

**Report of the Health and Adult Care Scrutiny Committee  
Review of the Meals on Wheels Hot Meals Service  
(Community Meals Service)  
May 2014**

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## **Chair's Foreword**

This has been a challenging piece of work in a number of ways but I am satisfied that the conclusions and recommendations from this review will improve the services that are available for vulnerable older people in Telford and Wrekin. The benefit of the hot meal service is so much greater than the provision of food. The interviews Councillors carried out with people who use the Hot Meals Service found that people do value the meals that are provided but the regular contact with someone coming to their home was just as important. This provided reassurance both to the person receiving the meals but also to their relatives and it was reported that this enabled family members to work because they feel confident that some will be visiting their relative during the day. The review also demonstrated that service users understand the pressures the Council is facing and we should not be afraid to talk about the costs of services when consulting service users. All the service users who discussed an increase in price during the interviews said that they would continue to use the service if the price was increased.

I have been extremely impressed by the commitment and dedication of the RVS volunteers and the way the RVS have responded to our review. Our conclusion has been that rather than reduce the service provided by RVS volunteers this is an opportunity to expand the services. While this will involve some ongoing cost to the Council I believe that if the hot meals service ceased the additional care costs to the council would be far greater than the savings made.

I want to thank everyone who has contributed to this review. The Scrutiny Committee has made sure that the views of service users and volunteers have been heard as part of the wider review of the Community Meals service. As a Scrutiny Committee we cannot make decisions but this report will be considered by Cabinet when making the decision about the future of the service

Cllr. Derek White  
Chair of Health and Adult Care Scrutiny Committee

## **Background**

During the scrutiny of the service and financial planning 2012/13 to 2014/15 (budget proposals) the Budget and Finance Scrutiny Committee recommended that the Health and Adult Care Scrutiny Committee review the proposals relating to the Community Meals Service. This issue was included in the work programme for the Health and Adult Care Scrutiny Committee in August 2012.

When planning the Scrutiny Work programme it was agreed that the Scrutiny Committee would take a policy development approach to this piece of work so that it would run in parallel to the Service Review.

The Scrutiny Committee held the scoping meeting when the work commenced on the Service Review in February 2013.

## **Membership of the Scrutiny Committee**

Cllr. Derek White (Chair)

Cllr. Veronica Fletcher

Cllr. John Minor

Cllr. Roy Picken

Cllr. Adrian Meredith

Cllr. Jacqui Seymour (2012/13)

Cllr. Chris Turley (2012/13)

Cllr. Jackie Loveridge (2012/13)

Cllr. Jayne Greenaway (2013/14)

Cllr. Rae Evans (2013/14)

Cllr. Francis Bold (2013/14)

Dilys Davies - Co-opted member

Jean Gulliver - Co-opted member

Cllr. Ralph Perkins - Town Council Co-optee

Richard Shaw - Co-opted member

## **Scope of the Scrutiny Review**

The Scrutiny Committee met with the Council officers tasked with carrying out the service review to deliver the £57,000 savings agreed within the Council's budget. A summary of the evidence presented at this meeting and the work agreed by the Scrutiny Members is given below.

Any person over the age of 65 who lives in Telford and Wrekin Borough can use the Community Meals (Meals on Wheels service). There are two organisations with contracts to deliver the Meals on Wheels service.

The Royal Voluntary Service (RVS) provides a Hot Meal Service – the frequency of this service varies across the Borough from 2 to 5 days a week. Service users can choose to have 1-5 hot meals delivered daily. The RVS also offers a service to provide frozen meals for the 2 days they do not deliver hot meals. The meals are prepared at a number of locations across the Borough some are freshly prepared and some are regenerated frozen meals. There was some discussion about the choice available with the hot meal service – it was recognised that while special dietary and religious requirements are met the choice is limited. The Council owns and maintains some vehicles that volunteers use to deliver the meals. Some

volunteers use their own vehicle and claim mileage ( this may be at peak demand there are not enough 'fleet' vehicles or the volunteers preference to drive their own car)Members asked about implications of tax on mileage claims and ensuring that vehicles were insured for business use.

Appetito provides the frozen meal service – This service includes the provision of a table top freezer (if required) and serve therm to heat food. This ensures that the meal is heated to the correct temperature without the need to defrost first. Most meals are currently delivered fortnightly (some are delivered weekly). It was recognised that while many people with a sensory or physical disability can use this equipment people with dementia will require additional support.

When using the frozen meals service the service user is offered a menu they can order from. When the meals are delivered the service user pays cash for the meals provided. It was recognised that this may cause problems for the service user ensuring the correct money is available; it can delay the person delivering who is running on a tight schedule and the associated risks with cash handling.

Appetito work to national standards to ensure quality of the food. This 5 year contract will end in April. It was recognised that when the contract is renewed the increase in food priced and transport costs will have to be included. The Council has previously been successful at keeping the price down.

