

Have your say about changes to meals in the community

Since 2008, Adult Social Care has had a contract with Apetito to provide and deliver hot meals and safety checks to people who get meals as part of their social-care support.

We pay towards the cost of this for older people who qualify for the service. At the moment, people pay £3.40 towards it, and we pay £4.10. The total cost of a meal and safety check from Apetito is £7.50 currently.

You may have already heard that East Sussex County Council needs to save money in these difficult financial times, and we want to look at ways to use the resources that we have to support a wider group of people in better ways.

We want to look at a different way for people to get meals and safety checks, and would like to hear how you think our proposals could affect people.

We are proposing to:

1. Stop providing a subsidy (paying part of the cost) for the community meals service, and
2. put together a list of providers to choose from, that we know are high quality and are safety and quality checked.

What we would like your views on:

We would like to know how you think our proposed changes would affect people.

The consultation is not a referendum or a vote. What you tell us will help inform the proposals that we take to the Council's Cabinet for decision.

Why we are making these proposals:

The number of people who choose to use the council's meal service has been falling steadily, and the number of meals delivered has reduced by about a third since the contract started in 2008. This is because there have been:

- changes in how people choose to get their support, and people having more choice and control in how their social-care needs are met,
- an increase in supermarkets and other food outlets offering prepared meals, and
- a growing number of independent meal providers who offer more flexible ways to get hot or chilled meals.

Ending the contract with Apetito would save the council approximately £535,700 a year.

What the proposals would mean:

People would need to pay for the full cost of their meal service, but they will be able to choose who to get them from.

We would try to ensure a variety of prices and services to choose from, and as part of the consultation we will look carefully at other meal services already offered in East Sussex. Providers may also offer safety checks as part of their service.

We will work very closely with everyone who gets meals and safety checks at the moment, and we will also carry out individual needs and risk assessments for everyone.

If you feel worried about the proposals, and would like to talk to someone, you can contact us on **01273 481565**, or write to:

Meals in the Community Consultation
County Hall, East Sussex County Council
St Anne's Crescent
Lewes, East Sussex BN7 1UE

What happens next:

Your responses to this survey will:

- inform any changes to our final proposals about the meals service,
- help the council's Cabinet to make a decision on our proposals, and
- help us decide how we manage any changes to the service in future.

The Council's Cabinet will consider our proposals on **14 October 2014**.

The Leader of the Council appoints councillors to the Cabinet.

We will share the Cabinet's decision, the results of the consultation, and what happens next with clients, carers and staff.

If the proposed changes did go ahead, we would work closely with those affected and their carers and family.

How to take part in the consultation:

We would really like to hear your views, but you do not have to fill this survey in if you do not want to.

The survey should take about 10 minutes to complete.

If you would like help to complete it please contact us (details on next page). We will make sure that carers, family and independent advocates represent any clients who cannot take part themselves.

Please return your completed survey by **Tuesday, 16 September 2014**.

You can use the envelope that is enclosed with this survey.

If you would rather complete the survey online, please visit:

<https://consultation.eastsussex.gov.uk/adult-social-care/mic>

What happens to your responses?

The results of the survey will be presented anonymously and your response will be treated in the strictest confidence.

You can find out more about our data protection policy here:

<http://www.eastsussex.gov.uk/socialcare/aboutus/contactasc/dataprotection.htm>

However, if your responses highlight any particular concerns around your safety that we feel need to be addressed, we may need to identify who you are.

At any time before the end of the consultation on 16 September, you can change your mind about taking part and withdraw your survey.

Please contact us on the details below if you would like to withdraw your response.

Help and questions:

Please contact us if you need help to take part, or you need a copy of the information in a different format, such as large print, or another language.

Telephone: 01273 481565

Email: policy&strategyadmin@eastsussex.gov.uk

Write to: Meals in the Community Consultation
County Hall, East Sussex County Council,
St Anne's Crescent,
Lewes, East Sussex
BN7 1UE

Q20 Are you currently pregnant or have you been pregnant in the last year? Please choose one answer.

