

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 new 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.

Environmental impact:

There are no new environmental implications *arising from this report.* .

Performance management:

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.

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 gain access to 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 24th February 2005, involving service users, carers, partners from health and the voluntary sectors, trade unions and managers. The consultation paper used for this event is attached as Appendix 2.

Vision 2008:

The community meals 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.

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1.

Members may wish to make recommendations to Cabinet on

1. ***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 foods) as the preferred way forward for the development of the Councils' Community Meals Service and to recommend that Cabinet also endorses that further work is undertaken in the next stage of the project to evaluate the potential for supplying prime cooked (fresh) food as an alternative to regenerated (frozen) food to meet the hot food element of the scheme.***
2. That service specifications and draft contracts are developed in consultation with service users and carers, and to be reported to Cabinet for final approval in September 2005.

2. SUMMARY

This Scrutiny 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.

A PowerPoint presentation will also be made to the Scrutiny Panel which will provide more detail on rationale for the proposed remodelling of the service.

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 29th 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 or regeneration 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.

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.

- 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 regenerated and delivered or delivered frozen as appropriate
- Option 3: move to a full frozen meal provision that can be delivered as regenerated (heated) or frozen
- Option 4 contract for the purchase of frozen meals and delivery (without regeneration)
- Option 5 (additional option): move to full hot delivery service of regenerated frozen meals.

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 cooled (fresh) food or regenerated (frozen) food offers the best option for the hot element.***

A full report of the work undertaken by the Project Team, including analyses of the food tasting and the option appraisal, is attached as Appendix 1.

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 criteria. ***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.***

In the event that this is not the case contingency will be made for any current service users who do not meet these *any* revised criteria. A “prevention strategy” will be developed to ensure that adequate information can be given about *support services* available.

**Walsall Metropolitan Borough Council
Social Care and Supported Housing**

Modernisation of the Community Meals Service

Discussion and Consultation Document

1. Background

1.1 The legal framework and access criteria

- 1.1.1 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. It is not intended to be a source of cheap or subsidised food for older people, people who are ill or people with disabilities.
- 1.1.2 Standards for staff training; menus, including portion size (33.3% of the person's daily requirement); nutritional content; cultural, religious and dietary needs; supplies of foodstuffs; storage of foodstuffs; preparation, cooking and packing of food; delivery of meals; and financial control are laid down through National Association of Care Catering standards.
- 1.1.3 The Council's current operational guidelines, published in 1997, are that the provision of meals will be via a general assessment and care plan, which identifies the need for delivered meals and shows why the service user is unable to arrange for these needs without assistance.
- 1.1.4 The general national criteria for eligibility for Meals on Wheels are that the service is intended for people who are unable to cook or provide or obtain a meal for themselves from alternative sources. Without the provision of a meal their condition would deteriorate, limiting their ability to remain in the community. Meals on Wheels should be integrated with other service inputs, e.g. Home Care and the support of family or friends and be part of a planned package of care.
- 1.1.5 The Social Services Committee of 6th July 1995 resolved that people should be assessed as being either housebound and the extent of their disability or infirmity prevents them from making a hot meal; and /or unable to make a meal or unable to obtain a meal for themselves through reason of illness, disability, motivation or confusion.
- 1.1.6 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 criteria.

1.2. Service usage and demography

1.2.1 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.

1.2.2 562 of the 747 Service Users were referred for medical reasons (including both chronic and short-term ill health and disability), 152 for social reasons (usually as a preventative measure to avoid decline), and the remaining 33 people are categorised as having mental health problems. The following table indicates how long people have been receiving a service.

Date started	Medical reasons	Social reasons	Mental health reasons
Before 1990	4	3	3
1990 - 1998	40	14	0
1999	49	8	2
2000	53	10	2
2001	70	16	3
2002	90	22	9
2003	142	44	6
2004	114	35	8

Council guidance allows for meals on wheels delivery when illness is temporarily incapacitating a person. The above figures suggest that people who start to receive meals due to an acute illness or for other forms of intermediate care are not having them reviewed and withdrawn once they have recovered, or the review process is ineffective. The usual timescale for such reviews is after the first six weeks of the service being delivered.

