

# Minimum Nutritional Standards

Scoping Document  
December 2017



Department of

**Finance**

An Roinn

**Airgeadais**

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Innovation

**Lab**

# **Minimum Nutritional standards – scoping exercise write up**

## **Introduction**

The project will aim to help with the implementation of the Minimum Nutritional Standards in Health and Social Care by looking for ways to apply behavioural science, develop and test interventions, and to generate learning across the system.

In order to develop solutions, it is important to understand and document the context of the challenge.

We conducted two exercises in September 2017. The first was a survey of key stakeholders and the second was a workshop to map out how the service was produced.

This document details the conclusions of those exercises and identifies areas which will be developed further through a detailed project plan. It is broken into five sections:

1. **Context:** this details the service, policy, and stakeholder context in which the project will operate.
2. **Challenges:** this details the types of challenges stakeholders see in achieving their goals.
3. **Assumptions:** this details the assumptions and mental models which stakeholders hold about the challenge we are addressing and creating change in this context.
4. **Solutions:** this details stakeholders' thoughts on solutions, including what has already been tried, what they think we should try, and what constitutes success.
5. **Recommendations:** this summarises what the project should focus on and how the project will be taken forward.

## 1.0 Context

The project will be conducted in the procurement and catering service in health and social care establishments in Northern Ireland. There are several key components to the context:

- the service
- the policy environment
- the stakeholder environment

### The service

The service is complex and we undertook a workshop to understand that service better. From the discussions and information provided at that workshop, we have constructed a service blueprint. A service blueprint is a diagram which details the stages of a service:

- the touchpoints with the customer
- the actions a customer needs to take
- the experiences of a customer
- the customer facing assets
- the actions staff have to go through to produce the service
- the inter-related processes that have to occur
- the back office assets that are needed to produce the service

The blueprint allows us to breakdown complicated processes and enables us to analyse existing services to identify areas for change or improvement.

This can be especially important when a service cuts across several operational areas. A blueprint allows us to think through all the different aspects of a service and test our assumptions as to what is actually occurring. The blueprint that we have drafted was based on discussions at the workshop is a first draft and a starting point for staff involved in the implementing of Minimum Nutritional Standards to think about their service.





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PREPARED  
Sales

REMOTE

Sales  
monitoring  
with deal.

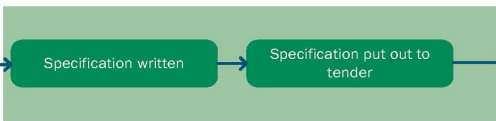
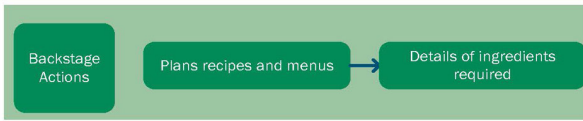
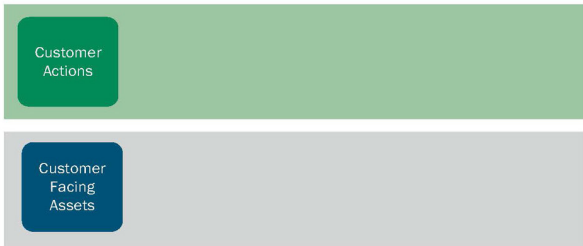
# The Service Blueprint

## Planning, Procurement and Logistics

This section of the blueprint details the actions and assets associated with the planning of the service. It consists entirely of “backstage actions” (i.e. things that the customer never sees or has to think about). However, it is crucial to the production of the service and we need to understand the flow as well as all the assets required for these phases.

