

## Cabinet - 23 March 2005

### Modernisation of the Community Meals Service

**Portfolio:** Councillor Alan Paul –Health and Social Care

**Service Area:** Social Care and Supported Housing

**Wards:** All

**Forward Plan:** Yes

#### Summary of report

This report outlines a proposed way forward for the modernisation of the Council's Community Meals (Meals on Wheels) Service as a core element of the overall modernisation and redesign of services for older people and people with disabilities.

As part of consultation process Scrutiny Health and Social care panel at a meeting on the 10 March considered the proposed redesign of the community meals service and this report incorporates the views of the Health and Social Care Scrutiny panel

The Council provides community meals (meals on wheels) as a duty under section 2 of the Chronically Sick and Disabled Persons Act 1970 for people with disabilities, or who are chronically sick, or who have a mental illness, as a power under schedule 8 of the National Health Service Act 1977 for people who are or who have been ill or to prevent illness and as a power under section 45 of the Health Service and Public Health Act 1968 for older people.

The provision of meals in accordance with these duties and powers is to meet the specific needs of those people who are housebound and who cannot prepare a main meal. They can be provided as a permanent or temporary measure, and the need for the service should be reviewed regularly.

In December 2004, 747 people were receiving meals. As the delivery of meals to any individual varied between twice and seven times a week, an average of 450 people a day were receiving meals between Monday and Friday, and an average of 180 a day on Saturdays and Sundays. In addition, an average of 115 meals per weekday are delivered to luncheon clubs and nurseries. The existing Service Agreement allows for the preparation of up to 750 meals per day by the Catering Service.

In September 2003, Cabinet commissioned a detailed review and option appraisal to determine the future delivery of the Catering Service to represent Best Value to the Council. The meals on wheels service was found to be *"costly both through the provision of a daily cooked meals service and transport service, and falls short of what is now considered to be best practice."* (Catering Services Review: EMT April 29<sup>th</sup> 2004)

A service review and option appraisal was commissioned for the meals on wheels service itself, including the following issues:

- Review of service delivery and methods
- Determination of the need of the service
- Consultation with service users
- Determination of the capacity of service users to take on service revision.

The meals on wheels service was considered, in part, to be the kind of service which drew criticism from the Joint Review team, as being out dated, poorly targeted and expensive. The production of a freshly cooked meal service causes greater production costs around overheads, staff costs, packaging and transport/delivery costs (Catering Services Review).

The majority of Councils have now moved away from freshly cooked food delivery, and towards the reheating of frozen food. The current service was also criticised for not having been reviewed in terms of user needs and requirements. In addition, acceptable meals are not provided for the growing number of potential recipients from Walsall's minority ethnic communities.

Compared to other Councils Walsall provides a "traditional" service and has been slow to consider options to redesign the service. In the highest performing authorities, nationally 70% offer a frozen meal option and in the West Midlands 77% offer a frozen food option.

Cabinet accepted the review and the subsequent user satisfaction survey that accompanied it. Initial consultancy work laid out a series of four options for future delivery, to bring Walsall into line with the majority of Councils, and one further option was added during this review. The options focus on variations of three methods of meals delivery:

- (a) Freshly cooked and served food
  - (b) Frozen food that is served hot at point of delivery
  - (c) Frozen food that is delivered frozen and reheated by the service user
- Option 1: To maintain the current traditional cook and serve provision, either through in-house or external sources
  - Option 2: Move to a mixture of traditional freshly cooked meals and frozen meal provision that is delivered hot or delivered frozen as appropriate
  - Option 3: Move to a full frozen meal provision that can be delivered hot or frozen
  - Option Four: Contract for the purchase and delivery of frozen meals for reheating only
  - Option Five: Frozen meals that are delivered hot

Meals tasting sessions were arranged with over 100 people, including service users and older people from African Caribbean and Asian communities to test the acceptability of frozen food. Testers were asked to comment on choice, presentation and portion size; all three parameters showed 90% or better satisfaction scores.

