

12 November 2013	ITEM:
Health and Well-Being Overview and Scrutiny Committee	
MEALS ON WHEELS	
Report of: Sarah Turner – NDS Lead and Older People Commissioner	
Wards and communities affected: All	Key Decision: Yes
Accountable Head of Service: N/A	
Accountable Director: Roger Harris – Director of Health, Adults and Commissioning	
This report is Public	
Purpose of Report: Options appraisal on the future of meals on wheels provision	

EXECUTIVE SUMMARY

The Council currently holds a contract with RVS (until 31st March 2015) to provide hot meals to people who have been assessed as critical or substantial under the Adult Social Care FACS (Fair Access to Care) criteria¹. The meals on wheels service is in place to ensure that people who are unable to prepare their main meal (including reheating frozen food) have the facility to receive one hot and nutritionally balanced meal each day. In addition to the meal, RVS also carry out welfare checks and medication prompts (where it has been assessed as a need).

This report has been prepared to give the committee all future commissioning options in advance of the contract end date so that officers have sufficient time to implement the Committee's preferred option.

The service is used for people where the risk has been identified as to great (i.e. they would not eat). We have the responsibility to meet this need under the Chronically Sick and Disabled Personal's Act 1970 (Section 2) but it may be able to be met in an alternative way to current provision.

¹ Full Title of document: Prioritising need in the context of Putting People First: a whole system approach to eligibility for social care – guidance on eligibility criteria for adult social care: England 2010

1. RECOMMENDATIONS:

- 1.1 For the Committee to review the options detailed in section three of this report and to agree their preferred option/s.**
- 1.2 For the preferred option/s to go out to public consultation.**

2. INTRODUCTION AND BACKGROUND:

We currently have 146 people in receipt of meals on wheels (September 2013). Although the number of people receiving meals on wheels has reduced over the last few years (In 2009/10 56,535 hot meals were provided, it is estimated in 2013/14 this will be down to 33,000 meals) there has been an increase in the amount of meals per week each service user has (60% of recipients now have a meal 7 days a week).

The price of the meal is dependent on volume levels. Currently each meal costs £7.78, with the client contributing £4.00 of this cost.

Local Authority	Charge to Service User (per meal)	Provider	Service
Thurrock	£4.00	RVS	Hot meal and pudding. Can also provide a tea time pack for additional charge.
Essex	£3.95	SODEXO	Hot meal and pudding
Southend	£4.60	RVS	Hot meal and pudding. Can also provide a tea time pack for additional charge.
Barking & Dagenham	N/A	N/A	No directly commissioned or contracted service. Service users are given contact details and can directly purchase from neighbouring authorities meal service (see below)
Havering	£5.25 (full cost recovery)	Meals service is council run (Havering Catering Services)	Hot meal and pudding. Can also provide a tea time pack for additional charge. Not a contracted service.
Luton	£3.40	Meals service is council run (LBC Catering Service)	Hot meal and pudding. Can also provide a tea time pack for additional charge.

Table 1: MOW comparator table

Table 1 gives a brief description of client contribution and service provision in neighbouring and comparator local authorities

In conjunction with service provision and costs a full review of the demographics of users of meals on wheels in Thurrock has been undertaken. They are as follows;

- Although there are people as young as 46 using meals on wheels, the average age of user is 84 years old.
- 94 (64%) recipients are female and 52 (36%) male.
- 123 of the 146 people in receipt of meal on wheels live alone.
- Of the 23 people who live with others, 14 people are partners (i.e. 7 couples both with care needs, often one partner also has dementia), the remaining 9 live with a family member who are either at work during the day or they are in a co-dependent relationship e.g. elderly father and son who has learning disabilities who both require a meal.
- 30 people (21%) receive meals on wheels because they have a cognitive impairment (this is largely dementia or short term memory loss but does include younger adults with enduring mental health issues). Typically they require a meal as they are unable to remember to eat.
- 75 people (51%) receive meals on wheels for physical issues. This is largely people with restricted mobility who are unable to stand to heat a frozen meal. This is due to a number of health conditions but most commonly osteoporosis, arthritis or Parkinson's (although a number of these are combined with sensory impairments).

- 41 people (28%) of people have both physical and cognitive impairments i.e. unable to mobilise and have dementia.

3. ISSUES, OPTIONS AND ANALYSIS OF OPTIONS:

Based on the information gathered, the table below details all of the options available to the committee and the pros and cons of each.