Yes	No	Prefer not to say
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q21 Are you married or in a civil partnership? Please choose one answer.

Yes	No	Prefer not to say
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for providing this information, your feedback is important to us.

Meals in the Community Consultation

A Floor, North Block, County Hall
 East Sussex County Council,
 St Anne's Crescent,
 Lewes,
 East Sussex
 BN7 1UE

About the current service

Q1 Are you filling in this survey as: Please choose one answer.

Someone who gets meals	<input type="checkbox"/> (Go to Q2)
On behalf of someone who gets meals	<input type="checkbox"/> (Go to Q2)
A carer or family member	<input type="checkbox"/> (Go to Q2)
Someone who works at Apetito	<input type="checkbox"/> (Go to Q4)
Someone who works for East Sussex County Council	<input type="checkbox"/> (Go to Q4)
A statutory partner (NHS, for example)	<input type="checkbox"/> (Go to Q4)
A provider of social care services	<input type="checkbox"/> (Go to Q4)
A voluntary or charity organisation	<input type="checkbox"/> (Go to Q4)
A member of the public	<input type="checkbox"/> (Go to Q4)
Other (* please explain below)	<input type="checkbox"/> (Go to Q4)

*** Please explain:**

Q2 Which services do you, or the person you care for, use?

Please choose one answer.

Meals only	<input type="checkbox"/>
Meals and safety checks	<input type="checkbox"/>

Q3 How often do you get meals delivered? Please choose one answer.

Every day	<input type="checkbox"/>
Once a week	<input type="checkbox"/>
Occasionally	<input type="checkbox"/>
Other (please explain)	<input type="checkbox"/>

(Q3) Please explain:

About the proposals

Q4 How much do you agree or disagree with the proposal to stop the subsidy for meals in the community? Please choose one answer.

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q5 How much do you agree or disagree with the proposal to put together a list of providers to choose from, that we know are high quality and are safety and quality checked? Please choose one answer.

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q6 If the proposals were accepted and the council didn't pay towards or organise meals in the community, what are your concerns?

Please continue on a new sheet if you need more room

Q17a If you answered yes to Q17, please tell us the type of impairment that applies to you. You may have more than one type of impairment, so please select all that apply. If none of these apply to you please select other and write in the type of impairment you have.

<input type="checkbox"/> Physical impairment	<input type="checkbox"/> Learning disability
<input type="checkbox"/> Sensory impairment (hearing and sight)	<input type="checkbox"/> Long standing illness or health condition, such as cancer, HIV, heart disease, diabetes or epilepsy
<input type="checkbox"/> Mental health condition	<input type="checkbox"/> Prefer not to say
<input type="checkbox"/> Other (* please specify)	

(Q17a)* If other, please specify:

Q18 Do you regard yourself as belonging to any particular religion or belief? Please choose one answer.

Yes	No	Prefer not to say
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q18a If you answered yes to Q18 which one? Please choose one answer

<input type="checkbox"/> Christian	<input type="checkbox"/> Hindu	<input type="checkbox"/> Muslim	<input type="checkbox"/> Buddhist
<input type="checkbox"/> Jewish	<input type="checkbox"/> Sikh	<input type="checkbox"/> Any other religion (* please specify)	

Q18* Please specify:

Q19 Are you... Please choose one answer.

<input type="checkbox"/> Bi/Bisexual	<input type="checkbox"/> Gay woman/Lesbian	<input type="checkbox"/> Other
<input type="checkbox"/> Heterosexual/Straight	<input type="checkbox"/> Gay Man	<input type="checkbox"/> Prefer not to say

Q15 What is your postcode?