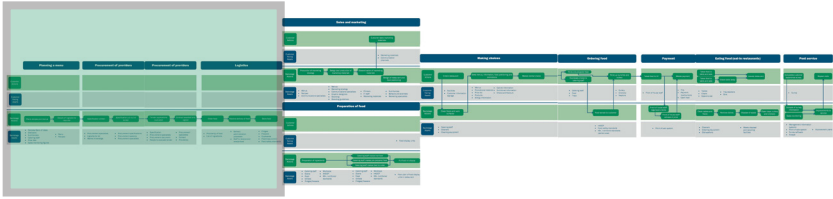
### Planning a menu

### Procurement of providers



- Backstage Assets**
- Recipes/Bank of ideas
  - Dieticians
  - Nutritionists
  - Catering staff
  - Price lists
  - Sales monitoring figures
  - Menu
  - Recipes

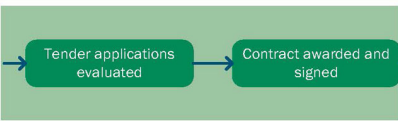
- Backstage Assets**
- Procurement specialists
  - Ingredients list
  - Market knowledge
  - Procurement specifications
  - Procurement systems
  - Procurement specialists



## Procurement of providers



## Logistics



- Specification
- Procurement specialists
- Procurement document
- People to evaluate tender
- Procurement specialists
- Contact
- Provider(s)

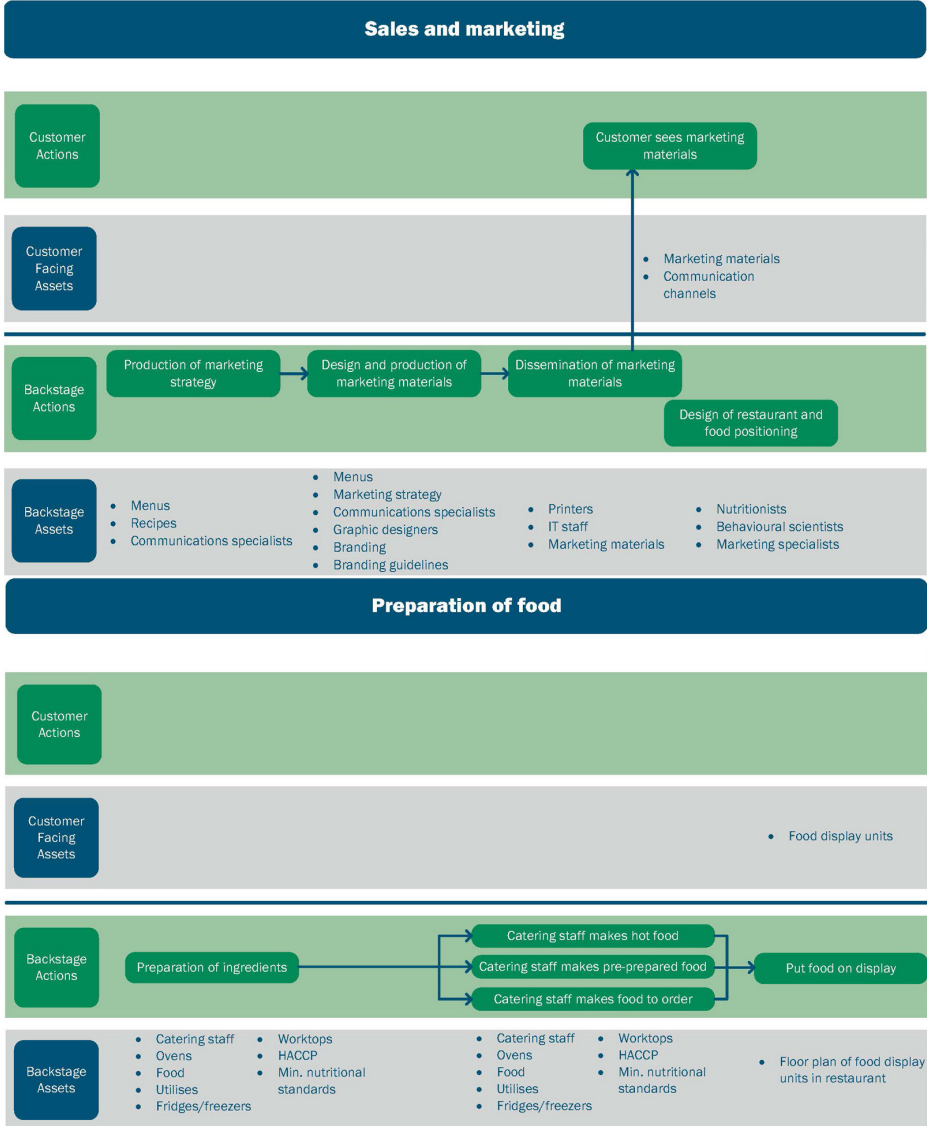


- Provider(s) of food
- List of ingredients
- Delivery administration processes
- Staff to receive and receipt food
- Fridges
- Freezers
- Cupboards
- Freshness control
- Food safety standards