During 2011/12 there were approximately 439 people who used the service including hot and frozen meals. It was reported that there has been a drop in the number of people accessing the service. The is a standard charge for the meals - £2.65 per meal (£2.10 for a main meal and £0.55 for a pudding). It was reported that approximately 100 people receive hot meals. (The Committee recognised that the number of service users changes on a daily basis. At the time of producing the report there were 70 service users. The numbers changed on a daily basis and it was highlighted that there were 8 service users who were temporarily cancelled the service due e.g. due to a stay in hospital)

The table below shows the service provision and costs for 2012:

<b>2012 - Meal Activity</b>	<b>Hot Meals (WRVS)</b>	<b>Frozen Meals (WFF)</b>	<b>Total</b>
Meals sold:	15212 ( of which 3691 frozen)	31094	46306
Income from clients @ £2.65 per meal:	£40,312	£82,399	£122,711

Information about services in some other authority areas was provided:

West Midlands

- Shropshire CC- frozen £3 per meal
- Staffordshire CC-hot £3.55 per meal, frozen£2.52
- Birmingham CC- sign post to provider list

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#### Other Authorities

- Gloucestershire CC- hot £3.50 per meal, frozen £2.50
- North Somerset C-Hot £3.80 per meal
- Wiltshire / Norfolk CC's- no meal service just sign post

When considering the costs it was highlighted that service users pay the same price for hot and cold meals (hot meals are more expensive to provide) reported that the price has not increased for a number of years. It was recognised that the hot meal service is subsidised and further work is being carried out to investigate this further. Work will also be carried out on the price sensitivity of the service – what are people able / prepared to pay for this service?

Members discussed a number of other organisations that provide a meals service – e.g. Donnington Learning Centre, local churches and religious organisations the Salvation Army and Pub clubs. It was suggested that another option could be to sign post people to these other providers.

It was also commented that some people may only need meals delivered for a short period of time e.g. following discharge from hospital or bereavement. If the appropriate support is provided people may gain the confidence to shop independently or learn cooking skills. It was also recognised that there is an opportunity to link to other services that people may receive in their home. Other service models were also discussed that could provide greater choice for service users.

Options could include:

- Contact Register
- Pub clubs
- Cafe / Restaurant
- Cooking Club
- Group Takeaway
- Shopping assistance
- Cooking Assistance/ skills support

It was reported that the RVS is keen to engage in the review and consider alternative models of service delivery.

The issues identified regarding the hot meal service were:

- Time / Temperature Control – Delivery
- What time people choose to consume their meals is limited on the hot service
- No/ limited choice of Hot Meals (special diets and religious and cultural meals are provided).
- Small Delivery Window- 90 mins
- Cash Collection and Handling
- Inequity of service delivery of hot meals across Borough

Members agreed that a fundamental part of the review must understand the needs of the service users – both the long term and short term users. It was discussed that in any change management process it is important to consider the individual need – this service cannot be delivered using a ‘blanket approach’. It was also recognised that while the review must provide the savings required it must be carried out taking service users views into account – if this does not happen then the service will fail or a second review will be necessary.

It was discussed that there is no means testing for the service and the greatest costs for the service are:

- Provision of the hot meals ( subsidy)
- Service Level Agreement with RVS
- Running and maintaining vehicles and volunteer expenses
- Overheads ( further work is being carried out to identify admin costs for the service)

The opportunity to link this work to ‘My Life’ portal were discussed. It was suggested that Members might want a demonstration of this system at a future meeting.

Following this presentation and discussion Members identified the following key issues as the focus for the Scrutiny Review:

- Equity of Service Provision
- Getting the views of service users who receive the hot meal service
- Getting the views of RVS and volunteers who currently provide the service
- Ensuring quality and nutritional content of food

Following the Scoping Meeting RVS have provided information on how the Meals on Wheels Service is linked to the Good Neighbours Service. It was also highlighted that the RVS provides continuity for support for service users from the community and into hospital and on their return to the community through the RVS volunteers at PRH. It is a priority for RVS that the work of the volunteers continues – in total there are 262 volunteers involved in these schemes. ( Meals on Wheels 103, PRH Volunteers 110, Newport Helpline 44 and Luncheon Club 5)

## Views of RVS Volunteers

Members of the Health and Adult Care Scrutiny Committee met with RVS volunteers on 14<sup>th</sup> June 2013. The volunteers supported both the Community Meals Service and the Good Neighbours Service. A summary of the key points from the volunteers is given below:

- The Meals on Wheels service delivered hot 1000 meals in May 2013 to over 200 people across Telford and Wrekin. For some people this is the only person who comes to the house providing social contact, meals and checking on health and safety.
- The Good Neighbours Service is managed from Shropshire Council – this service needs to be developed in Telford.
- If any issues that volunteers identify are reported to RVS and recorded. Volunteers have a delivery sheet and make notes on this and return to RVS – if the issue is urgent the volunteer will phone the office where it is followed up. Clients rely on RVS volunteers with help addressing anti-social behaviour problems.
- The volunteers get to know the clients well and know their likes and dislikes. The volunteers also make links with other services that can support the client and can provide practical support for people with disabilities e.g. opening cartons
- The people the RVS volunteers deliver food to have hot meals – one man needed pureed food and this was delivered as a frozen meal. Wiltshire farm food deliver frozen meals every 2 weeks. Volunteers expressed concern that the drivers do not follow up if someone does not answer to receive the food – where as RVS volunteers will contact the office who can phone the house or family. There was a case the previous week - after a call from the RVS a family member visited and found the person had fallen and could not get up.
- While the frozen meal service meets the need of some service users – there are some people who would have difficulty using a microwave to heat up meals.
- Volunteers expressed frustration at the bureaucratic processes around the payment of expenses paid by service users on the good neighbour's scheme. The volunteer has to collect the money from the service user – deliver this to the office which involves another journey. The volunteer then receives a payment from RVS for this amount. The volunteers recognised the need to be able to account for the money and audit this – but felt that this was too complicated and would put people off volunteering.
- Volunteers were not opposed to putting up the cost of food – but not increasing the cost of a meal to more than £3.50
- The van is expensive – the cost of the service can be reduced if volunteers use their own vehicles. Using the van also involves additional time for volunteers to collect the van and return it to the depot.

