Northern Ireland Assembly

Research and Information Service Briefing Paper

Paper 34/12 10th February 2012 NIAR 923-11

Dr Janice Thompson

Introduction to Community Meals

1. Introduction

Current community care policy flows from the Department of Health, Social Services and Public Safety's (DHSSPS) *People First* document, published in 1990, and stresses the importance of maintaining people in their own home for as long as possible.[1] This reflects the preference of many older people to stay in their own homes and within their own communities. Community meals form a part of the services that may be provided by the HSC Trusts to assist with this aim.

In Northern Ireland Community Meals (also referred to as 'meals on wheels' or a 'meals at home' service) are provided or arranged by Health and Social Care (HSC) Trusts for vulnerable people where an individual needs assessment shows that a person is unable to obtain a nutritious cooked meal and would be at risk of malnutrition if such a meal service was not provided.[2] The inability to prepare a meal may be assessed as a temporary or a long-term inability and the meal can be provided directly by the HSC

[1] Older People and Domiciliary Care, NI Audit Office, Report by the Comptroller and Auditor General, NIA 45/07-08, 31 October 2007, Executive Summary

[2] Response to Assembly Question AQW 3312/11-15

Trust or by the independent sector, either within the person's own home, in the form of a cooked, frozen or chilled meal, or in a day care setting.[3]

The nutritional value of the meal is specified in the contracts for the procurement of the Meals on Wheels, however clients have a choice of what they wish to eat[4] and a range of meals is produced to take account of people's cultural and religious requirements, personal preferences and dietary needs. Following an assessment of need of the meals service, a client should receive a simple 'service statement' outlining on which days they will receive meals, the charge for the service and how to contact the manager of the service.[5]

It has been recently highlighted by Age NI that low level services such as home help or meals services can enable older people to live independently and may prevent the development of significant health issues later. However, the charity has observed a "*downward trend in terms of provision of domiciliary care provision and the Meals Service*" and have seen "*no evidence of a change in thinking or a shift in resources to give a higher priority to prevention*".[6]

This downward trend regarding the numbers in receipt of the meals service is supported by the DHSSPS community statistics which indicate that there has been a 36% decrease in the numbers[7] in receipt of the meals on wheels service over all programmes of care over the past five years and a 9% decrease from 2009/10 to 2010/11.[8]

At its meeting on 1st February 2012, the Committee for Health, Social Services and Public Safety considered a letter on the matter from the Minister, in which he stated that the decrease may not be "*a negative sign in itself, it may reflect how the Trusts are adopting a more reabling role with people in keeping with the regional direction of travel in terms of using approaches that best support personal independence over the longer term*".

An alternative viewpoint has been offered by Domestic Care (a key provider of community meals in Northern Ireland) that some of the Trusts are in effect assessing clients to fit with budgets rather than truly assessing client needs.[9] Further statistics on meals are provided in Section 2 of this briefing.

The current charge to the client in was raised by the DHSSPS in October 2011 from £1.35 to £1.50 per meal and the charge is reviewed annually. The HSC Trusts do not have the authority to vary this set rate.[10] A view has been expressed by Domestic

[3] Response to Assembly Question AQW 4458/11
[4] Response to Assembly Question AQW 3312/11-15
[5] Meals at home services, NI Direct, http://www.nidirect.gov.uk/meals-at-home-services
[6] Agenda for later Life 2011: Priorities for Northern Ireland's Ageing Society, Age NI, page 8
[7] Includes the numbers in receipt of frozen meals
[8] Adult Community Statistics for Northern Ireland 2010-2011, DHSSPS, Table 1.1, page 35
[9] Personal Communication with Leslie Megarity and Liz Ensor of Domestic Care, 18th January 2011
[10] Charges for Meals Services in the Community, DHSSPS, Circular Reference: HSC(F) 37/2011, 27 October 2011

Care that this client contribution rate is insufficient to allow the Trusts to provide as many community meals as are needed given their budgetary constraints.[11]

It is the experience of many working in the area of elderly care that this particular budget is vulnerable to cost savings and service reductions, however it has been highlighted by Professor Passmore (Professor. of Ageing and Geriatric Medicine, Queen's University Belfast) that a "*more rational approach would be to acknowledge that older people are major service users and to prioritise efficient spending efforts to ensure the Equality agenda and reduce morbidities that result in dependence and institutional care*". He believes that the home delivered meals service has been objectively shown to enhance nutrition in vulnerable old people.[12]

Outside of the Western HSC Trust, a private company called Domestic Care[13] is the main contracted provider of community meals in Northern Ireland. Domestic Care has been providing dietician approved community meals (including multi-packs for day centres) via a chilled meals system since 1993, with a service available every day of the year. The delivery driver also provides a 'safe and well' check as the meal is delivered and there are protocols in place with social services should the driver be concerned about the well-being of the client. Domestic Care advised RaISe that several years ago they were providing around 24,000 community meals per week and that number has now decreased to around 14,000 meals per week.[14] Further statistics are provided in Section 2.2 of the briefing.

