

**Community Health, Transitional
and Support Services**

Meals on Wheels Service

Tier 2 Service Specification

September 2024

Contents

1. Status	2
2. Review History	2
3. Introduction	3
4. Service Definition	3
5. Service Objectives	3
5.1 General.....	3
5.2 Maori Health	4
6. Service Users	4
7. Access	4
7.1 Referral Pathways	4
7.2 Entry and Exit Criteria.....	5
7.3 Time	5
8. Service Components.....	5
8.1 Processes.....	5
8.2 Settings	6
8.3 Key Inputs	6
9. Service Linkages.....	7
10. Exclusions	7
11. Quality Requirements	8
11.1 General.....	8
11.2 Access.....	8
11.3 Acceptability	9
11.4 Safety and Efficiency	9
11.5 Effectiveness	10
11.6 Facilities	10
11.7 User Co-Payments	10
11.8 Withdrawal of Service	10
11.9 Transfer of Client Information and Informing Relevant Agencies	10
11.10 Storage of Client Information	10
11.11 Staff Familiar with the Intention of this Specification	11
12. Purchase Units	11
13. Reporting Requirements.....	11
13.1 Quality Measures.....	12
14. Glossary	12
15. Appendices	12
15.1 APPENDIX 1 - RISK ASSESSMENT FRAMEWORK.....	13

1. Status

Approved to be used for mandatory nationwide description of services to be provided.

MANDATORY ☒ RECOMMENDED ☐

It is compulsory to use this Specification when purchasing services. No Districts should use a local service specification instead of this mandatory specification.

2. Review History

Review History	Date
Published on NSFL	November 2012
Review: of Meals on Wheels service specification (2003).(Establishment Status) Amendments: Updated all content for currency.	August 2012
Content moved to updated Health New Zealand format	September 2024
Consideration for next Service Specification Review	Within five years

Note: In September 2024 a small programme of work moved all Service Specifications to Health New Zealand branded templates. No amendments were made to the body text or content of the Service Specification, so references to DHB, Ministry of Health or other pre-2022 reforms vocabulary will still exist. A larger programme of work to review and revise all Service Specifications is planned for late 2024 to early 2025.

Note: Contact the Service Specification Programme Manager, National Health Board Business Unit, to discuss the process and guidance available in developing new or updating and revising existing service specifications. Web site address Nationwide Service Framework Library: [Nationwide Service Framework Library – Health New Zealand](#)

3. Introduction

The overarching Tier One Community Health, Transitional and Support Services specification contains generic principles and content common to all the tiers of specifications below it. This Tier Two Meals on Wheels Services service specification, (the Service) must be used in conjunction with the Tier One Community Health, Transitional and Support Services service specification.

Refer to the Tier One Community Health, Transitional and Support Services service specification sections for generic details on:

- Service Objectives
- Service users
- Access
- Service Components
- Service Linkages
- Exclusions
- Quality Requirements

The above sections are applicable to all Service delivery.

This service specification must also be read in conjunction with the Tier Two Community and Support Services service specification.

4. Service Definition

This Service is a support service that prepares and delivers a hot midday meal to eligible people living at home, and who, because of their age, illness or disability, are unable to prepare their own meals and maintain their nutritional status.

Frozen meals may be provided to Service Users where distance from the contracted kitchen makes the provision of a hot meal impractical.

The Service will be provided Monday to Friday except for public holidays.

5. Service Objectives

5.1 General

By maintaining a Service User's nutritional status, the Service aims to:

- support people requiring assistance, with provision of a meal, so that they are able to remain living in their own home for as long as is appropriate
- where possible, maximise the independence, quality of life and self-reliance of the Service User
- improve or maintain the health of all Service Users by delivering the Service to best meet their nutritional needs
- support timely discharge from hospital-based services.

5.2 Maori Health

See the Tier One Community Health, Transitional Care and Support Services service specification, Section 4.2. Maori Health.