- Develop wider usage of the service – this could include other vulnerable individuals e.g. adults with learning disabilities, families with children with special needs, family emergencies and discharge from hospital.
- Need to promote the service more widely – meals on wheels and Good Neighbours service. The Good Neighbours Service does not get referrals from Telford – most of the clients for the Good Neighbours Scheme are in Bridgnorth, Albrighton and Shifnal.
- All organisations need to work together – including Council and NHS. The RVS has an Emergency Resilience Team – these needs to be linked in to the work of the Council.
- It is important to encourage people to volunteer with RVS. There was positive feedback about the volunteer centre at Meeting Point House but there should be other ways to find out about volunteering e.g. to include information about volunteering when staff are planning retirement.
- The Good Neighbours Scheme is more time intensive. It was discussed that ideally the referral would be made to a volunteer who lived near by – however this also has to fit with volunteers' availability. If there were more volunteers then it would be easier to match people who lived close to each other – this would make the service more efficient as there would be less travel time and it would be easier for the volunteer to make more frequent visits.
- It is essential that the clients' needs are at the centre of the service – not budgets. It was recognised that there is a budget to run the service – but the volunteers did not see that it was their role to understand the detail of this. The primary concern for the volunteers is for the client.
- Many of the service users are very vulnerable and some RVS clients have a lot of problems with phones and volunteers help with this.
- Volunteer reported that some clients with dementia so not recognise the volunteers but let them in to their home.

Volunteers asked how the views of services users about the service they receive is fed back to the Council. Further information was provided by the RVS on work in other areas. A summary of this information and the implications for this report are attached at Appendix 1.

### **Views of Hot Meals Service Users**

The Members of the Health and Adult Care Scrutiny Committee met with 12 people who used the community meals hot meals service. These people had responded to an invitation to talk to a member of the committee when completing the questionnaire that had been sent as part of the wider service review or had been asked by the RVS if they would like to take part in the interviews. Seven of the service users were male and five were female. There were two married couples (4 service users) included in these numbers. The age range of 9 of the service users was recorded – this was 76 years to 93. The average age was 85.5 years. The service users lived in the following areas:

- Donnington
- Dawley
- Leegomery
- Madeley
- Wellington
- Oakengates
- St. Georges

### **Frequency of Meals and Length of Service Provision**

The length of time people had received the service was between a few months to 20 years. Most service users had received the service for a couple of years.

Not all the service users said how they found out about the service. Of the 7 interviews where this information was recorded 6 said they found out about the service from family / friends / neighbours. One service user had been referred by a professional (diabetic nurse)

The majority of service users had hot meals delivered 5 times a week. One service user commented that he /she would like the service 7 days a week. 2 service users said they had frozen meals over the week end (one service user said that a carer heated this in the microwave for her), 2 others has meals provided by family / carers, one person went to a church club once a week that provided a hot meal and others catered for them selves e.g. jacket potato or sandwiches or a fish and chip dinner from the shop.

### **What do Service users think of the Service?**

The majority of service users were very pleased with the service – the comments from 7 service users indicated they were very happy and the comments from 3 more indicated they were happy but some aspects of the service could be improved. The positive comments were about the meals but equally about the reassurance that the visits by the volunteers provide to the service user and their family. The positive comments covered the following issues:

- Quality of the meals is good / excellent. Service users were not given a choice of meals but the two service users who commented on this said were happy with the meals provided
- Enables the person to remain independent in their home.
- Helping recovery following illness. One service users said that following an illness she had lost her appetite and had lost weight. Since receiving the service she had regained both
- There is a good selection of veg and meat
- The people delivering the meals are nice / the staff are excellent.
- Service users are re-assured that they are seen every day and if some thing is wrong it will be reported. One service users had required assistance from the emergency services.

- One service users said that he daughter was able to go to work because she know that someone would visit during the day
- Don't have to spend time shopping and cooking which would be difficult and enables a couple to spend more time together
- Several off the service users said they had recommended the service to others
- Two service users said that volunteers did other tasks e.g. buying magazines and posting letters or delivering a prescription

The following comments were made by 5 service users:

- The meals are “not too bad but they do vary.... meals are bland”
- The meals were “generally not very good and not good value for money..... some of the meals have been burnt”
- Meals are luke warm
- Two service users commented that they were not able to cut up food due to weak wrists. Some of the volunteers did cut up food– but not all. One service users said that if it was not cut she had to tear it with her fingers.
- Two service users said that they do not have much conversation with the volunteers who deliver the meal. One service users said the volunteers are very pleasant but “just plonk the meal on the table and go”
- The ready meals from the supermarket – there is more choice.

### **How service could be improved**

While the majority of service users seemed to be happy or very happy with the service when further questions were asked they did identify things that could be improved. These comments included:

- The vegetables are not adequate- too many potatoes
- I would like more fish products, particularly on a Friday
- A weekly planner would be nice
- Someone to come and chat with the service user

The issue regarding the quality of the meals is difficult to analyse further as meals are provided by different organisations. Meals also varied for individual service users – it was identified that this may related to school holidays. It was also identified that two service users who lived close to each other did not have the same range of meals (one had fish the other did not).

### **Value for Money**

Of the 12 service users interviewed 11 responded to the question whether the meal was value for money. 8 of the 11 responses said it was good value for money and 3 service users said it was not good value for money or it was “not too bad.”

Of the 12 service users interviewed 10 responded to the questions increasing the price of the service. All 10 said they would pay more if the price was increased. The comments in relation to any increase in the cost of the meal varied:

- One service user made the comparison that you would not be able to get a two course meal at a restaurant for less than £10.00.
- One service user said she wouldn't mind paying extra as the quality of the food / people is high.
- Another service user said he would pay more – but he had no alternative.
- One service user did express concern that if the price did increase it would be difficult and another service user said that an increase might make the service that this may make it unaffordable for some service users.
- One service user said that the meals were not good value for money and sometimes he / she throws the meal away.

