



**Food Systems Feasibility Study for Hywel Dda
July 2022**

**A report
for
Hywel Dda University Health Board
from**



**Wales Transition Lab
In partnership with**



Food Systems Feasibility Study for Hywel Dda

July 2022

To: Hywel Dda University Health Board

From: North Star Transition



Figure 1: Banksy's controversial painted elephant, part of a celebrity event in 2006, aimed to highlight global poverty

There is a growing health crisis. Societal challenges such as diabetes, cardiac conditions, cancer and a widening gap in life expectancy make daily headlines. What can be done to improve population health? What is the [elephant in the room](#) for Hywel Dda University Health Board? Why, post-pandemic, at a time when the NHS is over-stretched and fatigued, is Hywel Dda developing a planning objective about the role of food in wellbeing?

North Star Transition:

Project director: Jyoti Banerjee

Project lead: Victoria Topham

Team: Dan Ward, Jo Jones, Andy Middleton, Rebecca Annells, Olivier Boutellis

UCL Climate Action Unit:

Kris de Meyer

Lucy Hubble-Rose

A note of thanks

North Star Transition would like to thank Hywel Dda University Health Board for commissioning this project.

For further information, please contact

Project Sponsor: Phil Kloer: Philip.Kloer@wales.nhs.uk

Project Director: Jyoti Banerjee: jyoti@northstartransition.org

North Star Transition: www.northstartransition.org

North Star Transition is a UK not-for-profit company limited by guarantee, set up in 2020 with a mission to develop new approaches to address systemic challenges through radical reframing and holistic collaboration. We create collaboration initiatives designed to increase the impact of our

response to humankind's climate, biodiversity loss and social crises, including wellbeing and health. We aim to accelerate systemic change.

Our main vehicle of change is a Transition Lab. The goal of a Transition Lab is to bring together unlikely allies from different disciplines and cultures to reframe problems, identify obstacles of change, co-learn, and create novel co-creative solutions. We operate place-based Labs (for example, in Wales and Scotland) focusing on nature-based regenerative approaches, and broader thinking labs which focus on domain areas such as finance and business.

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Executive summary

In which ways should health boards pay attention to food? This is the fundamental question at the heart of this study.

The direct health outcomes of the food that people consume are significant contributors to the work and budgets of health boards, whether addressing cardiac, stroke or joint disease management. Obesity and diabetes magnify the problems. Beyond these direct effects, there are other challenges inherent in how the current food system impacts on human well-being, on the natural environment and on the real economy.

This Food Systems Feasibility Study was commissioned by Hywel Dda University Health Board (HDUHB) to identify the challenges and opportunities to improve well-being in this wider sense. It also aimed to investigate how to work with leaders from all parts of the food chain to maximise the positive impact that HDUHB may have on the food system it participates in.

This focus on a wider meaning of ‘well-being’ is mandated of public sector bodies by the Well-being of Future Generations Act. It brings into play issues that previously would have been considered out of scope for a health board – issues which this report will consider in depth.

Scope and Approach

The purpose of this project was to undertake a feasibility study to support HDUHB with the first steps of developing an organisational Planning Objective; “Optimising Food for Wellbeing.” It approached this by researching and developing an understanding of the food system that HDUHB participates in, and understanding the views of stakeholders through deep engagement.

Key Findings

Based on the research carried out for this study, and the engagement with stakeholders, we have found four areas of work relating to food that HDUHB might consider in setting its long-term planning objective:

- Stakeholder engagement within this feasibility study confirmed that HDUHB is an **effective neutral party** on the topic of food and its impacts on health, wellbeing, the environment and the foundational economy. Indeed there is significant appetite for the health board to be more involved than it has been.
- HDUHB **internal procurement and menu design** is disconnected from the foundational and environmental impacts of food. There is scope to increase local procurement by exploring internal processes, such as the specification of ingredients, or exploring where cost savings on some items can allow increased spending on local and/or more environmentally friendly food.
- Proactive **external engagement** by the HDUHB, along with other public sector bodies, could help increase the use of local suppliers by wholesalers, and help local suppliers access public sector contracts.
- While opportunities for improving **health outcomes** through internal procurement are minor, such opportunities exist through HDUHB staff and through other public sector areas, namely school meals and food in local authority care homes. An allied benefit is that aligning

procurement with other HDUHB regional public sector bodies would also deliver greater foundational economy and environmental benefits.

Evaluating how each aspect of its operations might be re-imagined in the light of the Well-being of Future Generations Act requirements is a considerable challenge for Hywel Dda, bringing into play issues that previously would have been considered out of scope for a health board, such as environmental impacts of procurement and the impact of HDUHB on the wider economy.

Each change to how HDUHB operates and engages in the food system will have multiple knock-on effects. This requires a move away from siloed working and thinking, engaging with stakeholders and working collaboratively on options for change. HDUHB should keep in mind **three lenses** when thinking about the changes they can make and the impacts these will have. These lenses are:

- a. health and wellbeing,
- b. environmental impacts and
- c. the foundational economy.

We lay out our findings around these lenses below.

Recommendations

Given the three lenses (environmental, wellbeing and foundational economy impacts) we have used to assess the impacts of the working of the food system, we can identify many disconnects and negative impacts from the current configuration of the system. This feasibility study demonstrates actions that can be incorporated into an HDUHB planning objective.

Based on our study, we recommend placing a focus on **action-based innovation** to set up a long-term planning objective for HDUHB. We propose action-based innovation projects at three levels:

- Action 1 – Deep systemic engagement
- Action 2 – Focused change
- Action 3 – Public sector leadership

Deep engagement

Given that there are many different participants in the food system, we propose that HDUHB keeps deep and wide engagement with multiple stakeholders a vital component of developing its long-term planning objective. Many of the stakeholders who engaged with the feasibility study are enthusiastic about working with HDUHB, and are prepared to continue engaging with HDUHB – this is a valuable resource that should be developed and encouraged.

We differentiate between internal and external stakeholders in this study, and propose that HDUHB continues to maintain strong engagement on food with both types of stakeholders.

Focused change

HDUHB can begin to drive change on the food agenda by creating sand box projects where it can explore Learn & Do opportunities. Each focus area will require working with a range of stakeholders appropriate for that problem. The stakeholders need to be equipped to bring a multi-lensed perspective to their work, and need to be given the power to enact change.

Examples of focused change projects could include food procurement innovation, staff engagement and infrastructure innovation.

Public sector leadership

This study has found numerous disconnects and failures of the food system across Wales. Many of these disconnects and failures touch the public sector, particularly via hospital, schools and care food sourcing. If HDUHB is going to maintain a long-term planning objective for food, it has the opportunity to play a leadership role in this space with other public sector organisations, particularly through the PSBs and RPB that it takes part in. We liken this role to that of a coach in a football team, helping the rest of the public sector team put its best foot forward when it comes to their engagement with food. Of course, HDUHB is not only a coach on the team, but when it comes to its engagement with food as a health board, it is also the star player.

Next steps

Given the scale of the innovation challenge facing HDUHB in taking forward food as a long-term planning objective, as laid out above, we propose the formation of an innovation action team that is tasked with taking forward the development of the planning objective. This team can be responsible for:

- Setting up the planning objective
- Creating innovation teams to drive the actions described in the recommendations
- Setting up training and education programmes around multi-lens impacts and deep stakeholder engagement – the standard toolset that will help all participants in such a programme.

North Star Transition
July 2022

1. Introduction

Food and the food system play an important part in population health. HDUHB is committed to understand and identify the challenges and opportunities inherent in the food system and maximise its impact, while working with stakeholders across the food chain and beyond to improve the wellbeing of the population it serves. The overall aim of this work is to identify opportunities to optimise the food system as a key determinant of well-being, which will be achieved in a number of phases.

1.1. Purpose of the report

HDUHB is seeking support with the first phase of its work. It asked North Star Transition to produce a report that will provide the foundation for its long term objective - to optimise the food system as a key determinant of wellbeing.

1.2. Navigating the report

The remaining sections of the report give a detailed overview of the background, research activities and our resulting recommendations which aim to help HDUHB fill in *how* to bring in food as a long-term planning objective.

Section 2 provides the scope and background to the report. It lays out the aims and objectives of the feasibility study, what is in and out of scope, and key concepts upon which the study is based. It describes the planning work already undertaken by HDUHB in this area. It also provides the wider context for Hywel Dda's work, from the global to the legislative and operational contexts.

Section 3 introduces the activities undertaken as part of the feasibility study, as well as the insights they generated. A rapid evidence assessment of the literature provided understanding of the current thinking on the connection between food, health and wellbeing. This evidence base was used to map the food system in which Hywel Dda operates, and to form an understanding of the stakeholders in the system. Finally, knowledge of this local 'ecosystem' was used to organise 2 workshops with stakeholders, to help test the understanding of the food system from their multiple viewpoints.

In Section 4, we translate the insights from our research activities into specific findings and conclusions. These shape the study's recommendations which we lay out in Section 5. In particular, we provide recommendations on how to develop food as a long-term planning objective, give focused areas for development, and provide proposals on how to make this work a success moving forward.

2. Report scope and background

There is a growing health crisis across the United Kingdom and challenges such as diabetes, cardiac conditions, strokes, joint mobility, cancer and inequalities in life expectancy make daily headlines, but health budgets are being reduced in real terms.

With consideration of its legislative duty in relation to current and future populations and with a strategic move towards a social model of health, HDUHB aims to be part of a system that actively supports prevention and long-term sustainability. The NHS would like to support a good life for all, reducing health inequality and sustaining the NHS for future generations. How they can best do that needs to be considered and explored in a way that hasn't been done before. This is the context that has led Hywel Dda to give consideration to what their role ought to be in supporting an optimised food system for wellbeing in Wales.

HDUHB set a long-term planning objective in 2021 to investigate how to “optimise food for wellbeing”. A request to tender asked for support in the initial consideration of planning the objective.

In parallel, representatives from HDUHB were involved in a series of exploratory multistakeholder discussions with the Wales Transition Lab hosted by North Star Transition and UCL from October 2020 to May 2021, to consider food, health and nature systems.

2.1. Scope and purpose of the study

The study was timed over a four-month period from November 2021 to March 2022. The purpose was to research the latest known links between food & wellbeing, map the current Hywel Dda food system and bring diverse stakeholders together to verify the understanding of the food system, and start to explore options for positive change.

2.1.1. Aims and objectives of the study

The feasibility study aimed to:

1. Gather and synthesise relevant information that demonstrates positive examples of action that has optimised the food system, for health, and well-being. Sources of information can be local, national and/or international.
2. Create an initial map of the way the various systems interact across the food / health & well-being / environment landscape to be used as a “straw person” for the study process.
3. Gather and synthesise information that identifies disconnects, failures and gaps in the food system, on a local, national and/or international level
4. Develop a stakeholder map of the system and identify those stakeholders that are associated with disconnects, failures and gaps in the system.
5. Convene the stakeholders to join a facilitated listening / collaboration process and use this process to redefine the disconnect map in a way that stakeholders can agree and identify with. Through this process explore ways in which the disconnect in the system can be addressed with the various stakeholders, particularly focusing on opportunities for progressive cross-sector collaboration.
6. Assess what information is needed to support the potential action plans that are emergent from the collaboration process that achieves the longer term planning objective.
7. Agree a shared direction of travel for collaborating stakeholders and propose a draft project plan to meet the requirements of the planning objective, with specific outputs and

outcomes that is the basis for collaboration among the stakeholders, and the foundation for a resourcing and funding plan.

