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Date: 16 March 2026

Notice of meeting

Community Wellbeing and Housing Committee

Date: Tuesday, 24 March 2026

Time: 7.00 pm

Place: Council Chamber, Council Offices, Knowle Green, Staines-upon-Thames TW18 1XB

To the members of the Community Wellbeing and Housing Committee

Councillors:

S.M. Doran (Chair)	J.R. Boughtflower	R.V. Geach
M.M. Attewell (Vice-Chair)	M. Buck	K.M. Grant
M. Arnold	R. Chandler	M. Beecher
C. Bateson	S.A. Dunn	

Substitute Members: Councillors S.N. Beatty, H.S. Boparai, T. Burrell, S. Gyawali, A. Mathur, K.E. Rutherford and J.R. Sexton

Councillors are reminded that the Gifts and Hospitality Declaration book will be available outside the meeting room for you to record any gifts or hospitality offered to you since the last Committee meeting.

Spelthorne Borough Council, Council Offices, Knowle Green

Staines-upon-Thames TW18 1XB

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Agenda

Page nos.

1. Apologies and Substitutes

To receive apologies of absence and notification of substitutions.

2. Minutes

5 - 10

To confirm the minutes of the meeting held on 13 January 2026 and the Extraordinary meeting held on 27 January 2026 as a correct record.

3. Disclosures of Interest

To receive any disclosures of interest from Councillors in accordance with the Council's Code of Conduct for members.

4. Questions from members of the Public

The Chair, or their nominee, to answer any questions raised by members of the public in accordance with Standing Order 40.

At the time of publication of this agenda no questions were received.

5. Food and Health and Safety Service Plan

11 - 54

The Committee is asked to adopt both proposed service plans for 2026/2027.

6. Community Services Social Impact Report

55 - 90

The Committee is asked to:

1. Note the findings of the report; that it evidences the social, health and economic value generated by the Council's Community Centre and Meals on Wheels Service (and associated provision) for residents and public sector partners,
2. Consider how the evidence can be used with partners to support investment and partnership opportunities, aligned to health and care priorities including prevention and healthy ageing. Agree for report authors to share the report with the West Surrey Health Board, Neighbourhood Steering Group and The Surrey Health and Wellbeing Board and onward transmission to voluntary joint committees to highlight the positive long-term impact of our services,
3. Approve the request for the authors to develop a mini-series of case studies showcasing the experiences of individuals who

access our community services. These will highlight the personal impact of the services and the broader, system wide impacts and cost savings for partner services, to be shared on social media and the Spelthorne Bulletin.

7. Forward Plan

91 - 94

To consider the Forward Plan for committee business.

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**Minutes of the Community Wellbeing and Housing Committee
13 January 2026**

Present:

Councillor S.M. Doran (Chair)

Councillors:

M. Arnold

M. Buck

K.M. Grant

C. Bateson

S.A. Dunn

M. Bing Dong

R.V. Geach

Apologies: Councillors M.M. Attewell, M. Beecher and
J.R. Boughtflower

1/26 Minutes

The minutes of the meeting held on 18 November 2025 were agreed as a correct record of proceedings.

2/26 Disclosures of Interest

There were none.

3/26 Questions from members of the Public

There were none.

4/26 Update from the Environmental Health Department on Houses in Multiple Occupation (HMOs)

The Committee received an update from the Environmental Health Department on Houses in Multiple Occupation (HMOs). Following a rise in applications for HMOs within the borough and allegations of unlicensed HMOs, an action plan was being developed to address the control and oversight of HMOs within the borough. A cross-departmental project team was established to review powers, increase resourcing where needed, and coordinate action to deal with unlicensed and unlawful HMOs and address anti-social behaviour issues arising from those properties. Future steps include robust enforcement action against non-compliant landlords, work to

clear the backlog of HMO licence applications, the formation of a Landlords Forum, and a proposed supplementary planning document.

Some members of the Committee expressed concern over the amount of information required for enforcement action to take place, but it was noted that not all issues arising from properties fell within the Council's remit to address. The Committee acknowledged the backlog of work and resourcing challenges. Timelines to address the backlog were suggested, however this was difficult to provide due to the difference in time needed to deal with each case.

The Committee **resolved** to note progress with ongoing work to deal with HMOs and the planned next steps.

5/26 Annual Grant Awards 2026/27

The Committee considered recommending that Council agree the recommendations of the Grants Panel regarding the proposed recipients of the 2026/2027 community grants. The grants budget had been significantly reduced from previous years due to a projected budget gap, and there was an underspend from 2025/2026 that the Grants Panel recommended be split between two charities as it could not be carried forward.

The Committee noted that though the grants budget had been reduced, councillors had the option to utilise their Better Neighbourhood Grants towards charities. The Committee recommended that councillors with leftover Better Neighbourhood Grants be contacted and advised of charities that their grants could go towards. Some members of the Committee expressed concern over the reduction in grant budget, and were advised that the amount was in line with grants budgets at other Surrey authorities, and the reduction met the Best Value Directions to ensure the Council's future financial sustainability.

The Committee **resolved** to:

1. Recommend to Council to agree to the recommendations of the Grants Panel regarding the proposed recipients of the 2026/2027 community grants
2. Note the significant decrease in grant budget for 2026/2027
3. Note the other support that Spelthorne Borough Council provides to the voluntary/charity sector
4. Note that any underspend from the Council Grants budget and Better Neighbourhood Grants will not be carried forward to the next financial year
5. Note that the Panel have recommended that there will be no award to sport and art agencies due to the budget cut
6. Recommend that the underspend of £3,400 in 2025/2026 is awarded in 2025/2026 to a charity offering mental health support to young people, and that £2,000 is awarded to a charity providing a river based social activity for those with disabilities.

In accordance with Standing Order 21.6, Councillor Buck requested his vote against all the recommendations be recorded. Councillors Bateson and Doran abstained from the vote as they both were members of the Grants Panel.

6/26 WITHDRAWN - Community Wellbeing & Housing - Budget, Fees and Charges, and Capital Programme for 2026/27

This item was withdrawn from the agenda.

7/26 Forward Plan

The Committee received the forward plan for future Committee business.

Councillor Bateson proposed that “Eclipse Leisure Centre Monitoring” be added as a regular item on the committee’s agenda for the Committee to receive progress updates. The Committee agreed this proposal.