Only two of the service users were aware that the Council subsidises the service

### **Other Help**

All of the service users who were interviewed were had some level of support. For 4 of them this was low level support which included:

- Family member shopping
- 2 reported that they had pendent alarms
- Milkman delivering other food
- Chemist delivering prescriptions
- Using aids and adaptations e.g. stair lift and walkers

8 of the service users had a higher levels of support:

4 service users had paid carers coming into their home. The number of visit by carers varied ( twice a day, once a day and twice a week). Some of these service users also had support from family, friends or neighbours. One service user reported needing regular healthcare and, on occasions, needed to be admitted to hospital. Two of the service users who had a higher level of support also had additional help cleaning or gardening (one couple reported that this was through Age Concern). One service user lived in warden supported accommodation and had family support.

There were two married couples who supported each other in their home. One couple were particularly independent and had previously turned down personal care support.

One service user was very isolated and the only help reported was that a family member did the shopping.

### **Alternatives to the Hot Meal Service**

This was discussed in three of the interviews if the service user would consider the frozen meals service. Two of the service users said they would use either but one said he wanted to retain the hot meals service.

### **Quotes from Service Users**

Some of the comments that highlight the views of the service users are:

- “ Do not attempt to guild fine gold”
- “Each individual person is different and each person should be treated as such. It shouldn't be assumed that everyone's need are the same”
- “The whole point is that the (the meals) are delivered each day..... that is the pleasure. You're seen by somebody. If anything goes wrong, they (the volunteers) will report it.”
- “100% for service of food, chat to workers, cooking of food”
- “It is an essential service and ensures that old people are seen once a day.”
- “Some one comes to say 'hello'. First class people.”
- “ It saves such a lot of work”

### **Frozen Meals Service**

Members of the Health and Adult Care Scrutiny Committee met with a representative of frozen meal provider, Appetito. It was explained that once a person is referred to the service a member of staff from the company will visit them in their home and explain the service and how the equipment works. The service user can order using the order form or meals can be ordered online. All the meals meet the nutritional standards for the National Association of Care Catering. As part of the service Appetito provides a table top freezer and a smart microwave. Each meal is labelled with a number code – the service user does not have to set the microwave power and timer. Once this code is used the microwave will heat the meal in the required way including the 'pause' during the heating process.

The contract with the Council sets out how the service is provided. All the delivery drivers are trained and work to the company policy manual. This sets out what to do in different situations. E.g. if the delivery driver does not get an answer when the meals are being delivered there is a procedure to follow to contact next of kin, the local authority or emergency services. The drivers deliver to their customers in their area and so get to know them well - it was recognised that for many of the service users this contact with the delivery driver is important. The drivers all receive dementia awareness training and the company has procedures in place to support service users. E.g. a photograph of the driver can be left in a prominent place in the house so if the service users is confused and does not recognise the driver or remember that meals have been ordered this can be used as a prompt. It was discussed that the Council and other organisations can work with Appetito so that the delivery drivers can provide information to service users e.g. key messages during severe hot or cold weather.

There is no net cost to the Council for the provision of this service and all service users are charged the same rate for their meals. The charge to the service users covers the full cost of the service. Some of the meals are more expensive to produce such as special dietary requirements and pureed meals – but this additional cost is balanced across the service. Service users can use this service on a long term basis or for short term respite or rehabilitation. Appetito want to work with other organisations to encourage people to access the service a part of their rehabilitation.

Members were informed that if a service user has not paid for the service, after 4 weeks Appetito will contact the Council.

Appetito can also provide a hot meals service where the frozen meals are heated in specifically designed vehicles that heat the meals in different 'chambers' that come on at different times so that the meal has been heated for the right length of time and is still hot when it is delivered. Examples were given of how this service operates in different authorities. However service this would be more expensive than the standard frozen meal service.

Members asked if the Local authority areas worked together if this would reduce the cost of the service and were informed that this would be the case. It was also discussed that Town and Parish Councils may want to contribute towards the service if it can be demonstrated that there is an uptake in their area.

The Committee were informed that the national estimate of the cost of malnutrition in the UK is about 6.5 billion in the UK e.g. the increased risk of slips, trips and falls. This would equate to around 4 million in Telford and Wrekin.

Members commented that the meals once heated in the microwave were very hot. It was reported that there had been no incidents reported to Appetito where this had been an issue. Members tested some of the meals including the pureed meals. It was noted that the meals were presented to look like a standard meal e.g. the pureed carrots were shaped like carrots. It was discussed that the appearance of food is an important part of the eating experience.

### **Financial Information on the Community Meals Service**

Members received evidence on the financial information for the Community Meals Service (this included the income and expenditure for both the hot and frozen meals service. )From this information it was difficult to determine the exact income and expenditure for the hot meals service. However based on the figures provided it was found that cost to the Council for the hot meals service minus the cost of the meals is around £58,000. This figure includes costs for Council employees, Council premises, Council transport, Council Supplies and Services, Support services and the RVS Service Level Agreement.