8. Identify any/all potential resources (financial or otherwise) that could be secured to meet the longer-term planning objective.

2.2. Background

Wales Transition Lab and systems thinking

One driver shaping this study was the participation of HDUHB in Wales Transition Lab, a cross-sector, cross-discipline collaborative effort created by North Star Transition which aims to reconnect food, health and nature across Wales. Over 30 organisations have participated in Wales Transition Lab over eighteen months, from sectors spanning farming, environment, business, education, finance, infrastructure and health. Apart from enabling conversations across multiple sectors, Wales Transition Lab also created a fertile ground for recruiting stakeholders from across Wales who would be interested in the interaction of the food value system with NHS Wales priorities.

HDUHB’s involvement in Wales Transition Lab and the four founding ambitions that emerged from this work were a trigger for the health board to consider developing a long-term, systemic planning objective around food.

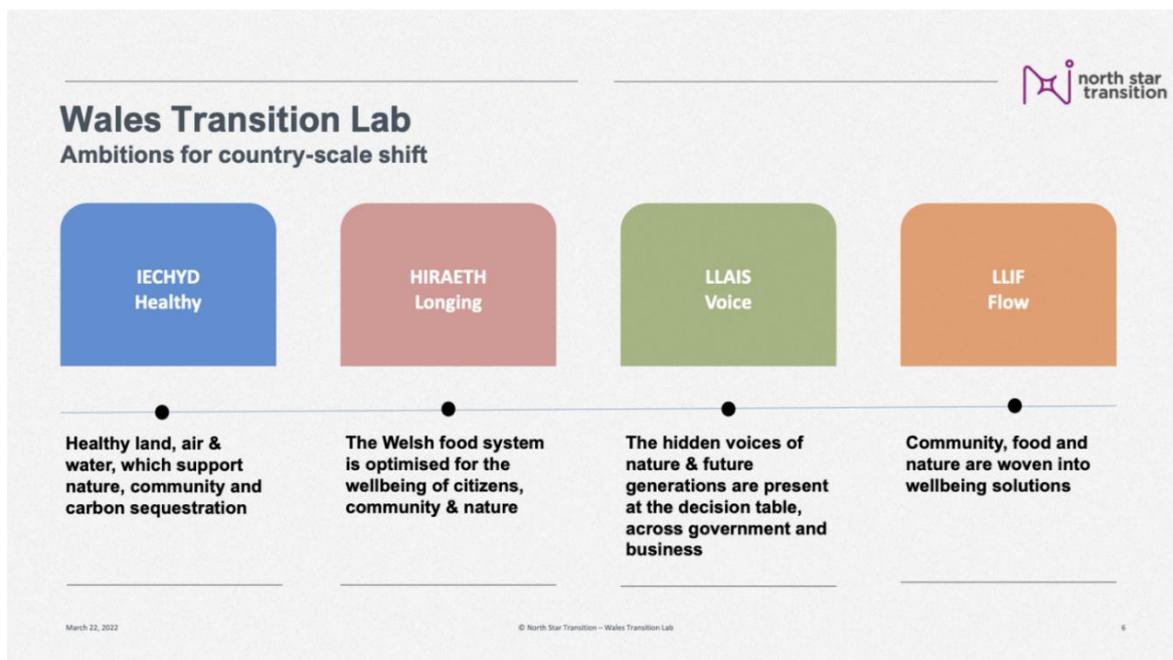


Figure 4: Four ambitions set out by participants in Wales Transition Lab, 2021

Hywel Dda’s Food Feasibility study sits within the ambition of **HIRAETH** (Longing) - however all the ambitions are considered during this study. Consideration was given to connecting to stakeholders with voice as well as those without. Only by seeking those with no voice can a full understanding of the issues and solutions be developed and understood.

North Star Transition’s work in Wales Transition Lab has been carried out in partnership with UCL’s Climate Action Unit, who have also partnered us in this study for HDUHB.

2.2.1. Context for the report

Global context

It has become increasingly evident through scientific and economic research that the globalised food system that we operate today is failing the population and planet. The total [emissions¹](#) of agriculture in the UK are worryingly high at 10% of total greenhouse gases (12% in Wales²), 47% of methane and 68% of nitrous oxide emissions. In addition to this is the overall global impact of the food the UK imports. The [Food Sustainability Index³](#) looks at how food systems are performing across three pillars: food loss and waste, sustainable agriculture, and nutritional challenges. The UK has the lowest level of food and vegetable production per head in Europe.

The [World Bank⁴](#) estimates that 8.9% of the global population are hungry, but overproduction and increasing food waste sits alongside [food insecurity⁵](#) and malnutrition. The paradox of food insecurity is that it can worsen diet quality and increase the various forms of malnutrition, including undernutrition, overweight and obesity.

Legislative context

The role of the public sector in Wales was reconsidered for the 21st century with two ground-breaking pieces of legislation, the *Social Services and Well-being (Wales) Act 2014* (“SSWBA”) and the *Well-being of Future Generations (Wales) Act 2015* (“Future Generations Act”). Seven years into this legislation, a governance framework is in place in the form of Public Service Boards (“PSBs”), which support the delivery of the Future Generations Act; and Regional Partnership Boards (“RPs”), which perform the same function for the SSWBA. In reality public-sector bodies are at early stages in their consideration on how to best meet their duties to current and future populations.

Operational and governance frameworks

The NHS operates under several frameworks. At a UK level the [NHS Delivery Framework⁶](#) and the Single Integrated Outcomes Framework for Health and Social Care (“SIOF”) dictate the operational direction of the NHS. At a Welsh level, A Healthier Wales, [Healthy Weight Healthy Wales](#) & the Quadruple Aims frames the ambitions of the Health Board across four broad categories including improved health and wellbeing through prevention and self-management, quality and accessible care, a motivated workforce and high value health and social care. Hywel Dda University Health Board’s own three-year strategy is set out in [A Healthier Mid and West Wales⁷](#). Key to delivery of the three-year strategy are Planning Objectives. They have a three-year time horizon and are developed as SMART (Specific, Measurable, Achievable, Realistic, Timely) objectives where possible with the support of Hywel Dda’s Transformation Steering Group.

Public Sector Procurement

Food and drink is a relatively small part of overall Welsh public sector procurement, totalling £90m in 2021, out of a total spend of approximately £6bn. Total NHS procurement spending on food and

¹ <https://www.gov.uk/government/statistics/agri-climate-report-2021/agri-climate-report-2021>

² <https://gov.wales/sites/default/files/publications/2019-06/agriculture-sector-emission-pathway-factsheet.pdf>

³ <https://www.foodethicscouncil.org/programme/measuring-uk-food-sustainability/>

⁴ <https://www.worldbank.org/en/topic/food-security>

⁵ <https://foodfoundation.org.uk/initiatives/food-insecurity-tracking>

⁶ <http://www.wales.nhs.uk/sitesplus/documents/862/2020-21%20Delivery%20Framework.pdf>

⁷

<http://www.wales.nhs.uk/sitesplus/documents/862/A%20Healthier%20Mid%20and%20West%20Wales%20FI%20NAL%20amended%20-%202028.11.18.pdf>

drink is £22m out of a £7.3bn total NHS budget in 2019-20. Hywel Dda procurement sits within the national procurement framework and is supplied by the NHS Wales Shared Services Partnership (NWSSP). Suppliers must meet the requirements of tenders advertised through the Welsh Government tender website, Sell2Wales. Procurement must meet the appropriate legislative and regulatory guidelines for fairness and other legal definitions. At a broad level, procurement in the UK needs to meet the country's commitments and obligations to the World Trade Organisation (WTO). In addition, the exit from the EU on the 31st of January 2020 has made a fundamental change to UK legislation and trade agreements. The Common Framework governing public sector procurement is currently undergoing transformation, and the implications of these changes are not yet clear.

3. Study activities and insights

To investigate the feasibility of delivering health and wellbeing outcomes through food in the Hywel Dda Region, we carried out a number of activities:

- Carrying out desk-based research on the environmental, health and foundational economy impacts of food sourcing in Wales
- Mapping the food sourcing system, from the twin perspectives of processes and stakeholders
- Engaging with the stakeholders right across the system to understand how else the food system can be configured
- Analysing the results of these activities to identify insights on how the system is currently configured, the obstacles that prevent change, and recommendations on how to shift this feasibility study into genuine impactful change.

3.1. Literature survey and desk research

We needed to carry out desk-based research to get a sense of the working of the entire system. This involved the online exploration of facts, trends and projections from a range of available scientific literature, reports and websites. The research was guided by the feasibility study brief, and by initial system mapping identifying the areas needing consideration. Desk-based research helped understand the context of each system component, and the relative impact and potential for change by Hywel Dda. Many of the issues have multiple drivers, with Hywel Dda only influencing some directly, but nonetheless Hywel Dda can directly and indirectly impact all of these issues.

3.1.1. Insights from the research

We categorise the insights we gained from desk research in three ways,, which we describe as lenses, or perspectives, which are helpful in analysing systemic impacts:

- Environmental impacts of food production and procurement
- Health and wellbeing impacts of Welsh food
- Foundational economy impacts of food sourcing

Lens 1: Environmental impacts of food production and procurement

The food production stage of the food system is by far the biggest environmental issue within the food system. 82% of carbon emissions from food happen in food production⁸. In Wales and internationally the negative impacts of unsustainable agricultural practices significantly impact the environment – such as greenhouse gas emissions, land use, habitat destruction, reducing biodiversity, soil degradation, increasing flooding and water pollution^{9,10}.

⁸ Ritchie, H. (2019) Food production is responsible for one-quarter of the world's greenhouse gas emissions. Retrieved from <https://ourworldindata.org/food-ghg-emissions>

⁹ Natural Resources Wales. (2020, December). Natural Resources Wales / State of Natural Resources Report (SoNaRR) for Wales 2020. Retrieved December 22, 2021, from naturalresources.wales website: <https://naturalresources.wales/sonarr2020?lang=en>

¹⁰ McKinsey & Company. (2020). *Agriculture and climate change Reducing emissions through improved farming practices*. Retrieved from <https://www.mckinsey.com/~media/McKinsey/Industries/Agriculture/Our%20Insights/Reducing%20Agriculture%20emissions%20through%20improved%20farming%20practices/Agriculture-and-climate-change.ashx>

Here it is important to recognise that the environmental impacts are associated with how the food was produced, and the standards and regulations that food complies to, rather than where it came from. Locally produced food may be as bad or worse for the environment than food produced to better standards elsewhere. As a fictional illustrative example;

- chicken raised intensively in Wales in poor conditions with high levels of nitrogen pollution for the local area, and fed feed which uses soya from rainforest deforested areas, vs:
- high welfare organic chicken with much lower pollution levels and sustainably sourced feed from elsewhere in the UK or abroad.