[11] Personal Communication with Leslie Megarity and Liz Ensor of Domestic Care, 18th January 2011
[12] The importance of nutrition in older people at home, Personal Communication with Professor Passmore, QUB, 7th January, 2012
[13] Domestic Care, http://www.domesticcareni.com
[14] Personal Communication with Leslie Megarity and Liz Ensor of Domestic Care, 18th January 2011

2. Community Meals in Northern Ireland

2.1 Who Provides Community Meals in Northern Ireland

All five HSC Trusts use the services of independent contractors to both deliver and provide community meals. Domestic Care Services, a private company, is the sole contracted provider of community meals in the Belfast, South Eastern and Northern HSC Trusts. The meals are prepared in Knockbracken kitchens, purchased (from the Belfast HSC Trust) and delivered by Domestic Care. Meals provided are cook-chilled and several days' supply can be delivered at once. On receipt the meals are refrigerated and then heated by the client when required in ovens or microwaves. Domiciliary care staff may heat the meals for those who require this level of help.[15]

In the Southern HSC Trust there are four independent contractors, Domestic Care Services providing cook –chilled meals as above and three other providers providing hot meals delivered daily – Finnegan's Meals, Sloan's Diner and Tumilty's Meals.[16]

The Western HSC Trust has a total of 28 independent providers delivering a range of cook-chilled, frozen and hot meals. The providers range from the Western ELB to charities such as the British Red Cross to hotels such as Lough Erne Hotel. The full list is attached at Appendix 2.[17]

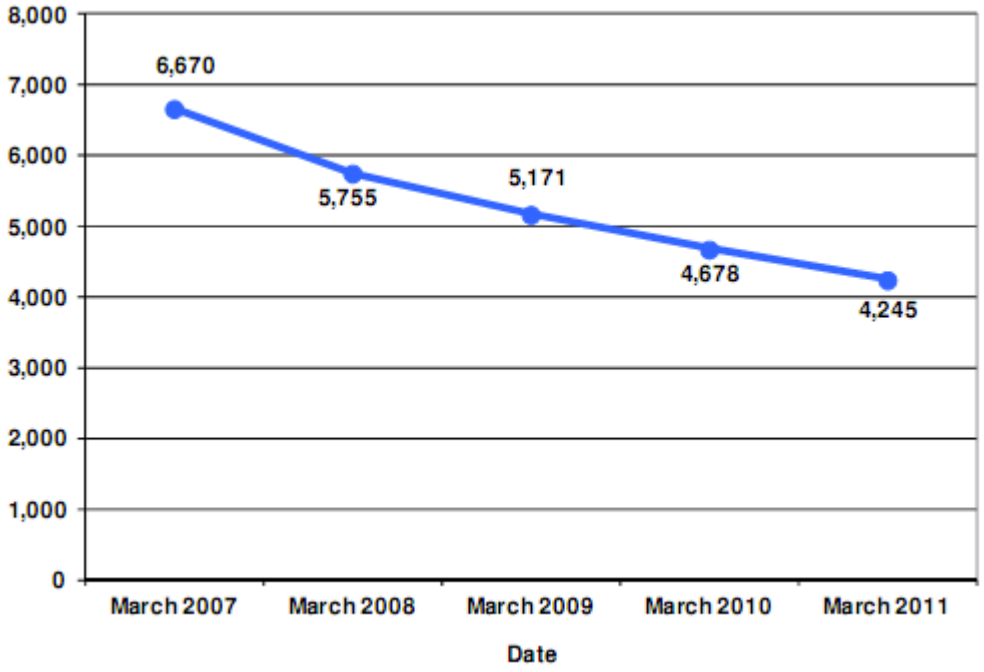
In addition to social services clients, private individuals can purchase cooked-chilled meals directly from Domestic Care. Other UK companies also deliver meals (frozen) to private customers in Northern Ireland. For example, Wiltshire Farm Foods, which is part of the global organisation Apetito, which provides frozen food and catering to Care Homes, Local Authorities and Hospitals in the UK.