### **The Older Population in Telford and Wrekin**

The Telford and Wrekin population profile provides statistical information about the local population. The full report is available on the Council's website at [http://www.telford.gov.uk/downloads/file/3825/telford\\_and\\_wrekin\\_population\\_estimates\\_and\\_projections\\_2011](http://www.telford.gov.uk/downloads/file/3825/telford_and_wrekin_population_estimates_and_projections_2011)

Some of the key statistics relating to older people in Telford and Wrekin from this document are:

- Around 8,800 people aged 65+ are living alone (2010) ( p.5)
- The 65+ cohort accounts for 14.5% of the population compared to 16.5% nationally ( p.6)
- In terms of the older population, females significantly outnumber males with 1,900 females aged 85+ compared to 900 males. (p. 6)

There are a number of key findings from the ethnicity projections:

- The BME population of Telford and Wrekin is younger than the overall population, with 25.5% aged under 16 (20.1% Borough wide) and just 7.2% aged 65+ (14.5% Borough wide).
- By 2026 the BME population is projected to have grown by some 6,700 people from 15,200 to 21,800, an increase of around 43%. In overall terms BME groups will account for 11.1% of the total population by 2026, an increase from 8.9% on 2010. (p. 8)

## **Nutrition and Health**

The Committee were aware of the general advice regarding the benefits of a balanced diet on health and wellbeing. In addition to this the Committee received evidence on the specific effects of malnutrition in older people.

### **Malnutrition Task Force Report**

The Malnutrition Task Force is an independent group of experts across Health, Social Care and Local Government united to address the problem of avoidable and preventable malnutrition in older people. The report Prevention and Early Intervention of Malnutrition in Later Life sets out the issues regarding malnutrition identifies best practice and guidance. The full report is available from:

<http://www.bda.uk.com/news/130509GuideLocalCommunityApproach.pdf>

Some of the key information in this report is set out below:

### **What is malnutrition?**

According to NICE (National Institute for Health and Care Excellence) guidance in Nutrition support in adults (CG32), 6 malnutrition is defined as:

- a body mass index (BMI) of less than 18.5 kg/m<sup>2</sup>
- unintentional weight loss greater than 10% within the last 3–6 months
- a BMI of less than 20 kg/m<sup>2</sup> **and** unintentional weight loss greater than 5% within the last 3–6 months

Those who have eaten little or nothing for more than five days and/or are likely to eat little or nothing for five days or longer are at risk and should also be considered for nutrition support.

Malnutrition is both a cause and consequence of disease and illness and there can be many contributing factors. Whilst some causes of malnutrition might be the result of underlying ill health, disease or the body's inability to absorb nutrients, malnutrition can also be linked to other experiences or factors in a person's life. These include depression or anxiety, social exclusion, poor access to transport or mobility difficulties, poverty, difficulties with shopping, dental problems or the influence of medication on appetite. This list is not meant to be exhaustive but highlights many of

the contributing factors. Malnutrition can be a result of one or a combination of factors.

### **Scale of the challenge**

- At any given time, more than three million people in the UK are either malnourished or at risk of malnutrition
- The vast majority of these (approximately 93%) are living in the community, with a further 5% in care homes and 2% in hospitals
- It is estimated that 1 in 10 people over 65 are malnourished or at risk<sup>8</sup> The population of people over 75 is at highest risk of malnutrition and is projected to double in the next 30 years
- As many as 33% of older people are already malnourished or at risk on admission to hospital and 37% of older people who have recently moved into care homes are at risk too
- It is imperative to identify and treat people as quickly as possible. If we do not put mechanisms in place now to address malnutrition, the numbers of malnourished people and the associated human and financial costs could spiral in the future. (p.9)

### **Consequences of malnutrition**

- Research has found that individuals who are malnourished will experience: increased ill health, increased hospital admissions, increased risk of infection and antibiotic use, longer recovery time from surgery and illness and increased risk of mortality<sup>11 12 13</sup>
- When compared with well nourished people, malnourished individuals in the community saw their GP twice as often, had 3 times the number of hospital admissions and stayed in hospital more than 3 days longer<sup>14</sup>
- Malnutrition in care homes has been linked to increased hospitalisation, readmission and long term ill health<sup>11 15</sup>