1.2.2 Demographic information for Walsall shows that the population of people over 85 increased by 6% between 1996 and 2001 and is projected to continue to rise. Small increases in the over 85 population will have a significant affect on demand for health and social care services, including the meals service.

The proportion of elders over 65 within minority ethnic communities has increased from 3% in 1996 to 6% in 2001 and is projected to rise to 7% by 2006.

Walsall has a high level of poverty in later life: where the head of household is over 60 years old, 67% of households have an income of £10,000 or less.

10% of residents over the age of 65 suffer from diabetes, which is in line with the national average. More than 25% of South Asian people in this age group are affected.

- 1.2.3 It is estimated that there will be significant increases in demand for needs assessments for this age group based upon the above figures. The number of older people having an assessment of their needs by social services in 2001/2 was 3,349; over 80% were over 75; 40% were aged over 85; and 7% were from a minority ethnic community.

1.3 The current review

- 1.3.1 On 3rd 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 and budget holders. 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 29th 2004)

- 1.3.2 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.

- 1.3.3 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 encourages 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 or regeneration of frozen food. The service was also criticised for not having been challenged in terms of user needs and requirements.

- 1.3.4 The following chart, created by J G Bedwell Associates (who prepared the initial consultancy report) shows the comparative costs of the service in Walsall (all prime cooked & delivered hot) to the 'benchmark' for all frozen delivery (as in Liverpool) and four other Councils from within the comparator group that utilise frozen meals with the shown differential between hot and frozen delivery. All Councils shown provide a 7- day per week service including public holidays.



Source: J G Bedwell (Associates) 2004

1.3.5 One weakness of this financial analysis is that the cost of additional staff required to heat meals for those incapable of doing this for themselves appears to have been significantly underestimated. When this element is added to the cost of the “delivered frozen” option, it becomes less cost effective than other available options. These figures have been updated by the Council’s accountants as part of the present project, and the updated figures are used in the option appraisal.

1.3.6 Cabinet accepted the review and the subsequent user satisfaction survey which accompanied it. A series of four options was laid out for future delivery, to bring Walsall into line with the majority of Councils, although there is one further option which was not considered, but needs to be added to this review.

- 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 regenerated and delivered or delivered frozen as appropriate
- Option 3: move to a full frozen meal provision that can be delivered as regenerated (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 regenerated frozen meals.

1.3.7 Before looking in detail at the options, Cabinet wished to test how older people in Walsall would react to a different method of meal preparation and to check the acceptability of frozen, regenerated meals. To this end, a meals tasting project was designed.

2. Methodology

- 2.1 The objectives for the exercise were set via the strategic planning process for a review of options on the future of the community meals service. Cabinet was presented with an option appraisal for future development, but before making decisions, Cabinet members wanted service users' views via a meals tasting exercise. The method of consultation was agreed as a result of this presentation to cabinet. The consultation plan was drawn up using the departmental framework and met with the guidance offered through the departmental strategy document: "Guidelines for Effective Consultation – a Consultation Strategy for the Council".
- 2.2 A press release was sent out prior to the meals tasting events explaining the process, and the local press reported on the main event giving initial feedback on the reaction
- 2.3 All users of the community meals service were sent a briefing note to inform them of possible changes in the community meals service and to prepare them for the invitation to a meals tasting event. A staff briefing had been undertaken by the management of the service prior to the user briefing.
- 2.4 The public information officer was part of the planning group to ensure that all information conformed to plain language requirements. All documents were printed in a 16 point font and other formats were available if required. Staff at the Asian meals venue decided that it was more appropriate to translate the documents orally rather than in writing.
- 2.5 This was followed up by an invitation outlining the programme for the day's events. It appeared from the response of some participants at the Town Hall event that they misunderstood the purpose of the event and anticipated a more formal lunch followed by other activities.
- 2.6 Members of the Member/Officer Working Group on service redesign were invited to the stakeholder event at the launch of the consultation. The Leader of the Council, Councillor Tom Ansell, and the portfolio holder for Social Care and Supported Housing, Councillor Alan Paul (who hosted the event), were present.
- 2.7 The original brief was to have one central meals tasting, but the project group felt that reactions could be more effectively assessed if the consultation was enlarged to include two ethnic groups and five sets of current and potential recipients at day centres. The main event required little in terms of facilitation, but the locality events had suitably skilled facilitators for focus group sessions.
- 2.8 A reasonable sample size was achieved through this process and a provider of frozen, regenerated meals was chosen to provide the meals.