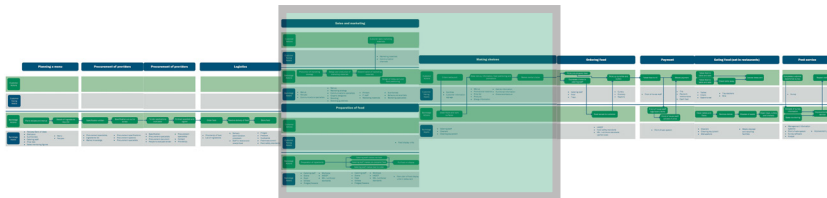
## Preparation and Customer choices

This section of the blueprint is complicated as it begins to show interactions between backstage and customer actions.

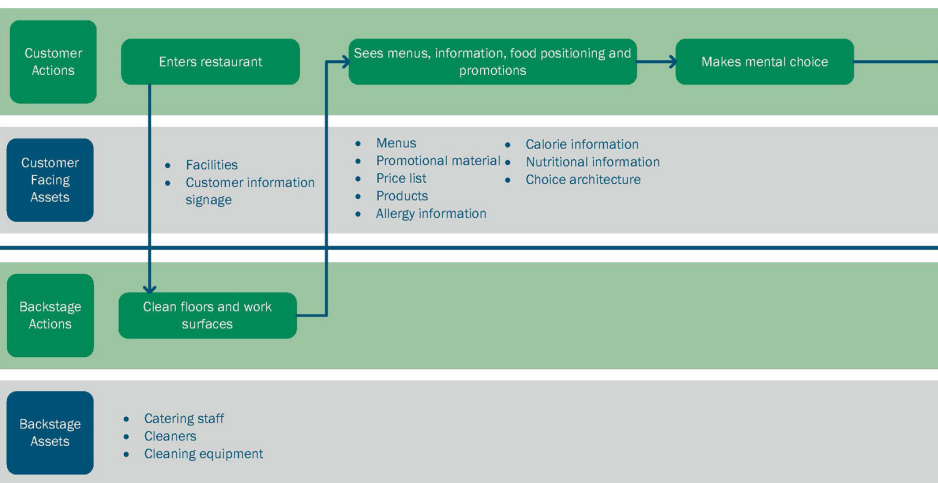
We anticipate that the project will focus on the “Making choices” stage of the service.