### **Cost of malnutrition**

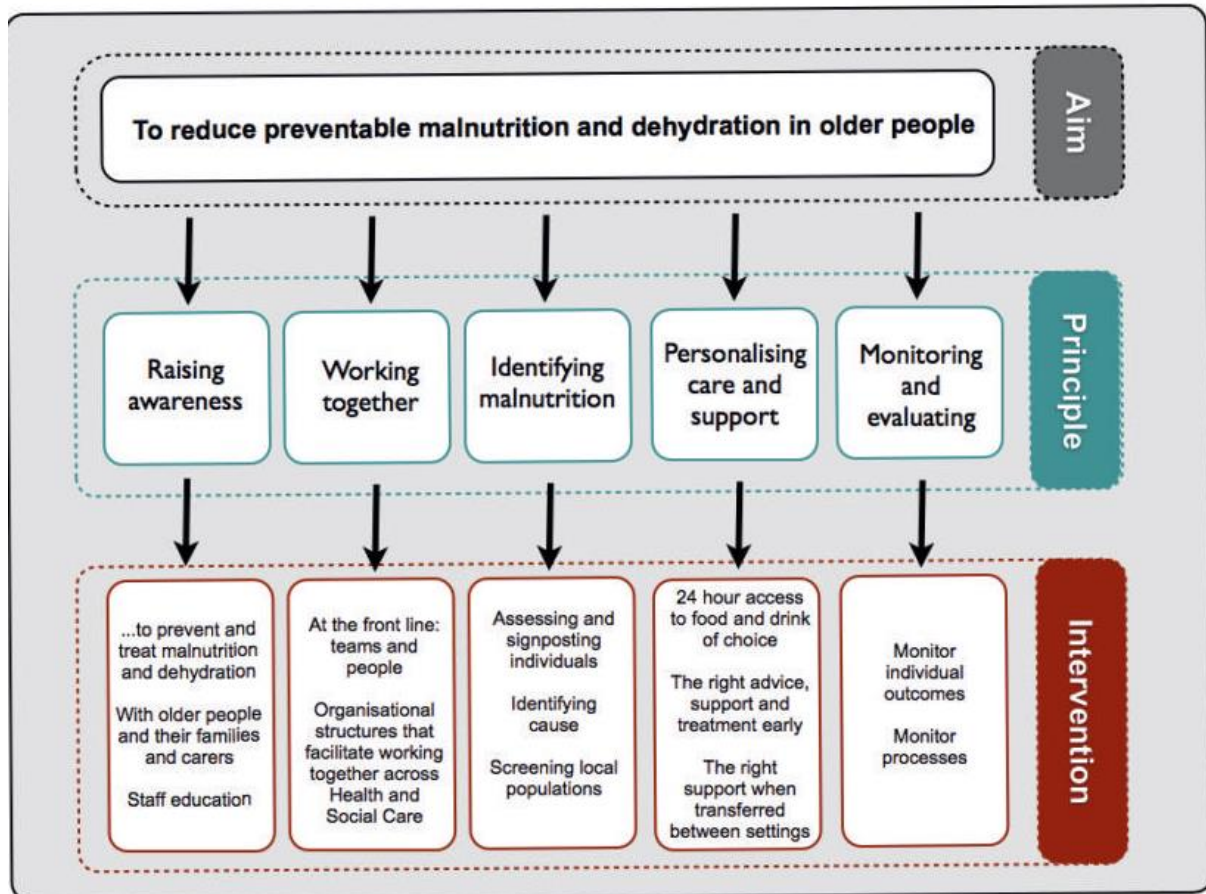
- Malnutrition leads to increased use of health and care services and the national estimated costs run into billions of pounds.<sup>1</sup> Addressing it could lead to really significant savings
- Severely malnourished patients identified in general practice incur additional health care costs of £1,449 per patient in the year following diagnosis<sup>14</sup>

### **Carers**

- Carers UK found that, out of 2,000 carers providing substantial care to frail, ill and disabled people, one in four carers were looking after someone who was underweight.<sup>24</sup>
- one in six carers were looking after someone at real risk of malnutrition
- but were receiving no nutritional support.<sup>24</sup>

The diagram from the Malnutrition Task Force report shows the model developed to reduce malnutrition and dehydration in older people. While the scope of this Scrutiny

Review did not cover all aspects of this model it does illustrate the role and opportunities for the community meals service to reduce the risk of malnutrition and dehydration.



From Prevention and Early Intervention of Malnutrition in Later Life p. 28

## Royal College of Nursing

Further information about the financial cost of malnutrition is available on the Royal College of Nursing Website which set out:

- Disease related malnutrition costs in excess of £13 billion per annum, based on malnutrition prevalence figures and the associated costs of both health and social care (Malnutritionpathway.co.uk 2012, p 4.).
- Malnourished inpatients stay in hospital longer (National Institute for Health and Clinical Excellence 2006). A saving of just one per cent of the annual health care cost of malnutrition to the NHS would amount to £130 million annually (NHS Institute for Innovation and Improvement 2010)

From: [http://www.rcn.org.uk/development/practice/nutrition/key\\_challenges](http://www.rcn.org.uk/development/practice/nutrition/key_challenges)

### **National Institute for Health and Clinical Excellence (NICE)**

The importance of preventing, identifying and addressing malnutrition in older people within the NHS has been identified in two sets of guidance produced by NICE that relate to nutrition and malnutrition in older people:

Guideline to help the NHS identify patients who are malnourished or at risk of malnutrition.

[http://www.nice.org.uk/niceMedia/pdf/2006\\_006\\_nutrition\\_guideline\\_launch.pdf](http://www.nice.org.uk/niceMedia/pdf/2006_006_nutrition_guideline_launch.pdf)

Nutrition support in adults

<http://publications.nice.org.uk/quality-standard-for-nutrition-support-in-adults-qs24>

### **Telford and Wrekin Health and Wellbeing Strategy**

While nutrition for older people was not a specific priority identified within Telford and Wrekin's Health and Wellbeing Strategy the service provided by the Community Meals Services does contribute towards the following priorities and principles of the strategy:

- Priority 7: Improving Carers Health and Wellbeing
- Priority 9: Supporting People to Live Independently
- Priority 10: Supporting People with Dementia
  
- Principle of Early Intervention and Prevention  
A strong focus on prevention, rather than treatment, to deliver greater overall increases in both life expectancy and quality of life, including an early intervention approach to supporting families, sustained lifestyle behaviour change, awareness raising of symptoms and early detection and treatment of risk factors which cause ill-health

## Conclusions

Members found this a very valuable piece of work in a number of ways. It has provided an opportunity to meet with people using the community meals service who may otherwise not have the opportunity to meet with Elected Members and to consider how the Council is working with other organisations and volunteers to meet the needs of some of the most vulnerable people in the Borough. This work has also been inline with Scrutiny's approach to contributing to policy development and while the timescales have been challenging this work demonstrates the value Scrutiny can add.

The main findings of the Committee were:

The provision of food to people in their home for those who would otherwise be unable to provide food for themselves and do not have carers who can provide this for them is a fundamental service. The Committee concluded that many service users depend on this as their main meal and benefit from it. Having a nutritious meal is a basic requirement for physical and mental wellbeing for the individual and is key part of any preventative and re-ablement support provided by the Council and NHS. Members also specifically recognised the importance of access to healthy meals at home following hospital discharge.