The Committee **resolved** to note the forward plan, subject to the inclusion of the proposed item.

8/26 Exclusion of Public and Press (Exempt Business)

As the remainder of the items of the agenda had been withdraw, the public and press did not need to be excluded.

9/26 WITHDRAWN - Service Plans

This item was withdrawn from the agenda.

10/26 Leisure and Community Development Service Plan

This item was withdrawn from the agenda.

11/26 Housing Benefits Service Plan

This item was withdrawn from the agenda.

12/26 Housing Options Service Plan

This item was withdrawn from the agenda.

13/26 Independent Living Service Plan

This item was withdrawn from the agenda.

14/26 Environmental Health Service Plan

This item was withdrawn from the agenda.

15/26 Harper House/White House Service Plan

This item was withdrawn from the agenda.

**Minutes of the Community Wellbeing and Housing Committee
27 January 2026**

Present:

Councillor S.M. Doran (Chair)
Councillor M.M. Attewell (Vice-Chair)

Councillors:

C. Bateson	M. Buck	K.M. Grant
M. Bing Dong	S.A. Dunn	
J.R. Boughtflower	R.V. Geach	

Substitute: Councillor J Sexton

Apologies: Councillors M Arnold and M Beecher

In Attendance: Councillors D Clarke, D Saliagopoulos and P Woodward

16/26 Disclosures of Interest

There were none.

17/26 Community Wellbeing & Housing Committee - Budget, Fees and Charges and Capital Programme for 26/27

Committee considered a report that asked the Committee to:

1. Review the draft detailed Revenue Budget for 2026/27 for Community Wellbeing and Housing Committee and agree any amendments,
2. Review the draft Capital Budget for 2026/27 for Community Wellbeing and Housing; and
3. Recommend to Corporate Policy and Resources Committee to approve the proposed Detailed Revenue Budget and Capital Programme proposals for this Committee.

It was proposed by Councillor Sexton and seconded by Councillor Bateson that the 2026/27 service fee for meals on wheels be increased by £1.00 to £6.00 per meal instead of the recommended £1.50.

The Committee **resolved** to agree that the cost per meal under the Meals on Wheels Service should be increased by £1.00 to £6.00.

The Committee were advised that the above would result in a £20,000 gap in the budget so savings would need to be made elsewhere within the budget for this committee.

Councillor Attewell requested recorded votes on all three recommendations within the report.

Recommendation 1:

For	Councillors Bateson, Dunn, Grant, Sexton – 4 votes
Against	0 votes
Abstain	Councillors S Doran, Attewell, Bing Dong, Boughtflower, Buck, Geach, Rutherford – 7 votes

Recommendation 2:

For	Councillors Bateson, Dunn, Grant, Rutherford, Sexton – 5 votes
Against	0 votes
Abstain	Councillors S Doran, Attewell, Bing Dong, Boughtflower, Buck, Geach – 6 votes

Recommendation 3:

For	Councillors Bateson, Dunn, Grant, Rutherford, Sexton – 5 votes
Against	0 votes
Abstain	Councillors S Doran, Attewell, Bing Dong, Boughtflower, Buck, Geach – 6 votes

The Committee **resolved** to:

1. Agree the draft detailed revenue budget for 2026/27 for the Community Wellbeing and Housing Committee subject to the increase on the cost of Meals on Wheels only being increased to £6.00 p/meal,
2. Agree the draft capital budget for 2026/27 for the Community Wellbeing and Housing Committee; and
3. Recommend to the Corporate Policy and Resources Committee to approve the proposed detailed Revenue Budget and Capital Programme proposals for this Committee.



Committee Report Checklist

Please submit the completed checklists with your report. If final draft report does not include all the information/sign offs required, your item will be delayed until the next meeting cycle.

Stage 1

Report checklist – responsibility of report owner

ITEM	Yes / No	Date
Councillor engagement / input from Chair prior to briefing	Drafts emailed to Cllr Doran for comments, meeting arranged for 26/02/2026	18/02/2026
Commissioner engagement (if report focused on issues of concern to Commissioners such as Finance, Assets etc)	n/a	
Relevant Group Head review (Dave Anderson)		
MAT+ review (to have been circulated at least 5 working days before Stage 2)	Circulated on 18/02/2026	
This item is on the Forward Plan for the relevant committee	yes	22/01/2026
	Reviewed by	
Finance comments (circulate to Finance)	AB	(details of staffing costs received from NB on 13/02/2026) 25/02/26
Risk comments (circulate to Lee O’Neil)	LO	25/02/26
Legal comments (circulate to Legal team)	LH	27/02/26
HR comments (if applicable)	n/a	

For reports with material financial or legal implications the author should engage with the respective teams at the outset and receive input to their reports prior to asking for MO or s151 comments.

Do not forward to stage 2 unless all the above have been completed.

Stage 2

Report checklist – responsibility of report owner

ITEM	Completed by	Date
Monitoring Officer commentary – at least 5 working days before MAT	L Heron	27/02/26
S151 Officer commentary – at least 5 working days before MAT	T.Collier	26/2/26
Confirm final report cleared by MAT		

Community Wellbeing and Housing Committee

24 March 2026

Title	Food Safety and Health and Safety Service Plans for 2026/27
Purpose of the report	To make a decision
Report Author	Fidelma Bahoshy, Joint Senior Environmental Health Manager
Ward(s) Affected	All Wards
Exempt	No
Exemption Reason	n/a
Corporate Priority	Community Environment Services
Recommendations	Committee is asked to adopt both proposed service plans for 2026/2027
Reason for Recommendation	Local Authorities are required to produce and adopt service plans for their food safety and health and safety enforcement services.