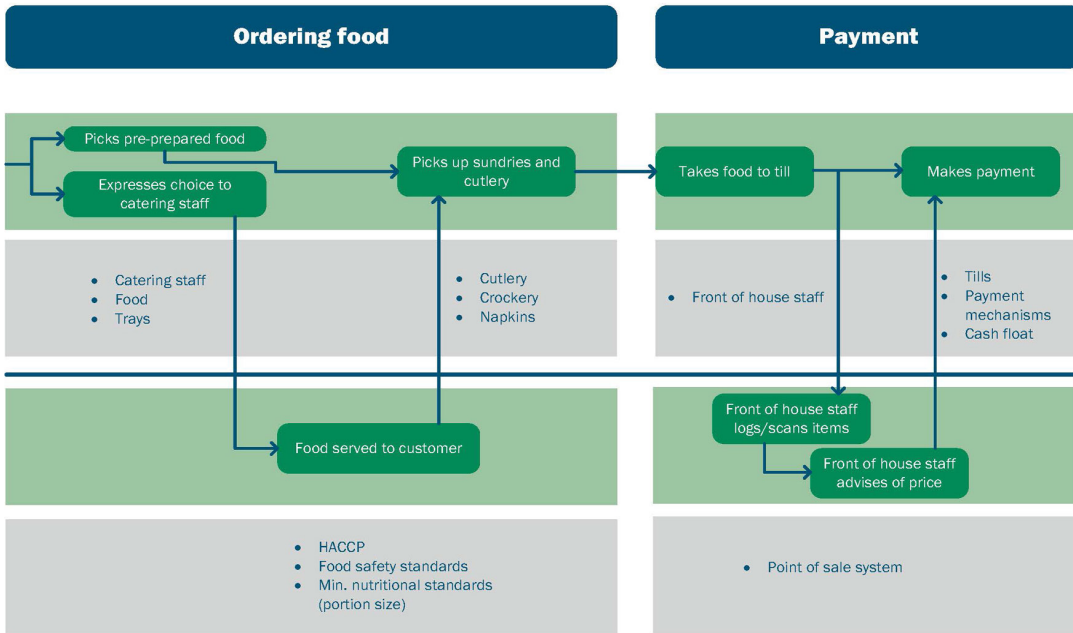


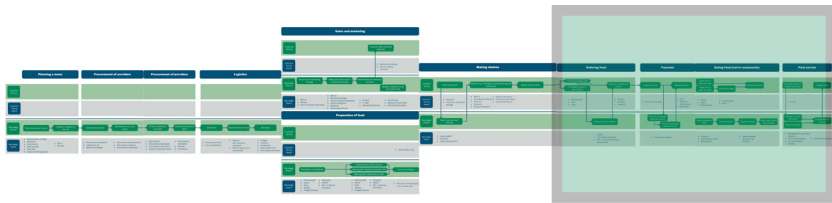
## Making choices



## Ordering, Payment and Improvement

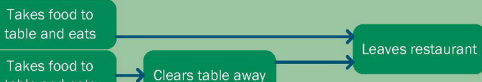
This is part of the service which shows the asset interactions between backstage and customer actions. For almost all customers this is their experience of the service.





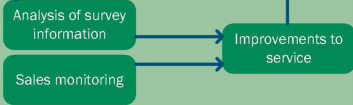
## Eating food (eat-in restaurants)

## Post service



- Tables
- Chairs
- Space to eat
- Tray stackers
- Bins

- Survey



- Cleaners
- Cleaning equipment
- Dishwashers
- Waste disposal and recycling facilities

- Management information systems
- Point of sale system
- Survey software
- Analyst
- Improvement plans

While they were engaged in the workshop exercise, stakeholders identified several important aspects of the service context.

- Procurement is crucial and has the potential to drive the rest of the service – if the specification is not right or the contract is not right, you can get trapped and can't change what it is that you are doing.
- Staff are a key asset – we need their skill set to deliver the outcomes. However, the work force is ageing and there are few graduate programmes. There are also concerns about the status of the role.
- The process of writing recipes and ensuring they are prepared and served to standard is complex and difficult.
- The physical environment of the catering establishment can vary quite significantly – some newer 'coffee shop' type establishments are taking footfall from traditional canteens.
- HSC catering establishments do not have the same display or branding emphasis as private sector establishments.
- There are good services (expressed as appropriate staffing levels, choice of food, opening hours, etc.) Monday to Friday but less good at the weekends.
- There may be problems with establishments having the right equipment to implement the standards effectively.
- Many customers are repeat customers – sometimes up to three times a day.
- The logistics of receiving deliveries and storing food will become more important with more fresh and perishable food.
- Establishments currently collect data on sales reports, customer spend patterns, and attendance at educational events.
- There is no data on customer preferences and price sensitivity, customers' dietary behaviours, who is eating in HSC establishments, and data on healthier food purchasing and consumption.
- Stakeholders identified that co-operation between catering staff and dieticians to plan healthier menus was important to achieve their goals.

## **The policy environment**

The project sits within the strategic context of the regional obesity prevention strategy. This strategy identified health and social care settings as one environment where changes could be made which would help implement the strategy. To that end, the PHA, FSA, and safefood have designed and are implementing Minimum Nutritional Standards.

The “Fitter Future For All” Strategy identified health and social care settings as an environment where changes could be made that would contribute to decreasing obesity levels in NI. Outcome 33 states that Minimum Nutritional Standards should be in place for staff and visitors in HSC settings and across local government including guidance on procurement and provision, and appropriate vending in HSC settings. The strategy is overseen by the Regional Obesity Prevention Implementation Group. The FSA, PHA and safefood have designed Minimum Nutritional Standards and are undertaking a 2-3 year project to embed these in HSC settings.