6. Service Users

The Service Users are eligible people¹ who are without natural supports² for the provision of their meals, who are assessed as requiring provision of a daily meal when they:

- are recently discharged from hospital-based health services and require short-term assistance with meals eg, up to a maximum of 6 weeks, or
- have disabilities or personal health needs that require on-going assistance with meals beyond 6 weeks, or
- are assessed by primary health care providers as requiring assistance with meals whether for short or long term as noted as above.

7. Access

7.1 Referral Pathways

Referrals to the Service will result in service provision only where the person meets access criteria. See Appendix 1 for Risk Assessment Framework.

The referral pathways are:

- disability support services Service Users may access this Service through assessment and referral from an Needs Assessment and Service Coordination team contracted by the Ministry of Health for this purpose
- both health of older people, and people with chronic health conditions may access this Service through assessment and referral from a DHB Needs Assessment and Service Coordination team, or delegated party
- hospital health services Service Users may access this Service through assessment and referral from the secondary specialist team to the Specialist Community Health team
- primary health care services Service Users may access this Service through assessment and referral from General Practitioners (GPs) or other primary health care professional community care providers to the Specialist Community Health team
- self-referred people will be assessed by their General Practitioner (GP) or other primary health care professional community care provider. Where assessed need is identified the referral will then be sent to the Specialist Community Health team. Such a referral will result in service provision only where the person meets the access criteria.

¹ www.health.govt.nz/new/eligibility-publicly-funded-health-services.

² Natural support in this context means appropriate family and whanau or caregiver assistance, that is readily available, for the provision of meals for the Service User

7.2 Entry and Exit Criteria

Health status risk and level of disability needs are the premises on which people will be eligible for the Service. It will guide the determination of entry to service and the priority for entry, and will form the basis for discharge. See Appendix One Risk Assessment Framework.

Service Users will meet the following access criteria where they:

- are unable to prepare a hot meal without assistance, whether this is due to a medical condition or a disability, and
- do not have appropriate family and whanau or caregiver assistance, that is readily available, for the provision of meals for the Service User, and
- are living in situations where provision of delivered meals will maintain their nutritional status and independence, and / or prevent unnecessary admission to hospital.

If services additional to those originally agreed are required, then a further referral via one of the pathways described in Section 5.1 above is required. The new referral must also meet the access criteria.

7.3 Time

A hot meal will be provided to Service User as close as possible to the normal mealtime at midday, or evening as can be arranged, unless the distance from the contracted kitchen makes the provision of a hot meal impractical.

8. Service Components

8.1 Processes

This Service will include the following components:

Service Component	Description
Menu Planning and Preparation	<p>Menu planning with advance distribution of menus for the Service User's information, taking into consideration the Service Users nutritional and cultural needs in sufficient quantities to meet nutritional specifications</p> <p>It will meet the requirements of the registered Food Safety Plan / Food Control Plan</p> <p>Purchase of food and supplies according to planned menu requirements</p> <p>Preparation of food and storage of prepared food according to food safety requirements</p> <p>Provision of meals which in their texture and nutritional composition are appropriate to the nutritional and clinical needs of the Service User.</p> <p>Chilled meals may be an option in emergency situations for example: one hot meal for today and one cold meal for tomorrow.</p>

Service Component	Description
Meal Delivery Management of Drivers	<p>Co-ordination and provision of meal delivery service to the Service Users in agreed settings (see Section 6.2, below) that are consistent with the assessed need and abilities of the individual Service Users by:</p> <ul style="list-style-type: none"> • organising transport of prepared food and delivery into the agreed setting • ensuring efficient management of volunteer driver network • ensuring that there is a means of formal identification, by the Service provider, in place for all staff and volunteers delivering the meals.
Management of Food safety	<ul style="list-style-type: none"> • Assessment of safety issues in the Service User's home including storage / re-heating capacity. • Guidance to Service Users regarding the storage, defrosting and cooking of frozen meals. • Assessment of Service User's arrangements / facility for storage of food which takes account of: <ul style="list-style-type: none"> – the time from preparation to delivery – the individual Service User's preference regarding further storage of cooked meals until evening – re-heating methods used by the individual Service User – adequate freezer storage facility for frozen meals, especially if bulk delivery is intended, eg, enough meals for a week or more.
Reassessment of Need Evaluation of Service	<p>Regular re-assessment, by an appropriate needs assessment service coordination service or Specialist Community Nurse every 6-12 months, of long term Service User's need for ongoing service provision.</p> <p>Evaluation of the Service by Service Users and their caregivers.</p> <p>Evaluation of the nutritional value of the meals by the DHB Dietitian.</p>