Service users value the hot meals service and that the regular contact with someone who comes to their home is as important as the meal itself

The frozen meal service is a valuable service for people who are able to manage heating the meals themselves or have support to do this and do not need the reassurance of a regular contact with someone calling to their house. The Committee recognised that the frozen meal service provided a greater range of meals and were assured that the delivery drivers do receive appropriate training to meet the needs of vulnerable service users. There are opportunities to work with the frozen meals provider to get key information to people who may otherwise be isolated.

Any change to the community meal service must be based on the needs of the service users. Members recognised the need to make savings but concluded that any short term savings could be lost by longer term care costs. Members did consider the feasibility of providing a frozen meal only community meals service but concluded that this would not be in the best interest of the service users who have physical / sensory disabilities and would not be able to use the microwave. Other service users may have dementia and would have difficulty in remembering to heat the meals. While the Members of the Committee are not trained to assess the specific needs of the service users they visited, they concluded that there is a high risk that some of the older people currently receiving the hot meal service would struggle to be able to live in their own homes if they had to rely on a frozen meal service. In addition to the risk for the individual service users, the Committee also identified the longer term cost implications for the Council if they were unable to remain at home and the Local Authority was responsible for the cost of their care. Members concluded that this was a significant risk that should be seriously considered in any future planning for the hot meal service. If the service did change to a frozen service, if this resulted in two people no longer being able to live at home

and needing residential care that was funded by the local authority this would negate the savings made by the transition to a frozen only meal service. When the hot meal service was withdrawn in another local authority area the RVS reported that, of the people who had previously received the hot meal services, about 30% were able to manage with the frozen meal service, 30% were 'boarder line' and struggled to manage with the frozen meal service and 30% required additional support in the home which included local authority funded care.

There is an opportunity to develop the Community Meals service and make it work more efficiently. This will be described in the service model set out below. This will provide choice and personalisation for service users, support existing local food outlets, fit with the co-operative model for service delivery

It was identified that, while it was reported that the number of people using the Community Meals service has declined, Members noted that of the 12 service users interviewed only 1 referral had been made by a professional. Based on the statistics for the older population ( see p 13) Members concluded that there is an opportunity to develop and expand the service ensuring that all health and social care professionals know how to recommend the Community Meals service and the Good Neighbours Service as it develops. The Committee support the continued open access to these services so that family and individuals can access the services directly without a referral from a professional.

While the Community Meals Service is currently available to any one over the age of 65 Members recognised that are other groups and individuals who could benefit from this service either on a long term (e.g. some people with learning disabilities living independently) or a temporary basis (e.g. people of any age who require some support when recovering at home after an operation.)

Within the scope and timescales for this review it was not possible to explore in detail how the local NHS organisations work with and support the community meals service. However, given the strength of evidence of the health benefits of ensuring older people living at home have good nutrition the Committee believe that there is an opportunity to gain greater synergy through the Community Meals service through partnership working with the NHS.

Members were pleased to have the opportunity to engage with the RVS in this review and have the opportunity to meet with volunteers. The Committee commend the dedication and commitment of the RVS volunteers enabling some of the most frail and vulnerable people to live independently in their home through the Community Meals Hot Meals Service ( Meals on Wheels) and the Good Neighbours Service. It was recognised that Telford and Wrekin has an excellent volunteer base and the work of the volunteers is supported by an organisation that had effective systems to monitor the service provided. When the Chairman met with RVS staff he was impressed with the approach that the RVS had taken to seek opportunities to develop their services and meet the individual needs of their service users. Having considered all the evidence the Committee concluded that there is an opportunity to develop a different model for the provision of hot meals as part of the Community Meals Service which fits with the Council's co-operative values, enables the development of a Good Neighbours Service and develops a truly person centred service. The model, set out below, will require financial resources, but the Committee

believe that the investment in this service will avoid increased care costs for people at home and reduce the residential care costs in the long term.

### **Proposed Model for Community Meals Service**

The current costs to the Council for the hot meals service should not be taken as a saving but re-invested in developing a Good Neighbours Service. This would involve ceasing the use of Council fleet vehicles . Volunteers will use their own vehicles and it will be essential that arrangements are put in place to ensure appropriate car insurance cover is maintained.

The procurement of the frozen meals service continues as agreed by Cabinet in September 2013.

In the process of developing this new service model all existing and future community meals service users should , where possible, be given the opportunity to choose to between the following services:

- Receive the frozen meal service without additional support
- Receive the hot meal service delivered by the RVS through the Good Neighbours Service \*
- Receive a hot meal service provided by a local provider
- Receive the frozen meal service with additional support from the RVS to heat the meal and maintain social contact.

\*the Committee recognise that the hot meal service does not currently operate in all areas of the Borough, however based on the evidence received in this report the Committee concluded that there is a demand and need for this service and an opportunity to expand.

Encourage local food providers including cafes, pubs and schools to consider developing a local hot meal service ( an example that the Committee has considered is the service provided by the Donnington Life Long Learning Centre)The Council should support these providers to develop a high quality service by developing a service standard. This would not form a contract with the Council but ensure that local providers are aware of the necessary health and safety requirements etc and that service users know what level of service to expect. This service standard should include methods of payment e.g how to pay by direct debit / standing order or how cash collection will be managed.