A key impact of food produced in Wales is agricultural pollution by phosphates and nitrates. In Wales phosphorous and nitrate pollution is primarily driven by livestock farming (mostly poultry and dairy, but also sheep and beef cattle), as well as run off excess fertiliser and soil erosion. This has led to all of Wales being declared a [nitrogen vulnerable zone \(NVZ\)](#) and significant issues with phosphate pollution of Welsh rivers such as the Wye. Just 42% of freshwater bodies across the HDUHB region meet good ecological status in the Water Framework Directive, primarily due to agricultural pollution¹¹.

Lens 2: Health and wellbeing impacts from food in Wales

Diet related ill health including obesity, Type 2 diabetes, cardiovascular disease and some cancers have a key impact on health and well-being of the population. Indirect health and wellbeing impacts are also caused by knock on impacts of the food system, such as poverty, stress and their associated impacts on health. The foundational economy impacts health, with issues such as poverty affecting a range of health outcomes.

A growing area of interest and concern around food and health is impact the types of food people eat has on nutrition and on gut flora and consequent gut health. Evidence is mounting that a lack of diversity in the food people are eating, and the way the food is produced in intensive agriculture, is leading to a reduction in gut flora diversity, and conditions such as irritable bowel syndrome (IBS). For example, an intensively produced apple has the same amount of bacteria as an organic apple, but an organic apple has far higher diversity of bacteria¹², with diversity positively associated with gut health^{13,14}.

- Diabetes makes up 10% of the Wales NHS budget, the majority being type 2 diabetes which is a condition driven by avoidable lifestyle choices¹⁵

¹¹ Natural Resources Wales. (2014). *Cleddau and Pembrokeshire Coastal Rivers Management Catchment Summary*.

¹² Wasserman, B., Muller, H. and Berg, G. (2019). An Apple a Day: Which bacteria do we eat with organic and conventional Apples?

<https://www.frontiersin.org/articles/10.3389/fmicb.2019.01629/full>

¹³ Heiman, M. L., & Greenway, F. L. (2016). A healthy gastrointestinal microbiome is dependent on dietary diversity. *Molecular metabolism*, 5(5), 317-320 Retrieved from

<https://www.sciencedirect.com/science/article/pii/S2212877816000387>

¹⁴ Hills, R. D., Pontefract, B. A., Mishcon, H. R., Black, C. A., Sutton, S. C., & Theberge, C. R. (2019). Gut microbiome: profound implications for diet and disease. *Nutrients*, 11(7). Retrieved from

<https://www.mdpi.com/2072-6643/11/7/1613>

¹⁵ Watkins, P. (2017). A picture of diabetes in Wales (27/04/2017). Retrieved December 5, 2021, from research.senedd.wales website: <https://research.senedd.wales/research-articles/a-picture-of-diabetes-in-wales-27-04-2017/#:~:text=Diabetes%20costs%20the%20NHS%20in>

- In Wales the incidence of obesity is increasing, with 60% of adults and 28% of 4-to 5-year-olds in Wales overweight or obese¹⁶
- Across the UK, children in the most deprived fifth of households are almost twice as likely to have obesity as those in the least deprived fifth of households by age 4–6. In Wales around 15% of 4- to 5-year olds in the most deprived quintile are obese. Of the children born in England in 2021, the current projection is that those in the poorest 10% of households are ten times more likely to be living with severe obesity at age 11 than the richest 10%¹⁷
- 40% of the disposable income of the poorest fifth of UK households is required to meet Eatwell Guide costs (£5.99/day), whereas for the richest fifth of UK households this requires just 7% of disposable income¹⁸.
- Producing livestock is associated with large amounts of antibiotic use, in the UK 36% of antibiotics are used on animals, although this included pets. 26%+ of antibiotics are used on farm animals. This contributes towards antibiotic resistance, such as MRSA¹⁹.

Lens 3: Foundational economy impacts

The foundational economy is the ‘real’ economy that forms the basis of everyday life and provides the essentials that everyone needs such as housing, food, energy, transport etc. The foundational economy in Wales does not have specific policy drivers, but rather has been incorporated within the interpretation and delivery of other legislation, such as the Well-being of Future Generations Act.

Significant economic value leaving an area detracts from the local foundational economy, in turn having knock-on effects on health and wellbeing of people in the area.

Carmarthenshire, and Wales as a whole, retains as little as 8% of the final value of agricultural produce²⁰, with that share of the profit going to other food system stages outside of Wales. This loss of value from agricultural food producers contributes further to poverty, inequality and knock-on effects on health and wellbeing.

The positive impacts of changing public spending are best shown by the Preston model, where spending locally where possible has meant that £112 million has been redirected in Preston city

¹⁶ Welsh Government. (2020). National Survey for Wales 2019-20: Adult lifestyle. In *gov.wales*. Retrieved from <https://gov.wales/sites/default/files/statistics-and-research/2020-07/adult-lifestyle-national-survey-wales-april-2019-march-2020-390.pdf>

¹⁷ Bellamy, A. S., & Marsden, T. (2020). *A Welsh Food System Fit For Future Generations*. Retrieved from https://www.cardiff.ac.uk/__data/assets/pdf_file/0006/1900761/WWF_Full-Report_Food_Final_3.pdf

¹⁸ The Broken Plate Report. (2021). In *Food Foundation* (pp. 5–38). Retrieved from <https://foodfoundation.org.uk/sites/default/files/2021-10/FF-Broken-Plate-2021.pdf>

¹⁹ UK One Health Report, Join Report on antibiotic use and antibiotic resistance, 2019 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/921039/Ted_Final_version_1318703-v45-One_Health_Report_2019_FINAL-accessible.pdf

²⁰ Wright, S., & Cook, A. (2021). *Findings and recommendations for Carmarthenshire Public Services Board*.

itself, and an extra £200 million has been redirected across wider Lancashire²¹. This has helped 4000 extra employees in Preston be paid the real living wage.

3.2. Food system mapping

To understand the value chain the food system operates in, we first constructed a basic system map using our understanding of the food system, with subsequent iteration and development based upon conversations with stakeholders throughout the system. In this way the system map was co-developed with stakeholders, with a mapping exercise in the group workshop affirming the accuracy of the system map.

3.2.1. Summary and rationale of activities undertaken

This basic system can be seen in Figure 2: Hywel Dda region food system map below. This system map was designed using learning from a mix of research, conversations with stakeholders and the workshops. The point of this system map is to understand how HDUHB itself, and other similar public bodies fit in the food system.

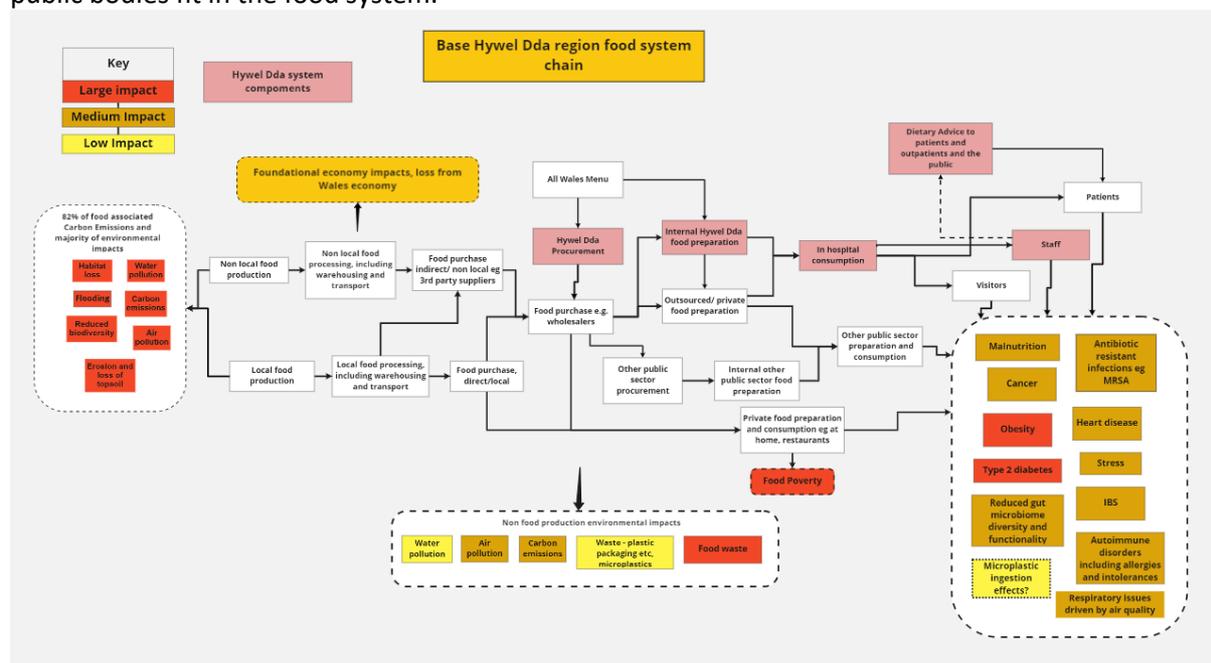


Figure 2: Hywel Dda region food system map

3.2.2. Insights from the mapping exercise

As shown above, currently HDUHB engagement with food is mostly limited to its own procurement, and in dietary advice to patients. There is no direct purchase of food from farmers / primary producers. In food consumption, HDUHB only directly interacts with the provision of meals for patients, staff and visitors.

This basic systems map was expanded to identify what and where health, foundational economy and environmental impacts occur through the system. Subsequently, we explored with stakeholders what barriers and constraints they identified in their respective system components. This allowed us

²¹ Community Wealth Building: A history (2021) <https://cles.org.uk/wp-content/uploads/2021/08/CWB-a-history-FINAL2.pdf>

to construct an analysis and summary of the current constraints, barriers and system disconnects in the HDUHB food system.

HDUHB's menu and recipe design is done in line with the All Wales Menu Framework. Meals must meet dietary requirements for hospitals, containing the appropriate calories, protein, vitamins etc. The specifications for ingredients in recipes are then passed onto procurement which works through the NHS Wales Shared Services Partnership (NWSSP). There is no direct supply of food from farmers to HDUHB. Food produced in Wales goes through processors, both inside and outside Wales, and then on through wholesalers, or to buyers such as supermarkets, or sale at market. The majority of food bought by HDUHB goes through wholesalers which are set up to deal with NHS tenders via national frameworks. Food is delivered to hospitals where meals are prepared, cooked and served fresh to patients, and additionally frozen meals which meet the requirements of the All Wales Menu Framework, are purchased and locally regenerated.

The procurement system is very similar for other public sector bodies, notably local authority schools and care homes, and tends to employ similar central procurement models - although with different sets of standards to the NHS (i.e., not using the NHS All Wales Menu Framework requirements).

The initial stages of food production are very similar regardless of end user, although the impacts of that food production vary by production method. Food must be grown, harvested, processed, possibly packaged, delivered and sold. Outside of the public sector food might be delivered straight from the farm. However the public sector is not set up to process the volumes of food it works with. For example, if food needed to be washed, peeled or butchered, the health food system, and schools and care homes, would be unable to do this.

3.3. Stakeholder engagement

Engaging with the participants of a system is a key component of the North Star Transition approach to systems change. Through such a process, it is possible to create a true understanding of the whole system, and an understanding of the perspectives and challenges facing each system participant can be developed and validated. However, to change a system, we need to see stakeholders engaging with each other, thinking about fresh ways to configure the working of the system.