1. Executive summary of the report

What is the situation	Why we want to do something
<ul style="list-style-type: none"> Spelthorne has a regulatory responsibility for both food safety and health and safety at work. We draw up Service Plans for each area which must include the aims and objectives for the year ahead and evaluate the achievements of the past plan. 	<ul style="list-style-type: none"> We have statutory obligations to have both of these service plans in place and it is required that these plans be approved by Elected Members.
This is what we want to do about it	These are the next steps
<ul style="list-style-type: none"> The Service Plans outlines our objectives for next year for each area and reflects upon the work completed and any significant variations to the planned works from the previous period. 	<ul style="list-style-type: none"> Adopt and implement the service plans

2. Key issues

- 2.1 Local Authorities are required by the Food Standards Agency (FSA) and the Health and Safety Executive (HSE) to produce service plans for their food safety and health and safety services. Each service plan must outline the aims and objectives for the year ahead and evaluate the achievements of the past period.
- 2.2 This report briefly outlines the main achievements of Environmental Health's Commercial Team who is responsible for implementing both plans. The report also outlines the main objectives for this coming year.

Achievements

2.3 Food Safety Service Plan

The team continued to focus resource on the highest risk food businesses and work through the backlog of overdue lower risk inspections to satisfy the requirements of the Action Plan agreed with the Food Standards Agency in August 2024. The following table summarises some of the work undertaken:

	2023 -2024	2024 -2025	2025-2026*
Food Inspections	330	326	340
Complaints Investigated	91	83	73
Queries from businesses	124	168	85
Infectious Disease cases	165	216	58

*full year data not yet available, accurate as of 12 February 2026

- 2.4 The UKSA no longer send through Campylobacter reports and this has reduced the number of infectious disease cases. This infection is the most commonly reported infections but is usually associated with food handling within the home.
- 2.5 The team has continued to participate in the national Food Hygiene Rating Scheme (FHRS); 97.7% of eligible businesses have ratings of three or above, well in excess of our target of 92%. Those businesses who are below this standard continue to be targeted for improvement with revisits and where appropriate taking further legal action against them; 1.16% of businesses have a rating of 0 or 1 (represents 8 food businesses).
- 2.6 In May 2025, notification was received from the FSA advising that they were satisfied that we had addressed the overdue interventions and that they would be closing their engagement. The Agency will continue to closely monitor our statutory returns to ensure that service delivery is in line with the requirements of the Food Law Code of Practice.
- 2.7 Health and Safety Service Plan
- Reactive work was prioritised and actioned as required but there was very limited available resource to undertake proactive inspections or projects. Priority was given within the team to meeting the requirements of the FSA's Action Plan as the risk to public health was considered more immediate and the oversight from FSA greater than from the HSE.
- 2.8 The team focused resources on three national projects as outlined in the previous Service Plan (electrical safety, inflatable amusement devices, and

gas safety in commercial catering settings). The following table summarised some of the work undertaken:

	2023 -2024	2024 2025	2025-2026*
Health & Safety site visits	40	43	77
Enforcement notices	6	3	7
Notifiable Accidents	28	35	29

Objectives

- 2.6 The main objectives for the Food Safety Service Plan 2026/2027 are outlined on page 4 of the plan and include a target of inspecting at least 95% of higher risk food businesses, the promotion of the FHRS with 92% of all food businesses achieving a food hygiene ratio of 3 or above, and to respond to a minimum of 95% of service requests within six days. The Food Safety Service Plan 2026/2027 is provided in **Appendix 1**.
- 2.7 The main objectives for the Health and Safety Service Plan 2026/2027 are outlined on page 3 of the plan and include targets to respond to at least 95% of service requests and accidents within six days and to participate in selected national/regional projects. The Health and Safety Service Plan 2026/2027 is provided in **Appendix 2**.

Review

- 2.8 The team has continued to provide a professional and quality service.
- 2.9 Due to the impacts of pressures from certain areas of work including the prioritisation of the FSA's Action Plan there were difficulties in meeting some of the objectives set out in the previous service plans. A detailed review including identification of any variation is included on page 16 of the Food Service Plan and on page 14 of the Health and Safety Service Plan.

3. Options appraisal and proposal

- 3.1 The **preferred option** is to adopt both proposed service plans for 2026/27, and for them to come into effect within 7 days of approval.
- 3.1 There is also an option for Members to amend the proposed service plans.
- 3.2 There is an option for Members not to adopt the proposed service plans. This is not recommended as this would mean the Council would not be following either the Food Standards Agency's "Framework Agreement on Local Authority Food Law Enforcement", or the Health and Safety Executive's Guidance, as this requires local authorities to have food and health and safety service plans and recommends that the plans relate specifically to food and health and safety enforcement.

4. Risk implications

- 4.1 Under the Food Standards Act 1999 and the Health and Safety at Work etc. Act 1974, the Food Standards Agency and Health and Safety Executive have powers to audit respectively any local authority's food and health and safety

enforcement services. In exceptional cases, the FSA and the HSE have the powers to take over the duties of persistently under-performing councils. Both organisations can charge their costs back for these actions. The adoption and implementation of the proposed service plans reduces the risk of intervention from these agencies and also the associated reputational damage.

- 4.2 Failure to deliver a functioning food safety and health and safety at work service presents a risk to the safety and health to our residents, and those working and living within the borough.

5. Financial implications

- 5.1 The proposed service plans will be delivered within the proposed 2026/2027 budget for the Environmental Health Service. No additional funding is requested.

6. Legal comments

- 6.1 The Council is a designated food authority under the Food Safety Act 1990 and must discharge the relevant enforcement functions.
- 6.2 The Council also must comply with the guidance and code of practice issued by the Food Standards Agency.
- 6.3 The Council has a statutory duty to ensure its health and safety arrangements comply with the requirements of the Health and Safety Act 1974.
- 6.4 This report will assist the Council in discharging its statutory duties.

Corporate implications

7. S151 Officer comments

- 7.1 The S151 Officer confirms that all financial implications have been taken into account and that the service plans are fully funded from within the current and the draft 2026/27 budget.

8. Monitoring Officer comments

- 8.1 The Monitoring Officer confirms that the relevant legal implications have been taken into account.

9. Procurement comments

- 9.1 There are no procurement issues associated with this report.

10. Equality and Diversity

- 10.1 Adoption of the proposed service plans provides a level ground for compliant businesses.

11. Sustainability/Climate Change Implications

- 11.1 The proposed service plans have no impact on sustainability or climate change issues.

12. Timetable for implementation

12.1 If the service plans are approved, they shall come into effect after seven days.

13. Contact

14.1 Fidelma Bahoshy – f.bahoshy@spelthorne.gov.uk

***Please submit any material questions to the Committee Chair and Officer
Contact by two days in advance of the meeting.***

Background papers: There are none.