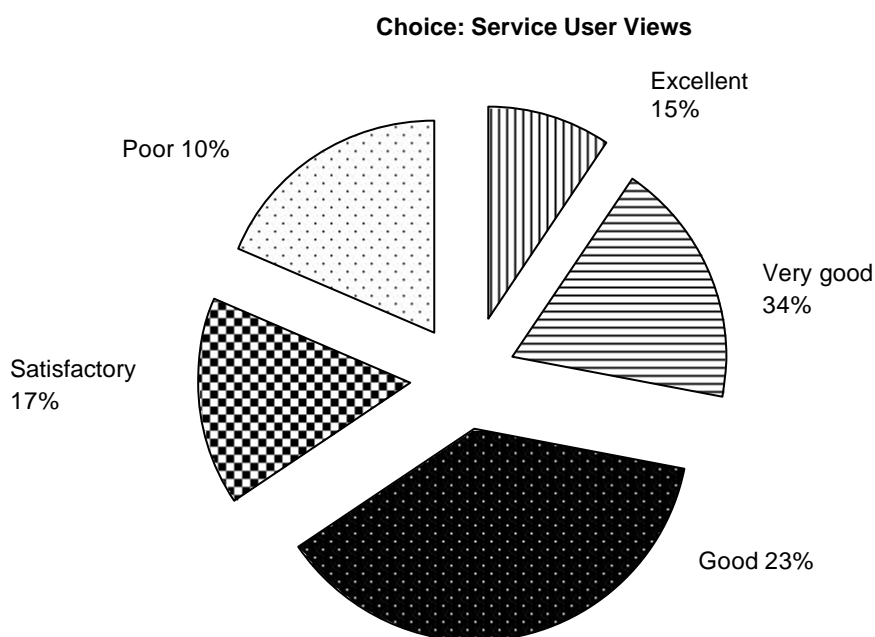
- 2.9 Invitations were sent to a group of current meals service users whose profile fit agreed parameters: those who received two or more meals per week and/or had received the service for more than two years. It was felt that this group would have strong views about the current service and the possibility of change. Non-users and potential recipients were included in the locality events. Other stakeholders invited were Carers, staff, managers, trade union officers and members. At the launch event there were three trade union officers, three resource centre managers, drivers from the meals on wheels service, and the area manager for Education Walsall's catering service.
- 2.10 The taster sessions were organised for the week of November 22nd – 26th 2004. 120 recipients were invited to the Town Hall with transport and personal support offered. Of these, 21 people accepted, but two subsequently dropped out because of illness.
- 2.11 Guests were offered a two course meal, with 10 alternatives to choose from. The food was regenerated on its way to the venue. The food was provided by Birmingham Meals Direct, the in-house provider of Birmingham City Council, and which provides community meals for the people of Birmingham and Bristol.
- 2.12 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. Unfortunately there was a misunderstanding with the provider and the food was not reheated on time for the majority of guests at the Town Hall. This factor, which led to a delay of up to an hour, could influence one set of responses to the food tasting, as some people were dissatisfied with having to wait to eat. These misunderstandings were resolved prior to the locality events.
- 2.13 An Asian food tasting session was held at Apna Ghar, a sheltered housing complex for Asian elders. Several community group members attended from the Black and Asian Disability Group and the Delves Resource Centre in addition to the day centre members at Apna Ghar, making a total of 37 people.
- 2.14 An African Caribbean tasting session took place at the Delves Resource Centre and 15 people attended.
- 2.15 Other events were held throughout the week at day centres, for the people at the centre and their carers. A total of 95 people, service users and staff, attended these sessions and completed a questionnaire.
- 2.16 The data required was collected via individual questionnaires and focus group discussions, then aggregated to form an overall view. There was a good mix of quantitative and qualitative information. The 10% Best Value guidance on consultation was met. Response rates were good as the questionnaires were filled in at the event.
- 2.17 The timescales for the consultation were determined by the overall timescales of the modernisation and redesign project for the community meals service. The timescales were extremely tight and the project group for the consultation had to compress them to fit in with the availability of the Meals Direct provider. The project was delivered on time.