The options for the future provision of Community Meals and the potential for the RVs is set out below:

Meal Service	Potential Role for RVS
Frozen meal delivered in line with contract arrangements agreed through procurement of this service	None
Frozen meal delivered in line with contract arrangements agreed through procurement of this service	Through Good Neighbours Service where a service users needs support to heat a frozen meal this could be provided by RVS volunteers
Hot Meals service delivered through RVS Good Neighbours Service	Building on the good practice of the current Community Meals Hot Meals Service delivered by the RVS hot meals would be delivered
Hot Meals Service provided by local food provider	There may be an opportunity for the local food provider to work with the RVS to deliver the meals

The Committee recognise that the options set out above are a significant expansion on the current services provided by the RVS. The exact scope of the service and the contract arrangements will have to be agreed through a commissioning process. The commissioning process may identify other efficiencies that could reduce the cost of the service e.g. the suggestion from RVS volunteers to reduce the transport costs by removing the use of fleet cars and volunteers using their own vehicles. The Committee also recognise that there are significant costs of the community meals service that are outside the RVS contract. The frozen meal service contract is currently going through a procurement process and the Committee expect that when other contracts relating to the hot meal service come to the end of their term they will go through a procurement process that will ensure value for money.

## Recommendations

### The Health and Adult Care Scrutiny Committee recommend that:

1. The Council works with RVS to develop the Good Neighbours Service model as set out above which will include the continuation of a hot meal service based on service users need and demand. This will involve negotiating a realistic cost and contract / SLA for this service through a commissioning process.
2. Town and Parish Councils should be encouraged to promote, and where possible, financially support the Community Meals Service.
3. Opportunities for sponsorship for the Community Meals Hot meals service should be explored.
4. The current service should continue until a robust and sustainable service model is developed and can be implemented by all necessary partners.
5. The Council and RVS explore opportunities to work with the NHS to develop the Community Meals Service as part of the Good Neighbours Service.
6. The price of the hot meals procured by the Council should be increase by up to 50 pence to around £3.15 and annually thereafter inline with the increase in the State Pension. The Committee recognise that the price of hot meals provided by independent local providers will not be determined by the Council.
7. Under the new service model the RVS would be responsible for promoting the service to the public and ensuring up to date information is available to health and social care professionals to increase the number of people referred to the service. Other organisation should support the promotion of the service through websites, leaflet displays etc. Increasing the number of service users, and the number of meals provided combined with the proposed increase in price can, in the future, reduce the reliance on Council funding. It may be possible to work with the RVS to develop this longer term service model.
8. Information about the Community Meals service should be available on the Council's Care First system and My Life Portal. Information about the Good Neighbours Services should be included in the Adult Care Assessment Process and Resource Allocation Management System. Access to the Good Neighbours Service should not be means tested and should be available to people who are eligible for local authority funded care and people who are self funding.
9. The Council and NHS work in partnership with the frozen meals provider to ensure that key messages are communicated to service users. This should include key public health messages e.g. flu jabs.
10. When other contracts that relate to the Community Meals Service come to the end of their term they should go through a procurement process to ensure value for money for the Council and service users.

11. The Committee feel very strongly that a hot meal service should continue. However, if the Council's Cabinet decide to remove the hot meals service and provide a frozen meals service alone, then the Committee set a clear expectation that all hot meals service users are individually assessed to ensure that their needs are met and their risk of social isolation and poor nutrition is not increased.

### **Developing a Good Neighbours Service with RVS in Telford**

During the review on the Community Meals Service the Health and Adult Care Scrutiny Committee have also considered the RVS Good Neighbours Service. There is an opportunity for the Council to re-invest the funding currently used to fund the Community Meals Service and develop a Good Neighbours Service in Telford. The Committee has concluded that this would improve the service for the people of Telford and Wrekin and also in the medium and long term save the health and social care economy a significant amount of money.

- Telford and Wrekin has an excellent volunteer base. The RVS currently has over 260 volunteers in the Borough – 103 of these volunteer with the community Meals Service.
- Telford and Wrekin currently does not have a full Good Neighbours Service. The RVS are funding a Good Neighbours Service to some service users in Telford. Telford volunteers are keen to develop a Good Neighbours Service and are currently supporting some service users who live outside Telford and Wrekin.
- Working with voluntary organisations is an essential part of the co-operative Council's approach to meeting the financial challenges – the Good Neighbours Service is an opportunity to put this into practice within Adult Services.
- When the RVS Hot Meals service was withdrawn and replaced with a frozen meals service in another local authority area the RVS reported that of the hot meal service users about 30% were able to manage with the frozen meals service, 30% were 'boarder line' and struggled to manage with the frozen meals service and 30% required additional support in the home to which included local authority funded care.
- The figures above reflect the views of the Members in relation to the service users they interviewed as part of the Scrutiny work.
- When establishing the Good Neighbours Service in another authority it was agreed that social workers would be the primary referral route. In Telford & Wrekin there is an opportunity to link the Good Neighbours Service to the Assessment Process that will inform the Resource Allocation System. People who are not eligible for Council funded services can be referred to the RVS Good Neighbours Service.
- When developing the model for a Good Neighbours Service in Telford this can include an element of the Hot Meals Service for service users who need it but can also incorporate good practice from the RVS Hospital to Home service in Leicestershire.
- The Hospital 2 Home service in Leicester received 603 referrals in the first year and over this time 5600 interactions with older people were carried out, 448 referrals were made to other organisations, readmission rates for older people was 7.5% ( half the national rates)

- The Red Cross currently provide time limited support ( 6 weeks) to people on hospital discharge. There is no time limit on the Good Neighbours Service
- There is an opportunity to raise the benefits of a Good Neighbours Service with local NHS organisations
- The RVS works in partnership with other 3<sup>rd</sup> Sector organisations which supports the Cooperative model for the Council.