Appendices:

Appendix 1 - Food Service Plan 2026/2027

Appendix 2 - Health and Safety Service Plan 2026/2027

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Spelthorne Borough Council

Food Safety Service Plan

2026 – 2027

FOREWORD

This plan sets out how the Council will deliver its 2026-2027 Food Safety Service.

This Service Plan has been produced in response to the Food Standard Agency's (FSA) Framework Agreement on Food Law Enforcement which sets out how the plan should be structured and what the plan should contain.

This Service Plan explains how the team will protect and promote food safety throughout the Borough by a combination of measures which include the enforcement of food safety law, sampling, advice, and education and liaising with other organisations. The mix of enforcement includes aspects that are demand driven, inspection driven, education driven, and intelligence driven. All activities and procedures take account of the Food Law Code of Practice and its supporting document the Food Law Practice Guidance (England). In addition, officers take account of the Food Hygiene Rating Scheme – Brand Standard.

The Plan is approved by Elected Members to ensure transparency and accountability and is published on the Council website.

The Plan is reviewed annually.

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Summary

Local Authorities are required by the Food Standards Agency (FSA) to produce service plans for their food safety services. The service plan must outline the aims and objectives for the year ahead and evaluate the achievements of the past period.

In 2025/26 the team continued to focus their resources on the highest risk food businesses and meet the requirements of the Action Plan agreed with the FSA.

The team has continued to participate in the national Food Hygiene Rating Scheme (FHRS) with 97.7% of eligible businesses have ratings of three or above, well in excess of our target of 92%. Those businesses who are below this standard will continue to be targeted for improvement with revisits and where appropriate taking further legal action against them; 1.16% of businesses have a rating of 0 or 1 (represents 8 food businesses).

The main objectives for the Food Safety Service Plan 2026/2027 are outlined on page 4 of the plan and include a target of inspecting at least 95% of higher risk food businesses, the promotion of the FHRS with 92% of all food businesses achieving a food hygiene ratio of 3 or above, and to respond to a minimum of 95% of service requests within six days.

The team continue to deliver a risk-based service meeting the needs of our businesses, residents and visitors.

1. SERVICE AIMS AND OBJECTIVES

1.1 Aims

- 1.1.1 The aim of the food safety service is to protect health by assuring the production, preparation, storage, distribution, and supply of food by businesses within Spelthorne is safe.
- 1.1.2 We aim to provide a comprehensive food safety service to consumers and the operators of food businesses and achieve a good balance between providing advice, information, training, and where necessary enforcement.

- 1.2 **The following objectives have been identified for 2026/27** and are also incorporated in the wider service plan for the Environmental Health department:

Objective	
1.	To achieve at least 95% of higher risk food hygiene inspections/interventions in accordance with the frequencies set out in the Food Law Code of Practice.
2.	To promote the FSA national Food Hygiene Rating Scheme (FHRS), including publicising on the Council's Facebook and Twitter accounts those businesses receiving a 5 rating.
3.	To achieve a 92% ratio of food businesses with a food hygiene ratio of 3 to 5 compared to those scoring 0 to 2.
4.	To actively work with our lower rated businesses to improve their standards and achieve a maximum 4% of food business with a food hygiene rating of 0 and 1. Where necessary we will take appropriate enforcement action in line with our Enforcement Policy.
5.	To respond to a minimum of 95% of food safety service requests within ten days.
6.	To ensure all authorised officers are competent as per the requirements of the revised Competency Assessment Framework as set down in the Food Law Code of Practice for all officers undertaking official food controls.
7.	To participate in national and local sampling projects as appropriate.
8.	To highlight issues with food allergens and hypersensitivity - during routine inspections, businesses will be signposted to the free material available from the FSA and we will participate in any campaigns run by the FSA, as appropriate.

1.4 Links to corporate objectives and plans

The Council's Corporate Plan 2024 – 2028 has five strategic priorities for Spelthorne. These are:

- Community
- Addressing housing need

- Resilience
- Environment
- Services

1.4.3 The Food Safety Service Plan is key in protecting our community and providing a safe environment.

An effective food safety team contributes to these priorities by protecting the health of its residents and visitors through the provision of safe food, the prevention and detection of food borne illness and food poisoning, and by ensuring that good businesses are not disadvantaged by non-compliant traders. We are working with business to help them to recover from the impact of the pandemic.

1.4.4 This Service Plan incorporates these priorities while also meeting our statutory duties.

2. BACKGROUND

2.1 Profile

2.1.1 Spelthorne is in the far north corner of Surrey. Boroughs adjacent to the borough are Runnymede and Elmbridge to the south in Surrey, Windsor and Maidenhead and Slough to the west in Berkshire, and Hillingdon, Hounslow, and Richmond upon Thames to the north and east in Greater London.

2.1.2 Spelthorne's population is approximately 103,000 based on figures from the 2021 census. The main centres of population are the towns of Staines-upon-Thames, Ashford, Sunbury-on-Thames, Shepperton and Stanwell.

2.2.3 Spelthorne is undergoing a major local government reorganisation, with the current two-tier system (county council and 11 district/borough councils) being replaced by two new unitary authorities—East Surrey and West Surrey. Spelthorne will become part of West Surrey. This will be effective 1 April 2027. Elections for these new councils are scheduled for May 2026.

2.2 Organisational Structure

2.2.1 The organisational structure of the Council comprises of the 39 elected members and a Chief Executive who is supported by two deputies. The food safety service forms part of the Environmental Health Department. The food team is headed by the Principal Environmental Health Officer (Commercial) (PEHO) who reports to the Senior Environmental Health Manager (SEHM). The SEHM reports to the Group Head for Place, Protection and Prosperity.

2.2.2 The food safety service is provided by the Commercial Team who also provide a health and safety enforcement service including smoke-free legislation; and process, monitor and enforce various licensing/registration regimes, such as all animal licensing and beauty treatments in relevant premises.

