

Report

'Food for care - Care for food'



**Workshop organised in Amsterdam,
December 6th and 7th 2012,
in partnership with De Mooie Maaltijd.**



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INTRODUCTION

The amount of food being used for meals in the care sector - hospitals, care homes and home meal providers - is huge. The standard way meal provisions in this sector has been organised over the last decades comes with a lot of sustainability issues. Big scale, industrialised production are coupled with cheap, non-environmentally friendly methods. Products are sourced from all over the world, selected for their price, ignoring the costs of the extra transport and for example extra packaging resulting from this process. Fresh food on the plate has become an exception rather than the rule, with implications for the taste and the well-being of consumers in hospitals, care homes as well as at home. Food waste within the care industry has grown dramatically.

Over the past years a counter movement has started towards increasing the share of sustainable food in the care sector. Regional sourcing, reducing food miles, is one of the subjects under attention. Other subjects include limiting food waste in the whole of the food chain, starting with production and ending with consumption and including re-using wastage where possible. At consumption level there is growing attention for the taste of the meals provided; serving more freshly prepared food is one of the ways this is being worked towards.

The new, more sustainable approach towards 'institutional meals' also has implications for the knowledge and skills of employees in this specific branch of the food sector. Issues related to diets, hygiene and food safety, seasonal cooking and communication; to mention just a few... In the first week of December, an interesting group of people, each of them in their own way involved in these subjects, gathered in wintery Amsterdam, exchanging their experiences, knowledge, vision and concrete ideas to accelerate the process of institutional kitchens becoming more sustainable. Key themes during the workshop, lasting one-and-a-half day, were:

- In which ways can the production of meals for hospitals and care homes become fundamentally more sustainable?
- Which role do sustainably prepared meals - including the increased use of fresh and regionally sourced ingredients - play at the level of consumption?
- What are the consequences of implementing a more sustainable meal provision for the employability in this sector (does it require extra work force, special skills and knowledge, etc.).

An important part of the discussions were related to defining the needed new structures to realise a more sustainable meal provision in the world of care. It was established that success depends on creating an 'intelligent (or smart) supply chain', that makes use of existing means (like logistic and IT-solutions) to offer smaller producers access to the 'care-kitchens'.

Another important subject became redefining the role of food in hospitals and care homes. Putting food back into the heart of care - acknowledging that it is as important as the medical care being given - and having this reflected in the organisation of the institutions in the shape of setting up 'Food Departments' next to the existing medical and various supporting departments (IT, Facility etc.).

THE PARTICIPANTS

Prénom Nom	ORGANISATION
Penny Beauchamp	Royal Brompton Hospital (UK)
Arie van den Brand	Green Consultant / Eating City (NL)
Rene de Bruin	Streekeigen Producten Nederland (NL)
Viola Capriola	UNISG (IT)
Ana Redón Climent	Mensa Civica (SP)
Kees van Delft	Food Hospitality (NL)
Peter Friedrich	Hospital of Darmstad (SW)
Andrea Ivaldi	Sotral spa (IT)
Lasca ten Kate	Meals Matter More (NL) (campaigne for better food in the world of care)
Isabelle Lacourt	Risteco (FR)
Joris Lohman	Youth Movement (Slow Food) (NL)
Mathieu van der Maat	Academic Medical Centre (Amsterdam) (NL)
Lenny Martinez	science po strasbourg (FR)
Jeannette Nieuwenhuis	Van Hall Larenstein (Leeuwarden) (NL)
Stephanie Otte	Ecores (BE)
Joost Reus	Innovation Network (NL)
Tommaso Sarti	UNISG (IT)
Jan-Willem Schrijver	Vroegop-Windig (NL)
Loic Sorin	Chambre de l'Artisanat et des métiers Cotes d'Armor (FR)
Mark Stein	Researcher University (UK)
Martin Verzijden	Academic Medical Centre (Amsterdam) (NL)
Marco Wisse	Naarderheem Rehabilitation Center (NL)
Michela Zanardi	Turin Hospital (IT)
Dionne van Zijl	Youth Movement (Slow Food) (NL)

THE INTERVENTIONS

Piet Boogert, General Manager of The Lloyd Hotel & Cultural Embassy in Amsterdam : Presenting the remarkable history of this hotel.

Royal Dutch Lloyd built Lloyd Hotel along the IJ-quay, from which their ships departed. The hotel had rave reviews at the opening in 1920. The eclectic architecture of Evert Breman was considered impressive. Emigrants arrived at the neighbouring Quarantine building, where they had a medical check up and a shower. They stayed in Lloyd Hotel for a few days, before departure. Royal Dutch Lloyd went bankrupt in 1935. During the second world war, the hotel was converted into a prison, before becoming a regular detention centre. In 1964 Lloyd Hotel was transformed into the first experiment with detaining juveniles apart from adults. From 1989 to 1999 the hotel was rented out as artist studios. In 1996, the municipality organized a competition for new hotel plans. The Eastern Docklands were to become a prestigious area for living and working, with work by the cream of Dutch architects. Lloyd Hotel – by now a monument - reopened on 11 November 2004 as a 1 to 5 star hotel with a Cultural Embassy. One of the things the hotel takes pride in, is serving sustainable meals, prepared with a great deal of organic and regional products, making it the perfect location for the Eating City Amsterdam workshop.

Isabelle Lecourt, Risteco, presenting the project 'Eating City' and Risteco, the company initiating this project.

Risteco is a no-profit consortium founded in Italy in 2005, which gathers actors working in support services to catering industry. It has launched Eating City project in 2010, deeply convinced that all food systems are at the heart of the transition that society has to undergo in order to face the social and environmental challenges that come with short term viewed globalisation and economic development. At the basis of all its activities is Risteco's wish to facilitate as much as possible the sharing of knowledge and experiences at an international level concerning sustainability in relation to food matters. It does this with a multi-stakeholder approach, involving companies, universities, politicians etc., using systemic approach based on Life Cycle thinking, taking into account the whole cycle, from the start of the production up to and including the level of food waste (indeed, when purchasing a product, one shouldn't look just at the (economic) price, but also at the social and environmental costs or value taking in consideration how activities are connected with that of the other stakeholders).

Why 'Eating City'?

The city eats. It eats food, but also it consumes the land needed to produce it. The flows created by an urban settlement in relation to its food requirements are very intense, important and of course inevitable.

On a yearly basis 700 kilograms of food is bought by one person and more than 500 kilogram waste is produced by one person, most of which is related to food in one way or another. 33% of ecological footprint related to what we eat. More than 30% of the children is overweight, etc. We are at a problematic stage and have to change our ways towards a sustainable food system.

Sustainability regards all aspects ranging from production, processing, distribution and logistics. The aim of the program created in 2010, is to create opportunities of international meeting, and a series of publications with concrete proposals useful for public and private decision makers working upstream and downstream of the food chain and also for food industry and food service operators and buyers. Eating City aims to give life to ideas, to stimulate intellectual dialogue and to

foster long term vision of public & and private decision makers on the future of sustainable urban food supply chains worldwide.

Action-oriented, Eating city also evidences good practices and constructive propositions to shift the paradigm; the ideal place where food, health, environment and social values meet the economy. Eating City is to share our vision to put the subject of sustainable food in the city on the agenda of politicians, presenting to them our vision, experiences and best practices and concrete proposals to decisions makers. Eating City started in 2010 and aims at producing by the end of 2014 at a real evidence that the food system can be changed in a sustainable way; the evidence-based solutions are to be presented at a big convention on sustainable food in Milan (2015).