Q16 To which of these ethnic groups do you feel you belong? (source: 2011 census) Please choose one answer

<input type="checkbox"/> White British	<input type="checkbox"/> Mixed White and Black Caribbean
<input type="checkbox"/> White Irish	<input type="checkbox"/> Black or Black British other*
<input type="checkbox"/> Asian or Asian British Pakistani	<input type="checkbox"/> Mixed White and Black African
<input type="checkbox"/> Asian or Asian British Bangladeshi	<input type="checkbox"/> Arab
<input type="checkbox"/> White Gypsy/Roma	<input type="checkbox"/> Mixed White and Asian
<input type="checkbox"/> Asian or Asian British other*	<input type="checkbox"/> Chinese
<input type="checkbox"/> White Irish Traveller	<input type="checkbox"/> Mixed other*
<input type="checkbox"/> Black or Black British Caribbean	<input type="checkbox"/> Asian or Asian British Indian
<input type="checkbox"/> White other*	<input type="checkbox"/> Prefer not to say
<input type="checkbox"/> Black or Black British African	<input type="checkbox"/> Other ethnic group*

* If your ethnic group was not specified in the list please describe your ethnic group.

The Equality Act 2010 describes a person as disabled if they have a longstanding physical or mental condition that has lasted or is likely to last at least 12 months; and this condition has a substantial adverse effect on their ability to carry out normal day to day activities.

People with some conditions (cancer, multiple sclerosis and HIV/AIDS, for example) are considered to be disabled from the point that they are diagnosed.

Q17 Do you consider yourself to be disabled as set out in the Equality Act 2010? Please choose one answer

Yes	No	Prefer not to say
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q7 What is most important to you, or someone you care for, when providing meals in the community? Please choose 2 options - a first and second choice.

	First choice	Second choice
Getting prepared and heated meals	<input type="checkbox"/>	<input type="checkbox"/>
The quality of the meals	<input type="checkbox"/>	<input type="checkbox"/>
The delivery of the meals	<input type="checkbox"/>	<input type="checkbox"/>
Someone visiting regularly	<input type="checkbox"/>	<input type="checkbox"/>
The safety check service	<input type="checkbox"/>	<input type="checkbox"/>
The cost of the service	<input type="checkbox"/>	<input type="checkbox"/>
Other (please explain)	<input type="checkbox"/>	<input type="checkbox"/>

Q7 Please explain:

About the future

Q8 Is there anything we need to think about for future meals services and safety checks that isn't covered in our proposals?

Please continue on a new sheet if you need more room

Q9 Are there any meal delivery or food preparation services in your local area that you would recommend to others? Please choose one answer.

Yes (Please go to Q9a)	No (Go to Q10)	Don't know (Go to Q10)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q9a Organisation/service name:

As part of the consultation, we plan to run an event where people who get meals at the moment can meet potential new providers, to find out what might be available and how much it would cost. There would also be focus groups.

Q10 If you get meals at the moment, would you be interested in coming to this event or a focus group? Please choose one answer.

Yes	<input type="checkbox"/>	Leave your contact details in the Feedback section below
No	<input type="checkbox"/>	
Don't know	<input type="checkbox"/>	

Q11 Are there any other comments or suggestions you would like to make about the proposal for meals in the community?

Please continue on a new sheet if you need more room

Feedback

We will share the survey results with clients, carers, staff and anyone else who is interested. If you would like to receive the results, please provide your details below.

Please also use this section to leave us your details if you said at Q10 that you would like to meet potential providers. We will contact you when the date has been fixed.

Email or address:

About you

We want to make sure that everyone is treated fairly and equally and that no one gets left out. That's why we ask you these questions. We won't share the information you give us with anyone else. We will only use it to help us make decisions and make our services better.

If you would rather not answer any of these questions, you don't have to.

Q12 Are you.....? Please choose one answer.

Male	Female	Prefer not to say
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q13 Do you identify as a transgender or transperson? Please choose one answer.

Yes	No	Prefer not to say
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q14 How old are you? Please choose one answer

<input type="checkbox"/> Under 18	<input type="checkbox"/> 45-54	<input type="checkbox"/> 75-79
<input type="checkbox"/> 18-24	<input type="checkbox"/> 55-59	<input type="checkbox"/> 80-84
<input type="checkbox"/> 25-34	<input type="checkbox"/> 60-64	<input type="checkbox"/> 85+
<input type="checkbox"/> 35-44	<input type="checkbox"/> 65-74	<input type="checkbox"/> Prefer not to say