

**Adult Social Care and Communities Scrutiny Committee
7 March 2023**

Report from the Executive Director of Adult Social Care and Public Health

Adult Social Care Update

Community Meals

Background

In September 2021 a paper was presented to Cabinet requesting approval for the re-commissioning of a community meals service. This is a non-statutory service and many other local authorities had ceased to commission such services, but GCC wanted to continue to provide this important service as it recognised the importance of supporting residents to maintain their nutritional well-being and manage healthy lifestyles. The role of community meals service is also to support older and vulnerable adults, so they are able to maintain or regain their independence and remain living in their own home for as long as possible.

In preparation for the potential procurement, we reviewed those currently in receipt of community meals under the service categories outlined in the contract:

1. Initial referral 0-6 weeks
2. Request for continuation 7-12 weeks
3. Ongoing service – agreed through an Adult Social Care referral and assessment
4. Protected status the former recipients of service from the previous provider, Royal Voluntary Service (RVS) who receive a protected service, having previously been allocated this on an ongoing basis at the end of the RVS contract. This protected status was approved by the then Cabinet as part of the contract award.

During the early stages of the pandemic there was an increase in demand for this service, as some family and community support offers were difficult to maintain during

periods of lock down. Therefore, as society recovered from the pandemic there was a need to return to the original aim of using the community meals service as a short-term support that falls into the Adult Social Care three tier conversations Tier One Provision (Help to help yourself), Tier Two Provision (Help when you need it), Tier Three Provision (Ongoing support for those who need it). The Cabinet paper therefore referred to commissioning a service that could respond the offers in points 1 to 4 above. The budget for this service is £162,115. The County Council contributes £1.99 to the cost of the meals for those receiving meals under the categories above. Our research for the 2021 Cabinet established that many local authorities had stopped providing this service and those that did, often didn't financially subsidise the offer.

With the exception of those referred to the service as part of a package to support hospital discharge the referral process is managed by the Adult Helpdesk who can allocate the initial six-week service following a telephone assessment, at the time of undertaking this assessment the Helpdesk will also provide information on locally based supports and services relevant to the individual. At the end of six weeks individuals can request that the access to subsidised meals is extended for a further six weeks and again the Helpdesk will provide information on locally based services and will refer the person to Adult Social Care for an assessment.

Current Situation

After the Cabinet decision taken in September 2021, to reprocure a community meals service, there was a delay in starting the procurement process as further discussions were undertaken on the contract structure and focus. Therefore, the anticipated start date for a new contract for April 2022 was not met. At the conclusion of discussions, the tender was advertised on a national procurement framework in November 2022, with the aim of starting in April 2023. Unfortunately, Gloucestershire County Council received no bids to deliver this service. When approached on why they had not bid, the current provider, Apetito Ltd. advised that the contract was no longer financially viable. Since then, the commissioning team have been working through alternative options for the provision of this service.

We have sought to work with our existing provider, Apetito to manage the transition to a new provider. We had agreed to issue joint communications to the users of this service funded by the County Council, as we recognised that any change may prove worrying. Unfortunately, some messages were shared prior to the sharing of joint letter, which was posted to users of the service and sent directly with a meal. This has understandably caused some concern. We therefore wrote to all users of the service and our adult social care locality teams have been telephoning all those using the GCC funded service to explain what is happening and gather some more information about their needs. This is helping to inform what type and locality of provision will be needed from April.

The letter and phone calls have also highlighted the following options for users of the service as we recognised that some would want to make alternative arrangements.

Option 1

There are other companies which provide nutritious frozen meals to your door, and these will need heating up. We have included some possible companies for you to look into with this letter.

Option 2

Lunch clubs take place regularly around the county, and some provide transport as well. Groups of people get together to share a hot meal in a hall or community centre and is a great way to socialise. You can find out more online by visiting the Your Circle website, www.yourcircle.org.uk

Option 3

Many supermarkets do their own ranges of frozen meals, and these might be more cost efficient. Unfortunately, Gloucestershire County Council can't offer any subsidy for this option.

Option 4

Contact Adult Helpdesk to arrange a review of your current care package. If you are eligible for care services, you may be offered formal care support like a lunchtime visit as an alternative to community meals.

At the time of writing this report, we have successfully contacted 338 of the 481 users of our service. There are also currently 60 people whom we have attempted to contact, but this has been unsuccessful to date. Locality teams are continuing to contact people and respond to queries. Our work to date has revealed that half of those contacted require a full adult social care assessment and therefore may have a longer-term need for this service.

Action we are taking to secure a new provider

Since the failed procurement process, we have been working to secure another provider to start from 1 April 2023. The information gleaned from the phone calls to users of the service have been helpful in helping us to understand what type of support is needed and where in the county. We are currently exploring a range of options with the private and voluntary and community sectors. It is likely that there will be more than one provider offer a community meals as part of this contract from April.

ASC input into hospital discharge

Hospital and Out of Hospital Work

There was an unprecedented level of activity in the hospitals throughout December 2022 and January 2023. Adult Social Care (ASC) were responsive to the pressure during this period, supporting our partners and the people of Gloucestershire. ASC offered ongoing flexible and dynamic support, including developing new schemes to help meet the pressures and streamlined our processes to support flow out of hospital. During this time, we were able to step out of what we would ordinarily do and redirected staff and teams to offer additional support, being an active part of the system wide discussion and escalation process. We were able to do this as we have robust plans in place to ensure appropriate staffing capacity with support readily available to our teams. As a result, we continue to have good staff retention which enables our highly skilled workers to continue to support people, their families and carers in hospital and in the community.

We now have Social Care Workers in the Emergency Department alongside the Home Assessment Team to support admission avoidance. Indeed, 49% of people that ASC supported in this approach have avoided an admission and returned home. Furthermore, we continue to develop the Care Navigator role to support people to remain at home as well as have involvement in the wider Integrated Care System schemes such as frailty, urgent care response, virtual wards. Although we may not have a direct role, we are supporting and participating as partners in the development of this work.

Alongside this, we have taken a dynamic, hyperlocal brokerage approach. This has supported hospital and out of hospital flow and has both allowed us to support a blended delivery model for Home First increasing the number of individuals we are able to support to remain or return to their own home. Early indications also show that the hyper localized model of commissioning is having a positive impact on staff retention.

See attached appendices.