[Youth Food Movement \(Joris Loman en Dionne van Zijl\).](#)

The Youth Food Movement (YFM) is member of the International Slow Food Network.

It is a city-based group (situated in Amsterdam), treating food issues from a city-based perspective. People living in cities have lost their connection with the sources of food, with a lot of children not even knowing anymore that milk is produced by cows. Apart from that, there is an image issue: there is a lot of doubt and scepticism about the possibility of the world being fed by small scale, sustainable producers.

The YFM works with a group of young people, who are interested in the sources of their food and want to make a change. Their work is based on the principles of Slow Food - founded in 1998 in Rome, by Carlo Petrini as a reaction and protest - to plans of opening the first MacDonalds in the heart of Rome - but they want to 'feed' these with new energy.

One of the main project of the YFM is the YFM Academy: it is the backbone of the Youth Food Movement. Increasing knowledge, sharing ideas and then putting them into action. Seven theme-days and a weekend, all related to the food chain, spread over half a year. Themes vary from fishery, agriculture and taste to for example health, when we visit a hospital to learn how it takes care of the meal provision for the patients, visitors and employees.

The students at the Academy (25 every year) come from very different backgrounds: young people working for big companies like Unilever and Ahold, but also ecological farmers, wanting to make a change within their own company and students in for example law and philosophy. These young people share their ideas and knowledge, follow workshops and get assignments, then putting their ideas into action. Because that is what the YFM is about: getting into action, establishing a real change, instead of only talking about it. An example of the actions of the YFM is the 'Potato Mob', where a young farmer dropped 6 tons of potatoes on Dam Square; potatoes he wasn't able to sell, because of the supermarkets offering potatoes from for example Malta. This action created a big discussion about the choices we make in food consumption.

Apart from these sort of actions, the YFM organises a lot of events: dinners, get-togethers and its own Food Film Festival, including debates with important speakers like Professor Tim Lang and Vandana Shiva.

The YFM is building a network of food professionals in key positions, sharing a strong vision about what is needed for a sustainable food system for now and in the future. The YFM is also taking the lead into building an international Young (Slow) Food Movement.

[Marco Wisse - director of Naarderheem, nursing home and centre of expertise.](#)

This presentation gave insight in the process that Naarderheem went through, starting three years ago, changing from serving 'industrially' prepared meals to 'home cooking', using a great deal of organic and regional products. The presentation made clear that, despite of what is often said,

cooking fresh meals in care homes and hospitals, instead of opting for having readymade meals delivered that only need to be warmed-up, is hardly (if at all) more expensive and comes with a lot of other advantages, including the possibility to increase the revenues of the restaurant.

In The Netherlands about 300.000 people live in care homes. These care homes are, under the pressure of shrinking budgets, continuously looking at ways to cut down the costs for their meal provision. In total, including elderly people still living at home, around one million people never get to eat a freshly cooked meal, simply because they don't have access to it...: the stores are too far away, and/or these people are not able anyway to prepare meals for themselves anymore.

Naarderheem gave their cooks the chance to share their (working) dream, which turned out to be: returning to the roots of their profession, being able to cook fresh meals again. So this care home got its own restaurant again, where not only clients but also their visitors and people from the neighbourhood enjoy a very tasty meal (with seasonal ingredients), for a friendly price.

The new approach comes with various big advantages: (1) food waste is being reduced to a minimum, (2) the meals served nowadays 'tap into' a special corner of the brain of its users: taste and smell memory help them to feel transported to better times in the past, (3) the craftsmanship of the cooks is revitalised: the quality and the taste of the food is enhanced, the cooks creativity is being challenged again, the cooks are in contact with the guests again and all this leads to a substantially higher level of job satisfaction. Plus (4)... the new meal set-up came with a lot of savings concerning: nutritional supplements, laxatives, diet products, skin care products, drugs and staff costs (using hosts instead of nurses to serve the meal, the first group working for a lower salary, apart from being much more suitable for this job). Finally, the restaurant brings in a lot of extra income, attracting both visitors of inhabitants to eat there and a growing number of elderly people from the neighbourhood.

Penny Beauchamp - Sustainable Food Provision Royal Brompton Hospital

This presentation gave a quick insight into hospital care in the UK, after which it zoomed in on the catering of the Royal Brompton Hospital in London. This relatively small hospital (around 350 beds) specializes in cardio problems.

Most of the patients are there for a longer stay. Catering manager Mike Duckett, recently pensioned, was responsible for a dramatic change of policy in the meal provision of this hospital, resorting more and more to regional and seasonal products.

During the, still ongoing, project of the last eight years The Brompton Hospital focussed on: the local food chain, supporting shorter routes from supplier to consumer; promoting income through public catering; promote a food strategy for the NHS with an agreement for a base standard and specification and encouraging collaboration on food chains with all public catering services. It puts the emphasis on the healthier menu option and promotes healthier eating for patients and staff feeding. One of the big advantages of the new approach, apart from providing patients with healthier and more tasty meals, is the increase of the local income due to the growing use of locally sourced products. (In 2012 36% of all food and food related procurement was sourced from a radius of 50/80 miles in the South East. The aim to increase this percentage in the years to come).

An important project within the project - started as part of the research into ways to save money, while serving better food - was chaining chefs and butchers in order to make better use of meat. Generally only the rear-end joints of the carcass is being used for roast beef, a hugely popular dish in the UK. This means a huge percentage of meat often is wasted or put into sausages etc. The project very successfully developed a method of using the fore-end joints of the carcass for roasting, along the way also training around hundred butchers how to do this. Unfortunately, for unclear rea-

sons, the National Health Service (NHS), refused to support the national implementation of this initiative... One of the 'wars' still to be won...

The results of the shift towards a more sustainable meal system, passionately led by Mike Duckett, are numerous. The Brompton proved that local and seasonal food is supported by high patient satisfaction (23% higher than the average in National Hospitals). The hospital is in the top of best performing hospitals for food and service. Fresh local food is now as rule cooked on the site. The amount of food being left on the plate and sent back to the kitchen is reduced substantially. All fish is now awarded with the Marine Stewardship Council (MSC) label, through procurement from a London Fish Wholesaler.

On top of this: the quality of the meat is higher than the UK Meat buyers guide demands. All bread comes from a local London bakery. Food waste is now collected for composting, whereas vegetable oil is collected for bio use and water is bottled on the site.

A cashless system for staff was introduced to reduce the administration time, creating - staying within the same budget - more time for the meal production time.

Mathieu van der Maat, Manager Patiënt Services of the Academical Medical Centre in Amsterdam

This presentation gave a quick glance into the kitchen of Amsterdam's Academic Hospital. It is one of the eight universal medical centres in the Netherlands and is among the top of medical centres worldwide. Besides treating its patients, the AMC performs medical research and provides medical education. It has 7000 employees and counts around 1000 beds.

150 Employees are involved in the process of daily serving 350 breakfasts, 300 lunches, 400 warm meals and 1500 liter of tube feeding. The AMC doesn't have its own kitchen anymore, just like many other hospitals in The Netherlands. Recently a new development seems to be that some hospitals go back to hiring cooks again, having their own kitchen restored to do their own meal production.

The AMC is now in the process of thinking about the future, coupled with the fact that a big renovation is coming up in the next few years. Van der Maat is working on a new food concept, looking into what really matters when it comes to the meals being served in the hospital. A trainee (also participating in Eating City Amsterdam) organised a lot of special sustainable food activities (tastings, a farmers market, a symposium...) in the AMC during the National Week of Taste (October 2012). This created a lot of enthusiasm among staff, patients and visitors, so there seems to be no way back now...