2.2 Numbers of Clients Receiving Community Meals in Northern Ireland

Graph 1 below, taken from the DHSSPS *Adult Community Statistics* publication, shows that at 31st March 2011, 4,245 persons were in receipt of individual 'meals on wheels' services in Northern Ireland (the numbers in receipt of meals at day centres is not included in the statistics). The graph shows the downward trend since March 2007, with now 36% less in receipt of meals on wheels than five years ago and 9% less than the number in receipt at the end of the previous year.

[15] Information from the DHSSPS, provided via email from the DALO, Friday 10th February, 2010
[16] Information from the DHSSPS, provided via email from the DALO, Friday 10th February, 2010
[17] Information from the DHSSPS, provided via email from the DALO, Friday 10th February, 2010

Graph 1: Persons Receiving Meals on Wheels Service in Northern Ireland (March 2007 – March 2011)[18]



[18]Directly extracted from Figure 19, *Adult Community Statistics for Northern Ireland 2010 – 2011*, DHSSPS and NISRA, 13th January 2011 , page 27

Tables 1 and 2 below show the number of persons receiving the 'meals on wheels' service by age group and by client group, except for the Belfast HSC Trust who could not provide a breakdown by age or client for the DHSSPS publication. [19]

Table 1 Persons Receiving Meals on Wheels Service by Age Group at end March 2011[20]

HSC Trust	Under 65	65-74	75-84	85 and over	Not Known	Total
Belfast	-	-	-	-	-	**1,358**
Northern	94	133	325	392	4	**948**
South Eastern	56	72	173	272	0	**573**
Southern	40	41	109	150	0	**340**
Western	36	215	514	261	0	**1,026**
Northern Ireland						**4,245**

The information includes services provided by private contractors and also the provision of frozen meals.

[19] The two regional IT systems that are used by the Trust to capture this information are Soscare and Procare and neither of these community systems can provide breakdown by age/client group, Email communication with DHSSPS DALO, Friday 10th February, 2010

[20] Figures directly extracted from Table 1.2, *Adult Community Statistics for Northern Ireland 2010 – 2011*, DHSSPS and NISRA, 13th January 2011 , page 37

Table 2 Persons Receiving Meals on Wheels Service by Client Group at end March 2011[21]

HSC Trust	Mentally Ill	Learning Disability	Visually Impaired	Hearing Impaired	Other Physical Disability	No Material Disable-ment	Total
Belfast	-	-	-	-	-	-	**1,358**
Northern	16	18	14	6	119	792	**948**
South Eastern	29	11	13	5	54	461	**573**
Southern	0	0	6	7	33	279	**340**
Western	0	0	45	32	470	469	**1,026**
Northern Ireland							**4,245**

The information includes services provided by private contractors and also the provision of frozen meals.

The 'All Client Groups' column may not agree with the sum of individual categories as in some cases a person may be in more than one client group.

Zero represents a zero or count less than 4 persons.

Domestic Care, the main provider of community meals in Northern Ireland provided some specific statistics for this briefing; see Table 3 overleaf, to indicate the reduced number of meals they are being contracted to deliver. According to Domestic Care, the reductions have been mainly from outside the Belfast HSC Trust, with the majority attributable to decreases in the Southern HSC Trust. The company also noted no new referrals during the period from either the Southern or the Northern HSC Trust.[22]

[21] Figures directly extracted from Table 1.2, *Adult Community Statistics for Northern Ireland 2010 – 2011*, DHSSPS and NISRA, 13th January 2011 , page 37

[22] Personal Communication with Leslie Megarity and Liz Ensor of Domestic Care, 18th January 2011

Comparing weekly deliveries for the same week by Domestic Care in January over four years[23]:

Southern Trust – A cumulative reduction of **77.55%** between 2009-2012

No referrals in the period

Northern Trust – A cumulative reduction of **45.41%** between 2009-2012

No referrals in the period

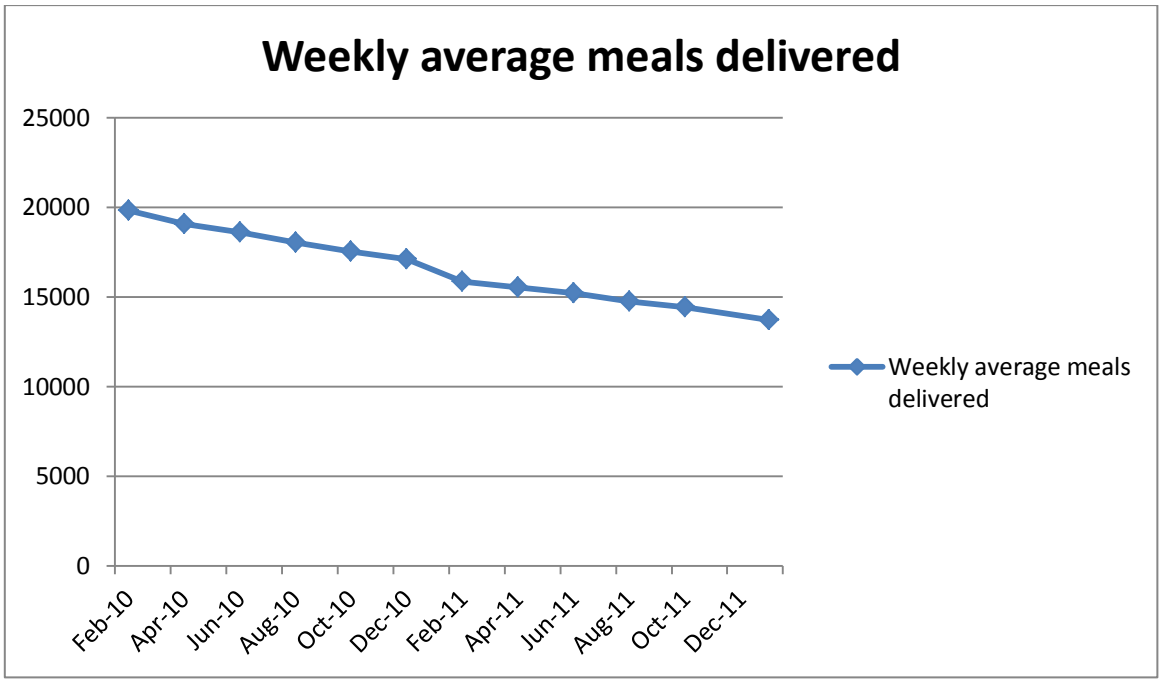
South Eastern Trust – A cumulative reduction of **42.04%** between 2009-2012

Reduced referrals

Belfast Trust - A cumulative increase of **0.50%** between 2009-2012

No change in referrals

Table 3 Community Meals delivered across Northern Ireland by Domestic Care from February 2010 to January 2011.



[23] Personal Email Communication, Liz Ensor, Domestic Care, 8th February, 2012

3. Policy and Guidance

As stated in the introduction, current community care policy flows from the Department DHSSPS *People First* document, which stresses the importance of maintaining people in their own home for as long as possible. It refers to the full assessment of an individual, taking account of carers and other personal and social relationships, to establish whether a co-ordinated package of care (which may include the meals service) would enable a person to go on living at home.[24]

The requirement for domiciliary care services for a person (either on a temporary or longer-term basis) should become apparent through the individual needs assessment carried out by the HSC Trust, either as a new referral or as a review of existing service provision. DHSSPS Circular ECCU 2/2008 (May 2008) outlines the Regional Access Criteria for Domiciliary Care, which includes the meals service. The eligibility criteria are designed,

> "*to determine how vulnerable a person is, what risk they face now and in the future and to ensure that those at greatest risk are given the highest priority. Wherever possible domiciliary care services should be 'rehabilitative' in nature, enabling people to help themselves….it is recognised that preventative 'low level' support can avoid deterioration in an individual's situation that then becomes a greater risk to independence".*[25]

The DHSSPS Circular states that following the person-centred assessment process, in which different needs may pose varying risks for the individual, and taking account of the support available from carers, appropriate domiciliary care services will be provided if the individual risk assessment identifies a CRITICAL or SUBSTANTIAL risk to independence and help cannot be sourced from elsewhere. "*Alternatives to the need for domiciliary care assistance must always be explored during the assessment to include the availability of contributions from own resources/family/wider community/voluntary sector/other agencies*".[26]

Services will be provided to those who fall into the MODERATE or LOW risk categories only on the basis of resources available. The detail of the four categories is outlined in detail in the circular.[27]

More recently, more specific guidance has been developed (based on a document prepared by the Southern HSC Trust) to support Practitioners to carry out assessments specifically in relation to a service user's ability to prepare and eat meals.[28] All Trusts are now using these new criteria. The service user must first be assessed as

