public institutions. But there is a more general need for the Government to look at how the food on offer can be sustainable as well as healthy.

FOOD IN HOSPITALS

Rationale: The food on offer in hospitals is important not only in order to aid recovery of patients through good nutrition, but also to help promote healthier choices more generally. Hospitals should set a positive example, acting as an example of best practice when it comes to making healthier food choices for patients and visitors easy and appealing.

Progress: Various voluntary initiatives have been tried over the years to improve hospital food in **England**, such as the Better Hospital Food Initiative, launched in 2001 and dropped five years later. But there are still no standards and it will be voluntary for hospitals to use new government food buying standards which have recently been issued and the nutritional toolkit that accompanies them. Food provision in the NHS is a local issue and the government is unwilling to impose standards.

It is positive that there has been much greater focus on improving nutritional care for those who are nutritionally vulnerable with health care providers required to demonstrate to the Care Quality Commission that they are ensuring people are protected from the risks of inadequate nutrition and dehydration. But there are still no detailed nutrient or food based standards for patients or visitors in general who would be considered 'nutritionally well'.

Scotland stands out for introducing standards for nutritional care and for food served to patients.¹¹ These standards do address the needs of those who are nutritionally vulnerable as well as the broader need to be able to access a healthy diet. There is also an enforcement mechanism and the Scottish Government has funded nutrition champions in every

NHS Board across Scotland to help with implementation of the food and nutrition standards.

In March 2008 Scottish Health Boards were also issued with health promoting health service guidelines, stating within three years they were expected to increase access to competitively priced fruit and vegetables in retail outlets in hospitals, and remove sugary soft drinks from vending machines in hospitals. All Health Boards were also asked to ensure that hospital catering for staff and/or the general public had applied for and achieved the government-funded Healthyliving award by March 2009. By March 2011, 82 per cent of hospital food outlets had achieved the award and 13 per cent were working towards accreditation. This includes criteria for how food is prepared, the ingredients used and the choice of clearly identified healthier options. Food outlets are also being encouraged to aim for a stricter Healthyliving award 'plus' and the Scottish Government is looking at encouraging non-NHS food providers within hospitals, such as the WRVS, to provide healthier products.

A four year campaign with the Royal College of Nursing has promoted awareness and understanding of good nutritional care among hospital and care staff in **Wales**¹² and a similar initiative has been in place in **Northern Ireland**. A review commissioned last year by the Welsh Assembly Government concluded that standards for hospital food are needed and it has recently consulted on draft food and nutrition standards. Separate guidance is planned for food staff and visitors. All food sold or supplied via vending machines in Wales already has to meet certain nutritional criteria, with less healthy items banned.



ENGLAND



focus on nutritionally vulnerable, but no official standards that apply more widely

NORTHERN IRELAND



focusing on vulnerable consumers

SCOTLAND



standards in place for food for patients and visitors

WALES



focus has been on vulnerable consumers and vending machines, but looking to take action more broadly

Verdict: This is an area where much more action is needed. Standards only apply for food for patients and visitors in Scotland. It is encouraging that Wales is looking at introducing standards for patients, and issuing guidance for food for visitors and staff. But it is very disappointing that England and Northern Ireland have no plans to introduce any standards to promote healthier food choices.



FOOD IN ADULT RESIDENTIAL CARE

Rationale: It is important that people staying in residential care homes have access to healthy, nutritious foods. While some people may be on special diets and have very specific needs, it is important that healthy, appetising choices are on offer more generally.

Progress: Most of the focus on food in residential care to date has been around nutritional care and under-nutrition for vulnerable people. There are minimum care standards for care services, and these standards form the basis of regulation and inspection. In each of the four UK administrations, the care standards address the issue of nutritional care and establish criteria for meals and mealtimes, but they do not define nutritional standards for meals or food provision. **Scotland** does have separate care standards for different groups, acknowledging the specific needs of different groups of adults. A recent Which? investigation looking at a snapshot of care

homes for older people found that the system may be failing some people. In one case, the residential care home relied heavily on special nutrition supplements in drink form, for example, although these were not necessary for the majority of the patients who could still eat normally.