The Project Team undertook a formal appraisal of the five options outlined above. The option that provides best fit with the whole range of strategic benefits identified by the Council (delivery of hot meals where necessary; safe and well checks for the most vulnerable; increased choice of when to eat for those who can reheat meals themselves; and cost effectiveness) is **option 3**, although further analysis is required as to whether the use of prime (i.e. freshly) cooked food or reheated (frozen) food offers the best option for the hot element.

This option was endorsed by the Redesign Officer/ Member working group and extensive consultation followed throughout February 2005. A consultation report of the Stakeholders consultation day is attached as Appendix 1. Following this consultation process option 3 has been revised to allow more consideration of the most appropriate means of providing the hot food component. The options are either provide as hot frozen food or as prime cooked.

The government introduced new “Fairer Access to Care” eligibility criteria in 2002, which place a duty on Councils to assess potential service users and provide services equitably across client groups and service areas. The Council decided that services should only be provided to those assessed as having critical or substantial needs. Those currently receiving meals on wheels services are being reviewed against these new criteria, which are designed to target help where it is most needed.

It is likely, based on the experience of other Councils who have undertaken this review, that a significant number of existing meals service recipients would not be eligible for the service under these new Fair Access to Care Criteria (FACS). However, authorities that have moved to this sort of provision have also not had to use eligibility criteria as the cost of service is so reduced that any service user or member of the public can access the service by personal choice.

All current service users will continue to receive a meals service appropriate to their needs, and will be subject to a careful assessment of the best way to provide the service including where appropriate a risk assessment regarding any proposed change to how a meal is provided to them.

A “prevention strategy” will be developed to ensure that adequate information can be given about other support services available.

If cabinet, agree the recommendations listed below there will be extensive and thorough consultation regarding the proposed redesign service, particularly in respect of the best way to provide hot food.

## **Recommendations**

- (1) Cabinet approves the adoption of option 3 (the provision of a meals service that can be delivered daily as hot food or weekly or fortnightly as frozen food) as the preferred way forward for the development of the Council’s community meals service.

- (2) Cabinet to agree that further work is undertaken in the next phase of the project to evaluate the potential for supplying prime cooked food as an alternative to hot, previously frozen, food to meet the hot food element of the scheme.
- (3) Cabinet to agree that full service specifications and draft contracts are developed in consultation with service users and carers, and reported to Cabinet for final approval in September 2005.
- (4) Cabinet to note the resolutions of the Health and Social Care Scrutiny Panel that met on 10 March 2005 and that attention to these will be a part of the future work in remodelling the service. The Panel resolved that it:
  - a. Endorsed the recommendations in the report
  - b. Welcomed the retention of prime cook as an option for remodelling the service
  - c. Had concerns over issues relating to risk assessments, care plans and preventative measures
  - d. Wanted to ensure that service users have a real choice and not be pressured
  - e. Wanted to see more extensive and thorough consultation
  - f. Wanted support to be given to the in-house provision to ensure that it is in a fair position to provide options.

### **Resource and legal considerations**

Agreement to the development of “option 3” will enable the Council to meet the legal duties and powers conferred upon it by the National Health Service and Public Health Act 1968, the Chronically Sick and Disabled Persons Act 1970 and the National Health Service Act 1977 and all related guidance. It will also ensure compliance with the Fair Access to Care Services guidance. No new revenue resources would be required to implement this option. Possible capital requirements for the recommissioning of the existing service will be fully analysed in the next stage of the process and reported to Cabinet in September 2005.

This report has significant implications for the staff working in this service area, both for those in the kitchens and drivers. The in-house service can bid for the new contract and any contract will need to consider TUPE.