Van der Maat looked into best practises in Europe and the USA and found an inspiring example in the Hospital of Detroit, where CEO Gerard van Grinsven (from The Netherlands) changed. Food is being seen as a medicine; the hospital gives lessons about food to patients of all ages; it does a lot about prevention.

In The Netherlands a lot of times managers in the cure and care industry first (and even only...) look at what a new, more sustainable approach will cost them, instead of seriously taking into account the advantages, both economically and ecologically. This is where a lot of work is still to be done.

Dr. P. Friedrich - Healthy Know How Sweden 'Better Food in Hospitals, a strategic change-process?'

The heart of this presentation was formed by the dream of the speaker...: a five star Gourmet Restaurant "Heaven of Health" in Hospitals (based on a franchise concept, say like a MacHealth...).

There is already a restaurant in a hospital in Germany that comes close to this dream: the restaurant of the Alice hospital in Darmstadt.

There are three challenges c.q. questions we have to deal with: (1) dealing with the ruling concept of 'Economies of Scale'. Hospitals - even if they don't always see it - try to copy what industry has been doing, giving companies like Sodexo such an important role to play in hospitals; according to Friedrich this is a misconception, which we have to get out of the head of the managers; (2) Is food in hospitals a comfort factor - a service? Is it not also in the interest of the medical doctors what is being served..? Friedrich makes the point that food should not be put on one heap with services like cleaning etc. It should be dealt with at directors level, it being 'the fourth leg we stand on'...; (3) Who actually makes the decisions about food in hospitals? It is not the chef: they accept the budget they are given and try to make the best of it. But they are not in the position to change, to enlarge the budget. We have to direct our actions towards the managers, according to Friedrich.

The presentation focusses on the Alice Hospital as a best practise. It changed the food being served, from industrially produced to good, clean and fair food, in line with the principles of Slow Food.

This change in the food policy only could be made, because of the management wanting it and making it a priority. A trainee was hired in to develop the needed instrument: a checklist to find out which producers could be used based within 50 km of the hospital. Important to keep in mind with all this, is that the change from an industrial meal provision to the local, seasonal and sustainable one can only be achieved step-by-step, in a slow manner. Accepting this should put an end to the endless discussions if it is possible or not. It is not a case of all or nothing at all - it can be done gradually.

An attempt to copy the experiences in Germany with a small hospital in Sweden brought another important factor to the surface: a hospital searching for local producers needs the involvement and support of the local council, the regional government. These parties can build a bridge between these producers and the hospital. This is a strong argument for the importance of a city food policy. In Stockholm politicians have decided that all hospitals should have their own restaurant again. The politicians determine what the goal is, the hospitals decide how they can realise it.

Friedrich's presentation is rounded off with his vision that the change towards a more sustainable food system in hospitals needs a change from a kitchen-driven to a strategy-driven development. The change has to begin at managerial level, implemented as a strategic aim. All other actions follow from this point of departure. And, finally: we have to realise a shift in thinking about what it all costs to what sort of extra revenues are to be gained from the sustainable approach.

Jan-Willem Schrijver, Vroegop-Windig

In this presentation participants got a closer look at the family business Vroegop-Windig, founded in 1940 by Piet Vroegop. It started out as a wholesale vegetable company for fresh local produce, located at the Food Center in what is also labeled 'The belly of Amsterdam'. Piet Vroegop was already the fourth generation of farmers, growing cabbages in the north of North Holland. In 1996 the company 'Windig', importing exotic fresh produce, was acquired. Ten years later Vroegop-Windig started a distribution centre in Rotterdam and in 2011 began its own cutting and processing facility in Amsterdam.

Already before the 2nd World War there was a big demand for food in the city, with farmers producing food in the surroundings of the city. At the same time, food was being imported and transported over water, via the harbour of Rotterdam and the canals in Amsterdam, to be traded at the Food Center. Many small businesses were gathered there. By now it's a historical building, where still a lot of businesses serving retail and food service companies are based.

Vroegop-Windig is one of the bigger AGF (potatoes, vegetables and fruit) companies in The Netherlands. The company is known for its big assortment, including quite some Slow Food products from Italy, and its specialism: banana's.

The mission of Vroegop-Windig is to facilitate the supply fresh and healthy food for foodservice and retail companies to customers, with respect for man, society and the environment.

The presentation also shed light on some of the characteristics and trends in the Food Service branch in The Netherlands. It showed how much money is going round in the whole of the catering sector (€ 1.281 mil.) and how much money is being spent on average in care on the different meals (breakfast, lunch and dinner). One of the issues that caught everybody's attention was the substantially smaller amount of money being spent on the hot meals for the institutionalised mentally handicapped people (€ 2.96) in comparison with the budget for these in hospitals (€ 4.39, psychiatric hospitals (€ 4.86) and the elderly care homes (€ 4.11), without anybody knowing why: something to be researched...).

Trends in AGF that were made visible were: the growing popularity of mini-vegetables; the increasing use of anti-oxidants; the upcoming of farmer markets; underground farmer markets ('pop-up markets'); energising food; organic and seasonal food; local food - with a rising number of restaurant chefs growing their own vegetables and herbs; juice bars and fast fresh food. A general trend is the focus changing from food produced in bulk to special products with an authentic taste.

In the past years Vroegop-Windig worked on the integration of regular and organic products. It turned out that 'traditional clients' were open to buying organic products because of for example the better quality of the products and/or the story behind the product, told by the farmer himself.

The biggest challenge for Vroegop-Windig in increasing the percentage of regional organic products came down to getting the logistic problems solved. The problems are related to the unpredictability of the demand for products with a short shelf live. This requires a flexible and efficient logistic system.

The selling price of fresh products is mostly determined by labour costs and logistics: improving those, leads to a more affordable assortment. Vroegop-Windig combines the conventional and organic 'product streams'. To realise the continuing growth of regional an organic supply, you need the cooperation with a wholesaler with a thick logistic network.

The presentation shows four different logistic solutions (depending on the structure of your organisation: (1) establishing an electronic market place to enhance bundling and connecting with larger streams); (2) arranging a number of hubs to connect different regions; (3) combining organic with local and conventional food products (like Vroegop-Windig is doing); and (4) strengthen the organic and local image of the region to enhance the organic regional distribution.

The presentation is rounded of with showing the ideal picture, based on a model from the USA, called: the one-stop-shop option. In this scenario the outlet (school canteen, restaurant, hospital etc.)) places one order, receives one delivery and one bill: that's the ideal situation. In fact often there are a lot of traffic movements, a lot of time is needed for the purchasing process, there are several deliveries per day, products are regularly out of stock and mistakes are being made, logistical and purchasing costs are high, and the supply is of an average (instead of good) overall quality.

Vroegop Windig now also has its own organic certified processing facility, the company wants to be 'the kitchen' for its food service clients, providing 'tailor-made' products as the basis for delicious meals.

Mark Stein (developing sustainable procurement policies - reflections on the discussion)

Stein's presentation started with sharing some best practises in Copenhagen, notably the achievements of the people at Copenhagen Food House - the team who are employed by the City of

Copenhagen to train chefs to do things differently. Copenhagen Food House has been working with hundreds of schools, nurseries and nursing homes. There was a high level political decision to introduce organic food because the city water supply is being increasingly contaminated by chemical fertilizers and pesticides. The Copenhagen Food House achieved 74 per cent organic food within municipal catering without increasing the budget. They started off twenty years ago when there was virtually no organic food supply in Denmark and they had to persuade individual suppliers to convert to organic production.