2.3 Scope of the Food Service

2.3.1 The Council provides a comprehensive service to food consumers and food businesses in Spelthorne. We have the main responsibility for enforcing the

provisions of the Food Safety Act 1990, the Food Safety and Hygiene (England) Regulations 2013 and the European Union (Withdrawal) Act 2018 as amended by the European Union (Withdrawal Agreement) Act 2020 relating to retained EU regulations

2.3.2 As a designated Food Authority we are responsible for a full range of duties including:

- food hygiene inspections
- participation in the national Food Hygiene Rating Scheme to enable consumers to make informed choices about the places where they eat out or shop for food
- the investigation of complaints and service requests relating to food safety matters
- responding to food safety incidents
- the provision of advice to businesses and the public on food safety matters
- sampling of foodstuffs for microbiological and where necessary chemical examination; and analysis of food handling environments through surface swabs
- controls of imported and exported foods
- the investigation of notifications and outbreaks of food poisoning and gastrointestinal infection to control and prevent further cases from source of disease, identify source and prevent spread from primary case
- provision food safety advice to managers and proprietors of food businesses
- the implementation of the Commercial Team's Health Promotion initiatives as required and where resources are available
- the maintenance the database of food premises in the Borough and ensuring that the information is accurate and up to date

2.3.3 Enforcement of food standards including labelling, calorie display and animal feedstuff legislation is the responsibility of Surrey County Council Trading Standards Department and is outside the scope of the service.

2.4 Demands on the Food Service

2.4.1 The majority of food premises in Spelthorne are predominantly small to medium sized catering or retail businesses.

2.4.2 The premises profile is outlined below. Please note that this is a snapshot in time that changes regularly as new businesses open and others close.

Type of Premises	on 12 February 2026	on 17 January 2024
Primary Producers	0	1
Manufacturers & Packers	4	6
Importers/exporters	6	7
Distributors/Transporters	16	24
Retailers	225	209
Restaurants/Caterers	562	596
Total	813	843

2.4.3 In addition there are:

- Two markets – one in Kempton Park every Thursday and one on Staines High Street on Wednesdays, Fridays, and Saturdays.
- Two approved premises (an inflight caterer and a food manufacturer).
- Routinely there are several events held within the borough during the year, including Staines-upon-Thames Day, Shepperton Big Tree Night, a number of other Christmas Markets and Shepperton Village Fair.

2.4.5 Access to the Service

The service can be accessed by: -

- Calling in person to the Spelthorne Borough Council, Knowle Green, Staines upon-Thames, TW18 1XB. The Offices are open from 9am to 5pm Mondays to Thursdays and 9am to 4.30pm on Fridays. The office is closed in the evenings and at weekends.
- Telephoning the support staff (01784 446291). The Business Support Team is available from 9 am to 5 pm on Monday to Thursday and 9 am to 4.30 pm on Friday.
- A duty officer is available from 9.30 am to 5 pm Monday to Thursday, and from 9.30 am to 4.30 pm on Fridays.
- By telephoning officers through their direct line telephone numbers.
- By emailing the Commercial Team at eh.commercial@spelthorne.gov.uk.
- Emailing officers directly via their individual email addresses.
- Food safety emergencies can be dealt with by telephoning our 24-hour out-of-hour's emergency service where the on-call officer will contact a senior officer from Environmental Health.
- Information and advice can be accessed via the Council's website at www.spelthorne.gov.uk.
- Submitting information through the Food Standards Agency website portal.
- The food hygiene ratings of eligible businesses can be found at <http://ratings.food.gov.uk/> and via a link on the Spelthorne website.

2.5 Enforcement Policy

2.5.1 Enforcement will be carried out in a fair, equitable and consistent manner in accordance with the Regulator's Code and the Environmental Health Enforcement Policy.

2.5.2 The policy was last updated in August 2023. This is due to be reviewed in 2026 / 2027.

3. SERVICE DELIVERY

3.1 Food Premises Interventions

It is our policy to carry out programmed food hygiene interventions in accordance with the minimum inspection frequencies defined in the Food Law Code of Practice, and priority will be given to inspections of higher risk premises and approved premises. The majority of inspections are carried out unannounced.

3.1.3 Programmed Food Premises Interventions

The profile of premises by risk rating and the anticipated number of interventions to be undertaken during 2026 - 2027 are outlined in the table below. This is a snapshot of the system as of 12 February 2026. The profile can change quickly because of an intervention meaning that a premises can move either up or down. The number of "A" rated businesses can vary significantly during the year.

Risk Category	Number of Premises inspections due 2026 / 2027	Inspection Frequency
A	0	6 months
B	13	12 months
C	79	18 months
D	152	24 months
E	45	Alternative Strategy
Total	289	

The above table does not include inspections or backlogs carried over from the previous year inspection programme or new business registrations.

3.1.4 The risk categories are derived from the scoring system laid down in the Food Law Code of Practice and are based on the type of food handled, the size of the business, the level of compliance with hygiene and structural requirements and the extent of management control.

3.1.5 In addition to this list, there will be unrated premises which are awaiting inspection (such as new businesses) and revisits to premises in line with our Food Hygiene Intervention Policy and Food Hygiene Enforcement Procedure.

3.1.6 New Business Registrations

All new registrations are reviewed by the PEHO within 14 days of receipt and prioritised with higher risk business receiving inspections within 28 days of opening.

Year	Number of new registrations
2025/2026*	150
2024/2025	154
2023/2024	128
2022/2023	137

2021/2022	94
2020/2021	109
2019/2020	121

*not whole year data, registrations received as of 12 February 2026

3.2 Food Complaints

- 3.2.1 We will investigate food complaints or complaints relating to the hygiene of food premises in accordance with centrally issued guidance and our own Food Complaints Procedure. The depth and scope of investigation required will depend on the nature of the complaint.
- 3.2.2 All food complaints involving an imminent risk to health will be responded to as quickly as possible and all others within six working days. There is a duty officer rota system within the team which allows for a quick response to urgent incidents. Where appropriate, complainants will be advised of the outcome.
- 3.2.3 The following tables outlines the number of complaints received:

Year	Complaints Received
2025/2026*	73
2024/2025	83
2023/2024	91
2022 / 2023	72
2021 / 2022	92
2020 / 2021	72

* not whole year data, complaints received as of 12 February 2026.

The subject of these complaints often includes allegations of illness, poor hygiene practices, concerns about cleaning and general repair, pest infestations and foreign body allegations.

