

Review of Home and Community Care (HACC) Program Food Services – Response from the Department of Human Services

How do we better target food services to satisfy a variety of client needs, now and in future?

That was the main goal of the Food Services Review recently conducted by the Department of Human Services (DHS) and the Municipal Association of Victoria (MAV).

Why was a Review thought to be necessary?

Largely because the history of food services in Victoria still shapes service provision, at a time when client needs, cost pressures, technologies and other elements have changed and will continue to evolve.

Meals on Wheels services in Australia began in the City of South Melbourne in 1952 and were later taken up by local councils in Victoria, delivering a hot midday meal to people in their own homes. Delivered meals became one of the subsidised services under the Home & Community Care Program when it was established in 1985.

Today about four million meals are provided annually by 103 organisations to almost 30,000 Victorians.

This is a static and arguably dated model of service provision, based on the assumption that providing a hot, nutritionally dense midday meal will satisfy a homogenous group of potential and existing clients. However, as the Review demonstrates, clients receiving meals are a diverse group, receiving meals for various time periods, in various settings and various ages for a variety of reasons.

The Review gives us a complete and complex picture of clients.

Detailed analysis of HACC Program data indicates that:

- The clients are from all ages, with over 71% over 75 years of age.
- They live in a variety of accommodation settings, with most living in their own home and 49% living alone.
- Non-English speaking clients are less likely to access meals services than English speaking clients.
- 26% of clients will access meals for 3 months or less with 23 meals or less in this period, indicating a short-term specific requirement, such as recovering from illness or a hospital stay.
- 12% are receiving meals for 12 months or more with 60 or more meals per quarter.

The survey of providers indicates that:

- 57% of clients receive an assessment for service prior to commencing meals.
- Monitoring and nutrition was of equal importance for 60% of clients, nutrition was more important for 22% and contact for 18%.
- There are differences between delivery and demand for services in rural and metropolitan areas.

The Review also shows that there is no firm evidence base that demonstrates that providing one nutritionally dense midday meal achieves the aim of improving clients' nutritional status overall, even though this may be the outcome in individual cases. The Report points out that the traditional model of a delivered meal is a passive model of service for clients.

So the challenge for the Food Services Review was to find better ways of satisfying a variety of clients' needs – whether nutritional, social or cultural – and meeting short and longer term requirements.

The review was undertaken by Dr Ro Saxon of HDG Consulting, and began with a detailed Discussion Paper, which was distributed widely to stakeholder organisations and food services providers in the HACC service sector for comment. Feedback was collated and provided the basis for a draft final report and recommendations, which were debated at a stakeholder forum in May 2004. The final recommendations were overwhelmingly supported.

What follows is an overview of the Final Report and Recommendations, including what they mean for clients and DHS's response to the recommendations.

Overview of Final Report and Recommendations

The Review was a detailed examination of the food services sector. While the Review's 11 final recommendations are clearly aimed at service providers, it is clients who will benefit from these changes. Both DHS and the MAV support the recommendations.

Following this Review, further work will focus on reshaping services and the service system for the future. Any proposed changes will be made gradually and in partnership with food services providers.

Implementing the recommendations will ensure that HACC clients receive food services that are:

- nutritionally sound;
- better tailored to their individual nutritional and social needs;
- provided in a planned, coordinated and integrated manner; and
- contributing to the overall goal of allowing frail older people and younger people with disabilities to remain independently in their own homes.

The 11 recommendations are grouped into three categories.

- **Short term impact – Recommendations 1 to 5**

This group of recommendations suggests a series of immediate actions that can be implemented relatively quickly in the sector. Addressing the five recommendations will lead to better planned, coordinated and integrated services for the client.

1. *Annual consideration of the inclusion of training in nutritional risk screening for HACC Assessment Officers, Food Service Coordinators, HACC Social Support Coordinators and relevant others, delivered by an appropriate dietician, as part of the coordination of HACC regional annual training calendars.*

The Victorian Government has allocated an additional \$0.175m recurrently to training for home and community care workers. These funds will ensure that relevant workers are trained in the use of the Nutrition Risk Screening Tool.

DHS will validate the Nutritional Risk Screening Tool in 2005.

DHS recently allocated \$9,000 to the International Diabetes Institute to subsidise three rural workshops to develop the capacity of the aged care workforce to manage people at risk of, or with diabetes.

2. *A DHS policy of assessment by trained Assessment Officers using the Service Coordination Tools, to identify needs for all clients using HACC food services (delivered meals).*

DHS is developing an assessment framework that will ensure that trained assessment officers identify needs for all clients using food services. The framework will be available for comment in the second half of 2005 and will be trialled in 2005-06.

3. *A DHS policy of promotion of integration of HACC Food Services with other HACC services and increased liaison by HACC Food Services with assessment teams.*

DHS accepts this recommendation and will implement it.

4. *Consideration by DHS of service provider access, for secondary consultation, to HACC dietetics across all local government areas, through an appropriate funding mechanism.*

HACC Program funds totalling almost \$70,000 are being made available to food services providers in 2004-05 to purchase advice from dieticians on menu planning and specialist advice about the dietary needs of clients with complex medical conditions such as diabetes.

5. *Sharing and encouraging innovative practice through organisations such as Meals Victoria.*

DHS supports this recommendation and has implemented it by allocating \$15,000 HACC Program funds as an establishment grant to Meals Victoria, a forum for this purpose under the umbrella of LG Pro.

- **Medium Term Impact – Recommendations 6 to 9**

The four recommendations here will help providers in rural regions better plan service delivery, will help all providers to be more flexible in the sorts of meals they deliver and will develop an evidence base for food services to assist in targeting services more accurately.