They have identified waste within the kitchens and seen this as an opportunity to make savings and upgrade the food into organic. One of their important innovations is using less meat and making better use of meat – mixing it with vegetables to add taste rather than having a chunk of meat as the centre-piece of the meal. They train chefs to make the best use of vegetables, e.g. which potatoes are best suited for a particular purpose.

<http://en.kbhmadhus.dk/servicenavigation/about-us/about-the-copenhagen-house-of-food>

The presentation 'tackled' various issues concerning buying food from local and organic suppliers. One of them is doing so, while still complying with EU regulations: this is possible, but does require extra work and but some political backing from within the city is helpful. Local and organic suppliers may in some cases need to upgrade their systems to win public sector work, e.g. they may need to improve their food safety documentation.

One option to help smaller suppliers to have a share in public procurement one is for buyers to break big contracts up into smaller lots; if the contract is above a certain size, it will be very difficult for smaller suppliers to bid for these. Another possible strategy is to separate distribution from supply, by creating Local Food Hubs, i.e. putting another contractor in charge of the distribution. A good example of this is a company called Ralph Livesey – which provides this service for Lancashire County Council and most of the Greater Manchester local authorities.

<http://www.ralphlivesey.co.uk/Links.htm>

Mark Steins presentation then highlighted a report from Manchester City on food in nursing and residential care homes, focusing on how food provided in 98 homes for elderly and disabled people in the City can and should be improved.

These homes are not directly run by the City Council. They were outsourced to private providers years ago. But the local authority controls the public money which buys the places for people in residential care. The City Council can try to set standards for what food is provided and how it is provided. Food procurement is done separately by each organization running one or more homes.

The report recommends that:

- Inspections of homes should report on the quality of food and staff training.*
- A minimum spend on food per resident should be specified.*
- Staff should be trained in food preparation and service to specified standards.*
- The local authority should choose the training providers.*
- There should be an award scheme for better food in residential and nursing homes.*
- There should be specific training for catering for special needs e.g. people with mental health issues, learning difficulties and swallowing difficulties.*
- Attempts should be made to prevent sugar addiction, which is widely prevalent, even among people with diabetes and to control visitors bringing in sweets.*
- Drink thickeners should not be prescribed by nursing staff without consultation with catering staff, who could incorporate them into meals and thereby use them more effectively.*
- Food intake of individuals should be monitored.*
- Residents should eat in family style with small tables of no more than four people.*

- *Serving dishes should be put on the table to enable residents to have seconds.*
- *Individual teapots should be placed on the dining room tables.*
- *The chef should come into the dining room at mealtimes and talk to residents.*
- *Meal times should be protected from interruptions e.g. from medical staff.*

http://www.manchester.gov.uk/downloads/download/4985/food_in_residential_care_project_report_2012

Hospital Food

Cities in the UK have a role in purchasing residential care for elderly and disabled people and thus they can influence food provision. They have very little influence in what happens in hospitals – which were brought under control of the national government when the National Health Service was established in 1948, with remaining local authority influence in the running of hospitals largely being eliminated during the 1980s.

There has been a long campaign in the UK by Sustain: the Campaign for Better Food and Farming to improve hospital food. Highlighting the failure of a series of voluntary initiatives, Sustain have called for introduction of a set of mandatory standards <http://www.sustainweb.org/hospitalfood/> The UK government has recently announced the introduction of new measures to improve hospital food.

Teams of inspectors, half of which must be patients themselves, have now started pilot inspections across the country looking at aspects of food that are important to patients – including taste, quality, temperature and the cleanliness of ward kitchens. Financial incentives for hospitals who deliver exceptional service are also being explored. Food is a key part of the new inspections but they will also cover cleanliness, privacy and dignity as well as the state of the hospital environment in general.”

<http://www.healthbusinessuk.net/features/21/3205-raising-hospital-food-standards>

Michela Zanardi, Hospital San Giovanni Bosco, Turin Italy

Zanardi started with some startling percentages of malnutrition in nursing homes (85%), in hospitals (65%) and in general (38%). It then focussed on the various reasons for the occurrence of malnutrition, to be divided over different 'categories': psychological, physiological, pathological or sociological. Then the various consequences of malnutrition were named, among which: high mortality, deteriorated functional ability, longer hospital stays, cognitive malfunctioning and reduced well-being.

The presentation then moved on to show the results of a project on malnutrition executed (2007) in 18 nursing homes in Piedmont. Within the project data were obtained concerning the regional situation, an early malnutrition screening and diagnosis was promoted and ways to reduce the costs of the healthcare system were looked into. The project took the 'global clinic approach', meaning it involved different departments - training health staff, supervising dieticians and screening patients - collecting data over a period of six months and starting up an 'Artificial Nutrition' scheme for patients that were not sufficiently fed by normal food intake. The project included an anthropometrical data collection (concerning height, weight and body mass index) and a mini nutritional assessment (including possible weight loss, levels of depression or dementia and possible decrease of appetite). Apart from that surveys of food intake were performed (food diaries) and diets were analysed.

The research demonstrated that 68% of the patients were at risk of malnutrition and 13.7% were already suffering from malnutrition.

The second period of the project started in 2010. In this phase sharing the methodology and stimulating the discussion are very important, apart from the continuation of data collection. By the end of 2012 1947 patients in 63 nursing homes were monitored. It showed that 32% of the patients were malnourished and 53% of the patients were at risk of malnutrition. Of a group of 623 malnourished patients 47% was treated with dietary measures, while 53% was given oral nutritional supplements.

Conclusions of the project are:

- *Patients in nursing homes are at high risk of malnutrition.*
- *There is a proven advantage of an early taking in charge.*
- *The dietician is a key figure, but in spite of this not always present in nursing homes.*
- *The administration of meals is often inadequate when it comes to details about the nutritional composition, texture and palatability*

THE DIALOGUE: SHARING IDEAS

At the start of the second day, all the participants expressed their ideas about 'making the food service in the world of care more sustainable' in a personal capacity. The idea was for participants to 'go into a dream' and try to imagine what in 5 years time will have been achieved in relation to the central topics of the workshop; based on one hand on ideals, and on the other on the practicalities of real life.

1) all ideas shared by the participants.

On the level of production: in which way can the production of meals for hospitals/care homes become fundamentally more sustainable (production is including preparing the meals)?

- Short/ smart supply chain
- short supply chain and good quality raw materials → waste
- shorter food chains
- encourage and support small suppliers
- food distribution hubs could combine logistics for small suppliers with wholesale market production
- 1) direct connection between growers and farmers in the region with care homes and hospitals through logistics partners and wholesale companies 2) remove all unnecessary packaging, 3) re-establish demand-supply (sustainable contracts)
- local producers fill in structural gaps
- work with local farmers often is difficult because crashed by big producers
- no care home or hospital to be without a growing area
- identify what is best prepared in a factory and what on site

Preparation

- To use fresh ingredients with no additives (local, seasonal) / to use seasonal, fresh, local and sustainably produced food/
- delicious fresh salads... freshly picked with an olive oil + vinegar dressing - consumption
- To use local, organic, fair food and set up therapeutic gardens
- To increase the quantity of vegetables and fruits versus meat and to increase the proportion of local food
- To prepare fresh meals in care centres
- let physicians and doctors take part in food production (agriculture and kitchen)
- reduced choice the "norm"

Education / Training

- A percentage (20%) will be sourced very locally – school gardens → educational
- give back the profession to the cook
- local and structured production; tools and good practices in each country to initiate new projects to develop sustainable food in hospitals
- more off site practical training
- training especially for young people in care homes
- garden in/near every institutions / kids ↔ grand parents
- a pig in the garden
- hospitals will use their mostly huge surface and grounds to produce food
- adapted menus in quality and recycling remaining used (zero waste)
- avoid bottled water and instead serve plain or filtered tap water in reusable jugs – food with reduced packaging and waste – menu planning (specify food from farming system that minimize harm to the environment, such as certified organic products).