3. Findings

3.1 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. A further session was held for adults from an African-Caribbean ethnic origin (15 respondents). Respondents are not necessarily a scientifically matched representation of the current or potential service user group.

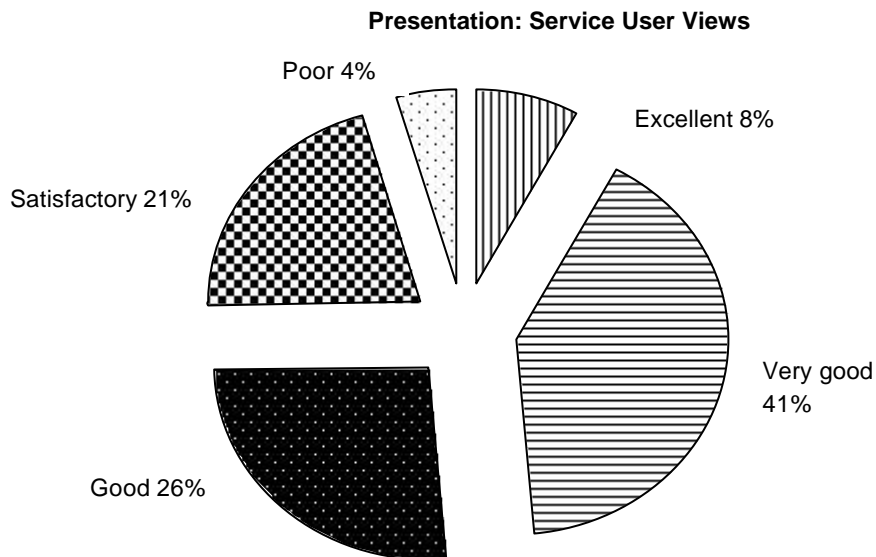
3.2 Participants were asked about the choice of meals on offer

- 90% considered the choice to be satisfactory or better with 10% indicating that the choice was poor
- 49% indicating that the choice was very good or excellent
- Staff expressed slightly higher levels of satisfaction than service users and potential service users on this issue
- Respondents from both Asian and African Caribbean origin reported similar levels of satisfaction with the choice of meals.