3.3 Primary Authority Scheme

- 3.3.1 We support the Primary Authority Scheme, however do not currently have any primary authority agreements in place.
- 3.3.2 The Primary Authority scheme permits any business to register with one local authority as a source of advice on environmental health issues. Officers are required to contact the Primary Authority before taking any enforcement action against that company. The Primary Authority can then block the proposed action if it believes that it is inconsistent with advice or guidance previously given to the organisation concerned. The only exemption to this requirement is when a local authority needs to take urgent action to avoid a significant risk of serious harm to human health.
- 3.3.3 All authorised officers are registered with the online database and are familiar with the requirements of the scheme.

3.4 Advice to Business

- 3.4.1 We recognise that most food businesses seek to comply with the law and will provide such advice and assistance as may be necessary.
- 3.4.2 This includes:

- Guiding businesses to food hygiene training courses/seminars as required.
- Provision of business information sheets, including leaflets detailing local providers of food hygiene courses, practical advice on hazard analysis and controlling food safety hazards, temperature control and guides to compliance with specific food safety legislation.
- On the spot advice during routine visits and inspections.
- Advice in written inspection reports.
- Provision of free advice.
- Provision of information on the Council's webpages and social media accounts.

3.4.3 We dealt with the following requests from businesses and individuals requiring advice.

Year	Requests for help / advice
2025 / 2026	85
2024 / 2025	168
2023 / 2024	124
2022 / 2023	117
2021 / 2022	82
2020 / 2021	82

*not full year's data, requests received as of 12 February 2026.

These requests are often from new businesses setting up, businesses about to refurbish their premises or those wishing to expand upon their current activities. We continue to receive a high number of new food business registrations. Many of these businesses are based from home and gaining access to carry out the inspection can be time-consuming.

3.4.4 The team has noticed an increase on business reliance on online platforms such as Just Eat, Deliveroo and Uber Eats to reach a larger customer base. This has resulted in increased contact from these organisations checking on registration and hygiene rating status. Businesses are also demanding faster re-inspections and the publications of ratings due to the pressure from these platforms. Generally food businesses cannot trade from these platforms if they have a hygiene rating of two or less.

3.5 Food Sampling

3.5.1 Food sampling provides useful information about the microbiological constitutes an important element of the intelligence driven side of the food safety enforcement mix.

3.5.2 We will ensure that food is inspected and sampled in accordance with our sampling procedure, relevant legislation, statutory Food Safety Code of Practice and centrally issued guidance to ensure that food meets the food safety requirements.

3.5.3 Our approach to sampling is:

- We will continue to support and participate in FSA/UKHSA national sampling programmes as appropriate and where resources allow.

- Where appropriate, samples will be taken during routine inspection and if necessary, as part of legal proceedings.
- Food complaint samples will be submitted on an ad-hoc basis as appropriate.
- We will re-sample should any sample result be unsatisfactory or potentially hazardous.

3.5.4 Food samples will be submitted for analysis to the UKHSA laboratory in Porton Down, Salisbury as it currently holds UKAS accreditation for the microbiological examination of food samples.

3.5.5 Submission of Food Samples

Year	Number of Samples
2025 / 2026*	5
2024 / 2025	3
2023 / 2024	13
2022 / 2023	15
2021 / 2022	9

* not whole year data, correct as of 12 February 2026

3.6 Control and Investigation of Outbreaks & Food Related Infectious Diseases

3.6.1 We work closely with our colleagues in UK Health Security Agency (UKHSA). In the event of an outbreak of food poisoning we follow the procedures set down in the Surrey Outbreak Control Plan.

3.6.2 We regularly attend the South East Health Protection Group meetings to keep informed of local and national issues, the Spelthorne representative also provides an update to the Group on our work. We also regularly attend training events run by this group.

3.6.3 Certain infectious disease must by law be reported to us. Notifications received are shown in the table below.

Year	Notifications
2025 / 2026	58
2024 / 2025	216
2023 / 2024	165
2022 / 2023	137
2021 / 2022	109
2020 / 2021	86

* not whole year data, notifications received as of 12 February 2026

3.6.4 There has been a decrease in the number of notifications received this year (2025/26) as the UKHSA no longer refer to us single cases of Campylobacter, this organism made up a great proportion of notifications with most cases associated with handling practices within the home.

3.6.5 We have a responsibility to investigate notifications to identify the source and to prevent further cases. In certain cases, we may need to require exclusion from work or nursery/schools. Our officers refer to the Single Case Plan when handling all notifications. This document has been drawn up in conjunction

with UKHSA and is maintained and updated by them. The response times required of us varies from 24 hours to three days and often these notifications will be treated as a high priority.

3.7 Food Safety Incidents

- 3.7.1 Food alerts are issued by the FSA and notify the public and food authorities to serious problems involving food that does not meet food safety standards or food that does not meet compositional standards.
- 3.7.2 The content of all food alerts received are assessed by the PEHO or an Environmental Health Officer on the Commercial team and appropriate action taken as specified in the alert.
- 3.7.3 We promptly notify the FSA and all other relevant agencies if any potentially serious incident is identified locally.

3.8 Liaison with Other Agencies

- 3.8.1 We actively participate in liaison arrangements with a number of other local authorities, agencies and professional organisations in order to facilitate consistent enforcement, to share good practice and to reduce duplicity of effort.
- 3.8.2 This includes:
 - Surrey Food Liaison Group – Spelthorne chaired this group for 2024/2025.
 - South East Health Protection Group
 - Surrey Environmental Health Managers' Group
 - Liaison arrangements with Corporate Health and Safety, Building Control, Planning, Licensing, Legal etc.
 - UK Health Security Agency
 - Surrey County Council Trading Standards
 - Surrey County Council Public Health Team
 - Immigration Enforcement
 - Marine Management Organisation

3.9 Food Safety Promotion

- 3.9.1 We participate in the national Food Hygiene Rating Scheme. The majority of food business are included in the scheme and it is well received by both food business and consumers. The aim of the scheme is to help consumers to make informed choices about where they purchase food from.
- 3.9.2 We adhere to the guidance contained within the FSA's document – "The Food Hygiene Rating Scheme: Guidance for local authorities on implementation and operation – the Brand Standard".
- 3.9.3 We publicise businesses with the top rating of 5 on the Council's Facebook and Twitter accounts monthly.