Waste

- Local food (Agriculture is planning to grow locally the food for the hospitals), animal welfare, fresh food cooked in hospitals, to set up dining rooms (more conviviality), recycling waste (use leftover for the poor people)
- at the end of the week a no waste dinner with leftovers of this week
- recipe development especially of seasonal products – e.g. cabbages, to avoid fatigue when other items not available
- no waste – new understanding of waste = bad
- less waste (land reuse waste)

Various

- administration out sourced to IT where possible

On the level of consumption: Which role do sustainably prepared meals - including the increased use of fresh and regionally sourced ingredients - play at the level of consumption?

- To consume more organic food
- Eating is experience
- every care home has a kitchen and patients are involved also in cooking in some way
- sustainably prepared meals in care facilities are educational for people → what is healthy and sustainable food ? (prevention)
- Awareness – consumers push the local production up
- tell and show the story behind the products and meals
- people in care homes and their guests know where their meals and the ingredients come from.
- Inform/include patients' families

- educative role for all the people (patients, relatives, doctors and all the people that work in hospitals) : the hospital as an educative centre.
- tasty, more healthy (allergen free, gluten free, organic) available with all different food service channels
- food is included in the plan of disease prevention (eg bowel problems)
- elderly people at home eat a good meal at least twice a week
- elderly people at home can get, if they want or can, their meals in school canteens
- meals shared by young and old in social centers and care home restaurants
- the care homes will be the new centre of the community where everybody could come dining
- people in care home are less dependent on medicines due to better meals
- less meat... better use of meat
- short supply chain ==> more flavour, less additives – prevention of diseases
- BRAND which certifies healthiness of food (also sold in a store inside hospitals) & LABEL which explains why in a disclosing way
- VENDING MACHINES should provide 100% organic, local, seasonal food and beverage as a good example of the step by step policy
- shops in care homes and hospitals sell regional food.
- people see the hospital menu as an example of balanced and healthy diet.tasty.
- role/ more care and more love: meals are the highlight of the day, served accordingly

On the level of education and labor: what are the consequences of implementing a more sustainable meal provision for the employability in this sector (does it require extra work force, special skills and knowledge, etc.).

- more research and development, practical training and education

Ministry (department) of healthy ageing

- understanding that more money must be spent on food and labour – more value
- more interest from the government making new facility laws

Management & organisation

- strategy for paradigm shift, CEOs
- competent boards in hospitals
- the management of hospitals and carehome have an integral view on the benefits and costs of healthy meals
- in each hospital there is a food manager and a commission with representant of any profession : doctors, nurses, book keepers, patients
- improve image of institutional cooking with special « awards » every year for the most inspired cook of the year
- food and beverage manager to select the good choice to improve sustainability - a chef that love food and love his job
- closer relationship between nutritionists and dieticians and social care
- physician, nutritionists are comitted to sustainable food (prevention)
- hardly no extra emplyability over all but some extra people in healthcare institutions
- internal kitchens and chefs and gardens – awareness about sustainable food

Communication

- use a variety of forums to communicate the work that was being done – all staff is aware of the new policy and its implication for practice – getting patients feed back /listening to the needs of patients – posters to promote sustainable mealtimes – offer fewer options

Training

- Learn new methods (technologies, machineries)
- understanding of how taste smell changes as you get older

- schools for both agricultural and culinary education (interdisciplinary)
- health promotion : cooking courses promoted from the hospitals to teach people how to cook their healthiness (100 years ago that was the only way for disease prevention)
- more young chefs training – also pop up dining
- Food becomes an item in medical and nursing school
- reclaim tool works through training
- exchange programs for cook (erasmus)
- inspiration through teachers who are in the right place and through practice
- youth food movement academics everywhere, including young doctors, nurses, dietists, doctors , scientists...

Cooperation

- New cooperation between farmers/producers, butchers/bakers, small caterers
- form a group of multi-disciplinary professionals with an interest in enhancing nutritional care. To encourage local farmers to trade as a federation of small business to supply local and organic products to the hospital – create cooperatives

Research

- create a research institution which attests the rôle of sustainability for healthiness of society, economics, environment
- more research as to what actually works

2) Focusing on key-themes in three groups

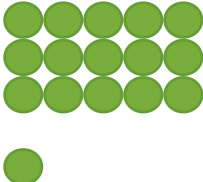

After all the participants expressing their own ideas, the group was split up into three smaller ones, to focus on one of the three central themes of the workshop, being:

1) In which ways can the production of meals for hospitals and care homes - including the processing of the food and the logistic process; i.e. the part of the chain from production up till the food reaches the end-user - become fundamentally more sustainable?

2) How does sustainability get to play a role at the level of consumption? In other words: how do we make the experience of consuming a part of the process towards a more sustainable handling of food? This is the perspective that deal with subjects like: how does knowing the story behind your food contribute to the experience of eating it, adding to the taste and to the pleasure of meal times? Communication is an important ingredient in this context; how can this be used to the optimum, making consumers more aware of what they are eating and how this relates to the health of their planet..?

3) What are the implications of a sustainable meal provision for the employability in this sector (does it require extra work force, special skills and knowledge, etc.)? What are the demands for our future cooks? How do we make sure we will have cooks wanting to work in this sustainable fashion..? And, at least as important, how do we get the urgency of this new approach between the ears of the CEO's and General Managers in the institutional world...?

Each group worked out different propositions for the short and middle term (between 3 and 5 years from today).

1 Focusing on the production of meals up till the moment of consumption, including aspects like processing and logistics In which ways can the production of meals for hospitals and care homes become more sustainable? (Team green)	
Sourcing seasonal, local and organic meal ingredients according to: - Freshness ; - Story telling instead of anonymous - Made with passion, love - Tasty - Healthy - Transparent - And has also to consider food miles and the mix of cultures of patients and old people	
Short supply chain is organised - With logistics hub, - With respect to scale - According to interdisciplinary approach - Communication/dialogue to connect offer and demand - Cooperation between farm and hospital - "middle man" is cut out	
Meal preparation (cooked by professional chefs) <input checked="" type="checkbox"/> Open to see or closed? <input checked="" type="checkbox"/> Knowledge of traditional ≠ modern <input checked="" type="checkbox"/> Use of right material / equipment / techniques	

Additional comments:

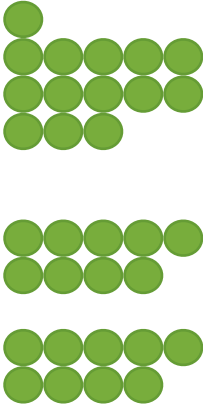
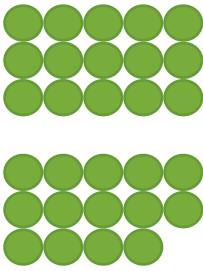

Story telling food was an important point for even if we can't source all our food from within this 50 km range we have in mind as an ideal, we do need to know where our food comes from and know the story behind it.