### **Citizen impact**

Agreement to this development will ensure that all citizens needing a community meals service will be able to access the service following formal assessment of their needs or they will be able to access by personal choice. Those citizens in need of information about the availability of other catering services would have their needs met through the development of the prevention strategy. The remodelled service will provide greater choice and flexibility to service users, and will meet the needs of people from ethnic minority communities who currently do not access this service.

## **Community safety**

There are no new implications for community safety arising from this report.

## **Environmental impact**

There are no new environmental implications arising from this report.

## **Performance and risk management issues**

A full analysis of risk will be undertaken during the next stage of the process. The increased targeting of the service will ensure that performance improves. The service impacts on PAF indicator C32 'Older People Helped to Live at Home'.

## **Equality implications**

Agreement to the recommended option will ensure that people with religious and cultural dietary requirements, and who need community meals, will be able to access appropriate meals. It also means that people will be able to access community meals if they are temporarily unwell or if weather conditions are such that it is unwise to go out.

## **Consultation**

Two stages of consultation have already taken place:

- Consultation on the acceptability of using frozen food is fully reported in Appendix 1 to this report.
- A one-day stakeholder conference was held on 24 February 2005, involving service users, carers, partners from health and the voluntary sectors, trade unions and managers.

## **Vision 2008**

The community meal service is an important service as it contributes to making Walsall a caring place. People from all communities, people with disabilities and older people will be able to access this service.

## **Background papers**

Best Value review of catering services (April 2004)  
Service review meals on wheels (July 2004)

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A handwritten signature in black ink, appearing to be 'David Martin', written over a light grey rectangular background.

**Signed**

**Executive Director: David Martin**

**Date: 14 March 2005**

A handwritten signature in black ink, appearing to be 'Alan Paul', written over a light grey rectangular background.

**Signed**

**Councillor Alan Paul:**

**Date 14 March 2005**

## COMMUNITY MEALS PROJECT

### CONSULTATION REPORT

#### 1 Introduction and Purpose of Report

This report sets out the outcomes of stakeholder consultation which has been undertaken in respect of options for the development of the Community Meals service. The report describes the context and rationale for the need for service redesign.

Section 4 outlines the consultation process and the methodology used. Section 6 of the report provides a synopsis of the consultation. The concluding part of the report then considers the implications for service development, which are now apparent from the process of consultation.

This report is intended as a standalone document and an appendix for scrutiny and cabinet reports.

Consultation on options for service development was identified as a key activity in the project plan. The consultation outcomes will be a critical factor in determining the best way forward for the service.

#### 2 Context and Background

##### 2.1 Context

A Best Value review of the Council's catering service was undertaken in 2003 and one of the recommendations of this review was that a further, more detailed review of the Community Meals on Wheels service should be carried out to look at the current service and consider options for service redesign.

During the summer of 2004, a firm of consultants were engaged by the Council to undertake some initial work regarding the unit costs of the current service, preliminary benchmarking and an option appraisal.

The outcome of the work was considered by the Council in July 2004 when it was agreed that it was important to establish the level of acceptability of service users to an alternative model of meal provision of frozen meals

The project was transferred to the redesign project team, whose brief is to manage and deliver a number of key projects relating to the development of community-based services for Older People. The project plan portfolio includes re-provision of the council's residential services for older people, day services and domiciliary care. The overall aim of the project is to develop an enhanced range of care and support services for older people to enable them to remain at home through the promotion of independence and greater choice.

Community meals are seen as being a cornerstone strategy in this commissioning plan.

The current service provides a 2 course hot meal with no provision for ethnic food. Three choices are offered, including choices to meet specific dietary requirements. Choices have to be made a week in advance.

In December 2004, 747 people were receiving meals. As the delivery of meals to any individual varied between twice and seven times a week, an average of 450 people a

day were receiving meals between Monday and Friday, and an average of 180 on a day on Saturdays and Sundays. In addition, an average of 115 meals per day are delivered to luncheon clubs and nurseries. The existing Service Agreement allows for the preparation of up to 750 meals per day by the Catering Service.