8.2 Settings

These Services are provided to the Service User's home or in the locations convenient to the Service Users, which may include to a community day activity programme or a marae setting where meals are not already provided as part of the programme.

8.3 Key Inputs

Registered dietitian.

9. Service Linkages

The Service will implement protocols for relationships with each of these services / agencies to facilitate open communication, continuity of service and effective referral when necessary. Such protocols may be part of organisation-wide policies and protocols covering linkages with other agencies. The Service will demonstrate effective relationships with the following services including:

- primary health care services
- specialist community nursing and allied health services including dietitian, occupational therapy services, home support services and other community services
- needs assessment and service co-ordination services providers or delegated party
- independent assessment services contracted by the Ministry of Health
- assessment, treatment and rehabilitation (AT&R) services
- specialist medical and surgical services
- palliative care services
- the Service User's community and social services, and consumer support / advocacy groups and services
- other appropriate community care organisations, including Māori and Pacific People's organisations.
- emergency medical services.

10. Exclusions

The Service is not available under this service specification for people who are:

- receiving DHB or Ministry of Health funded services where meals are already provided as part of that service
- eligible for direct funding under the Accident Compensation Act 2001 and any subsequent amendments
- requiring a feeding service as part of their Integrated Activities of Daily Living (IADL) service.

11. Quality Requirements

11.1 General

Meals will be produced according to the current Nutrient Reference Values for Australia and New Zealand³ Ministry of Health Standards of Nutritional Quality, and the Food and Nutrition Guidelines for Healthy Adults and Food and Nutrition Guidelines for Older People 2010⁴.

A minimum of a two week- preferably three-week cycle menu must be developed, with 15 different combinations of main courses and desserts, and with no main course or dessert being repeated more than twice.

The current NHMRC specifications were established as one-third of the recommended daily intake (RDI). RDIs have increased over the years, and the current RDIs for New Zealanders and Australians are published in 'Nutrient Reference Values for Australia and New Zealand' (see above).

- a. RDI for protein for a female over 70 years is 57g; for a male – 80g per day.
- b. Estimated energy requirement for a 70-year old female is 8.3-9.3 MJ; for a male – 9.5-10.7 MJ (see Ministry of Health Food and Nutrition Guidelines for Healthy Older People).
- c. RDI for calcium for both men and women over 70 is 1300 mg/day.
- d. Given these figures, each meal must provide at least 25 g protein and 3 MJ energy (one-third RDI). Calcium must also be prescribed as at least 15% of the RDI – 200 mg per meal. Food modelling shows that with careful planning, these levels are achievable in a main meal and dessert.

All meal containers must be sealed, with easily opened lids, appropriate for use by elderly Service Users. Meals must be distributed in insulated boxes that keep food at required temperatures until delivered to the Service User. Meals for re-heating must be served in containers that can be re-heated in an oven or microwave, and must have clear instructions for re-heating.

Māori food preferences must be accommodated in areas of high Māori population.

11.2 Access

The initial reply (that is, a return phone call or visit) following referral or contact is completed within two working days.

The Service provider will include response times to referrals as a measure within their quality assurance programme.

³ ref: NHMRC. 2006. Nutrient Reference Values for Australia and New Zealand including Recommended Dietary Intakes. Canberra: NHMRC, Wellington: Ministry of Health.