Another issue that came up was the need for more fresh food, as opposed to the increasing amounts of meals being produced industrially at long distance from where its eaten, cooled down and reheated again.

It was considered to be important to shorten the supply chain, cutting out the middle man. Efforts should be made to build structural forms of cooperation between institutions (hospitals, nursing homes etc.) and local farmers getting the shape of guaranteed buying contracts (based on the knowledge of institutional chefs about the amounts of food being needed).

Special attention was paid to the profession of the chef and the value of the labor of the chef. Nowadays a lot of the cooking process is outsourced; food being such an important aspect of the hospital, the cooking should be brought back into the hospital.

The group came up with the following road map starting from 2013 up to 2017.





1 Focusing on the production of meals up till the moment of consumption, including aspects like processing and logistics Road map from 2013 to 2017		
2013	"Hospitality in hospitals" start lobby for chefs in management board, - use of best practice to convince steering committee - start research and experimentation to gather evidences	
2014-2015	Pilote test : for food multidisciplinary approach (chefs, geriatrics, suppliers –logistics, producers)	
2016	Implementation of high quality food policy (healthy home made fresh food) – evidence of the relationship between food and health, Food is part of the cure for patients. (Food department = medical department)	
2017	The chefs are upgraded to CEO (Chefs executive officers). Their professionalism is recognized with better wages.	

Indeed, in 2013 a lobby should start to get chefs admitted to the boards of hospitals: a lobby for the alternative CEO (C = chef). The idea behind is, that it is crucial to also have the subject 'food' represented at board level, instead of only the medical issues. It should help in shifting the paradigm: instead of looking at food as 'a facility', it should (and will be, if chefs become part of the board) looked upon as an essential 'medicine'.

At the same time best practices need to be collected, to be used as ammunition to convince CEO's about the need and advantages of the sustainable approach. Besides that we have to collect all the research

This should be followed around 2014/2015 by a pilot with three hospitals/ care homes: these pilots should have a multi-disciplinary approach, it should for example involve chefs, geriatrics, produ-

cers and suppliers. The aim of course being to bring back local, fresh, possibly organic and definitely sustainable food back in the hospital, being cooked 'on the spot'.

2- focusing on aspects related to the moment of consumption. How does sustainability get to play a role at the level of consumption? Communication is an important ingredient in this context	
<p>Meal consumption:</p> <ul style="list-style-type: none"> - No more menu cycles - Cutting down on rules and regulations (HACCP) leaving more room for common sense in the kitchen. This is possible only if management is understanding why some rules are not followed. - More attention is brought to the meal moment: more assistance to the patients and also the protection of meals times: nothing else is happening - Patients (hospitals and care homes) have more chance to eat all together (also with their family) 	
<p>Communication:</p> <ul style="list-style-type: none"> - Talking menus and TV screens in connection with kitchens - Share new visions with the world outside (◊ theme days ex ethnical food day etc.) - Use patients communities (◊ play role of ambassadors, give feed back) - Open kitchen where possible 	
<p>Education:</p> <ul style="list-style-type: none"> - Cooking workshops about healthy, sustainable food for all staff , included managers, compare industrial food and home cooked food - Improving the image of institutional food (awards, new subjects to curriculum, pride, open up restaurant where visitors eat with patient ◊ job more interesting for chefs, food therapy) 	
<p>Conviviality: (social role)</p> <p>Spaces created where patients (hospitals) can eat together, also with family. Family members can help frail relatives to eat, and may pay for their own meal.</p>	
<p>Promotion</p> <ul style="list-style-type: none"> -Farmers markets in the hall -Vending machines + movies 	

Additional comments:

Ideas and suggestions that came up were: using 'talking menu's'. On a lot of menu's provided with the meal there is as yet no information at all about the ingredients (origin, ways of production, etc.)

being used. So the first option is to write more information on the menu. But, for both elderly and (very) young children it might be a lot more attractive to be fed with the information in the shape of small films, interviews with the chefs, nice photo's of harvesting the used ingredients, with a spoken explanation, etc. This can be realized with the help of new techniques (for example using QR-codes on the menu).

It is considered to be very important, from the view of communicating about the food, to have 'open kitchens' where ever possible; so, to make this part of any renovation plans. An alternative, but also to be used in combination with an open kitchen (like already done in the Dutch care home Naarderheem), is using TV-screens in the restaurant, showing what is happening in the kitchen. This could also be done on individual tv-screens in hospitals.

Also considered to be important when talking about communication: sharing the new approach and vision with the world outside the hospital / nursing/care home. This can be done in newsletters, on websites, or by organising special theme days, for example around 'ethnical food'.

It was thought to be a good idea to create 'patient communities' around the hospital, giving patients a platform, a stage as it were, to act as ambassadors for the hospital, sharing publically their experiences.

Education is seen as an essential part of the process and should involve all the stakeholders, ranging from the CEO's, the cooks, Facility Managers and Food Assistants, up until and including patients / clients. This in order for all of them to experience the difference in taste between industrially produced and 'home made' meals; i.e. using 'taste' as the first catalyst to get a change going.

Secondly, improving the image of institutional cooking is an important element.

This can be done in various ways, like adding new subjects to the curriculum of institutional cooking programs, for example learning more about the origin and ways of production of the ingredients being used; about seasonal cooking and 'total-carcass' use, i.e. the importance of extending the collection of recipes to also include using otherwise wasted parts of the meats being used, etc.

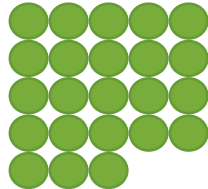
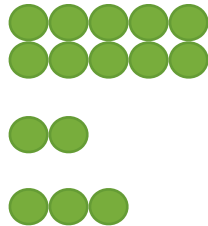

Another idea was to create special awards for institutional cooking (or extend the use of them), to be used as a stimulant to look with different eyes at the profession of 'institutional chef'. This should contribute to restoring the feeling of pride in the institutional chef; feeling proud about his special craft.

To make the job of the institutional chef more interesting it was also thought of as a good idea to open up restaurants where patients and visitors can eat together. It is a pity that patients often have to eat on their own, this is not so stimulating - eating together with relatives and friends can help them to enjoy the meal more. Apart from this, it can create an extra source of income for the hospital and it can perform an educational task that extends outside its own walls (reaching non-patients with the information on the menu's), in this way contributing to healthy and sustainable consumption in general. These visitors on top of this can be then used as the hospitals ambassadors as well (see under communication).

Talking about why CEO's would want to embark on these new actions, the point was made that it would have to be presented as part of a clever marketing strategy, the way that hospitals and care homes can distinguish themselves from other hospitals - an important advantage in a time where people have more choice about where they want to be treated or live (in case of care homes).

Concrete actions of this aspect, conviviality, are covered already partly under the aspect of both 'communication' and 'education', but still considered to be important to be mentioned indepen-

dently. It is about paying (much) more attention to the social aspect of the meal time. Creating open spaces where patients and visitors can eat together is one (important) way to work on this.