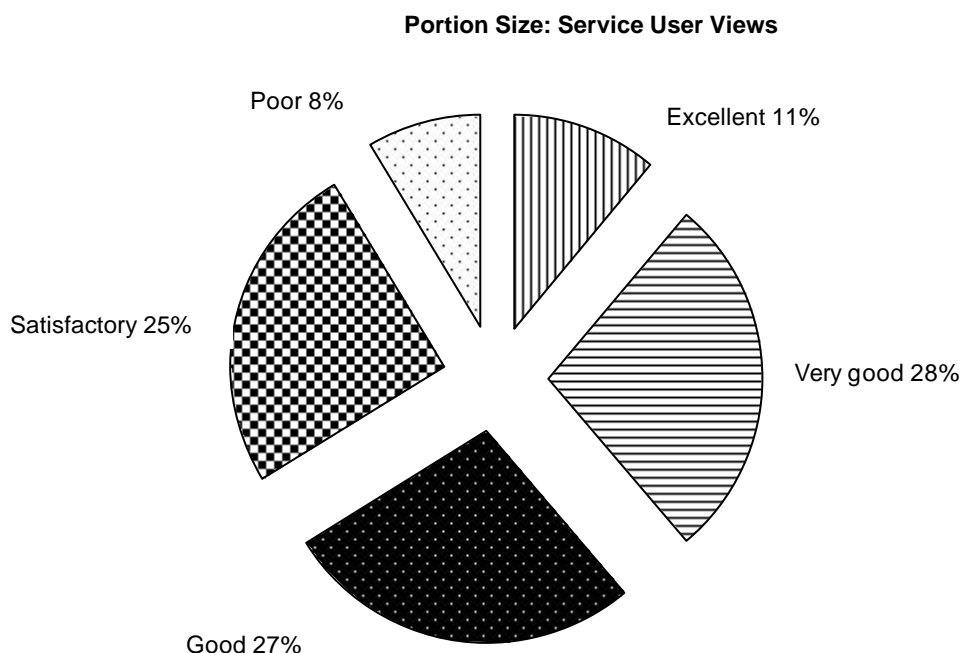
3.3 Participants were then asked about the presentation of meals

- 92% considered the presentation to be satisfactory or better with 8% indicating that it was poor
- 49% indicated that the presentation was very good or excellent
- Service users and potential service users expressed slightly higher levels of satisfaction than staff on this issue
- Respondents from both Asian and African Caribbean origin reported higher levels of satisfaction with the presentation of meals



3.5 Finally, participants were asked about the portion size of the meals

- 92% considered the portion size to be satisfactory or better with 12.1% indicating that the portion size was poor
- 39% indicated that the portion size was very good or excellent
- Service users and potential service users expressed slightly higher levels of satisfaction than staff on this issue
- Respondents from both Asian and African Caribbean origin reported higher levels of satisfaction with the portion size



3.6 A small number of respondents (5) indicated that the choice, presentation and portion size was poor. There do not appear to be any common identifying features of this group.

- 3.7 A small number of respondents indicated that they were diabetic and therefore had special dietary requirements. Satisfaction levels from this small group were very high.
- 3.8 The current meals service offers no appropriate food for people who want Asian or African Caribbean choices, and has only one African Caribbean recipient and no Asian customers. This is despite demographic research forecasting that the proportion of elders from minority ethnic communities has increased from 3% to 6% in 2001 and is projected to rise to 7% by 2006.
- 3.9 The Asian meals tasting session had 37 participants, none of whom currently receive meals on wheels. Participants stated that they did not believe that the current range of meals catered for their religious and cultural needs, and were pleased to be offered the range available for the tasting sessions. Many constructive comments were made about how to improve the variety offered, but of the 37 participants, 90% felt that they would take the meals if this kind of choice and presentation were offered. There was disappointment expressed when participants learned that changes to the current meals service would not take place for some time to come.
- 3.10 The African Caribbean tasting session had a smaller number of people (15) but again the response was positive. One participant had given up on meals on wheels because he had not been offered an alternative to European meals.

4. Relevance of Findings to Option Appraisal

4.1 Option One: Maintain the current traditional cook and serve provision.

<p style="text-align: center;">Strengths</p> <p>Control of output, ingredients and supply Contingency and emergency response capabilities Fresh fruit ad salads Contribution to local economy Kitchen has won "Clean Premises Award" last two years Food prime cooked High levels of customer satisfaction, including with staff Tried and tested – known quantity Least impact on staff "Safe and Well" check Little new investment required</p>	<p style="text-align: center;">Weaknesses</p> <p>No minority ethnic provision Production costs relatively high Transport costs relatively high Limited weekend and bank holiday services Limited choice Duplication of effort Not targeted or reviewed Inadequate IT infrastructure Meal times inflexible Inconsistency of hotlock system Meals don't conform to NACC nutritional standards</p>
<p style="text-align: center;">Opportunities</p> <p>Capable of expansion to create greater flexibility, although might be limited by available space Develop good PR for Council Look at other tasks for drivers</p>	<p style="text-align: center;">Threats</p> <p>Costs of becoming more flexible Media threat from changes Loss of "safe and well" checks Food safety Impact of FACS</p>

The meal provision element of the current service is tried and tested, with very little customer complaint and is performing well against comparators. The

customer satisfaction survey of January 2004 found that 88% of respondents were generally satisfied with the meals service.