3.3.1. Insights from the stakeholder engagement

The following insights emerged from stakeholder engagement consisting of in depth conversations with individuals and teams, and the two group workshops ran by UCL Climate Action Unit.

| Disconnects | Constraints / barriers |
|-------------|--|
| | The NHS menu specification does not currently consider how the ingredient specifications match to local food available, sometimes blocking Welsh food being used even where that food is produced in Wales. |
| | Procurement faces cost constraint and cannot spend more on Welsh food. |
| | NHS food preparation is not set up to be able to manage direct delivery of unprocessed food (not washed, sliced, cut etc). |
| | NHS tenders and contracting are inflexible and can't take advantage of short-term opportunities e.g. short term gluts of seasonal produce Health boards cannot buy outside of frameworks even when it would be beneficial to the NHS. |

| Disconnects | Constraints / barriers |
|--|--|
| <p>Hywel Dda does not source Welsh food that is available</p> | <p>Insufficient Hywel Dda storage for long term storage of bulk bought food at agreeable prices.</p> |
| | <p>A lack of communication between different components in the system, e.g. NHS procurement is not connected to real-time supplier information. Alongside inflexible procurement arrangements, this leads to missed opportunities for buying local and high value food at a competitive price, and for avoiding issues such as waste of excess produce.</p> |
| | <p>Wales can only produce certain foods economically due to constraints of climate, geography and soil. Currently mostly limited to:</p> <ul style="list-style-type: none"> • Lamb / mutton • Beef • Dairy (milk, butter, cheese) • Eggs (produced in Wales but often marketed as British) • Chicken (produced in Wales but often marketed as British) • Vegetables: Potatoes, cauliflower, leeks, cabbage • Seafood: Shellfish - mussels, scallops, crab, lobster. |
| | <p>Hospital meals must maintain right balance of calories, protein etc. High amounts in small portions as reduced appetite is the biggest problem when people are in hospital.</p> |
| <p>Little consideration of the environmental impact of food production, especially with regard to local food (Wales)</p> | <p>There is a lack of understanding of the value of the knock-on benefits of higher value, high standard food production.</p> <p>Procurement struggle to identify and weigh up the appropriate metrics to measure the social value of food in procurement, for example consideration of food standards and how they relate to agricultural pollution, pesticide use, antibiotic use, soil health.</p> |
| <p>Lack of consideration of the cost to other Welsh public services from Hywel Dda spending</p> | <p>The range of stakeholders influencing decisions on issues such as menu design, ingredient specifications, environmental, health and wellbeing and environmental impacts of food procurement is too narrow to ensure best outcome decisions.</p> <p>Long-term thinking and thinking at scale across multiple public sector bodies is needed to move away from competing budgets and resource scarcity.</p> |
| <p>Consideration of the cost: benefit in procurement budgets not prioritized by wider WBFGA impact</p> | <p>Procurement struggle to identify and weigh up the appropriate metrics to measure the social value of food in procurement.</p> <p>NHS food procurement is not optimised for focussing cost on food impact, e.g., spending more on branded products (biscuits, cereal etc) rather than spending more on local and / or organic / fairtrade products</p> |
| <p>Food procurement and menu design for WBFGA outcomes is disconnected between Hywel Dda and other</p> | <p>Lack of coordination, collaboration and involvement with other public sector bodies, third and private sector organisations around food and other related systemic issues</p> <p>Procurement part of a national framework so potentially little scope to change things locally.</p> |

| Disconnects | Constraints / barriers |
|---|--|
| regional public bodes | <p>Cooking facilities limited by equipment available both in hospitals in kitchens and onwards, and in schools.</p> <p>Staff and skills shortages in food service sector, e.g. chefs, including low wages and poor working conditions.</p> |
| Small businesses and farmers are disconnected from NHS contract opportunities | <p>Smaller supplies find accessing and winning public sector tender contracts challenging;</p> <ul style="list-style-type: none"> • Unaware of contracts that they could apply to and where to find them • Find application process too challenging • Unsure and confused by requirements of standards, e.g., making themselves ineligible for public contract by listing 'may contain' allergens that are not actually in their product, driven by fear of errors and liability • Contract length and size a barrier. |
| Farmers and food producers are not engaged with public sector contract delivery | <ul style="list-style-type: none"> • Farmers and wholesalers face high price uncertainty with investment in production, and buying, taking place months before sales, with price fluctuations throughout the year. • High capital investment and lack of financial support for farmers to diversify production, for example growing different vegetables, alongside logistical challenges to access harvesting, processing and sales. • The volume of food used by Hywel Dda is actually quite small relative to the amounts produced by farms. E.g. a year's supply of potatoes used by Hywel Dda is only a couple of fields worth. This makes economies of scale challenging. |

Figure 3: Stakeholder engagement insights summary

4. Study Findings

Based on the research carried out for this study, and the engagement with stakeholders, we have found four areas of work relating to food that HDUHB might consider in setting its long-term planning objective:

- Stakeholder engagement within this feasibility study confirmed that HDUHB are an **effective neutral party** on the topic of food and its impacts on health, wellbeing, the environment and the foundational economy. Indeed there is significant appetite for the health board to be more involved than it has been.
- HDUHB **internal procurement and menu design** is disconnected from the foundational and environmental impacts of food. There is scope to increase local procurement by exploring internal processes, such as the specification of ingredients, or exploring where cost savings on some items can allow increased spending on local and/or more environmentally friendly food.
- Proactive **external engagement** by the HDUHB, along with other public sector bodies, could help increase the use of local suppliers by wholesalers, and help local suppliers access public sector contracts.
- While opportunities for improving **health outcomes** for patients through internal procurement are minor, such opportunities exist through HDUHB staff and through other public sector areas, namely school meals and food in local authority care homes. Aligning procurement with other HDUHB regional public sector bodies would also deliver greater foundational economy and environmental benefits.

Evaluating how each aspect of its operations might be re-imagined in the light of the WBFQ Act requirements is a considerable challenge for Hywel Dda, bringing into play issues that previously would have been considered out of scope for a health board, such as environmental impacts of procurement and the impact of HDUHB on the wider economy.

Each change to how HDUHB operates and engages in the food system will have multiple knock-on effects. This requires a move away from siloed working and thinking, engaging with the stakeholders and working collaboratively on options for change. HDUHB should keep in mind **three lenses** when thinking about the changes they make and the impacts these will have. These lenses are health and wellbeing, environmental impacts and the foundation economy. We lay out our findings around these lenses below.

4.1. Lens 1: Food, health, and wellbeing

Hywel Dda involvement in the food system around health and wellbeing falls into three broad categories:

- The food Hywel Dda procures itself and serves to patients, staff and visitors
- Hywel Dda's influence on other public sector bodies
- Hywel Dda's influence on the wider food system through its engagement with communities, businesses, charities etc.

Opportunities for improving health and wellbeing of patients and visitors through food served in the hospital are relatively minor. Patients are only in the hospital for short periods of time, while diet related ill health is a long-term process. The objective of in hospital catering is to meet the individual patients nutritional and dietary needs and preferences, so that patients heal, recover and leave the hospital in as short a time as possible. Meals must be very calorie rich for a given portion. Malnutrition is more of an issue for patient feeding, with patients unable to eat large amounts, or

arriving malnourished with reduced appetite, particularly in elderly patients. For diet based illnesses such as type 2 diabetes, the short time patients are in the hospital means any actions to improve health outcomes must occur outside of hospital.

Create more visibility and opportunities for engagement around food preparation and the food preparation staff.

Figure 4: Key Point

The wellbeing impacts and opportunities around food once it has arrived in Hywel Dda are more nebulous and range from the enjoyment of hospital meals, to the wellbeing of catering staff in hospitals. Wellbeing impacts are by their nature hard to measure and quantify.

Wellbeing opportunities from food in Hywel Dda involve connecting around food. This might look like increased patient feedback on positive and negative feedback on meals, connecting catering staff and

patients, or even giving patients the opportunity to cook in hospital. For example baking food to share. The subjective nature of wellbeing means that it is hard to identify clear targets for some aspects of wellbeing. Rather the opportunities will appear through opening a dialogue around food across stakeholders.

A common thread is the lack of communication between stakeholders in the Hywel Dda food system. An effect of this is that the cooks that prepare the meals are quite disconnected from the patients they serve, and have little visibility or recognition themselves. Increasing those connections and giving cooks greater visibility might also improve the cooks' wellbeing and sense of value, potentially helping tackle high staff turnover.

Recognising that diet related health issues are a result of long-term dietary issues it follows that Hywel Dda should target everyday/regular meals over long time frames to deliver the best health outcomes. **A key area of opportunity for health outcomes is in other public sector bodies that provide meals. Namely schools and local authority care homes.**

Currently food procurement and recipe design across Hywel Dda, local authority schools and care homes are not aligned. There is no shared strategy or processes for food procurement and menus that deliver long term health outcomes, foundational economy and environmental benefits. Targeting schools would help drive early intervention and lifetime learning and healthy eating habits for children. Elderly people in care homes have a high health service burden with chronic health problems. Even small improvements in the health of elderly people in care homes might make significant differences to the amount of resource they need to maintain a good state of health. School meals through to age 11/year 6 are set to become free to all pupils in September 2022. This is a timely and significant opportunity for Hywel Dda to identify opportunities for alignment and collaboration with schools for positive health, wellbeing, economic and environmental outcomes. Through food procurement and recipe design.

Collaborate and explore opportunities for alignment of meal design and procurement across health, schools and care homes in Hywel Dda to deliver long term health outcomes.

Figure 5: Key Point

Another area where Hywel Dda has the potential to influence health outcomes is through its **11,000 staff and their families**. Hywel Dda could help staff understand and access healthier food. This might be through improved food education, healthier food options at work and even staff deals on food schemes such as local veg boxes. Staff accessing local veg boxes would also benefit the foundational

Help staff to improve their knowledge of food for health outcomes, and other benefits, and help them to access good quality local food.

economy, displacing money that would otherwise have gone to supermarkets, and could benefit the environment if those veg boxes were also organic. Staff in other public sector organisations might be another area of influence. Public sector workers alone across the Hywel Dda region (Pembrokeshire, Carmarthenshire and Ceredigion) make up 13% of the population, not including their families.

Figure 6: Key Point

4.2. Lens 2: Food and the Foundational Economy

HDUHB's procurement spend on food as part of the wider food system is small. **Food procurement options in Wales are mostly limited to what is produced in Wales at scale (lamb, beef, dairy, chicken, eggs, cabbage, potatoes, cauliflower, leeks)**. Wales produces far more than HDUHB consumes for each of these products.

Focus local procurement on the food produced in Wales (see text).

To give an example of the scale of Hywel Dda consumption vs production, the total annual potatoes used by Cwm Taf Morgannwg's central processing unit (CPU), at similar scale to HDUHB's consumption, amounts to only 4 acres or so of potatoes grown, out of hundreds of hectares in Pembrokeshire alone¹.