## **The stakeholder environment**

Most people involved in the exercise are responsible for leading change and / or providing food or menus but we had people from across different responsibilities, which included educational roles, designing menus, and managing establishments and maximising profits. In terms of functional areas, we had people involved in policy, in catering, in dietetics, and in procurement.



## 2.0 Challenges

We identified a number of key areas which make the introduction of Minimum Nutritional Standards challenging and changing the eating habits of customers of HSC catering a difficult challenge. Stakeholders identified the following main challenges (in order of priority):

1. Customers
2. Income
3. Teamwork
4. Compliance
5. Buy-in
6. Waste



Two main causes were identified:

- less healthy food is cheaper; and
- customers preferences, attitudes, and habits are perceived to lean toward less healthy food.

Two other factors were also identified as significant:

- awareness, progress and governance differed across trusts; and
- limited choice on the ground for the procurement of healthier food.

### 3.0 Assumptions and mental models

How people analyse challenges and approach developing solutions is heavily influenced by their existing assumptions and their mental models about how things work. These are frequently based on years of professional experience but sometimes our cognitive biases can ‘trick’ us, or sometimes it is simply not possible for us to know and understand the complex dynamics which produce outcomes. Therefore, it is important at the start of a process to document what our assumptions are and, if we think they are right, find ways of testing them.

Note that we are simply documenting assumptions here that exist within the stakeholder environment. They are not shared by everyone. Some of them will be inconsistent. Some of them will be correct and some will be wrong. Some will be obvious and articulated and some will be hidden and latent.

The following are the assumptions about customer behaviour that we observed.

- Habits: people eat what they always eat
- Norms: people eat what other people eat
- New Minimum Nutritional Standards will change people’s choices
- People will not buy healthier food
- People buy for quality and value for money
- Education and awareness are part of the solution

The following are the assumptions about economics of catering establishments.

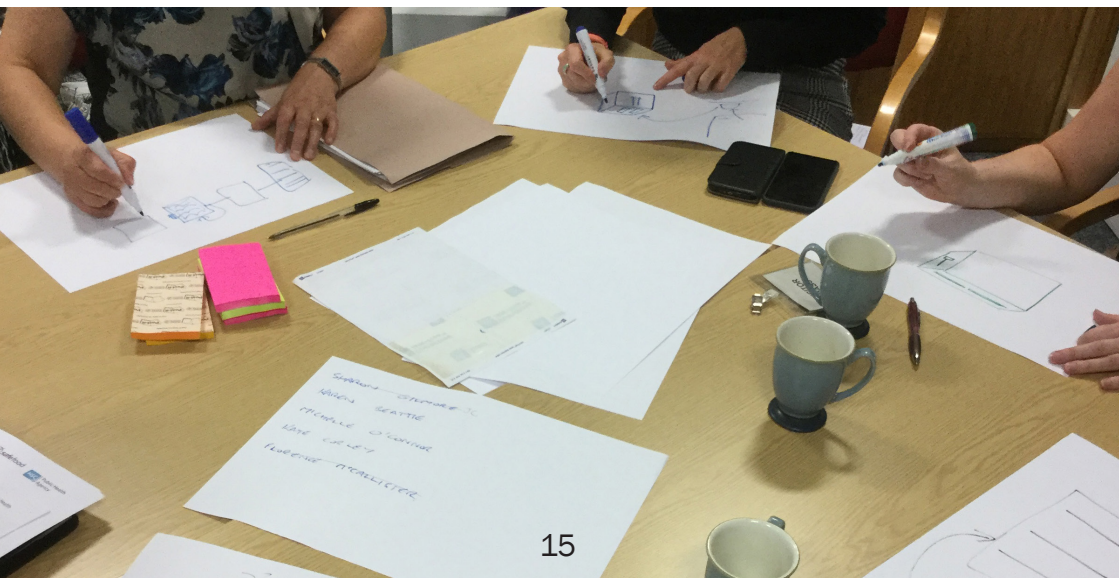
- Supply and demand: the food we sell is a result of the demand for that food.
- Unmet demand for healthier food: there is a section of customers who are either not being provided with the food they want to eat or there are people not using catering establishments who might if there was healthier food sold.
- Standards may reduce income from food outlets: changing what we sell is a risky business strategy because we will no longer sell what people want to buy and we will therefore see a reduction in income.