Comments received from the focus group sessions indicate that 5 people currently attending day services had given up their meals on wheels because of dissatisfaction with the quality of the food.

“I threw more away than I ate”

“I prefer having my daughter shop for food and then the care staff come and cook for me”

Although the numbers were small, those commenting negatively on their previous meals had very strong opinions about the lack of quality and taste. Alternative arrangements had been made for this group, including less effective alternatives such as domiciliary care staff shopping and cooking for them.

Although the user survey of March 2004 showed high levels of satisfaction with the current service, an analysis of reasons for cancellation from the period May - October 2003 inclusive shows the following results for 71 people:

Reason for cancellation	Number
Can manage without	22
Don't like the food	10
Not eating them	8
SW cancelled	7
Moved on to frozen foods	5
Family helping out	4
Cancelled no reason given	4
In hospital	3
Not eating	2
In care home	2
Deceased	2
Moving home	2

Focus group discussions at 7 venues indicated the high level of satisfaction with the delivery of hot meals.

Many people at each tasting commented that the regeneration method had achieved the delivery to the table of food which was “piping hot”.

“Piping hot and smelled wonderful - absolutely lovely”

Two participants receiving meals on wheels complained about the timing of meal deliveries being too early or too late.

- 4.2 Option Two: Move to a mixture of traditional and frozen meal provision, regenerated and delivered or delivered frozen as appropriate

Not evaluated – system felt to be too unwieldy

This option anticipated a variety of meal preparation and delivery options. It was felt to be unmanageable and to provide no opportunities to create economies of scale.

4.3 Option Three: Move to a full frozen meal provision that can be delivered as regenerated or frozen.

<p style="text-align: center;">Strengths</p> <p>Enhanced choice Multiple options for regeneration Quality acceptable Person-centred More flexible delivery/eating times Availability of minority foods Cost effective Targeted “Safe and Well” checks Potential for good media Capable of providing emergency response Complies with NACC nutritional guidance Can deliver salads, ice cream and fresh fruit</p>	<p style="text-align: center;">Weaknesses</p> <p>Fallout of people not meeting access criteria Are current assessment and review processes sufficiently robust? Need to resource assessment and review Availability of fresh fruit? Public perception Impacts on staff Preparation costs for those who choose food delivered frozen Capital costs if retained in-house</p>
<p style="text-align: center;">Opportunities</p> <p>Realignment of service to enhance intermediate care support Providing service to other Councils, luncheon clubs, etc Direct provision without subsidy to people not meeting FACS criteria (subject to legal view) Links to corporate catering plan</p>	<p style="text-align: center;">Threats</p> <p>Union reaction Impact of FACS</p>

Bedwell Associates state that there is a good range of frozen meal suppliers in the market place able to offer high quality products that meet all medical, cultural and religious dietary requirements.

The tasting sessions were organised at short notice and thus could only use one provider as an example of this kind of food delivery. Feedback from the sessions suggests that the provider used, Birmingham Meals Direct, offers a wide and acceptable range of meals.

Whilst the kitchen is currently operating well, it is functioning below capacity during the week. The menu could be reviewed to consider which meals could be purchased as frozen as opposed to being produced by the kitchen.

The tasting sessions would support this option inasmuch as it would offer a more flexible meal arrangement for those customers able to store, heat and serve meals themselves. Many respondents commented that they would like the option of choosing when to reheat their meal.

It would also provide the opportunity to introduce meals which meet cultural and religious requirements as above, and to expand the service to meet higher potential demand from ethnic groups.

