

13 October 2015		ITEM: 8
Health & Wellbeing Overview and Scrutiny Committee		
Meals on Wheels Update		
Wards and communities affected: All	Key Decision: Non-Key	
Report of: Allison Hall, Commissioning Officer, Adults, Health & Commissioning		
Accountable Head of Service: Roger Harris, Director of Adults, Health and Commissioning		
Accountable Director: Roger Harris, Director of Adults, Health and Commissioning		
This report is Public		

Executive Summary

On 12 November 2013 the Committee were asked to review options and ascertain a preferred option regarding future provision of a meal service. This report is attached as Appendix 1.

On 3 September 2014, after a full consultation Cabinet were asked to support the recommendation to discontinue the current meals on wheels service when the contract with Royal Voluntary Service (RVS) came to an end on 31 March 2015. In its place Cabinet agreed that eligible service users would receive a personal budget from which they could purchase a meal of their choice or use Havering Catering Services who had at that time agreed to deliver a hot meal to an individual's home.

In late 2014, Havering advised that they could no longer commit to this arrangement. As such, contingency arrangements were put in place and the current contract with RVS extended until March 2016 to allow sufficient time to secure a long term solution.

Due to a reducing demand for a tradition meal service the current contract is unattractive to other providers. As such, we cannot continue with the same service model.

In early 2015 all remaining options were explored. A desktop review of all meals on wheels service users was carried out, followed by a face to face assessment of a sample of this group (to test whether the desktop assumptions were correct). Social care practitioners in the community, hospital team and the rapid response service were also consulted on the options. Based on the findings of the review and practitioner feedback, only one option meets the needs of service users whilst offering a long term and viable solution. This solution would be that eligible service users will meet the cost of a frozen meal, a personal budget allocation for a carer to

reheat the meal (either through a contract or direct payment), this cost will be met by the council (or charged if part of a wider domiciliary care visit).

It has become clear however, following some soft market testing that the local market (private and voluntary sector) is not developed enough for this option to be realised by the end of March 2016. We have therefore decided to further extend the current contract until April 2017 to allow us the time to develop the market but also explore working more closely with the local community and voluntary sector to grow a wider range of providers. We will be doing this at the same time as the review of the Domiciliary Care contract. All service users that have meals on wheels service will receive a re-assessment.

The current provider has agreed in principle to a further year's extension until the end of March 2017. However, this rests on a review and agreement of the current unit price to take into account the introduction of the National Living Wage which comes into force April 2016. This is likely to see an increase to the current unit cost of £7.78 to a proposed cost of £7.93, approximately £300pa.

1. Recommendations:

1.1 To support the extension of the contract with RVS or a further year and note that the future of the service will be considered as part of the wider review of domiciliary care

2. Introduction and Background:

2.1 The number of people receiving meals on wheels has reduced over the last few years. In 2011/12 the average number of service users supported per quarter was 575, by 2014/15 this had reduced to 496 per quarter. As a result the number of hot meals provided has also reduced, in 2011/12 the number of hot meals provided was 48,108, by 2014/15 this had reduced to 39,138.

2.2 The price of the meal is dependent on volume levels. As at March 2015 the current cost of each meal is £7.78, with the service user contributing £4.00 of this cost. (In 2011/12 the cost per meal was £6.62). Should the meal volume drop to below 35,000 per annum this will increase the price further to £8.48 per meal – see pricing table below:

Current	
Volume Banding	Price per meal
100,000 - 104,999	£4.56
95,000 - 99,999	£4.57
90,000 - 94,999	£4.72
85,000 - 89,999	£4.74
80,000 - 84,999	£4.92
75,000 - 79,999	£4.96
70,000 - 74,999	£5.18
65,000 - 69,999	£5.25

60,000 - 64,999	£5.53
55,000 - 59,999	£5.89
50,000 - 54,999	£6.12
45,000 - 49,999	£6.62
40,000 - 44,999	£7.01
35,000 – 39,999	£7.78
30,000 – 34,999	£8.48
25,000 - 29,999	£9.86
20,000 - 24,999	£11.44

- 2.3 The wider availability of lower priced frozen meals that can be reheated at a time to suit the individual (e.g. in the evening) has resulted in falling demand for this product/service.
- 2.4 This low volume of meals is making the current contract economically unviable and unattractive to potential providers.

3. Issues, Options and Analysis:

Option	Pro's	Con's
Stop providing a meal service and provide a subsidy (in the form of a personal budget) to the service user to reheat a frozen meal (frozen meal to be purchased by service user).	<p>Council could save money depending on the level of subsidy offered.</p> <p>Council meets identified need.</p> <p>May provide more choice to service users and their families.</p> <p>Service users can afford a meal service.</p>	<p>Could place vulnerable people at risk if insufficient alternative provision in the market.</p>

4. Reasons for Recommendation:

- 4.1 This would appear to be the only viable option for the service over the long term.

5. Consultation (including Overview and Scrutiny, if applicable)

- 5.1 Legal advice has been sought as to whether further consultation is required on the proposed model – Thurrock Council's Legal Department has concluded that a further consultation is not required as this option was considered in the original consultation.

6. Impact on Corporate Policies, Priorities, Performance and Community Impact

- 6.1 The decision to change the model of provision could have a significant impact on the wellbeing of the most vulnerable people in our community. It specifically impacts on priority 4 of our Community Strategy; Improve Health and Wellbeing by ensuring that people stay well for longer by having a nutritious and hot meal every day.

7. Implications

7.1 Financial

Implications verified by: **Mike Jones**
Management Accountant

A savings target of £60,000 was made within the Adult Social care budget, which was predicated on the alternative service delivery options detailed within the original report of 12 November 2013. This is no longer achievable, but has been financed by alternative savings from elsewhere within the service budget.

There will be a financial implication is so far as extending the current contract will result in a small increase to the unit cost of each meal, and a variable elements linked to the volume of meals provided. These will be contained within, and have been factored into the forecast outturn of the Adult Social Care budget for 2015/16.

7.2 Legal

Implications verified by: **Dawn Pelle**
Legal Officer

Pursuant to Section 2 of the Chronically Sick and Disabled Persons Act 1970 the Council has responsibility to make arrangements for the provision of meals to eligible people.¹ Further implications in relation to consultation are contained under item 5 of this report.

7.3 Diversity and Equality

Implications verified by: **Natalie Warren**
Community Development & Equalities Manager

¹ NB: The provisions of the Chronically Sick and Disabled Persons 1970 relating to adults has been repealed by the Care Act 2014. However for those persons whose care plan is to be reviewed will only qualify for a Needs Assessment under the Care Act 2014 if through a review or otherwise their needs or circumstances have changed. Paragraph: 23.4 Care and Support Statutory Guidance 2014

Having explored options, the recommendation to extend the current contract ensures service is provided whilst alternative provision is developed. Previous data determined that many users were older people and women. All recipients have either a physical disability, sensory impairment and/or cognitive impairment. As such, we need to ensure that current and potential users are supported to have a voice in this process.

7.4 Other implications (where significant) – i.e. Section 17, Risk Assessment, Health Impact Assessment, Sustainability, IT, Environmental

N/A

8. Background Papers used in preparing this Report (include their location and identify whether any are exempt or protected by copyright):

N/A

9. Appendices to this Report:

Appendix 1- HOSC Report of 12 November 2013.

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