Option	Pros	Cons
1. Continue with current service delivery model (although this will be retendered during 2014).	Vulnerable people receive a hot meal, welfare check and medication prompt (where appropriate).	<p>If the drop in level of demand continues we will be paying a higher unit price making the service financially unviable.</p> <p>Poor response to tender opportunity last time.</p> <p>This does not offer the service user choice.</p>
2. Continue with current service delivery model but implement full cost recovery	<p>The council would save between £120k and £150k per annum.</p> <p>Vulnerable people continue to receive a hot meal and welfare check.</p>	<ul style="list-style-type: none"> • Based on current demand and prices, service users would have to pay £7.78 per meal. An increase of £3.78 in addition to the £4.00 they currently contribute • This would result in older people meeting an addition £1,380 cost per year. This may put older people in a position where they could not continue to meet the cost of provided meals.

		<ul style="list-style-type: none"> This could also result in a significant drop in demand, resulting in a higher unit price and the service becoming financially unviable.
3. Stop providing a meal service and provide only signposting information.	<p>The council would save between £120k and £150k per annum.</p> <p>May be able to secure a reputable provider to work in the area without a contractual relationship with the Council e.g. LBBD model (although for those in receipt of a medication prompt this need will not be met by the meals service).</p>	<ul style="list-style-type: none"> Could place vulnerable people at risk if insufficient alternative provision in the market. Council may need to replace this service with additional home care calls (see option 5) as we have a responsibility to meet identified need (as the people currently receiving the service do not have either the capacity or capability to reheat meals) and for welfare checks and medication prompts. Due to the high level of people who live alone receiving this service there may not be friends or family who can help arrange the meal service. Possible increased cost to service users.
4. Provide only a frozen meal service.	<p>The council would save between £120k and £150k per annum as the cost of the meal would be met by the service user.</p>	<ul style="list-style-type: none"> This is not a viable option as our current recipients are either unable to stand to heat a meal or alternatively are unable to remember to heat and eat a meal.
5. Provide a frozen meal service plus 15 minute call from a home carer to reheat the meal.	<p>Ensure that vulnerable person's nutritional and welfare needs are being met.</p> <p>May provide more choice to service users.</p> <p>May be better for service users with dementia as they can receive a visual prompt.</p>	<ul style="list-style-type: none"> Without subsidy it could result in significant cost to older people as they would be paying for both the cost of the meal and a 15 minute visit. Capacity issues in home care contracts (and the care sector as a whole) may make it difficult for this amount of additional calls to be met. May take trained carers out of the system to prepare meals when unqualified staff are able to meet this need.
6. Stop providing a meal service and provide a subsidy (in the form of a direct payment) to the services 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>	<ul style="list-style-type: none"> Could place vulnerable people at risk if insufficient alternative provision in the market.

4. REASONS FOR RECOMMENDATION:

- 4.1 It is recommended that the Committee review all options prior to public consultation.

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

- 5.1 The purpose of this paper is to consult the Committee on this issue to ascertain their preferred option/s before going out to public consultation and ultimately Cabinet.

6. IMPACT ON CORPORATE POLICIES, PRIORITIES, PERFORMANCE AND COMMUNITY IMPACT

- 6.1.1 This decision 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: **Sean Clark**
 Telephone and email: **01375 652010**
sclark@thurrock.gov.uk

The report clearly sets out the financial implications. Members will be aware that the Council faces unprecedented financial pressures over the medium term and that significant savings will need to be achieved and some difficult decisions will be required. However, these have to also be balanced against the Council's statutory responsibilities and the Council's priorities.

7.2 Legal

Implications verified by: **Dawn Pelle**
 Telephone and email: **020 8227 2657**
dawn.pelle@bdtlegal.org.uk

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.

The Council needs to ensure that any change to service provision is fully consulted upon otherwise this decision could be open to challenge. The Sedley Guidelines as to consultation should be adhered to strictly. A good period for public consultation would be a minimum of 6-8 weeks but 12 weeks would be best practice.

7.3 **Diversity and Equality**

Implications verified by: **Samson DeAlyn**
Telephone and email: **01375 652472**
sdealyn@thurrock.gov.uk

This is an options paper and as such the diversity and equality implications will be dependent on the Committee's preferred option. The two main areas of implication are age and gender as the average age of recipient is 84 and a high percentage of users are female. 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

BACKGROUND PAPERS USED IN PREPARING THIS REPORT (include their location and identify whether any are exempt or protected by copyright):

APPENDICES TO THIS REPORT:

- N/A

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