Guidance from organisations, such as the Caroline Walker Trust (CWT) and the National Association for Care Catering, does exist. This guidance could form the basis of food and nutrient-based standards and is used in some cases. The Royal College of Nursing has also worked with the regulator in **England**, the Care Quality Commission, to produce a nutrition tool to help care inspectors assess whether nutritional needs are being met. In **Scotland**, COSLA, the local authorities co-ordinating body, has also written the CWT guidance into contractual arrangements. But as in **Wales** and **Northern Ireland** there are no mandatory nutrition standards for food provision.

Verdict: This is an area where much greater attention is needed across the UK, using existing guidance, such as from the Caroline Walker Trust, as the basis for setting and implementing mandatory standards.



ENGLAND

●●○○○○
only voluntary guidance besides general care obligations

NORTHERN IRELAND

●○○○○
no specific standards beyond general care obligations

SCOTLAND

●●○○○○
only voluntary guidance beyond general care obligations

WALES

●○○○○
no specific standards beyond general care obligations

FOOD IN **NURSERIES**

Rationale: There is increasing recognition of the importance of food provided to children before they get to school, but this has yet to translate into concrete action for all of the UK. As well as ensuring that the food provided meets children’s nutritional needs, it also helps establish and shape eating patterns more broadly.

Progress: The Early Years Foundation Stage (EYFS) framework for **England** requires child care providers to ensure that meals snacks and drinks provided to children are “healthy, balanced and nutritious.”

An Advisory Panel on Food Nutrition in Early Years¹³ commissioned by the Department for Education reported in March 2011 and its recommendations were supported in a recent (EYFS) review. The Panel found clear demand for better practical guidance for child care providers on how to provide healthy food and drink and recommended food-based guidance within a nutrient framework to be supported and monitored through Ofsted inspections. The Government has, as a result committed to drawing up guidance. This will be developed by the School Food Trust, although it is not

clear how it will be enforced. The Caroline Walker Trust has produced guidance on Eating Well for Under 5s which could form the basis of any standards.

Food-based guidance is in place for feeding under fives in childcare in **Northern Ireland**,¹⁴ but is voluntary. Detailed food-based and nutrient guidance was issued in **Scotland** in 2006 to help child care or early education providers to meet the national care standards.¹⁵ The care standards are mandatory and the food and nutrient guidance, although not mandatory in itself, is to feed into the inspection and regulatory process. The standards apply to providers of childcare for children aged 1 to 5 years who provide food and/or drinks, including local authority nurseries, private nurseries, playgroups, childminders, toddler groups, crèches, school meal services and family centres.

In **Wales** the Welsh Assembly Government issued voluntary guidelines for food in early years settings in 2009.¹⁶ The guidance is for all providers of childcare for children up to the age of five who provide food (including snacks) and/or drinks. The document includes planning guidance and nutrient-based standards.

Verdict: It is encouraging that food in nurseries and other child-care settings is receiving attention, although there is a difference in whether this is taking the form of a mandatory or voluntary approach – and England has yet to agree on any standards at all, although guidelines are now under development.



NURSERY RATINGS

ENGLAND



no standards,
but guidelines
are being
developed

NORTHERN IRELAND



standards in place,
but they are
voluntary

SCOTLAND



standards
developed and are
assessed as part
of enforcement of
care standards

WALES



standards in place,
but they are
voluntary

CONCLUSION

While there has been progress in some areas, overall much more focus is needed on food in public institutions in order to ensure that it is easier to make healthier food choices. It is important to build on examples of best practice across the UK so that you can be assured of a healthy choice of food wherever you are staying, visiting or studying.