The following are assumptions about why people eat at work.

- People like to escape from work during breaks and this can influence choices.
- People are just looking for fuel to get through their shift.

The following are assumptions about change.

- Large organisations and, by implications, larger canteens are harder to change.





## 4.0 Solutions

When developing new solutions, it is important to understand what is already known inside the system about how to create change. Most complex challenges are not new and many people have been trying new ideas and approaches for a long time. The list below details the ideas which stakeholders have already tried.

- Changing the placement of healthier options
- Support from dietetics
- Calorie labelling
- Changing menu choices
- Meal deals
- Advertising and education of customers
- Training for catering staff
- Pre-ordering sandwiches

Whether these have worked is not clear. Not everything was evaluated and some people said they didn't know if it had been evaluated. This indicates that learning is not embedded in the process and knowledge is not disseminated if it is created. That being said, some people described some positive change, some short term change, and greater awareness.

As well as things that have been tried, there are also a bunch of ideas which haven't been tried yet. Sometimes this is because stakeholders haven't got round to it, sometimes it requires resources which have to be secured, sometimes it requires convincing people, and sometimes it's just too difficult. The stakeholders on this project identified the following ideas which haven't been tried yet:

- Green, amber, and red sections in the server area to identify the healthiness of food
- Implementing the standards
- Marketing and branding
- Financial incentives to change behaviour

- Removing less healthy options from the menu
- Checking people's BMI
- Health promotion stands and / or leaflets
- Salary sacrifice
- Standardised menus
- Staff training

### **What are the constraints of a solution?**

It is really important to understand the constraints for solutions during the development and design process. Two main constraints were identified during our scoping process.

- The time and people resource needed to develop and implement solutions will be limited.
- Catering establishments need to make profits so any interventions or solutions will need to generate income or be cost neutral.

There are a few other constraints that needed to be considered: approvals and engagement with stakeholders, ministers, and unions; the attitudes and preferences of customers; preparation time; and the need for collaboration.

In terms of criteria for success, there were six criteria identified:

- Must meet customer needs
- Must fit with existing time and resource
- Must change customer attitudes
- Must be financially stable
- Must meet the Minimum Nutritional Standards
- Must have stakeholder and/or ministerial approval as appropriate

## 5.0 Recommendations

This exercise has allowed us to understand the context, background, and complexities of the issue; where there are gaps in knowledge; and where existing understandings drive activities. On the basis of this exercise we propose a project which has the following aspects.

### Project scope

- Focus on customers rather than getting staff to work together better. Staff are concerned that implementing the standards will threaten profitability. Therefore, interventions which enable customers to choose healthier food will be a lever for more systemic change. If we can change customer behaviour, this will help address this key concern and will support and facilitate the introduction of Minimum Nutritional Standards.
- Look for solutions which match profitability of catering outlets with healthier food choices.
- Generate knowledge and learning across the catering system to successfully implement standards.
- Test assumptions about customer food choices to promote healthier food and increase profitability.

### Project Activities

- Literature search on behavioural approaches to food choices: to provide stakeholders with a theoretical understanding of how to influence customer behaviour.
- Research plan to generate a behavioural analysis of customers in HSC catering outlets because there is a lack of knowledge about customer wants and behaviours.
- Intervention design and evaluation because there appears to be no system wide knowledge about what works in this area so well designed interventions and evaluations of interventions will be crucial in order to drive system wide change.

The Innovation Lab will now work closely with key stakeholders in FSA, PHA, safefood and DoH to develop detailed project plans.

## Contact

Innovation Lab  
Public Sector Reform Division  
Department of Finance  
Clare House  
303 Airport Road West  
Belfast  
BT3 9ED

e-mail: [ilab@finance-ni.gov.uk](mailto:ilab@finance-ni.gov.uk)



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