## 2.2 The food tasting exercises

The taster sessions were organised for the week of November 22<sup>nd</sup> – 26<sup>th</sup> 2004.

Taster sessions were held in a number of venues including the Town Hall and a variety of Council and voluntary day centres. Of those attending, 179 completed a questionnaire: 116 service users or potential service users, and 63 carers and staff. The taster session held at a specialist day centre for older people of Asian ethnic origin produced 37 responses.

Guests were offered a two-course meal, with 10 alternatives to choose from. The food was reheated (brought to the optimum temperature) on its way to the venue. Birmingham Meals Direct, the in-house provider of Birmingham City Council, which provides community meals for the people of Birmingham and Bristol, provided the food.

Participants were asked to grade the food according to choice, presentation and portion size, and to comment on taste and other issues of importance to them.

An African Caribbean tasting session took place at the Delves Resource Centre and 15 people attended.

There was a high level of satisfaction with both the African Caribbean and Asian food offered.

The tasting exercise was designed to find out acceptability levels in respect of taste, portion size and presentation, this criterion were selected because these were considered to be the key components in terms of overall acceptability. The outcome of the food tastings was that satisfaction levels of over 90% were recorded against all three areas tested.

## 2.3 Options for service development

The initial consultancy report identified four key options for future development; a fifth option was added by the Service Redesign Project Team.

- Option 1: to maintain the current traditional cook and serve provision, either through in-house or external sources
- Option 2: move to a mixture of traditional and frozen meal provision that is reheated and delivered or delivered frozen as appropriate
- Option 3: move to a full frozen meal provision that can be delivered as reheated (heated) or frozen
- **Option Four: contract for the purchase of frozen meals and delivery (without regeneration)**
- Option Five (additional option): move to full hot delivery service of reheated frozen meals.

The above options have been carefully evaluated by the project team in terms of Acceptability, Choice, and Value for Money, Impact on staff and Care Arrangements. The outcome of the work was then considered by the redesign of Officer/ Member group. They recommended that the option that provides best fit with the whole range of strategic benefits identified by the Council (delivery of hot meals where necessary; safe and well checks for the most vulnerable; increased choice of when to eat for those who can reheat meals themselves; and cost effectiveness) is option 3.

### **3 Purpose and Scope of Consultation Exercise**

A second exercise has been held to consult on the preferred option and to elicit views and opinions on the proposed model of service delivery. The Council is committed to acting on the views and opinions of all of the stakeholder groups and wishes to ensure that these views and opinions are an integral part in determining the future shape of the service.

The scope of the consultation has included briefings with all of the WMBC political groups, the trade unions, staff briefings and a stakeholder day, which was a multi-stakeholder event. This stakeholder event was held on the 24<sup>th</sup> February and was attended by 71 people, including 39 users of the current service.

### **4 Methodology**

#### **4.1 Stakeholder Day**

Participants were invited from the following stakeholder groups:

- Older people (both current recipients of the service and citizen representatives.)
- Carers
- Health managers
- Walsall council staff
- Representatives from ethnic minority organisations
- Voluntary organisations
- Trade unions.
- Social workers/ care managers

The day was very well attended by older people, ethnic minority organisations and Age Concern. A moderate number of Carers and trade union representatives attended. Health staff and social worker / care managers were underrepresented.

A summary consultation/ discussion document was circulated at the beginning of the day.

The stakeholder day commenced with two presentations to provide context in relation to the redesign project and the preferred option for the development of the community meals service. Following context-setting participants worked through a number of discussion themes in their respective stakeholder groups. The discussion themes focused around:

1. *What do you think of the option for moving towards a service based on frozen rather than freshly-prepared food?*
2. *How do you feel about a meals service that can:*
  - *Deliver hot food to those who need it?*

- *Deliver frozen meals to be reheated by Service Users or their Carers when they want?*
  - *Deliver more than once a day – e.g. evening meals as well as lunches?*
  - *Deliver food that meets the religious and cultural requirements of people from Black and Minority Ethnic communities?*
3. *We would like to develop a plan so that people who do not receive meals at home from the Council could receive information about other ways to access food.*
- *What are your views on this?*
  - *What do you think would be the best way to provide this information?*
4. *Is there anything else we need to think about before making changes to the Community Meals Service?*

The beginning of the day was attended by the Leader of the Council, who led a question and answer session and the Assistant Director of Social Care and Supported Housing for Adult Services attended the closing plenary session.