SUMMARY OF UK PROGRESS ENGLAND

| SCHOOLS | HOSPITALS | RESIDENTIAL CARE | NURSERIES/ CHILDCARE SETTINGS |
|---|---|--|---|
| RATING  | RATING  | RATING  | RATING  |
| STATUS Full implementation of mandatory food-based and nutrient-based standards for school lunches and food-based standards for other food served in school in all local-authority run schools since September 2009. Compliance with the standards is generally good and the standards have brought real improvements to school food – lunches and food provided at other times in schools. The challenge now is to increase take-up of school meals. | STATUS Healthcare providers have to comply with a standard on nutritional care, as part of the new Essential Standards of Quality and Safety. Mandatory government food buying standards will not extend to hospitals, but guidance on food served to adults in major institutions has been re-issued by the Department of Health as a tool kit to accompany the standards. | STATUS The standards for care homes include nutritional care. But there are no broader mandatory food or nutrient-based standards linked to these care standards. Voluntary guidance does exist which could form the basis of food and nutrient-based standards. | STATUS A Department for Education commissioned Advisory Panel on Food and Nutrition in Early Years report was published in March. This proposes voluntary food-based guidance (with extra specification of ingredients and portion sizes) be issued to all childcare providers and that Ofsted produce regular reports on food and nutrition inspections. As a result the Government has asked the School Food Trust for guidelines |
| WHICH? VERDICT food and nutrient-based standards in place for all food in schools; focus now needs to be on take-up | WHICH? VERDICT focus on nutritionally vulnerable, but no official standards that apply more widely | WHICH? VERDICT only voluntary guidance besides general care obligations | WHICH? VERDICT no standards, but guidelines are being developed |

SUMMARY OF UK PROGRESS SCOTLAND

| SCHOOLS | HOSPITALS | RESIDENTIAL CARE | NURSERIES/ CHILDCARE SETTINGS |
|---|--|--|--|
| <p>RATING</p>  | <p>RATING</p>  | <p>RATING</p>  | <p>RATING</p>  |
| <p>STATUS</p> <p>Mandatory nutrient and food-based standards have been phased in since 2008. The Scottish Government and local authorities made a commitment to provide free school meals for all five to seven year olds. In light of the current financial situation, the timescale for this commitment has been scaled back—but the stated aim is still to ensure free provision in time.</p> | <p>STATUS</p> <p>Standards for nutritional care were issued in 2003 and detailed nutrient-based, food-based and menu planning standards for inpatient food and drinks followed in 2008. The standards combine both clinical issues around nutrient care with standards to improve the nutritional quality of food served to the nutritionally vulnerable and to those who are well. 95 per cent of hospitals are now working towards, or have achieved, the healthyliving award for staff and visitor food.</p> | <p>STATUS</p> <p>The national care standards include standards on eating well and nutritional assessment for different groups. The local authority (LA) body, COSLA, incorporated Caroline Walker Trust guidelines into the contractual arrangement between LAs and care providers.</p> | <p>STATUS</p> <p>The Scottish Government issued nutritional guidance for early years: Food choices for Children aged 1-5 in an early education and childcare setting in 2006. The national care standards require childcare providers to make sure that food is “well-balanced and healthy”. This guidance is to help carers meet this mandatory standard and will feed into the inspection/monitoring process.</p> |
| <p>WHICH? VERDICT</p> <p>the first to introduce nutrient and food-based standards and they apply to all food; focus now needs to be on take-up</p> | <p>WHICH? VERDICT</p> <p>standards in place for food for patients and visitors</p> | <p>WHICH? VERDICT</p> <p>only voluntary guidance beyond general care obligations</p> | <p>WHICH? VERDICT</p> <p>standards developed and are assessed as part of enforcement of care standards</p> |

SUMMARY OF UK PROGRESS WALES

| SCHOOLS | HOSPITALS | RESIDENTIAL CARE | NURSERIES/ CHILDCARE SETTINGS |
|---|--|---|--|
| RATING  | RATING  | RATING  | RATING  |
| STATUS The Appetite for Life guidelines, which include both food-based and nutrient-based standards, were originally introduced on a voluntary basis and implemented through a two-year action research project. The guidelines have been revised and are likely to be translated into mandatory standards. | STATUS The Welsh Assembly Government has done a lot of work (in partnership with the Royal College of Nursing in Wales) to improve nutritional care in hospitals by providing training and issuing new resources and has guidance for food in vending machines. Going further, new food and nutrition standards have been out for consultation and separate guidance is planned for food for visitors and staff. | STATUS There are care standards relating to meals, mealtimes and nutritional screening, but these do not address the nutritional quality of the meals. There is no food-based or nutrient-based guidance specific to Wales for food served in residential care. | STATUS The Welsh Assembly Government issued voluntary Food and Health Guidelines for Early Years and Childcare Settings in 2009. |
| WHICH? VERDICT food and nutrient-based standards in place, but voluntary | WHICH? VERDICT focus has been on vulnerable consumers and vending machines but is about to be applied more broadly | WHICH? VERDICT no specific standards beyond general care obligations | WHICH? VERDICT standards in place, but they are voluntary |