HDUHB can still positively impact the local foundational economy through its food procurement spending. Stable increased revenue for local producers and food businesses of only a few percent could make a significant effect on the ability of these businesses to plan and invest. Where business with HDUHB is on top of existing sales is of particular

Calon Wen, the Welsh organic dairy cooperative made up of 25 Welsh farms and growing, supply 90% of the milk to a major high street café chain, and lost all this business during Covid pandemic lockdowns, resulting in collective losses of £25,000 per week.

value to Welsh food suppliers. Uncertainty driven by fluctuating market prices, costs for energy, credit, labour etc is a significant constraint Welsh food suppliers face. Increased dependability on even small proportions of turnover for these businesses can help combat that uncertainty and allow longer term planning and investment.

Blockers to procuring more local food include issues such as:

- **the specifications for ingredients such as size and weight discount some products produced in Wales, changing these specifications might increase what can be sourced in Wales**
- **a lack of flexibility in HDUHB procurement contracts means that procurement cannot take advantage of seasonal gluts and price changes, with large amounts of food going to waste. For example large amounts of locally produced cauliflower going to waste because they were too big for supermarket requirements**

Figure 7: Calon Welsh organic dairy case study

- HDUHB isn't willing to pay the cost of some Welsh food, however there may be potential by finding cost savings elsewhere, for example by avoiding buying branded products
- the All Wales Menu Framework was published in 2011 and has not yet had an update to fit with Wellbeing and Future Generations goals and ways of working and thinking.

Targeting increased spending on items produced locally and across Wales could provide a significant boon to local small businesses, and enable further investment by those businesses and communities. **NEF research estimates that for every £1 invested this way, there is a return of over £3 in social, economic and environmental value²².** Helping provide economic security will provide mental health and wellbeing benefits along with foundational economy benefits.

The potential foundational economy impacts HDUHB can help drive by leading on aligning meal design and procurement across regional public bodies are much larger than what Hywel Dda alone can drive. HDUHB 's procurement spend on food is approximately £2m. **Carmarthenshire County Council alone spends approximately £3m on food for schools, care homes and leisure facilities. Assuming similar expenditure in Pembrokeshire and Ceredigion, HDUHB can influence the spending of another £9m-£15m on food.**

Localising food sourcing: Can it be done?

Case study: Cornwall local food programme

The Cornwall Food Programme involved 23 hospitals across 5 NHS trusts in Cornwall and set out with the intention of increasing local food procurement to 75% of spend.

- As of 2021 85% of produce used by Cornwall NHS trusts is sourced locally.
- This has achieved a reduction in food miles of over 100,000 miles.
- Developed bespoke recipes with supplier, including for locally produced ice cream. This supplier has been able to grow and expand, partly as a result of this relationship.

“The Cornwall project discovered that local cauliflower and goats’ cheese producers could not sell produce that was slightly above or below the supermarkets’ size specifications – despite having met all other quality standards. For hospitals that needed cauliflower florets, or slices of cheese, size was unimportant. The farmers discovered a new market, and the hospitals got high-quality, local produce.”

<https://cupdf.com/document/the-cornwall-food-programme-pioneering-tasty-healthier-and-sustainable-hospital.html>

Figure 8: Cornwall local food sourcing case study

4.3. Lens 3: Food and the Environment

Hywel Dda's environmental impact in the food system is primarily made up of:

²² NEF. The benefits of procuring school meals through the food for life partnership: An economic analysis <https://www.foodforlife.org.uk/about-us/~media/files/evaluation%20reports/fllp-nef---benefits-of-local-procurement.pdf>

- Environmental impacts of food production; carbon emissions, habitat loss, soil degradation, pesticide use, agricultural pollution, biodiversity loss
- Carbon emissions from food transport, processing and preparation.
- Plastic waste from transport, processing, preparation and disposal
- Food waste.

Only certain areas are within the influence of Hywel Dda. Some issues are quite simple, for example moving away from any gas appliances in food preparation and using only electric powered ovens and hobs with renewable energy supply. This may have added benefits through improved working conditions, for example more pleasant kitchen environments due to much lower wasted heat using induction hobs.

Environmental impacts from food production are by far the biggest environmental issue within the food system, making up 82% of food system carbon emissions, as well as impacts such as agricultural pollution. It is important to recognise that the environmental impacts are mostly associated with what standards and regulations the food was produced, rather than where the food was produced. Transport makes up a small percentage of the environmental impacts from food, with the exception of food transported by air freight. **Locally produced food may be as bad or worse for the environment than food produced to better standards elsewhere.**

As a fictional illustrative example;

- chicken raised intensively in Wales in poor conditions with high levels of nitrogen pollution for the local area, and fed feed which uses soya from rainforest deforested areas, vs:
- high welfare organic chicken with much lower pollution levels and sustainably sourced feed from elsewhere in the UK or abroad.

Hywel Dda's area of influence in the environmental standards of food is twofold.

- ensuring that procurement considers the environmental value of different food stuffs.
- exploring where price constraints and budget flexibility align to source more environmentally sustainable food.

Sourcing food from production with higher environmental standards is also usually associated with better conditions for workers, and with better conditions for animals, for example organic and fair trade, helping meet the globally responsible Wales goal of the WCFG Act. **Buying organically produced animal products also helps improve health outcomes, with a much lower usage of antibiotics in organic systems leading to reduced antibiotic resistance.**

Reducing food waste is a key area for improved environmental impact, reducing both the food wasted by HDUHB, and the good food going to waste from suppliers and potential suppliers. We mentioned the example of large amounts of cauliflower going to waste because it was too big for supermarket specifications. **Reducing food waste internally and externally could provide the budgetary space to spend more on food items, helping the foundational economy as well as the environment.**

Targeting locally procured food with high standards (e.g. organic) would bring both foundational economy and environmental benefits. This also aligns with the needs of other public sector bodies, such as Natural Resources Wales. With the Welsh environment in a significantly degraded state other public bodies must spend significant sums in tackling these issues. All of Wales is classed as a nitrogen vulnerable zone, primarily due to agricultural pollution. Agriculture in Wales will only be

subsidised for sustainable practices as of 2025 and so starting this journey now will help avoid price shocks and disruption for HDUHB and local producers alike.

Public sector organic sourcing: Can it be done?

Case study: Organic food procurement in Denmark

Denmark is in the process of shifting its public sector food procurement to organic, with a national target of 60% organic content, and Copenhagen already reaching 90% organic content.

- Conversion to 60-90% organic content has been achieved within the same operating budgets, through savings on reduced waste, buying seasonal food, and reduced meat/increased plant rich meals.
- It required short term public investment in planning and education.
- Procurement has been a catalyst for organic sales nationally, with a five fold increase in organic sales.
- This has led to a 70% increase in organic farming area.
- Research in Denmark estimates that aligning meals with their guidelines for health and climate, of the type shown by organic public kitchens, delivers socio-economic benefits of 35 euros annually for every 1 euro invested.
- In organic public kitchens workers show new competencies, fewer sick days and a 54% increase in job satisfaction.

How did they do it?

- Clear national and municipal goals
- Financing planning and education in public kitchens.
- National label to show the percentage content of organic food in a meal.
- Support for capacity building in the organic supply chain.

Figure 9: Public sector organic sourcing case study

5. Recommendations

Given the three lenses we have used (environmental, wellbeing and foundational economy impacts) to assess the impacts of the working of the food system, we can identify many disconnects and negative impacts from the current configuration of the system and this feasibility study demonstrates actions that can be incorporated into an HDUHB planning objective.

Based on our study, we recommend placing a focus on **action-based innovation** to set up a long-term planning objective for HDUHB. We propose action-based innovation projects at three levels:

- Action 1 – Deep engagement
- Action 2 – Focused change
- Action 3 – Public sector leadership

The following section provides example of the sorts of actions that can be taken. Annex 1 provides a more detailed list of such action examples.

5.1. Action 1 – Deep engagement

Given that there are many different participants in the food system, we propose that HDUHB keeps deep and wide engagement with multiple stakeholders a vital component of developing its long-term planning objective. Many of the stakeholders who engaged with the feasibility study are enthusiastic about working with HDUHB, and are prepared to continue engaging with HDUHB – this is a valuable resource that should be developed and encouraged.

We differentiate between internal and external stakeholders in this study, and propose that HDUHB continues to maintain strong engagement on food with both types of stakeholders.

- Internal stakeholders – help staff see that HDUHB seeks a multi-lensed perspective on food, and encourage them to use those perspectives to help identify disconnects and failures in the way HDUHB engages with food. We also propose the creation of a cross-organisational Food Champion team to support the development of innovation in engaging with the food system
- External stakeholders – most participants in the food system are external to the health board and are often disconnected from each other. Provided HDUHB is leading by example, there is an opportunity to play a role as “coach” helping other participants in the food system engage with each other and seek positive outcomes for multiple participants across the system.

5.2. Action 2 – Focused change

HDUHB can begin to drive change on the food agenda by creating sand box projects where it can explore Learn & Do opportunities. Each focus area will require working with a range of stakeholders appropriate for that problem. The stakeholders need to be trained to bring a multi-lensed perspective to their work, and need to be given the power to enact change.

Examples of focused change projects could include:

- Hywel Dda Food Procurement innovation
 - Localise food sourcing for hospitals – currently NHS Wales procures food worth £20m annually but very little of that budget is spent in Wales.
 - Focus the sand box on products already produced in Wales at quantity (lamb, beef, dairy, cauliflower, leek, cabbage, broccoli, eggs, chicken) change recipe specifications to allow Welsh products to be used.

- Explore how much it would cost to pay more to buy certain food stuffs as Welsh, organic etc, and where the cost savings could be made on other food stuffs to allow buying those more expensive products within budget, such as avoiding branded products, or reducing food waste.
- Improve communications with current and potential Hywel Dda food suppliers, and work with suppliers to better communicate with their supply chain, to take advantage of intermittent competitive prices on local and high standard food, and to capture quality food that might otherwise be lost as waste.
- Hywel Dda staff innovation
 - Review staff meal provision to actively support, promote and engage staff in making good food choices.
 - Explore how Hywel Dda might support staff and their families to eat healthily. For example, organising a Hywel Dda staff deal for locally produced veg boxes
 - Provide training for staff so they can better understand and weigh up the benefits vs costs and impacts of procuring local food, organic food etc. Work with staff and stakeholder with the necessary knowledge to design the best and most useful metrics to track progress on outcomes.
- Infrastructure innovation
 - Build in food and the social model of health as a consideration in the design of Hywel Dda buildings such as the upcoming new hospital. How might health and wellbeing around food be incorporated?

5.3. Action 3 – Public sector leadership

This study has found numerous disconnects and failures of the food system across Wales – many of these disconnects and failures touch the public sector, particularly via hospital, schools and care food sourcing. If HDUHB is going to maintain a long-term planning objective for food, it has the opportunity to play a leadership role in this space with other public sector organisations, particularly through the PSBs and RPB that it takes part in. We liken this role to that of a coach in a football team, helping the rest of the public sector team put its best foot forward when it comes to their engagement with food. Of course, HDUHB is not only a coach on the team, but when it comes to its engagement with food as a health board, it is also the star player.