⁴<http://www.health.govt.nz/our-work/preventative-health-wellness/nutrition/food-and-nutrition-guidelines>

Food and Nutrition Guidelines for Healthy Adults: Background paper (latest edition)

Food and Nutrition Guidelines for Older People (latest edition)

11.3 Acceptability

- The Service User (and their carer where appropriate) are satisfied with the meals.
- An acceptable variety and choice must be available to the Service User group.
- Meals cater to individual Service User preferences, within reason
- Service User and carer satisfaction surveys must explicitly measure satisfaction with the range and quality of meals.
- Māori Service User's report satisfaction with the Service as evidenced by consumer satisfaction surveys and monitoring of the Service is in conjunction with the Māori community. This information will be incorporated in the provider's annual review of all services, undertaken in conjunction with Māori.

11.4 Safety and Efficiency

Hot foods must be cooked and served immediately before dispatch time, to ensure maximum quality of the meal. Hot food must be at or over 70 degrees Celsius (C) at point of issue to drivers and at, or over 60 degrees C at point the of delivery.

Cold desserts and cold meats must be less than 7 degrees C at point of issue to drivers and at or below 10 degrees C at the point of delivery. Frozen or chilled foods must be prepared and delivered to conform with New South Wales Food Authority – Safer Food Clearer Choices, Guidelines for food service to vulnerable persons – Part 6 and Appendix 3⁵.

The Service will also:

- demonstrate mechanisms to monitor temperature of food on arrival at the agreed setting location
- meet Food Hygiene Regulations 1974 and any subsequent amendments⁶
- the provider must have a registered and current food safety programme with the Ministry of Primary Industries
- ensure that kitchens develop a food safety programme based on hazard analysis and critical control point (HACCP) principles⁷
- manage delivery of meals with the aim of their being delivered within 60 minutes of leaving the kitchen
- manage food preparation with the aim of meals waiting less than 15 minutes for transport
- provide guidance to clients on their meal handling once they have received the meals eg. reheating, freezer storage, defrosting and cooking.

⁵ http://www.foodauthority.nsw.gov.au/documents/industry_pdf/guidelines_vp_2011.pdf

⁶ http://www.foodsafety.govt.nz/elibrary/industry/Domestic_Food-Sets_Transition.pdf

⁷ <http://www.haccpprinciples.com/>

11.5 Effectiveness

A nutritional analysis of the menu will be conducted 6 monthly by a Registered Clinical / Food Services dietitian.

For every Service User assessment of need for the Service will be developed collaboratively with the Service User and their significant others according to the Service User's wish and / or condition.

Every Service User will be provided with meaningful information about the Service.

Service User and carer satisfaction surveys will be undertaken to assess:

- the Service User's satisfaction with their meals
- the Service User's and / or carer's satisfaction with the level of information they are given on meal and menu availability
- how well the Service User's cultural needs were recognised and met.

11.6 Facilities

All meals will be produced from a kitchen registered by the local authority.

11.7 User Co-Payments

Providers must agree in writing with the Funder the standard charges made to Service Users.

11.8 Withdrawal of Service

Providers will have written and implemented policies about a withdrawal of the Service.

These policies will include the information that you will provide to Service Users and support workers regarding the circumstances that will lead to the Services being withdrawn and how this will be actioned. Circumstances such as, the Service User being reassessed as being able to prepare their own meals, non-payment of bills, worker abuse or extremely unsafe working conditions.

11.9 Transfer of Client Information and Informing Relevant Agencies

Providers will ensure that there is written consent from the Service User or their representative, to transfer the Service User's record to another meals on wheels provider of their choice, if for any reason, discontinue providing the Service to the Service User.

11.10 Storage of Client Information

Any information pertaining to the services delivered to individual Service Users, or about individual Service Users held in your premises will be held securely, with written and implemented protocols about who has access to this information.

11.11 Staff Familiar with the Intention of this Specification

You will ensure that workers employed by your organisation to provide the Service are orientated to and are familiar with the goals of this Service and provider quality specifications.