The current European menu options could be expanded through the purchase of frozen meals, which would satisfy those people currently receiving meals who wanted more choice, particularly for puddings, than is offered at present.

For respondents who were attracted to the food because it was offered hot, frozen food deliveries would not meet their needs. Many participants were able to produce meals for themselves at present, but commented that if they did need a meal delivered in the future, it would be when they could no longer cope with cooking even frozen meals for themselves.

Similarly, the comments about current meals having wide variations in timing and temperature would indicate that hot regenerated food was a better option for many of the participants.

4.4 Option Four: Contract the purchase of frozen meals and delivery (without regeneration)

Strengths	Weaknesses
Cost of meals No cooking costs (paid by service user) Ability to provide contingency arrangements Fewer journeys Easier administration Increased choice Increased flexibility of meal times Ethnic meal provision Complies with NACC nutritional guidance Can deliver salads, ice cream and fresh fruit	Implications for staff: numbers required to heat food; logistics; cost of care staff Safety and security (no “safe and well” checks) Need for long-term contracts to ensure start-up costs and initial investments are worthwhile Public and Union resistance
Opportunities	Threats
Domiciliary care savings through reduction of shopping and preparation	Food safety issues Media Impact of FACS

This is probably the most radical option and has a significant impact upon the customer, domiciliary care provision and the current service provider.

In this option a contract would be agreed for the purchase of frozen meals to be delivered direct (frozen) to customers on a weekly basis (or other timescale as appropriate) for them to store and re-heat themselves.

Information from the Domiciliary Care requirements analysis indicates that 98.7% of the current customer base is able to choose and 48% to store meals without increased assistance. However, a significant number of people would require assistance in the heating and serving of meals.

The tasting sessions revealed that many people would find it useful to have more independence in the timing of their meals, and not be tied down to set times each day.

A group of participants from Bentley day centre was asked which option would be preferable between having a meal delivered or visiting a centre and eating with others. All members opted for the latter, indicating that the freshly cooked food was first priority, followed by the added value of having social stimulation.

This would indicate the need to consider the opportunities to link with luncheon clubs, voluntary groups, charities, pubs and other meals opportunities as part of the wider context within which to explore options. These options will be considered as an element of the review of day services for older people, due to report in June 2005.

For those people needing support to remain at home, this option would not suffice.

From an analysis of those people receiving meals on wheels, the majority do not currently receive domiciliary care. Out of the current 747 people, only 207 receive home care, and 35 have a package of home care, meals on wheels and day care. 58 people have just day care and meals on wheels. This could mean that they are not eligible for this service, in which case it may be that when reassessed they may lose their meals service.

Current indicators are that reviews are several months in arrears, and that when carried out, care managers are not reducing meals services to many people.

4.5 Option Five: Hot delivery of regenerated meals

Strengths	Weaknesses
Limited change for service users Options for regeneration methods Continuation of "Safe and Well" checks Whole service can be outsourced to a single supplier Enhanced choice Ethnic meals provided Meals served at optimum temperature if van used for regeneration Potential for deliveries up to 3 times a day (breakfast, lunch, evening) Complies with NACC nutritional guidance Can deliver salads, ice cream and	Delivery may still be expensive Depends on reassessment in accordance with FACS Reduction of service users Union opposition Use of hot locks if regeneration at central kitchen Capital implications if retained in-house Possible loss of kitchen site

fresh fruit	
Opportunities	Threats
Sale and loss of maintenance of kitchen site	Media campaign re staff issues Impact of FACS

This option was not examined in the Bedwell report, and was added by the current project group. It would meet almost all the benefits outlined in the analysis of the above options, and would ensure the continuation of “safe and well” checks by the delivery drivers. In addition, it could maintain the employment of a significant proportion of the existing catering and delivery staff. The only benefit identified that would not be met would be the increased choice of meal times that would be offered by delivering frozen meals for people to reheat themselves.

5. Option appraisal

The options outlined above were compared and appraised according to a set of criteria and weightings established by the project team to see which of them proved to provide the best fit with a modernised and cost effective service.