3.9.4 We introduced a cost recovery fee for requested re-inspections under the Food Hygiene Rating Scheme in April 2019. Between 1 April 2024 and 31 March 2025, we received 13 requests for a re-inspection and between 1 April 2025 and the 12 February 2026 we have received 10 requests. Revisits are made within a three-month timescale. It was noted that many food businesses have identified an urgency with these revisits as they are unable to trade on the online food platforms, and as a result we aim to do these visits as quickly as possible, circumstances depending.

3.9.5 Business have a right of appeal under the FHRs. An appeal must be made within 21 days of receiving notification of their rating. The appeal is considered by the Lead Officer for food, currently this is the PEHO unless she was actively involved in the determination of the initial rating and in this instances another competent food officer will undertake the appeal, where necessary this may be an officer from another Local Authority. The rating is not published until after the appeal has been considered and this should be within 21 days of submitting the appeal.

During 2024 / 2025, four appeals were received and as of 12 February 2026 three appeals had been received. We noted an increase in businesses appealing in order to delay the publication of their ratings rather than due to a disagreement with the inspecting officer's findings.

3.9.6 Businesses also have the "right of reply". This enables businesses to explain to their customers any actions they have taken to improve hygiene standards at their premises since their inspection or to say if there were unusual circumstances at the time of the inspection that might have affected the rating. These comments are published beside their rating.

During 2024/25 and so far this year we have not received any requests for this.

4. QUALITY ASSESSMENT

4.1 Internal Monitoring

We have a monitoring programme in place. The PEHO undertakes regular monitoring visits with each authorised officer. In addition to these visits the PEHO will randomly check one report/written warning monthly. Contractors are also included in this schedule.

The PEHO also carries out one to ones with each member of the food team on a regular basis and a Continuous Performance Monitoring (CPM) meeting once per quarter.

4.1.1 In addition to these checks, all food businesses who are moved out of Categories A & B into lower risk categories must be counter-signed by an authorised officer. In the first instance these files should be passed to the Principal Environmental Health Officer, however in her absence another authorised food officer will be acceptable.

4.2 External Monitoring

- 4.2.1 The service is subject to audit from the Food Standards Agency. The last audit was carried out in October 2014. This was an in-depth three-day audit of the food service.
- 4.2.2 A statutory return is submitted to the FSA twice a year in April and in October. This is a requirement of all Local Authorities, and the returns provides the FSA with a comprehensive picture of activities taking place. The FSA will follow up any anomalies within the return or may seek further clarification.
- 4.2.3 Following concerns from the FSA after reviewing returns data about the numbers of due and overdue category D and E rated premises an Action Plan was agreed between Spelthorne and the FSA in August 2024. At that time there were 125 category D rated premises due or overdue (39 of those were due from 2023 /2024 and 86 from 2024/2025) and 198 category E premises due or overdue (154 of those were due from 2023 / 2024 and 44 from 2024 /2025).
- 4.2.4 To meet the requirements of the Action Plan, officer time was diverted from other work areas such as health and safety enforcement to focus on reducing the backlog of lower risk inspections.
- 4.2.5 In May 2025 notification was received from the FSA advising that they were satisfied that we had addressed the overdue interventions and that they would be closing the engagement. They did highlight that additional consideration should be given to the staffing levels to ensure that the authority can meet our statutory requirements for food controls.
- 4.2.6 Our implementation of the FHRS was audited in December 2015 as part of an inter-authority audit organised by the Surrey Food Liaison Group and funded by the FSA. This audit focussed on our implementation of the national Food Hygiene Rating Scheme.
- 4.2.7 The team participate in the FHRS consistency exercises run by the FSA. With these exercises the FSA provide a scenario for all Local Authorities in England, Wales and Northern Ireland to work through and score under the Food Hygiene Rating Scheme. The score is reported back to the FSA with justification. The results are collated and circulated to all Local Authorities. The scenarios are also discussed and peer reviewed at the Surrey Food Liaison Group.
- 4.2.8 An annual return is also made to HMRC. This is a statutory return and provides HMRC with requested details from our database.

5. RESOURCES

5.1 Financial Allocation

- 5.1.1 The cost of providing the food safety service in 2025/2026, including staff, overheads and budgetary expenses is expected to be approximately £199,340 and the budget will be similar for 2026/27 and delivery of this service is included within the costings for the Environmental Health department's budget.

5.2 Staff Allocation

- 5.2.1 The 2025/2026 staffing allocation is 2.9 full time equivalents. This included administrative supports (0.65), and management support (0.15) to provide

overview of service plans, officer performance, service development and budget controls.

- 5.2.2 The allocation of staff remains at 2.9 full-time equivalent.
- 5.2.3 In addition, approximately 0.1 FTE of authorised officer time is spent on duties such as checking notices, detailed investigations, small outbreaks, and preparation for of legal cases etc.
- 5.2.4 It should be noted that this resource can be diverted to other areas of work including health and safety enforcement, public health functions and animal licensing work.
- 5.2.5 In January 2025 a fulltime Senior Environmental Health Officer (SEHO) on the Commercial team left the organisation and the post was vacant until June 2025 when a new SEHO joined (working part time – four days per week). The team was able to partially backfill this vacant position with a contractor working part-time hours, however the circumstances still resulted in a backlog of work and a reduction in the sampling programme.
- 5.2.6 In April 2024, the PEHO took up the role of part-time role of Joint Senior Environmental Health Manager. This resulted in the PEHO working 18 hours in the SEHM post and the remaining 12 hours as PEHO. A contractor working 12 hours per week has been appointed to cover the PEHO's hours, this contractor is only undertaking programmed food inspections and does not undertake any managerial tasks and is not authorised to take any enforcement action.

5.3 Assessment of staff resources required to ensure the delivery of Spelthorne's food safety service

- 5.3.1 The FSA has a statutory function to monitor the performance of local authorities and ensure that it meets the minimum standards set out in the Feed Law Code of Practice and Food Law Code of Practice. FSA performance monitoring has found that there may be inadequate resourcing by many local authorities to ensure that food and feed official controls are effectively delivered.
- 5.3.2 As a result FSA has produced a toolkit to assist Local Authorities to determine their resourcing needs. Concerns about Spelthorne's resourcing was raised in the Action Plan agreed with the FSA in August 2024. The PEHO will undertake a review of the authority resourcing need using this toolkit during 2026/2027.