Most of the food system in Wales operates outside the purview of the public sector, with supermarkets, businesses and private buyers accounting for well over £1.2bn of annual spend, relative to the £90m or so that the public sector is responsible for. However, the public sector can play an outsize role in shaping the direction of travel for the entire food sector through its choices regarding the three lenses of environmental, wellbeing and foundational economy impacts. Examples of such leadership work with other participants in the food system could include:

- Leadership among the wider public sector
 - Work with other public sector bodies in the Hywel Dda area, especially around schools and care homes, to ensure menus and recipes are designed for positive health outcomes, and to explore potential for coordinated procurement that leads to cost and efficiency savings.
 - Input into a revamp of the All Wales Menu Framework, ensuring it is designed for wider Well Being and Future Generations benefits, as well as prescriptive health outcomes.
- Leadership among food system suppliers

- Either alone or alongside other public sector bodies and/or Welsh Government, proactively reach out to current Welsh suppliers and potential Welsh suppliers to help them be aware of and access public sector food procurement contracts, being open to other benefits e.g. bespoke products for hospital use such as the custom ice cream in the Cornwall case study.
- Leadership in the development of new metrics
 - Standard metrics around procurement performance or process performance need to change to incorporate the lenses we propose. HDUHB can provide leadership in this area. Metrics are a challenge with these new ways of working. As identified above, it is best to identify the appropriate metrics for the given problem and priorities at hand. When comparing metrics for very different values (e.g., carbon emissions vs foundation economy impact), decisions need to be taken on how to weigh up the relative value to the priorities the work is trying to achieve. This is best done in collaboration with other organisations that share these challenges, particularly public sector organisations.

5.4. A less-than-complete picture

In this feasibility study, we are under no illusions that we have captured the full extent of the activity, connections and disconnects around food, health and wellbeing, the environment and the foundational economy. The outputs of this study represent the insights we were able to discover over the course of the study, collected through interviews with stakeholders, and the multi stakeholder workshops.

For example, we came across relatively few concrete insights on wellbeing through this study, perhaps representing the more nebulous and harder to measure nature of wellbeing activities and benefits. This is not to say that wellbeing activities, and other activities by HDUHB and other stakeholders aren't occurring in the HDUHB region - it's just that they didn't present within this study.

The purpose of this study was to conduct a feasibility study of how HDUHB might incorporate food as part of its health strategy. This feasibility study provides the foundation for a range of considerations and actions, and a framework that enables the incorporation of elements that have not been picked up in this study. By identifying the whole system that an issue works within, and the stakeholders within that system, and then working collaboratively to identify problems and solutions, these other issues can be considered in the context of the issues and opportunities this study has identified.

5.5. Summary of Recommendations and Next Steps



Figure 10: Preparing a long-term objective around food

Given the scale of the innovation challenge facing HDUHB in taking forward food as a long-term planning objective, as laid out above, we propose the formation of an innovation action team that is tasked with taking forward the development of the planning objective. This team can be responsible for:

- Setting up the planning objective
- Creating innovation teams to drive the actions described in the recommendations
- Setting up training and education programmes around multi-lens impacts and deep stakeholder engagement – the standard toolset that will help all participants in such a programme.

Annexes

Annex 1 – Recommended Actions

| Number | Recommendation | Rationale and impact | Detail | Owner and stakeholders | Resource needed |
|----------|---|--|--|---|----------------------|
| 1 | Short term / simple | | | | |
| 1.1 | Increase procurement of local food items currently produced in Wales | Source food produced in Wales to deliver foundational economy benefits, along with knock on benefits on wellbeing. | Start with single ingredient items within existing menus and recipes. Work across stakeholders involved in this component of the system to identify what ingredient specification and cost parameters are feasible for NHS procurement, meal preparation and Welsh supply. | Hywel Dda menu is the system component with power to change, with input needed from wider system. Hywel Dda recipe design Hywel Dda meal preparation cooks Hywel Dda procurement Welsh wholesalers Welsh food processors | Internal staff only. |
| 1.2 | Explore where products with a lower environmental footprint might be used | Using organic food, and reduced meat content in meals will help reduce negative environmental impacts such as agricultural pollution and carbon emissions. Additionally more diversity in meals, using a wider range of vegetables alongside meat, and using organic products with higher microbial diversity, and potentially higher nutrient density, is associated with positive health outcomes. | Explore where organic/high environmental standard food is within budget and can be used. Explore where cost savings to allow this can be found in areas such as swapping out some of the meat in a meal for increased vegetable content such as lentils, or avoiding branded products. | Hywel Dda menu is the system component with power to change, with input needed from wider system. Hywel Dda recipe design Hywel Dda meal preparation cooks Hywel Dda procurement Welsh wholesalers Welsh food processors | Internal staff only. |
| 1.3 | Staff engagement to create internal | Public sector staff accounts for a large proportion of the local | How might Hywel Dda support staff and their families eating | Led by nominated officer Hywel Dda internal staff | Internal staff only. |

| | | | | | |
|----------|---|--|---|------------------------------------|----------------------|
| | Hywel Dda healthy food system pilots – to be led by staff groups. | population. Supporting them and their families onto a healthy lifestyle will support improved wellbeing. | healthily? For example a Hywel Dda staff deal for locally produced veg boxes. | | |
| 1.4 | Maintain engagement with existing stakeholders already engaged in this conversation | The stakeholder engagement so far has encountered a lot of positive energy, and has connected together a range of stakeholders, it makes sense to continue the conversation with these stakeholders to explore opportunities. Knowledge of the food system is highly fragmented. Bringing together stakeholder groups develops better understanding. | Continue engaging with stakeholders, but move to engaging with target groups of stakeholders on issues that are relevant to them and where they have knowledge/power to influence change. | Led by nominated Hywel Dda officer | Internal staff only. |
| 1.5 | Establish a task and finish group to take forwards the findings from this feasibility study | Progress needs to be driven, informed and owned by stakeholders to ensure success. | Bring together key stakeholders in a task and finish group to action findings from this study | Led by nominated Hywel Dda officer | Internal staff only. |
| 2 | Medium term | | | | |
| 2.1 | Design healthy food culture into health facilities; pilot in new health care settings | Consideration of health and wellbeing outcomes through food is far easier if embedded in advance. | Access to healthy food for all; pilot initially for staff which could be replicated for patients. | | Internal staff only. |

| | | | | | |
|----------|--|--|--|--|----------------------|
| 2.2 | Engage with and align with other Hywel Dda region public sector bodies involved in food procurement namely schools and care homes, to ensure procurement and meal design aids health, wellbeing and environmental outcomes | Other public bodies have very similar procurement structures, as well as WBFG drivers. The long term benefits for health through public procurement also sit with schools and care homes rather than in hospitals. | Work with food procurement and preparation teams across Hywel Dda, local authority schools and care homes to explore the potential for alignment of menus, recipes and procurement for health, wellbeing, foundational economy and environmental benefits. | Owned by PSB with ultimate responsibility lying with menu design and procurement by public sector schools and care homes. Input from Hywel Dda needed in procurement lessons learnt, health advice for menu design for positive health outcomes. Potential for combined purchasing across public sector bodies to enable greater efficiencies of scale and to take advantage of opportunities that are too big each public sector body individually e.g., large gluts of seasonal produce. | |
| 2.3 | Improve communications between suppliers and NHS procurement, exploring contract flexibility | To take advantage of intermittent competitive prices on local and high standard food, and to capture quality food that might otherwise be lost as waste. | Continue the conversations started through the feasibility study stakeholder engagement, creating the space for improved communication between procurement and suppliers to flag up buying opportunities for Hywel Dda. May need some consideration of contract flexibility, to take action on opportunities, would require coordination from cooks and menu design, and could possibly require coordination with other public sector bodies to handle volume. | Owned by Hywel Dda. Stakeholders needed: - Procurement, finance, legal for contract terms, cooks, dieticians, wholesalers, food processors, farmers who have waste food of good quality periodically | Internal staff only. |
| 3 | Radical | | | | |

| | | | | | |
|-----|--|--|---|---|---|
| 3.1 | Increased Self Sufficiency | The benefit of the awe of nature for mental health and wellbeing is known. Imagine if health care facilities and therapeutic environments were designed with wellbeing in mind. The access to nourishing food, sensory herbal gardens and a natural environment would surely be part of the design. | Expanding on the success of the first Welsh hospital owned solar farm providing the energy needs for a hospital Hywel Dda University Health Board could consider another element of self-sufficiency by piloting small “farm” ownership. At a kitchen farm scale, it could provide essential food for the hospital, local employment and an onsite wellbeing rehabilitation facility and café area for patients and families. | An interesting model to consider is that of The Torridon , a luxury hotel located in the Highlands of Scotland that grows or nurtures 60% of its own produce. | |
| 3.2 | Proactive outreach by Hywel Dda and other public sector bodies to help smaller suppliers prepare and access public contracts | Smaller businesses disproportionately benefit from public sector business as this is likely to make up a bigger % of their turnover than larger businesses. Reliable sales over longer periods allows smaller businesses to invest and grow. By supporting smaller businesses Hywel Dda could have greater impact on the foundational economy and on the local resilience of small businesses. | This would likely require a new role, either for Hywel Dda or across multiple public sector bodies, with a remit to develop the capacity of smaller businesses to bid for and win public sector contracts. | | Internal staff, other public sector resource, potentially Welsh Government e.g. business Wales or Foundational economy departments. |

Annex 2 – Hywel Dda Operational & Governance Frameworks

The NHS operate under multiple delivery frameworks:

- A. NHS Delivery Framework
- B. A Healthier Wales Quadruple Aims
- C. A Healthier Mid and West Wales

A. NHS Delivery Framework

[NHS Delivery Framework](#)^x and the Single Integrated Outcomes Framework for Health and Social Care (“SIOF”)

The NHS Delivery Framework is at organisational level

The SIOF is at three levels; national, partnership and organisational

The NHS Delivery Framework references the:

- *Future Generations and Wellbeing Act*
- *Social Services and Wellbeing Act*
- *A Healthier Wales – Quadruple Aims*

| | |
|----------------------|---|
| National Level | Population (National Outcomes and National Outcome Indicators) |
| Partnership Level | Regional Partnership Boards and Other Partnerships (Partnership Performance Measures) |
| Organisational Level | Local Health Boards, Local Authorities, NHS Trusts & Other Service Providers (as outlined in NHS Delivery Framework, Social Care Performance Framework) |

Examples of NHS Delivery Framework targets set and measured in relation to the NHS workforce:

- Staff engagement score
- % Agency workers

B. A Healthier Wales Quadruple Aims

(Part of the NHS Delivery Framework 2020-21)

| | |
|---|---|
| 1 | People in Wales have improved health and wellbeing with better prevention and self-management |
| 2 | People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement |
| 3 | The health and social care workforce in Wales is motivated and sustainable |
| 4 | Wales has a higher value health and social care that has demonstrated rapid improvement and innovation on outcomes |

On review of the Delivery Measures of the Quadruple aims the following are the **ONLY** measures that relate to the food system:

Quadruple Aim 1. People in Wales have improved health and wellbeing with better prevention and self-management

- Percentage of babies who are exclusively breastfed at 10 days
- Alcohol misuse & admission stats

Obesity is rising and the UK's population gain in weight and what they eat has long term societal health implications yet the NHS's Delivery Measures for the Quadruple aims don't mention or measure it.