These criteria, and the weightings applied, were:

Criterion	Rationale	Weighting
A. Acceptability	How acceptable are the meals to Service Users and potential Service Users? How acceptable are the meals to Muslims, Hindus, Jews, Sikhs, members of the African Caribbean community, vegetarians and people with specific dietary needs?	20
B. Choice	How wide is the range of choice available to Service Users on a daily basis? Are meals available 365 day a year?	15
C. Value for Money	What is the cost to the Council of providing the meals? How does the cost compare with existing costs? What are the best value considerations?	20
D. Impact on staff	How does the proposal affect existing staff? Are there any employment consequences, positive or negative, in following the course of action?	15

E. Care Arrangements	Does this proposal lend itself to access to services using the Council's FACS criteria? Does the proposal add to the overall service provided to older people? Does the proposal fit with the aspiration to maintain people at home safely and with dignity?	30
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Applying these criteria to the options outlined above produced the following results:

Option/Benefit	A	B	C	D	E	Total
1 Continue current system	12	7	£834k (10) £928k (7)	15	14	58 55
2 Delivery of prime cooked or regenerated hot or frozen food	-	-	-	-	-	-
3 Frozen food delivered frozen or hot according to need	17	13	£340k (17) £598k (13)	2	16	65 61
4 Frozen food delivery only	8	13	£843k (9)	2	14	46
5 Delivery of hot regenerated meals	17	13	£354k (16) £700k (12)	7	16	69 65

Notes

- The amount shown in column C is the estimated cost to the Council of providing the service. The number shown in brackets is the score allocated to the option, using the current costs as the benchmark.
- In column 1C, the first figure shown is the current cost of the service. The second figure is the cost if the existing service were externalised.
- In columns 3C and 5C, the first figure shown is the cost of providing the service to the number of service users assumed to qualify for community meals using FACS criteria; the second figure is the cost of providing the option for all existing service users.

6. Conclusions

- 6.1 The option appraisal exercise demonstrates that there are two possible effective forms of meals delivery for Walsall:
- The use of a system that delivers frozen meals to those who are capable of regenerating the meals themselves, with a hot meal delivery of regenerated frozen food for those unable to reheat the meals (option 3); or
 - The hot delivery of regenerated frozen meals to all service users (option 5).
- 6.2 Each of these options has two sub-options, based on existing service usage:
- A service restricted to those who meet the Council's Fair Access to Care Services criteria. (Just over 200 existing recipients meet these criteria. This figure is likely to increase as domiciliary care service users are reassessed, and as strategies to reduce residential care admissions by providing increased services to enable people to remain at home take effect.); or
 - A service to all those currently receiving meals (approximately 750 people).
- 6.3 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.
- 6.4 The greatest financial benefits to the Council would come from targeting the service at those who meet the FACS criteria.
- 6.5 A second phase of this project is now proposed for further, more detailed consideration of option 3 and to create the appropriate service specification and tender documentation. Subject to the views expressed in this consultation, and the approval of Cabinet, this phase will be completed by the end of September 2005, with a further report to Cabinet in October. The formal tender period would be completed by February 2006, with the intention of moving to a new form of meals delivery by April 2006.
- 6.6 The Council also needs to give consideration to creating a prevention strategy to ensure that support and signposting is in place for those existing Service Users who fall outside the FACS criteria. This strategy would affect people who fall outside the FACS criteria, but could benefit from a range of other activities that might reduce social isolation and physical or mental decline. Such a strategy would bring together aspects of social care, health care, lifelong learning, leisure, voluntary organisations and other stakeholders.
- 6.7 Views are now being sought from a wide range of stakeholders, including Service Users, Carers, Councillors representing all political groups, managers, staff and voluntary organisations.

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 22nd – 26th 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 regenerated (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 regenerated and delivered or delivered frozen as appropriate
- Option 3: move to a full frozen meal provision that can be delivered as regenerated (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 regenerated 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 24th 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 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.