12. Purchase Units

Purchase Units are defined in the joint DHB and Ministry Nationwide Service Framework Purchase Unit Data Dictionary. The Service must comply with the reporting requirements of national data collections where available. The following Purchase Units apply to this Service.

PU Code	PU Description	PU Definition	PU Measure	PU Measure Definition	National Data Collections / Payment System
DOM106	Community Services – Meals on Wheels	Meals on wheels services to prepare and deliver meals to people unable to do this for themselves.	Meals	Number of meals provided.	National Non Admitting Patient Collection (NNPAC) or as per individual contract in the Contract Management System.

13. Reporting Requirements

Where this Service is provided by a DHB, the reporting requirement is currently optional to NNPAC. The NNPAC file specification and reporting requirements are on the following web site: [National Non-Admitted Patient Collection File Specification](#)

- For District Provider Arms services, Providers are required to report monthly on the volume of meals provided in the reporting period.
- For District non Provider Arm contracted services, all information / data requested in the reporting requirements of this service specification will be emailed to: performance_reporting@health.govt.nz

Details of any additional information collected and frequency of reporting to Sector Services' Contract Management System are as specified by the Funder and documented in the Provider Specific Schedule of the contract.

The following information in the table below and in section 9.3 is to be collected by the Service provider for the Funder for monitoring service provision purposes and to provide consistent information for national benchmarking.

PU Code	PU Description	Reporting Requirements	
		Frequency	Reporting Unit
DOM106	Community Services – Meals on Wheels	By month	Number of meals
		By year	Narrative report as detailed below in section 9.2.

13.1 Quality Measures

You will provide an annual narrative report detailing the following:

- staff training and quality assurance policies and programmes
- policies on the selection, training and monitoring of volunteers
- the findings of the required nutritional analyses undertaken by the DHB dietitian and to assess degree of compliance with the above nutritional standards
- the outcome of consumer satisfaction surveys
- the method and results of monitoring the temperature of food on arrival at client's home
- analysis of the response times from referral to contact
- complaints procedures, and an analysis of complaints received by Maori, Pacific and other ethnicity, and action taken in response to complaints
- the average length of time between referral to the Service and the provision of the Service.

14. Glossary

Not required

15. Appendices

15.1 APPENDIX 1 - RISK ASSESSMENT FRAMEWORK

High Risk:

Failure to provide the Service may result in the person:

- imminently being admitted as an in-patient for symptom control
- experiencing irreversible deterioration of their health status requiring their long-term in-patient medical/surgical management
- no longer being able to stay in their own residence.

Medium Risk:

Failure to provide the service may result in the person:

- being unable to self-manage with resulting dependency on alternative options which may compromise their health status
- having to be referred to a specialist for consultation and / or management of a health condition
- continuing with compromised health status which is not life-threatening but if left permanently unmanaged would lead to more extensive and / or additional problems
- being unable to self-manage thus placing significant pressure on the family, caregiver which may cause their health status to be compromised
- being admitted to short-term care to provide respite for the caregiver

Low Risk:

Failure to provide the service may result in the person:

- living with a limited degree of compromised health status which is not in any way life threatening but intervention would enable them to return to optimal health status and/or function safely and independently.

This framework is presented as a continuum of risk in terms of a person's health. There will therefore be people who will not be eligible for service as a result of assessment, or reassessment of their risk. This would relate to people who, on assessment or reassessment, present with needs that are:

- **Beyond** those suggested in the Framework as 'High Risk'. They have excessive and complex needs requiring:
 - management in an alternative environment eg. palliative care
 - continuous intervention by a clinical team which includes specialist medical involvement eg, inpatient facility.
- **Below** those suggested in the framework as 'Medium Risk': They are functionally independent and a level of compromised health status that does not require this Service
- **Below** those suggested in the Framework as 'Low Risk'. They are clients for whom the sole purpose of the service would be to provide comfort, convenience or emotional security for them and/or family but for whom no clinical benefit would be gained by the provision of the Service.