[24] People First, DHSS, 1990, paragraph 4.6, http://www.dhsspsni.gov.uk/people_first.pdf
[25] Circular HSS (ECCU) 2/2008: Regional Access Criteria for Domiciliary Care, DHSSPS, 27th May 2008, Introduction
[26] Circular HSS (ECCU) 2/2008: Regional Access Criteria for Domiciliary Care, DHSSPS, 27th May 2008, paragraphs 13-14
[27] Circular HSS (ECCU) 2/2008: Regional Access Criteria for Domiciliary Care, DHSSPS, 27th May 2008, http://www.dhsspsni.gov.uk/eccu_2_2008.pdf
[28] Eligibility Criteria to Support and Maintain a Service User's Independence in Meal Preparation, SE HSC Trust, email communication with DALO, 07/02/12

experiencing a temporary or long-term inability to make a meal and where the need is established staff must consider alternative options to meeting the need. The guidance contains detailed flow charts and prompts practitioners to assess certain aspects before deciding whether to recommend a full meals provision or other help with preparation and eating. The assessment includes:

- The ability to independently reheat meals in an oven or microwave;
- Equipment changes that could make a difference;
- Safe transfer of heated meal from microwave/oven to table or trolley in kitchen or elsewhere;
- Removing packaging from ready meals;
- The ability to eat independently, with or without additional aids/equipment.

In March 2011, the DHSSPS published *Promoting Good Nutrition – A Strategy for good nutritional care for adults in all care settings in Northern Ireland 2011-2016.* The Strategy is based on the adoption and translation of the Council of Europe Resolution on Food and Nutritional Care in Hospitals to all Health and Social Care settings and into a framework for action by describing what good nutritional care looks like.[29] The Council of Europe Alliance UK produced 10 Key Characteristics that form the basis of good nutritional care which have been amended in 2010 to cover all health and care settings (see Appendix 1).

Age NI has recently acknowledged the work done in hospitals to combat malnutrition and the pivotal role played by nurses, however the charity is not convinced that nutrition within the community setting has been given the attention it needs within the Strategy and that it remains unclear how many of the 10 key characteristics can be achieved within a community setting.[30]

[29] Promoting Good Nutrition, A Strategy for good nutritional care for adults in all care settings in Northern Ireland 2011-2016, http://www.dhsspsni.gov.uk/promoting_good_nutrition.pdf

[30] Response to Consultation on Promoting Good Nutrition: A Strategy for Good Nutritional Care for Adults in all Care Settings in Northern Ireland, Age NI, February 2011, http://www.ageuk.org.uk/Global/age-ni/documents/policy/Age%20NI%20Response%20to%20Consultation%20on%20Promoting%20Good%20Nutrition%20Feb%202011.pdf

4. Broader Issues Around Community Meals

'Food First' – Economic Arguments

Professor Passmore, (Professor. of Ageing and Geriatric Medicine, Queen's University Belfast) has highlighted that recent evidence in UK and Ireland has shown the importance of tackling the risk of malnutrition in the community,

> *In Ireland, 1602 patients screened on admission to hospital, 33% were found to be at risk of malnutrition… a similar overall prevalence to that found in hospitals in the UK. Malnutrition is seen in 30% of older people admitted to hospital from home…86% of patients identified at risk of 'malnutrition' were admitted from their own homes, suggesting that the risk of malnutrition largely originated in the community. Strategies to prevent, identify and treat malnutrition* ***in the community setting*** *should therefore be considered".*[31]

He highlighted the costly use of oral nutritional supplements in Northern Ireland (around £19.2 million annually) and advocated a 'Food First' approach to reduce this dependence and that the principle of 'Food First' should underlie the development of home delivered meals. Although he acknowledged that the literature is not extensive, published research studies do exist to show the benefits of a home delivered meals approach.[32]

A 2010 report from a round-table discussion held by the International Longevity Centre in the UK focused on community meals and highlighted that preventing malnutrition among older people in the community makes economic sense in terms of reducing hospital stays, reduced readmissions and decreasing transfers to care homes. The report proposed that a cost-benefit analysis is needed to demonstrate the benefit of supporting community meals services in preventing ill health. It was also proposed that a campaign was required to support older people in understanding the importance of food and the risks of malnutrition with ageing.[33]

Meal Provision and Access to Food – The Core of Social Care Packages

The report from the round-table discussion mentioned above also dealt with the wider social issues of community meals with the importance of meals in terms of choice, control, desire, social interaction and appetite often overlooked. The report advocated that meals should be provided to those at risk of malnutrition not just those who have already reached the point of being unable to manage. They noted that meal delivery

[31] The importance of nutrition in older people at home, Professor Passmore, QUB, Personal Communication, 7th February, 2012
[32] The importance of nutrition in older people at home, Professor Passmore, QUB, Personal Communication, 7th February, 2012
[33] Personalisation, Nutrition and the Role of Community Meals, A report from a round table discussion on Personalisation and Community Meals Chaired by Baroness Greengross, ILC-UK, March 2010

staff and home carers are in an ideal position to encourage older people to eat regularly and to notice signs of malnutrition, a view shared by Domestic Care in Northern Ireland with its 'safe and well' check as outlined in Section 1.