3- focusing on the aspect of the implications concerning education and employability when making the shift towards a more sustainable way of institutional meal provisions. What are the implications of a sustainable meal provision for the employability in this sector?	
A good practices database needed : <input checked="" type="checkbox"/> Published <input checked="" type="checkbox"/> Used by universities to do research and to bring evidences on efficiency with sets of indicators (economics, environment, appreciation, health, employment density etc.)	
<ul style="list-style-type: none"> • Save money or shift money?: now several cases show evidences that Sustainable meals are not more expensive; however, decision makers must still be convinced to change their organisation despite this evidence. Both scientific and emotional (ex blind tests) arguments must be used for that. 	
<ul style="list-style-type: none"> • Implementation of multi-stakeholders roundtables, to share the vision on what should be done to change: • Food chain organisation :supply chain based on craftman partnerships, local food hubs, branded market places in the hospitals, • Food service organisation • Training organisation : technical training to cope with new production systems, dignity for all actors of food chain, awareness on food sustainability challenge 	
In conclusion : HOSPITAL <== FOOD ==> HOSPITALITY	

Additional comments:

After taking a good look at the individual ideas about this theme - a quite complicated one - this group arrived at the conclusion that one of the first things to be done, is the creating of a database of best practices. These should be shared with as many people as possible, and maybe in the first place with relevant researchers at Universities, who can study these cases, analyse why they are working well, get indicators about their economic (including the influence on employability) and environmental value, about the satisfaction of patients etc.

Another important indicator - keeping in mind that to make a real change the CEO's have to be convinced it is worth their while - is of course the money. The idea is to demonstrate that we maybe do not save money, but spend the same amount in a more intelligent way (so sticking to the same budget, we divide the money differently, with more sustainable priorities in mind).

The next question was about how it is possible to change the current way of thinking of the CEO, what strategy is needed to achieve this. One possible answer is that we might need some people who are able to 'communicate in an effective way to the CEO's' the results of the good practises that are collected. This is, however, only the rational part of the story. The group also searched for ways to touch the decision makers – who are often quite far removed from the day-to-day reality -

at a emotional level, for example by presenting a blind test, inviting the CEO to choose which one is the best meal...

Another point that was made, concerned the importance that all the staff members and other personnel should be served the same meal as the patients to get a real feel of the quality that is produced by the hospital.

When this bridge - opening up the minds of the decision makers to more sustainable ways to provide institutional meals - is crossed, the next step would be to organise round tables. These should be multi-stakeholder gatherings in the region, bringing together the local authorities, hospital CEO's, producers, etc., just to think about a new vision concerning the role of food in the institutional world, and on top of that constitute a plan of action.

In this plan of action the following main aspects were identified:

1. The organisation of the food chain: organise the market, the supply chain. Try, where possible, to find the needed ingredients in the region and the ways to source them as well. For this plan to succeed, it is important to work together with 'regional specialists': they can also help building a platform, to arrange the logistic conditions needed for working with regional supply.
2. The option of creating a market place within the hospital, some of the hospital shops could sell local and regional products; the same ones as are being used by the hospital itself. - There also was the thought of possibly creating a separate brand of products (both healthy and sustainable).
3. Organise training/education: there should be technical training for everybody involved through the whole chain (cooks, food assistants, dieticians, facility managers, etc.), to be able to face the new demands that come with the more sustainable approach.
4. The training should also include learning about the ins & outs of sustainable food: what are the criteria, what are the advantages, what does it require from people, etc. At this moment 'sustainable food' is not part of any training for institutional cooking.
5. Finally, also in this group, there was talk about the need to give a boost to the image of the profession of the institutional chef and also for example the food assistants. Attention needs to be paid to giving these jobs back their 'dignity', to no longer let them be considered as 'second rate' jobs.

At the second half of the day, three groups were formed to make concrete proposals on three main topics that have been identified according to the votes of all participants:

1. The importance of research and good practices databases to build up awareness among decision makers
2. Upstream organisation of food supply chain
3. Design of a pilote test for sustainable food service in the hospitals / care homes.

CONCRETE PROPOSALS

First proposition: building a bridge between innovative best practices and research

First step Collecting good practises using existing networks

Starting with existing networks (Eating City, Softagri, Mooie Maaltijd etc.), the proposal entails building a database of good practices. Thinking about the format, the idea was to give a clear impression of each good practice on one page - so it will be easy to see for people if they can profit from this case - and then make a link to a slightly longer description. Points to highlight are:

- how the project is organised
- what kind of funding is used
- the different roles /functions of everybody involved
- how staff and patients value the project results
- factors for success and which limitations were met contact person

The database should invite contributions of all sorts, not using strict criteria to decide on which projects qualify as 'good practice'. The reason behind this, is that what might not sound like a good practice right now, may turn out to have good elements after all. So there should be a diverse offer of practises, that can be used as a source of inspiration.

Second step: disseminating collected practises

To spread the news about the existence of this collection and invite others to visit it and make contributions (which can vary from photo's, films, interviews to new reports) social media and newsletters can be used.

This way it is possible to find out if this site is fruitful, and fulfilling a need; for very little costs it can be established if it should be maintained like this. In that case the next steps can be taken: organising a new meeting of the contributors, finding more best practices and possibly EU-funding to keep the site going.

Third step: linking up with Universities and Research Centers

A link was also made to the aspect of research in relationship to these best practises. This database would provide a good basis for students looking for subjects to write their thesis on. So the network is asked to get Universities to get involved with the new network; this way the network of good practises will be connected to the network of some universities.

These universities might be interested by some of the more complicated cases and like to do more research into them - using their own channels to find funding.

Talking about research, two types were identified:

- very concrete, short term research, like how to deal with the current problems of food waste;
- more complex, long term research, like into the relationship between food and health and between food and well-being.

For this last type of research it might be interesting to see how European funding, within the European Commission programme 'Healthy Ageing' might be accessible.

Second Proposition: Upstream organisation of Smart Food Supply Chain

This group soon decided that the real aim is to get to an 'intelligent' rather than "short" supply chain', starting from the existing, optimizing and using what we have got it in a smarter way. It is difficult to change the existing structure such as, the location of the kitchen is in the hospital, the EU-procurement legislation (and also safety regulations), available food distributors, available food producers in the region and individuals buying the food: are we talking about the chefs, or the procurement section of the hospital....

Smart food supply chain are build :

- 1) By networking: get people to discuss these topics (like during the Eating City meetings).
- 2) By collaboration, as the next step, following the above mentioned discussions
- 3) By training and education: by applying an educational approach we make things happen in a better, more succinct way.

Key persons to implement smart food supply chains are the buyers who must be motivated to change procurement criteria. For almost everyone involved money comes first. To make the sustainable choice a more affordable one, it might be good to have a closer look at the use of IT-support behind procurement and stock control, which has a direct influence in the reduction of waste.

IT-support for cooks and farmers The group thinks the IT-support in many instances is not yet used well enough. This might be especially the case where chefs are responsible for buying the food. It is often the procurement department that has the experience with the use of IT for other things than food. This means that, if this department has the right motivation, it might be advantageous to place the responsibility for the actual buying of food there, using the administrative support (for the billing etc.). That way the chefs could concentrate on the cooking. Also the farmers could profit from gaining more IT-expertise. A lot of farmers do not even use their e-mail, which creates the first obstacle in the contact between them and the hospitals and care homes.

Third Proposition: setting up a pilot with a hospital, working on a sustainable meal provision

The group made a draft of what the pilot should look like, starting out with defining some key words: sustainable, healthy, fresh food, tasty, caring and hospitable.

First step : to create a specific Food Department A closer look was taken at the 'food department' that was suggested at an earlier stage during the meeting as an important addition to the current organisation of hospitals. The food department should include not only the relevant employees of the hospital, but also a representation of the patients and people visiting. The reason behind this choice was that the group concluded that all of the horeca facilities should be represented in the Food Department, no differences should be made between food for the patients, staff or

visitors. This led to a big group of stake-holders in the Food Department, varying from chefs, dieticians, nutritionists, doctors, psychologists, nurses, patients and visitors, but also IT-specialists, because one of the important tasks of the Food Department is to be transparent about what it does, its vision etc., using the technical possibilities to do so (apps, QR-scans, online information etc.).