SUMMARY OF UK PROGRESS NORTHERN IRELAND

| SCHOOLS | HOSPITALS | RESIDENTIAL CARE | NURSERIES/ CHILDCARE SETTINGS |
|---|--|---|--|
| <p>RATING</p>  | <p>RATING</p>  | <p>RATING</p>  | <p>RATING</p>  |
| <p>STATUS</p> <p>Mandatory standards in place for school lunches (since 2007) and other food and drinks in schools (2008). These standards differ from those in the other parts of the UK in that they do not include any nutrient-based standards. The approach is focused on food-based standards alone.</p> | <p>STATUS</p> <p>Nursing care standards for patient food in hospitals were introduced in 2007. These relate to care for the nutritionally vulnerable and not to the nutritionally well. No food-based or nutrient-based standards are included, and individual NHS Trusts are responsible for setting the policy on food and nutrition standards. Trusts are encouraged to use the British Dietetic Association toolkit for dietitians.</p> | <p>STATUS</p> <p>Voluntary food-based guidelines and menu checklists are linked to the minimum care standards and used by the regulatory body (the Regulatory and Quality Improvement Authority) in inspections. A new strategy, Promoting Good Nutrition, was launched in March extending the nutritional care standards for hospitals to the residential, day and home-based care sectors.</p> | <p>STATUS</p> <p>Voluntary guidance, 'Nutrition matters for the early years', was issued in 2005. This extended the earlier (2001) guidance to childminders, as well as nurseries and playgroups.</p> |
| <p>WHICH? VERDICT</p> <p>food based standards in place, but limited</p> | <p>WHICH? VERDICT</p> <p>focusing on vulnerable consumers</p> | <p>WHICH? VERDICT</p> <p>no specific standards beyond general care obligations</p> | <p>WHICH? VERDICT</p> <p>standards in place, but they are voluntary</p> |

NOTES

- ¹ Health Warning to Government, Which?, 2004.
- ² Potluck Dinners, Which?, November 2008.
- ³ Care Homes Investigated, Which?, May 2011
- ⁴ Appetite for Life Guidelines, April 2011, Welsh Assembly Government.
- ⁵ New nutritional standards for school lunches and other food in schools, Department of Education, Northern Ireland, 2008.
- ⁶ The Education (Nutritional Standards and Requirements for School Food) (England) Regulations 2007 as amended 2008.
- ⁷ The Nutritional Requirements for Food and Drink in Schools (Scotland) Regulations 2008.
- ⁸ The Education and Training Inspectorate (2010) Evaluation of the progress made in the implementation of the food-based nutritional standards (School Food: Top Marks) and general approaches to promoting healthy eating.
- ⁹ Sixth annual survey of take up of school lunches in England, School Food Trust and Local Authority Caterers Association, July 2011.
- ¹⁰ School lunch versus packed lunch: evidence of compliance with school food standards, School Food Trust, 2010.
- ¹¹ National Catering and Nutrition Specification for Food and Fluid Provision in Hospitals in Scotland, The Scottish Government, 2008.
- ¹² All Wales Catering and Nutrition Standards for Food and Fluid Provision for Hospital Inpatients, Welsh Assembly Government Consultation Document, 2011.
- ¹³ Laying the Table. Recommendations for National Food and Nutrition Guidance for Early Years Settings in England, School Food Trust, 2011.
- ¹⁴ Nutrition Matters for the Early Years: Healthy Eating for Under Fives In Childcare, Health Promotion Agency for Northern Ireland, 2005.
- ¹⁵ Nutritional Guidance for Early Years – food Choices for Children Aged 1-5 Years in Early Education and Childcare Settings, Scottish Executive, 2006.
- ¹⁶ Food and Health Guidance for Early Years in Childcare Settings, Welsh Assembly Government, 2009.



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