D. Hywel Dda's Plans

[A Healthier Mid and West Wales](#)^{xi}

Hywel Dda 3 Year Plan for the Period 2021/22 to 2023/24

People

| | |
|---|--|
| 1 | Putting people at the heart of everything we do |
| 2 | Working together to be the best we can be |
| 3 | Striving to deliver and develop excellent services |

Services

| | |
|---|---|
| 4 | The best health and wellbeing for our individuals, families and our communities |
| 5 | Safe, sustainable, accessible and kind care |
| 6 | Sustainable use of resources |

The Hywel Dda Transformation Steering Group ("TSG") was constituted in June 2020 to support the transformation of services over the lifetime of the Health & Care Strategy. The TSG reviews and recommend which ideas are taken forward.

The TSG commissions the Strategic Enabling Group to work out indicative timescales and resources required, along with an assessment of constraints and opportunities which is presented to the Board for approval.

Planning Objectives have a three-year time horizon and are set as SMART (Specific, Measurable, Achievable, Realistic & Timely) objectives where appropriate.

Key decisions made by Hywel Dda during the previous three years include:

- a re-organisation of hospital-based services in the south of the area,
- a shift towards a "social model of health"
- long term community driven prevention focus
- development of specific and individual services/health care facilities

Annex 3 – System Mapping

The following system maps show where the impacts occur in the system. In addition, the health and environment maps show the estimated relative scale of impact.

These maps are not definitive, but a tool to help explore the system workings and impacts, and to help guide consideration of whole system thinking, for example, when considering which impacts should be considered in procurement, and which impacts to prioritise. The foundational economy impact deals with public procurement only, and does not include private sector food buying and impacts, to help keep the map clear and relevant to the public sector.

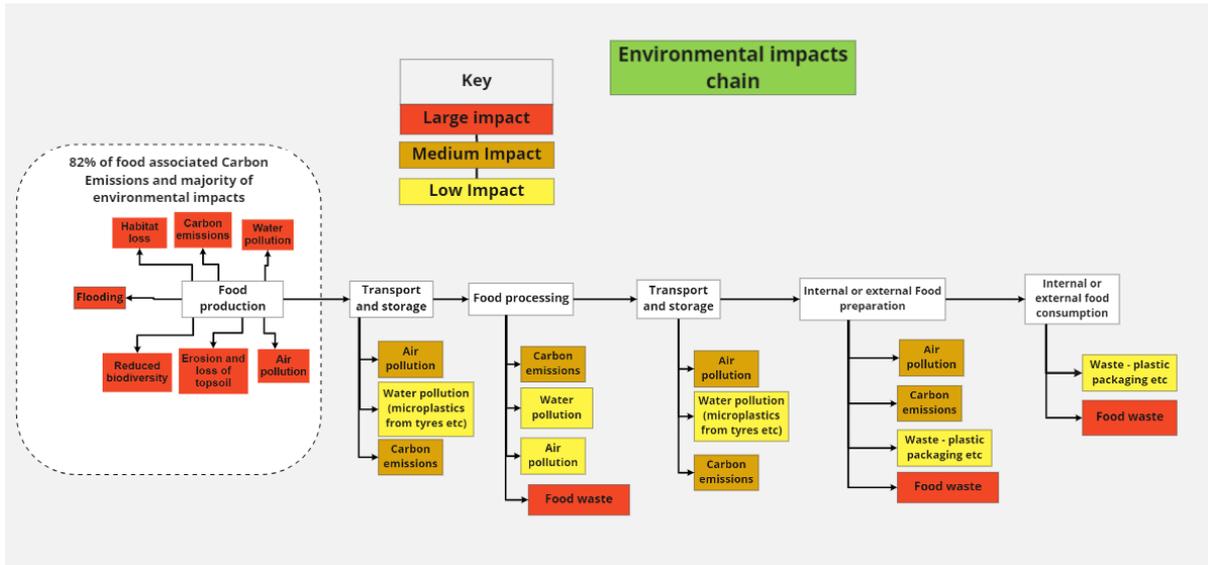


Figure 11: Systems map - environmental impacts

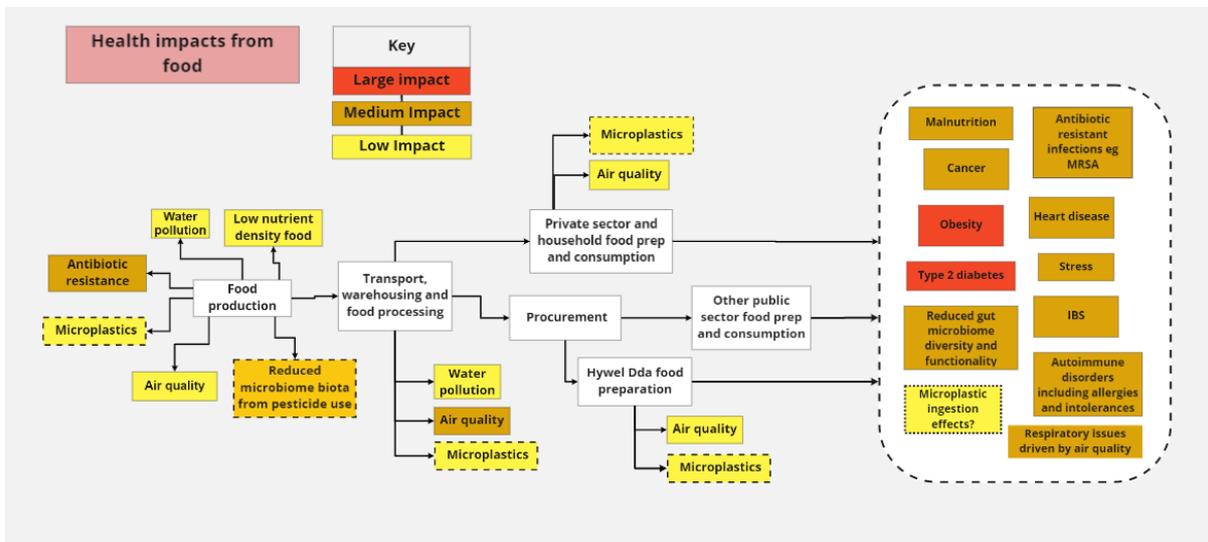


Figure 12: Systems map - health impacts

Annex 4 – Stakeholder Engagement

Stakeholder - Mapping & Workshop Methodology

Our aim was to inform the feasibility study with conversations with key stakeholders from across the food system.

The main conduit for these conversations was within the two-part workshop, where we sought to recruit a balance of key Hywel Dda staff and external stakeholders from across the system, and with representation from across the region; and to promote optimal attendance at both workshops.

The tender outline specified to involve 6 to 8 participants in the workshops. However, it was established that involving more participants would better represent stakeholder views from across the system. Having reviewed the approach with the workshop facilitators, workshop numbers were increased with an upper limit set at approximately 18.

To map, select and invite stakeholders, we undertook the following process:

1. We used previous system mapping to identify key sectors that needed to be represented at the workshops.
2. We identified potential participants within each of these, not all of whom would be familiar to Hywel Dda, by:
 - a. Using local knowledge of stakeholder relationships
 - b. Asking Hywel Dda for recommended key participants
 - c. Filtering an existing database of Wales Transition Lab contacts who have knowledge of or connection with the food and well-being agenda.
3. We populated a stakeholder directory (Excel spreadsheet), thematically grouping stakeholders under the sectors identified. Within this we selected a mix of stakeholders from each sector to invite. In order to select these, we estimated the relative interest and influence levels of each stakeholder to ensure that the high interest / high influence stakeholders were invited. When we received a refusal, we replaced that invitee with an equivalent alternative.
4. In total, we contacted 30 stakeholders with an invitation. Of these, 16 acceptances were received. This figure does not include other individuals who we have contacted earlier in the project.
5. We used prior connections to contact stakeholders where possible. We included a personal invitation setting out how we/Hywel Dda saw their role as important to this work. We sent a number of follow up emails to promote a positive response.
6. We used timely follow up communication to ensure that we achieved optimal attendance, by sharing a reminder along with a briefing pack and a final online link ahead of the first workshop; and a recap, reminder and overview ahead of the second workshop.

Stakeholder - Workshop Insights

North Star Transition and UCL's Climate Action Unit, our project partner, ran two interactive, collaborative sessions with participants with expertise of different parts of the food system. They ranged from farmers, food processing and distribution industry professionals to community organisations and food banks.

Workshop purpose

The purpose of the sessions was:

- To get further expert input on the existing food system in Wales and test the food system map produced against expert knowledge
- To understand the changes to food growing, preparation and consumption practices that experts in different parts of the food system want to see happen

- To understand the role that Hywel Dda can play in making this change happen, and to understand how Hywel Dda's actions would be perceived by other stakeholders.

Workshop recommendations arising

Our recommendations for the role of stakeholder engagement in continuing this work are:

- Future stakeholder engagement will benefit from the participatory and outcome-driven methodology trialled in the feasibility study. This approach focuses discussions on concrete outcomes and realisable change, rather than on change in the abstract.
- The workshops also showed evidence that the approach succeeds in developing collaborative relationships around shared aims and outcomes.
- Knowledge of the food system is highly fragmented. Our recommendation is therefore to convene stakeholder groups around different projects and initiatives rather than seeking to build and maintain an overall external stakeholder group.
- It's useful to think about Hywel Dda's engagement in the food system of existing in three different modes or roles. Within each of these modes, we recommend that Hywel Dda develop a portfolio of interventions through which to explore the strategies and roles that they could adopt in the longer term.

The three modes or roles that Hywel Dda can engage with the food system are:

Hywel Dda as a procurer of food

- Hywel Dda (together with other public service bodies) could develop its role in supporting a flourishing foundational economy through the procurement of food locally grown and processed. This could be started through setting up 'sandboxes' to experiment with the procurement of specific food items (e.g. cauliflower and potatoes).

Hywel Dda as a community player

- The workshop confirmed that 'health' could act as a neutral broker between other sectors (e.g., food production and environmental conservation). However, there were no explicit requests from participants for Hywel Dda to take on a leadership role. Our recommendation is to develop a strategy to distinguish between opportunities for Hywel Dda to integrate as a partner into existing community initiatives; and to establish where it would be more useful to play a leadership role.

Hywel Dda's internal development

- Existing processes, mindsets and practices limit the thinking around what role Hywel Dda can play. For example, the current understanding of 'patient outcomes' is in conflict with a wider focus on wellbeing as mandated by the Wellbeing of Future Generations Act. Staff are passionate and highly motivated about doing their best for Hywel Dda. What the workshops show, however, is that 'doing their best' might require changes in mindset and practice. Staff will need to be supported through this transition. In particular, Hywel Dda could consider moving from 'cost-benefit' thinking to wider encompassing 'threat-opportunity' thinking.