#### 4.2 Format for consultation briefings

Briefings with the WMBC political groups, trade unions and staff consisted of a presentation, distribution of a detailed discussion document, discussion and invitation to submit written comments.

## 5 Key Outcomes of the Consultation Process

### 5.1 The provision of a service that has the capacity to provide hot meals and a frozen delivery service.

There appears to be consensus across all of the stakeholder groups that the service needs to be remodelled to build a community meals service which provides choice, flexibility and provides community meals for people from ethnic groups. There is significant support for the provision of a service model that delivers both hot and deep frozen food. It is of great importance to all of the stakeholder groups that a hot meals service is available to those who need it. There is some uncertainty and concern regarding the proposal to replace the current arrangements with frozen food, which was mainly voiced by one of the older people stakeholder groups. For all stakeholders issues about quality and food hygiene must be key considerations.

Overall, there is agreement that the options could potentially provide a realistic alternative model. All of the stakeholders reinforced the preference to see the service rolled out to include other meals, which could be provision for breakfast and dinner.

Many consultees, particularly service users, were concerned with the cessation of the current contact with the staff who delivers the meals. These visits are greatly valued and can reduce social isolation and act as a fit and well check. It was stressed that these visits were important and clearly form part of a less formal care and support network for many Older People.

Many participants stressed that the implementation of any new service should be carefully introduced and some participants were of the opinion that the new service should be piloted, also many felt that training of both staff and recipients was crucial in respect of food regeneration and general food safety. Some felt that for the first month, recipients would need weekly support visits and then after the first month, monthly visits.

## 5.2 Alternative arrangements for meals

There was considerable support for the exploration of alternatives to people receiving a meal at home, and it was agreed that the council should produce a plan for those people who were assessed as not having critical or substantial needs. Such a plan would not be restricted to alternatives for food. There was interest in the provision of meals through luncheon clubs, or more radical alternatives such as pub lunches. There were many wide and varied responses as to how the council could best provide information on meals in the community, many were innovative including local good food guide, ring and tell schemes, and mystery shoppers.

## 5.3 Implementation of a remodelled service

The concluding discussion theme asked the participants to consider the key actions that the council should consider before making changes to the meals service.

Many of the participants expressed concern regarding the impact of changes on the existing staff and one service user group particularly reinforced the importance of retaining existing staff as they know current service users and it was also felt that these personnel would have a crucial role in training any new staff associated with the remodelled service.

Consultees felt that it was essential to continue the process of consultation through all stages of the redesign process, and detailed consultation with people from minority communities to determine what they want from the new service.

All groups were of the opinion that an alternative to the current informal safe well checks needs to be in place and embedded into any new service.

Service user groups stated that there was a need to keep people and informed and suggested a special team should be set up to support service users during the transition.

A model of phased implementation was suggested by a number of the stakeholder groups.

### **Implications arising from the consultation outcomes**

- a. Option 3 is generally acceptable
- b. Needs-based service essential
- c. Flexibility welcomed
- d. Ethnic meals welcomed
- e. Use of frozen food generally, but not universally, acceptable
- f. Need to ensure that we can offer choice of portion size when service specification is written
- g. Need to have certification of nutritional value written into specification
- h. Potential for varied delivery times welcomed
- i. Need to consider staff issues.

A full examination of these issues will be included in Phase 2 of the project, and form part of the further report to Cabinet in September 2005.