Second step : to link Food Department with gardens where possible, to integrate gardens in the neighbourhood of hospitals and care homes, not only to serve as a place for leisure for patients, but also to grow food, serve as an educational instrument about sustainable food (following the seasons, growing it in a natural way etc.) and to build a bridge between the hospital or care home and the community around it.

Third step: to link Food department with aftercare The group also talked about the importance of hospitals offering 'sustainable aftercare': for example giving patients a good meal to take home with them and other tools and guidelines or even diet suggestions to 'steer' patients towards a better life style.

Thinking a bit along this educational line, it could be good to have a shop in the hospital where good food (with a clear, sustainable story) can be bought both by visitors wanting to treat their beloved ones in the hospital and by the hospital's personnel.

The group learned that the budget spent on food in care is 0.00785% of the total budget; its aim would be to increase this to 10% and to demonstrate how this increase would come with saving and earning money to compensate this increase up to a point where it is at least completely evened out by the benefits.

The role of the CEO Leading the Food Department would be the Chief Executive Officer. This department would cover all the meals for patients, staff and visitors. One of its extra activities might be the development of 'medical cooking', elaborating on an existing project in The Netherlands, where a study is being made of how real food (not enhanced with extra calcium, vitamins, or other 'boosting ingredients') can be used to the optimum result as a medicine, for example through clever combinations with other food ingredients.

Convincing the CEO... A few arguments to convince the Chief Executive Officer to make the sustainable choice and join into the pilot:

- It offers marketing opportunities.
- Sustainable meals cost less to the whole society in a medium – long term perspective but meal production re-engineering is necessary, starting for instance with waste reduction.
- Offering better food can increase the income of the horeca facilities (restaurants and cafe's).

Designing a specific Sustainable 'label' A result of such piloted test could be the introduction of a special 'sustainable hospital' label, a bit like Green Key for hotels. This should be based on a set of clear criteria. The idea behind introducing this label is to give hospitals (more specifically: their CEO's) an incentive to make changes. The label would function as an instrument for marketing and promotion. It would be part of a bigger strategy to show CEO's how they can benefit (by saving money in some cases and earning it in other instances) from 'the sustainable way to do things'.

CONCLUSIONS

1) Political / legislative perspective

One of the outcomes of the meeting was that there is a crucial role in the process towards more sustainable institutional cooking to be played by regional and local governments. To start with this became apparent from Peter Friedrichs presentation: '....a hospital searching for local producers needs the involvement and support of the local council, the regional government. These parties can build a bridge between these producers and the hospital. This is a strong argument for the importance of a city food policy. In Stockholm politicians have decided that all hospitals should have their own restaurant again. The politicians determine what the goal is, the hospitals decide how they can realise it'.

It was once more illustrated by an example that Mark Stein presented in his story: '...the local authority controls the public money which buys the places for people in residential care. The City Council can try to set standards for what food is provided and how it is provided.'

There is a need for changing the legislation concerning tenders for catering hospitals in a way that makes it possible for small producers to bid as well. Right now, because of the regulations, small producers are totally left out of the equation. One way of going around the existing rules is setting up cooperatives of small producers, being managed by an intermediating company, which can act as the hospital's / care home's partner. This is how for example the hospital of Asti (Italy) has managed to substantially increase the percentage of local and organic food being prepared in its kitchen.

Finally, there seems to be room for translating the social function of hospitals and care homes (much more than is now the case) in a stronger political involvement concerning (among other things) the quality of food being served, giving access to local and regional suppliers - stimulating the regional economy - and stimulating the educational role care institutions can play towards healthier and more sustainable cooking and consuming.

2) Practical perspective

An important practical barrier in the process towards a more sustainable institutional meal provision, is the current lack of good logistic solutions to deal with the supply from small producers. The meeting mentioned various possible ways to go about tackling this issue. One of them (presented by Vroegop-Windig as their chosen one) to combine delivering organic with local and conventional food products (like Vroegop-Windig is doing): making use of existing 'product streams' and adding the supply of small scale producers to them.

Another possible solution can be the setting up of food hubs where the small-scale supply is collected, and building links between them, this way connecting different regions. Also the option of establishing an electronic market place to enhance bundling and connecting with larger streams) seems a promising solution to explore.

A important conclusion that was drawn concerned the need to create smart or intelligent supply chains, rather than only 'short ones'. As just said, in a number of cases it might well be more su-

sustainable to combine the supply of 'regular food products' with small-scale local and organic products, rather than focussing only on exclusive small-scale short chains.

Another 'practical threshold' slowing down the process towards more sustainability in care institutions is formed by a lot of hospitals and care homes no longer being equipped with their own kitchens. A change of meal-policy in these institutions is possible at the moment they need to renovate and can decide to bring back their kitchen(s), like the Academic Medical Centre in Amsterdam is right now considering very seriously.

3) Perspective of 'food-awareness'

Very important is the work to be done through the whole chain, but especially within the institutional world itself, on creating a new awareness about the importance of good food in relation to issues concerning health and well-being. The last decade food has been more and more treated as a 'side issue', that had to be dealt with in the most cost-effective way. Moreover, when deciding about the food budget, there has been a strict division between the kitchen and the medical department. Budgets were (and still are in many cases) determined by the lowest purchase price of food, without taking into account the many 'hidden costs' earlier in the chain (transport, packaging, waste) and later on in the chain, as a result from bad consumption (malnourishment, obesity, heart diseases, waste, etc.).

Also often not taken into account yet are the ways that serving better food can offer new sources of income: attracting more people to the institutional restaurants (visitors paying for their meal, inhabitants of care homes having the choice to eat different meals for a bit of extra money, etc.).

At this level of food-awareness, important work is also to be done to enhance the image of the profession of institutional cooking (and the jobs around this, like food assistants). In order to be able to have its own restaurant, this goes especially for care homes, it becomes more and more important that the quality of what is served is excellent. The reason behind this, is that elderly people increasingly go on living independently, with a choice of what and where to eat. Care home restaurants need to attract them, while competing with 'ready made meals from supermarkets, take-aways etc.). Resorting to 'fresh food with a story', prepared on the spot, can be seen as an effective way to succeed.

4) Future outcomes : a research project regarding the study of sustainable practices applicable to European hospital catering

This project concerns the creation of a database of documents and research literature that describe the field of hospital catering in the different European regions. The database will be useful as a public information and education resource as well as forming a network platform for exchanges between people, hospitals and organizations/institutions. The main purpose is to inform and educate the public that will access the database besides ensuring greater and more direct accessibility and usability of information. Indeed, despite the very large number of research projects and scientific publications concerning hospital catering, in Europe the field still lacks a collection of comparative analyses which can be used to identify, among the various possible practical choices, those that produce better outcomes in terms of sustainability, in all its environmental, social, economic and sensorial entirety.

The first phase of the project will consist of an analysis of the context, the second phase will involve the identification and definition of the variables that will serve as indicators of comparability

between different research studies. The third and last phase of the project will involve the drafting of new guidelines that identify a set of best practices, solutions and new paradigms that should be embraced in order to improve the current situation. The purpose of the guidelines will be to shift hospital catering towards more desirable outcomes in ecological and social terms without neglecting the potential impact on economic results by, for example, highlighting the necessity for the creation of new professional categories.

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