Research by the National Association of Care Caterers has found that "*community meals drivers often have more regular contact with people than home care workers and often fulfil a number of roles…providing social contact, prompting about medication, bringing in doorstep items, reminding people about the need to drink more fluids and providing a visual check on health and appetite*".[34]

Investment in Low-Level Preventative Services

Age NI has expressed concern on the general lack of coherent policy direction for social care in Northern Ireland as demonstrated by the fact that "*we are still relying on 'People First' from 1993 to determine the provision of social care*". Age NI advocates that a failure to invest in low level services such as home help or meals on wheels is short sighted as the provision of such services can deliver significant savings elsewhere in the system.[35]

Domestic Care, the company providing the bulk of community meals in Northern Ireland, believes that part of the problem lies in the lack of true integrated spending between health and social care with no key performance indicators within social care to prevent malnutrition in the community. Therefore the healthcare sector then ends up paying the malnutrition 'costs' in terms of nutritional supplements and additional hospital stays etc. The company sits on the Implementation Group of the DHSSPS Nutrition Strategy but feels a separate community nutrition strategy may be required.[36]

A previous RaISe paper on 'Care Packages' highlighted that figures from a NI Audit Office (NIAO) report on domiciliary care in 2007 indicated that resources are increasingly being directed towards those with the **most severe needs** and levels of dependency, "*the high levels of spending on more complex services reflects one of the principles underpinning… People First that 'services should concentrate on those with the greatest needs*".[37]

Regarding this trend the NIAO concluded,

> "*While our data analysis has shown that advances have been made in translating the aspirations of People First into practice, further progress is needed to increase the reach of domiciliary care…a balanced approach, not simply one focused on intensive care-managed packages. It will have to incorporate a view on how low-intensity*

[34] Personalisation, Nutrition and the Role of Community Meals, A report from a round table discussion on Personalisation and Community Meals Chaired by Baroness Greengross, ILC-UK, March 2010

[35] Agenda for Later Life 2011: Priorities for Northern Ireland's Ageing Society, Age NI (2011), page 8, 10

[36] Personal Communication with Leslie Megarity and Liz Ensor of Domestic Care, 18th January 2011

[37] Older People and Domiciliary Care, Report by the Comptroller and Auditor General, NIAO, NIA 45/07-08, 31st October 2007, pages 16 and 17

services, including such elements as home-help, day care services, support accommodation, lunch clubs and ***meals-on-wheels*** *are to be configured in the provision of domiciliary care services*".[38]

In support of this conclusion the Public Accounts Committee in 2008 noted its concern that "*failure to address relatively lesser needs may result in a missed opportunity to prevent future crises or deterioration in independence. Minor interventions such as the* ***provision of meals on wheels*** *or day centre access can assist in preventing, or at least delaying, admission to hospital and/or residential nursing home*".[39]

5. Accessing Food and Nutrition for Older People – Examples of Approaches by Other Jurisdictions

In the last few years the Republic of Ireland has turned its attention to the issue of community meals following the publication of a substantial report in 2008 by the National Council on Ageing and Older People, *The Role and Future Development of the Meals-on-Wheels Service for Older People in Ireland*. The report set out a number of options for the development of meals-on-wheels in the Republic of Ireland including[40]:

- Improving the 'status-quo' – involving voluntary organisations continuing to operate and manage the bulk of the services with more financial and practical support from the State;
- 'Competitive Outsourcing' – involving contracting out the provision of meals-on-wheels (as is the case to Domestic Carer in NI) to one or more community and voluntary private sector companies, staffed by paid employees (in this regard Domestic Care have given evidence regarding their operations in Northern Ireland to a Joint Committee on Health and Children debate on the issue in June 2010); and
- Restructuring of Community and Voluntary Organisations – with these organisations retaining a delivery responsibility and food production being the responsibility of the Health Service Executive.

In June 2011, Community Food and Health (Scotland) and Consumer Focus Scotland published *Meals and Messages*, a report focusing on food services for older people living in the community in Scotland. The report concluded that local authorities in Scotland provide a range of food services for older people in the community, including hot meals, frozen meals, lunch clubs and assistance with shopping and meals

[38] Older People and Domiciliary Care, Report by the Comptroller and Auditor General, NIAO, NIA 45/07-08, 31st October 2007, page 17

[39] Report into Older People and Domiciliary Care, Public Accounts Committee, Northern Ireland Assembly, February 2008, paragraph 18

[40] The Role and Future Development of the Meals-on-Wheels Service for Older People in Ireland, National Council on Ageing and Older People, 2008,Council Comments and Recommendations

preparation. However, the report revealed inconsistency between local authorities and a lack of a clear overview of the food services available in their area, how they are used or the cost of providing them.