6. *With the support of DHS regional offices and input from a range of service providers, the development of Food Service Plans for rural areas identifying both short and longer term strategies.*

In 2004-05 HACC Program funds of \$15,000 have been allocated to service providers in Mildura to develop a food services plan. The plan will include a profile of existing food services and will pilot models of service suitable for rural areas.

DHS Loddon Mallee Regional Office is working closely with these providers.

The development of food service plans will help rural providers better cater for clients in smaller, less resourced shires and in geographically remote areas. Further projects in rural regions are forecast for 2005-06.

7. *A review of the recommended servings guidelines listed in the Victorian HACC Program Manual, and the development of core standards in relation to food quality, in consultation with the sector (producers, contractors, providers).*

The serving guidelines were developed in the mid 1970s and have not been reviewed since then. The views of nutritionists and dieticians have changed since then and consumers' tastes have changed.

The guidelines determine a substantial amount of the infrastructure required by food services providers in delivering meals, and therefore the cost.

DHS is commissioning a review of the guidelines in 2004-05.

8. *Plan and conduct of a small scale trial of the market segmentation 5 level framework and/or the food provision/social contact/monitoring matrix, encompassing assessment, monitoring, health promotion, service response and resource use.*

\$300,000 in HACC Program funds have been allocated in 2004-05 to begin piloting structured approaches using the models developed by the reviewer. The models identified by the reviewer are designed to better target the diverse social and nutritional needs of HACC clients. Examples of the types of service that will be further explored in the reviewer's models are described below.

City of Greater Dandenong food service providers have chosen to deliver some meals to the local community via more than 10 senior citizens clubs 3-4 times per week. By providing meals when clients are participating in one of their social activities means they continue to receive a nutritional meal while also meeting their social needs.

The Café Meals Program is a joint initiative of Yarra City Council and North Yarra Community Health Inc. This program offers an alternative to delivered meals in the form of a membership card entitling the member to eat one meal a day to the value of \$8.80 at one of four participating cafes and restaurants in the City of Yarra. Card holders also contribute \$2.00 toward the cost of each meal.

9. *Plan and conduct of a small evidence-based study to determine the impact of HACC Food Services on the nutritional and health status of individuals across segments (including CALD) and across metropolitan and rural cohorts.*

The development of an evidence base for providing meals will help us understand better the nutritional and social impacts of providing meals to clients in specific circumstances.

DHS will commission research at the end of the 2004-05 year.

The Future

- **Long term impact - Recommendations 10 to 11**
The long-term recommendations here will help to develop sustainable, cost effective models of food service provision for the future. It will enable clients to access meals in a range of different ways, depending on whether their primary requirement is nutrition or social interaction. Responses to specific client needs can then be tailored depending on whether they have long or short term needs, their nutritional, social and cultural requirements and in a variety of geographic settings.

10. *Hosting high level discussions or a forum with the broader industry players (manufacturers, buyers, retailers, distributors) to build relationships and share information.*

The Minister for Aged Care and the MAV will host a high level food industry forum in June this year. The purpose of the forum will be to exchange information with the industry on long range planning for a changing market.

11. *Development of a long term blue print (including employment, volunteer retention, capital works, assessment, service delivery, monitoring) with the HACC Food Services sector for structural reform, as a component of the whole HACC program in Victoria.*

DHS will work in partnership with the MAV and food services providers to bring the results of the work proposed in the previous recommendations to the table so that informed decisions can be made about the future shape of food services in Victoria.

For a copy of the full report, *Review of Home and Community Care (HACC) Program Food Services*, go to <http://www.health.vic.gov.au/hacc/>

Delivered Meals Case Studies

Mrs S lives alone in her own home. She is 76 years old and receives Meals on Wheels from the Council on an ongoing basis. She was first referred to the service by her GP 5 years ago and now receives meals 7 times a week. She has a choice from a variety of hot, chilled and bulk frozen meals, cooked on site at the Council's Meals on Wheels kitchen. Mrs Smith receives meals from Councils traditional menu, which offers main meals such as roast turkey with gravy, roast potato, pumpkin and broccoli, and quiche with mixed vegetables. She has developed a good relationship with the volunteer who delivers her meal.

Mrs K is 73 years old and from an Indian background. She was referred to the meals on wheels services after her family made enquiries about the service. The Council provides a range of hot and frozen meals for her to choose from. She particularly likes the range of fresh and frozen Indian meals offered by Council, with dishes such as spinach and lentil sag (casserole), and macchi ka salan (fish cooked in coconut and tamarind gravy). The Council is fortunate to have a multicultural Food Services team reflecting amongst others Indian cultures, which helps to ensure authenticity of its products.

Mr JB is a 69 yr old Maltese man living in his own home with his son who has an intellectual disability. Until recently, Mr JB was a carer for both his wife and son, however his wife, who has dementia, has now been admitted to residential care. Mr JB continues to care for his son at home. Both Mr JB and his son receive Meals On Wheels 4 days per week, and Mr JB collects these from the Senior Citizens Centre daily. These daily meals help to support him in his role as carer, and assist both him and his son to remain independently in their own home.

Ms SJ is 43 years old, on a Disability Pension, and lives alone. She has mild cerebral palsy, and has chronic fatigue syndrome. Ms SJ has very limited family support and is fairly socially isolated. She was 45kg in weight when she commenced Meals On Wheels, but is now up to 50kg, which she says is thanks to the food service. Ms SJ receives 1 hot meal and 5 frozen meals per week. This contact is important to her and important to the Council as well, because workers can keep in touch with her and her progress.

"Alan" a young homeless man was referred to the Council for nutritional support, however the traditional delivered meals service did not meet his needs. Alan was referred to the Council's Café meals program and initially became involved by obtaining take away meals. After a couple of months he began eating in the café and the proprietor noted that he was looking more confident. He is now a regular diner and enjoys the social interaction of normal café life.