Stakeholder – Workshop Participants

Food Feasibility Workshops Attendees

| Organisation | Sphere | Role | Name |
|--|--------------|---|--------------------|
| North Star Transition | Neutral | North Star representative | Jyoti Banerjee |
| North Star Transition | Neutral | North Star representative | Dan Ward |
| HDUHB | One | Deputy Chief Executive and Executive Medical Director | Phil Kloer |
| HDUHB | One | Finance Director / Procurement | Huw Thomas |
| HDUHB | One | Dietetics | Karen Thomas |
| HDUHB | One | Principal Project Manager | Anna Henchie |
| Ceredigion County Council | Two | Public Service Board Lead | Catherine Morgan |
| Castell Howell | Three | Corporate Social Responsibility Lead | Ed Morgan |
| Natural Resources Wales (NRW) | Four | People & Places Officer (SW) | Emma Taylor |
| PLANED | Three | Project Coordinator | Alice Coleman |
| Trussell Trust Foodbank | Three & Four | Pembrokeshire Foodbank Manager | Ian Watling |
| Blaencamel Organic Farm | Three | Founder | Peter Segger |
| Aber Food Surplus | Three | Director | Heather McClure |
| Regional Partnership Board | Two | RPB Chair / HDUHB Vice Chair | Judith Hardisty |
| Regional Partnership Board / Ceredigion Association of Voluntary Organisations | Two & Three | RPB Vice Chair / CAVO CEO | Hazel Lloyd Lubran |
| Wales Public Health / HDUHB | One & Four | Principle Public Health Practitioner | Beth Cossins |
| Potato Farmer | Three | Retired | James Kimpton |

Apologies

| | | | |
|------------------------|--------------|--|-----------------------|
| Aberystwyth University | Three & Four | Institute of Biological, Environmental and Rural Studies - Chair | Alison Kingston-Smith |
|------------------------|--------------|--|-----------------------|

Project Stakeholders

We are grateful to all of the following stakeholders who kindly participated in differing ways and helped to inform the Feasibility Study.

| Food Feasibility Stakeholders | | | | |
|-------------------------------|--|--------------|--|-----------------------|
| | Organisation | Sphere | Role | Name |
| 1 | Hywel Dda University Health Board | One | Principal Project Manager | Anna Henchie |
| 2 | Hywel Dda University Health Board | One | Engagement Project Support Officer | Carly Fall |
| 3 | Hywel Dda University Health Board | One | Clinical Lead Dietitian | Claire Jones |
| 4 | Hywel Dda University Health Board | One | Transformation Team | Daniel Warm |
| 5 | Hywel Dda University Health Board | One | Engagement Manager | Delyth Evans |
| 6 | Hywel Dda University Health Board | One | Engagement Officer | Gaynor Megicks |
| 7 | Hywel Dda University Health Board | One | Finance Director / Procurement | Huw Thomas |
| 8 | Hywel Dda University Health Board | One | Head of Diatetics | Karen Thomas |
| 9 | Hywel Dda University Health Board | One | Health Improvement Lead Dietitian | Laura Thomas |
| 10 | Hywel Dda University Health Board | One | Public and Patient Engagement Officer | Liz Cartwright |
| 11 | Hywel Dda University Health Board | One | Head of Specialist Services | Peter Jones |
| 12 | Hywel Dda University Health Board | One | Deputy Chief Executive and Executive Medical Director | Phil Kloer |
| 13 | Hywel Dda University Health Board | One | Head of Engagement | Rebecca Griffiths |
| 14 | Hywel Dda University Health Board | One | Head of Operations | Simon Chiffi |
| 15 | Hywel Dda University Health Board | One | Head of Nutrition and Dietetics Service | Zoe Paul-Gough |
| 16 | Wales Public Health / HDUHB | One & Four | Principle Public Health Practitioner | Beth Cossins |
| 17 | University of Wales Trinity Saint David | Two | Chair of PSB | Barry Liles |
| 18 | Ceredigion County Council | Two | Partnerships manager for Ceredigion | Cathryn Morgan |
| 19 | Ceredigion County Council | Two | Leader of Council and Chair of PSB | Clr Ellen Ap Gwynn |
| 20 | Ceredigion County Council | Two | Lead Officer | Diana Davies |
| 21 | Carmarthenshire County Council | Two | Corporate Policy, Performance & Partnership Manager / Lead Officer for PSB | Gwyneth Ayers |
| 22 | Ceredigion CLES | Two | Food procurement with Ceredigion and Powys PSBs | John Heneghan |
| 23 | Regional Partnership Board | Two | RPB Chair / HDUHB Vice Chair | Judith Hardisty |
| 24 | Carmarthenshire | Two | Regional Partnership Board Coordinator | Kelvin Barlow |
| 25 | Ceredigion County Council | Two | Partnerships officer | Lynne Walters |
| 26 | Pembrokeshire County Council | Two | Lead Officer | Nick Evans |
| 27 | Regional Partnership Board / Ceredigion Association of Voluntary Organisations | Two & Three | RPB Vice Chair / CAVO CEO | Hazel Lloyd Lubran |
| 28 | PLANED | Three | Project Coordinator | Alice Coleman |
| 29 | Aberystwyth University | Three | Director of Research, Innovation and University Partnerships | Dr Leighton Phillips |
| 30 | Castell Howell | Three | Corporate Social Responsibility Lead | Ed Morgan |
| 31 | Social farms and gardens | Three | Local Food Production | Gary Mitchell |
| 32 | Aber Food Surplus | Three | Director | Heather McClure |
| 33 | Potato Farmer | Three | Farmer (retired) | James Kimpton |
| 34 | Clynfyw Farm | Three | Farmer | Jim Bowen |
| 35 | Blaencamel Organic Farm | Three | Founder | Peter Segger |
| 36 | University of Wales Trinity Saint David | Three | Professor of Practice, restaurateur and food critic | Simon Wright |
| 37 | Aberystwyth University | Three & Four | Institute of Biological, Environmental and Rural Studies - Chair | Alison Kingston-Smith |
| 38 | Puffin Producers | Three & Four | Wholesaler | Huw Thomas |
| 39 | Trussell Trust Foodbank | Three & Four | Pembrokeshire Foodbank Manager | Ian Watling |
| 40 | WRAP Cymru | Four | Head of WRAP Cymru | Carl Nicholas |
| 41 | Wales Food Co-op | Four | Management | Clare Sain-Ley Berry |
| 42 | Natural Resources Wales (NRW) | Four | People & Places Officer (SW) | Emma Taylor |

¹ source; stakeholder engagement plus Cwm Taf CPU amounts

PWYLLGOR DATBLYGU STRATEGOL A CHYFLENWI GWEITHREDOL STRATEGIC DEVELOPMENT AND OPERATIONAL DELIVERY COMMITTEE

| | |
|--|---|
| DYDDIAD Y CYFARFOD: DATE OF MEETING: | 16 December 2022 |
| TEITL YR ADRODDIAD: TITLE OF REPORT: | Planning Objective 4N - Food system for wellbeing |
| CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR: | Professor Philip Kloer, Medical Director / Deputy CEO |
| SWYDDOG ADRODD: REPORTING OFFICER: | Anna Henchie, Principal Programme Manager |

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

The Strategic Development and Operational Delivery Committee (SDODC) requested a report to provide assurance on the status and progress of Planning Objective 4N - Food System for Wellbeing. The Committee is being asked to review the feasibility study and the steps being taken to meet the 'connection challenge' in the work the Health Board is undertaking in the food systems space.

Cefndir / Background

The original planning objective set out to:

Create and implement a process in partnership with local authorities, PSBs and other stakeholders that engages and involves representatives of every aspect of the food system. This will include growers, producers, distributors, sellers, those involved in preparation and the provision of advice to individuals & organisations and thought leaders in this field. The aim is to identify opportunities to optimise the food system as a key determinant of wellbeing. The opportunities identified will then need to be developed into proposed planning objectives for the Board and local partners for implementation from April 2023 at the latest.

To enable this work to progress, and to optimise the opportunity to make wider connections than had been made traditionally, the Health Board commissioned a feasibility study (Appendix 1) to be undertaken by North Star Transition, in partnership with UCL. The report attempted to identify stakeholders both internal and external, and made recommendations for consideration. One of the main findings, both in the report and in subsequent discussions has been the challenge the Health Board has experienced internally, in order to have a whole system picture of its work with and about food.

Asesiad / Assessment

Interest in, and projects related to food and the food system are many and varied across the Health Board, and the region as a whole. To date the work to identify and understand the

stakeholders 1) we currently link with, 2) we should link with but as yet are not, 3) and we could link with in the future, is an ongoing task. The feasibility study provided a baseline, but

as a direct result of the report, the work being undertaken through PO 4U and the findings of PO4L, a 'connection gap' within the Health Board's own teams all with legitimate but often disparate interests in food has been uncovered. The PO had tasked us with creating a whole systems stakeholder group. Work to date has highlighted the many different forums, alliances, groups and partners, both large and small with whom we should and could connect, and as such convening another formal partnership group risks 1) duplicating the work already underway in other forums - most notably the PSBs - 2) alienating the smaller scale/ locality based projects 3) becoming overly administrative and unwieldy. As a consequence the health board has stood up the 'Food Systems Action Group'. This will report to the Social Model for Health and Wellbeing Steering Group as well as to the various governance requirements required by the different projects. It is a defined space to enable the Health Board to connect its teams and projects in an agile and flexible manner to enable all parts of the organisation to be informed and involved in the food system, and enable the right links to be made into the wider stakeholder system - be it through national, regional or more local/ micro projects

Argymhelliad / Recommendation

The Strategic Development and Operational Delivery Committee is requested to receive assurance that the project is meeting its outcomes within the expected timelines.

| Amcanion: (rhaid cwblhau) | |
|--|--|
| Objectives: (must be completed) | |
| Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor: | 2.1 To receive an assurance on delivery against all relevant Planning Objectives falling in the main under Strategic Objectives 4 (The best health and wellbeing for our individuals, families and our communities) and 5 (Safe, sustainable, accessible and kind care), in accordance with the Board approved timescales, as set out in HDdUHB's Annual Plan. |
| Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score: | Not Applicable |
| Safon(au) Gofal ac Iechyd: Health and Care Standard(s): | 1. Staying Healthy 2. Safe Care 3. Effective Care 6. Individual care |
| Amcanion Strategol y BIP: UHB Strategic Objectives: | 1. Putting people at the heart of everything we do 6. Sustainable use of resources 4. The best health and wellbeing for our individuals, families and communities 5. Safe sustainable, accessible and kind care |
| Amcanion Cynllunio Planning Objectives | 4N Food System 4O Food and health literacy pilot 4G Healthy Weight: Healthy Wales 4S Improvement in Population Health |

| | |
|---|---|
| Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019 | 9. All HDdUHB Well-being Objectives apply |
|---|---|

| Gwybodaeth Ychwanegol: Further Information: | |
|--|--|
| Ar sail tystiolaeth: Evidence Base: | Contained within the body of the report. |
| Rhestr Termau: Glossary of Terms: | Contained within the body of the report. |
| Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Datblygu Strategol a Chyflenwi Gweithredol: Parties / Committees consulted prior to Strategic Development and Operational Delivery Committee: | SDODC 28 April 2022 |

| Effaith: (rhaid cwblhau) Impact: (must be completed) | |
|---|----------------|
| Ariannol / Gwerth am Arian: Financial / Service: | Not Applicable |
| Ansawdd / Gofal Claf: Quality / Patient Care: | Not Applicable |
| Gweithlu: Workforce: | Not Applicable |
| Risg: Risk: | Not Applicable |
| Cyfreithiol: Legal: | Not Applicable |
| Enw Da: Reputational: | Not Applicable |
| Gyfrinachedd: Privacy: | Not Applicable |
| Cydraddoldeb: Equality: | Not Applicable |