Case study material for the report revealed much activity in local communities and highlighted some good practice examples, including:

- Fife Council Meals on Wheels Service – an all week hot meal delivery service, with meals prepared and delivered from council operated kitchens, with menus overseen by an NHS dietician;
- The Food Train – a charity supported in part by Scottish Government and Local Councils providing grocery shopping, befriending and household support for older people in the areas of Dumfries and Galloway and West Lothian (with a view to expansion across Scotland); and
- East Bartonshire Council provides four weeks of free hot meal delivery to older people as they are discharged from hospital.

Across Great Britain many meals on wheels services are co-ordinated and delivered by the WRVS – Women's Royal Volunteer Service, which began providing meals-on-wheels to older people in 1943, when it became apparent that older people were struggling as their previous carers were occupied with war duties. The WRVS still provides more than four million meals annually across England, Scotland and Wales and notes that "*many of our customers rely on the service not just for the food but for the friendly chat*", "*Meal on Wheels staff and volunteers carry out a 'safe and well check' with every delivery*".[41]

Dorset County Council (DCC) in England has recently highlighted that it is currently leading the way in England in providing a more comprehensive, holistic policy regarding access to food and nutrition for all older people. In recent years there were declining numbers in Dorset using the WRVS meals on wheels service, which was only available to those assessed as being in 'substantial or critical need'. The council attributed the decline to the use of personalised social care budgets and substantial numbers in receipt of direct payments in this regard, allowing social care users more choice. DCC have decommissioned the contract with the WRVS in March 2011 and responded by developing opportunities for all older people to have improved access to food and nutrition through private or voluntary sector meal delivery services (frozen, chilled and hot meals) and through access to local lunch clubs, pubs and other services.[42]

The specific post of Community Development Worker has been created within the Dorset Partnership for Older People Programme (POPP) to take this agenda forward

[41] www.wrvs.org.uk/news-and-events/news/a-hairy-journey-for-meals-on-wheels, WRVS News 13th Sept. 2011

[42] Access to Food and Nutrition, Report from POPP Project Manager, 8/12/2009, Personal and Email Communication with Jo Mitchard, Community Development Worker, Dorset County Council, 12th January 2012

and one of the first areas of work undertaken was to map all existing lunch clubs and other communal eating opportunities in the DCC area and make a directory available. In addition, the Community Development Worker has been working with private meals providers to enable the mapping of provision in Dorset and to identify opportunities for development with these partners to ensure people aged 50+ can receive either hot, chilled or frozen meals delivered to their homes (paid for either privately or from their social care direct payments/personalised budgets if relevant).[43]

[43] Access to Food and Nutrition, Dorset POPP, Report March 2009 – June 2011, Personal and Email Communication with Jo Mitchard, Community Development Worker, Dorset County Council, 12th January 2012

Appendix 1[44]

Figure 1: 10 KEY CHARACTERISTICS

1. Everyone* using *Health and Social Care services*† (healthcare and care services) is screened to identify those who are malnourished or at risk of becoming malnourished.
2. Everyone using care services has a personal care support plan and where possible has had personal input, to identify their nutritional care and fluid needs and how they are to be met.
3. The care provider must include specific guidance on food and beverage services and nutritional care in its service delivery and accountability arrangements.
4. People using care services are involved in the planning and monitoring arrangements for food service and beverage/drinks provision.
5. An environment conducive to people enjoying their meals and being able to safely consume their food and drinks is maintained (NB this can be known as 'Protected Mealtimes').
6. All staff/volunteers have the appropriate skills and competencies needed to ensure that the nutritional and fluid needs of people using care services are met. All staff/volunteers receive regular training on nutritional care and management.
7. Facilities and services are designed to be flexible and centred on the needs of the people using them.
8. The care-providing organisation has a policy for food service and nutritional care, which is centred on the needs of people using the service. Performance in delivering that care effectively is managed in line with local governance and regulatory frameworks.
9. Food service and nutritional care is provided safely.
10. Everyone working in the organisation values the contribution of people using the service and all others in the successful delivery of nutritional care.

(*Everyone – refers to all individuals at the points in the care journey as identified by NICE guidelines) †*Adapted from Council of Europe Alliance UK 10 Key Characteristics for good nutritional care.*

[44] Promoting Good Nutrition, A Strategy for good nutritional care for adults in all care settings in Northern Ireland 2011-2016, http://www.dhsspsni.gov.uk/promoting_good_nutrition.pdf, Figure 1 extracted from page 4

Appendix 2[45]

Independent and voluntary organisations providing community meals in the WHSCT area.

PROVIDER	LOCALITY	FREQUENCY	VOLUME OF MEALS PER WEEK
The Resource Centre	Cityside, Derry/Londonderry	5 days per week, 52 weeks per year	250
British Red Cross	Cityside, Derry/Londonderry	4 days per week, 52 weeks per year	48
Discovery 80 Ltd	Fermanagh	4 days per week, 52 weeks per year	88
WELB	Fermanagh		
Rosslea	*Fermanagh*	*2 days per week, 48 weeks per year*	*64*
Tempo	*Fermanagh*	*2 days per week, 48 weeks per year*	*23*
Brookebrough	*Fermanagh*	*2 days per week, 48 weeks per year*	*18*
Derrygonnelly	*Fermanagh*	*5 days per week, 48 weeks per year*	*54*
Lisbellaw	*Fermanagh*	*2 days per week, 48 weeks per year*	*42*
Maguiresbridge	*Fermanagh*	*2 days per week, 48 weeks per year*	*38*
Donagh	*Fermanagh*	*2 days per week, 48 weeks per year*	*36*
Newtownbutler	*Fermanagh*	*2 days per week, 48 weeks per year*	*50*
Lough Erne Hotel	Fermanagh	2 days per week, 52 weeks per year	46
Lough Melvin	Fermanagh	5 days per week, 52 weeks per year	68
Hotel Carlton	Fermanagh	5 days per week, 52 weeks per year	44
The Tilery	Fermanagh		
Belcoo	*Fermanagh*	*2 days per week, 52 weeks per year*	*59*
Derrylin / Florencecourt	*Fermanagh*	*2 days per week, 52 weeks per year*	*66*
Mahon's Hotel	Fermanagh		
Ballinamallard	*Fermanagh*	*2 days per week, 52 weeks per year*	*10*
Irvinestown	*Fermanagh*	*2 days per week, 52 weeks per year*	*66*
Erne Hospital	Fermanagh	5 days per week, 52 weeks per year	240
The Whistler's Inn	Omagh, Castlederg, Strabane	5 days per week, 52 weeks per year	117
Country Kitchen	Omagh, Castlederg, Strabane	5 days per week, 52 weeks per year	13
Glen Caring	Omagh, Castlederg, Strabane	3 days per week, 48 weeks per year	41
Old Charm Inn	Omagh, Castlederg, Strabane	5 days per week, 52 weeks per year	66
Hughie Ruadh's	Omagh, Castlederg, Strabane	5 days per week, 52 weeks per year	54
Plumbridge	Omagh, Castlederg, Strabane	5 days per week, 52 weeks per year	52
Bell Gray House	Omagh, Castlederg, Strabane	1 day per week, 52 weeks per year	77
Dennett Interchange	Omagh, Castlederg, Strabane	3 days per week, 48 weeks per year	11
Derg Valley Care	Omagh, Castlederg, Strabane	3 days per week, 48 weeks per year	54
Pedlar's Rest	Omagh, Castlederg, Strabane	1 day per week to Gortin Day Centre	12
Sion Mills and Area Trust	Omagh, Castlederg, Strabane	5 days per week, 48 weeks a year	80
Strabane & District Caring Services	Omagh, Castlederg, Strabane	5 days per week, 48 weeks per year	74
Strabane Community Project	Omagh, Castlederg, Strabane	5 days per week, 50 weeks per year	350
Age Concern	Waterside, Derry/Londonderry	5 days per week, 52 weeks per year	162
Claudy Rural Development	Waterside, Derry/Londonderry		
Claudy	*Waterside, Derry/Londonderry*	2 days per week, 50 weeks per year	114
Dungiven	*Waterside, Derry/Londonderry*	2 days per week, 50 weeks per year	60
Fauaghanvale Community Project	Waterside, Derry/Londonderry	4 days per week, 48 weeks per year	138
Limavady Community Development Initiative	Limavady		
Limavady	*Limavady*	5 days per week, 48 weeks per year	196
Greysteel	*Limavady*	2 days per week, 48 weeks per year	20
Strathfoyle Community Association Ltd	Waterside, Derry/Londonderry	5 days per week, 50 weeks per year	83
		Total Volume of Meals Provided Per Week	**3084**

[45] Information from the DHSSPS, provided via email from the DALO, Friday 10th February, 2010