5.4 Staff Development Plan

- 5.4.1 We recognise the need for all officers engaged in food safety work to be trained, not only to the minimum level required by law, but also to a level commensurate with the work they carry out. We also recognise the need to develop the personal skills needed to work effectively in the field and for EHOs' to meet the requirements of the Chartered Institute of Environmental Health Continuing Professional Development (CPD) scheme.
- 5.4.2 The Food Standards Agency Framework Agreement on Local Authority Food Law Enforcement requires Local Authorities to appoint enough authorised

officers to carry out food enforcement work and that they shall have suitable qualifications, training, and experience consistent with their authorisation and duties in accordance with the relevant Food Safety Code of Practice.

- 5.4.3 The Food Safety Code of Practice requires the Local Authority to ensure that every officer receives structured on-going training, which is managed, assessed, and recorded. The minimum on-going/update training for each officer should be at least 20 hours per year, of which at least 10 hours must be food based.
- 5.4.4 Each member of staff receives one-to-one meetings as set out in the Council's Continuous Performance Management programme, at which time development needs are identified and a plan agreed to address these.
- 5.4.5 Training and development is provided by a range of methods including: -
- i. Post Entry Training - Nominations for formal training courses/qualifications are considered annually and in appropriate cases members of staff are sponsored on formal academic and practical courses.
 - ii. Short Course Training - Where appropriate, short courses, seminars and workshops can provide valuable updates for staff. We support attendance at such events through the Council's short courses training budget.
 - iii. In-house Training - We encourage in-house training as this helps to develop individual's presentation skills as well as cascade information to other members of staff.
 - iv. Cascade Training - Staff are encouraged/required to cascade information skills and knowledge they possess or have gained through attendance at Seminars and short courses to other members of staff at in-house training sessions.
 - v. Peer Review - Using peer review, during joint visits, and in monitoring work performance we encourage exchange of expertise and skills between staff.
 - vi. Surrey Food Study Group & Team Meetings - These provide useful forums for exchange of information and experience amongst team members and colleagues and assist in achieving a uniformity of approach to food safety issues.
 - vii. Consistency Exercises – these are held routinely following our monthly team meetings and involve either an exercise provided by the FSA or a recent case presented by one of the team.

6. REVIEW

6.1 Review against the Service Plan

- 6.1.1 The service has continued to provide a professional and quality service. Overall, the higher priority objectives of the Council's food service were met.
- 6.1.2 The service aims to complete 95% of its programmed high risk inspections before the end of each financial year.

6.1.3 Programmed Inspections Due & Completed

Risk Category	Inspections due 2024 /2025 including backlog	Inspections completed in 2024-2025	Inspections due 2025/26 including backlog	Inspections completed in 2025-2026* including backlog	Inspections due before 31/03/2026 as of 12 February 2026
A	0	0	1	1	1
B	17	8	12	13	3
C	106	81	76	56	20
D	185	163	156	145	47
E	207	74	229	124	24
Sub-total	515	326	474	340	95

*completed as of 12 February 2026, therefore not a full year's data

The numbers of completed inspections include new businesses that were not included in the list of programmed inspections. Also the risk rating is given as a result of the inspection, therefore the premises may be a C when the officer arrives but a B as a result of this inspection.

The number of inspections completed does not also include businesses that have ceased trading but where visits have been made to monitor these sites.

6.1.4 We have continued to successfully participate in the national Food Hygiene Rating Scheme.

FHRS	No. of Premises	%
5	527	76.5
4	118	17
3	30	4.2
2	6	0.9
1	8	1.16
0	0	0.0

On the 12 February 2026, 97.7% of our eligible businesses have ratings of three or above. This exceeds the target set of 92%.

We will continue working to reduce the percentage of business having a rating of 0 or 1. Businesses that continue to fail to meet the required standards are subject to re-inspections, are invited to attend formal interview, and where appropriate further legal action is taken. We are meeting the target of below 4% for our one and zero rated premises.

6.1.5 Summary of Enforcement Actions

Type	Reporting Period 1 April 2024 (Oct 23 – March 2024)	Reporting Period 2 October 2024 (April 2024 – Sept 2024)	Reporting Period 3 April 2025 (Oct 24 – March 25)	Reporting Period 4 October 2025 (April 2025 – Sept 2025)
Written Warning	57	70	83	132
Food Hygiene Improvement Notice	0	2	0	2
Imported Food notices	2	0	2	8
Remedial Action notice	0	0	1	0

6.1.8 We have continued to provide a free information and assistance to local businesses to help them operate safely for purposes of food safety and hygiene. We shall continue to do so in 2026 / 2027.

6.2 Identification of any Variation

6.2.1 Due to the impacts of pressures from other areas of work within the team, there have been difficulties in meeting some of the objectives set out in the 2022-2024 Service Pan.

6.2.2 The PEHO (Commercial) is the only competent officer within the organisation to undertake animal licensing inspections as required under the Animal Welfare (Licensing of Activities Involving Animals) (England) Regulations 2018. All animal licensing work including renewals, new applications, interim revisits, complaint investigations and statutory returns sits with the PEHO (Commercial) solely. The lack of resilience in this area has had a direct impact on the PEHO's workload with time diverted from normal activities to undertake this work.

6.2.2 The team has experienced difficulties with Spelthorne's IT systems including the implementation of new laptops and the rollout of SharePoint. The team have been moving away from paper based files to an electronic only system and this has been time consuming.

6.3 Areas of Improvement

6.3.1 The following are planned for 2026-2027:

- Continue to update and implement any policies and procedures required to ensure the service complies with the FSA Framework Agreement. Our inhouse procedures require review and updating. This is time-intensive

work that we have been unable to complete due to other higher priority pressures within the team.

- Ensure that the service is inclusive and is provided to hard-to-reach groups. Our webpages require updating to help with this.
- Retain qualified and competent food officers.
- Ensure that technology is used efficiently to record information necessary
- We are also anticipating the introduction of a new licensing system for non-surgical cosmetic procedures in 2026/27. The current regulatory framework includes a registration system for certain procedures such as tattooing and cosmetic piercing and falls within the remit of the Commercial Team; and it places few restrictions on who can perform non-surgical cosmetic procedures. Under the proposed scheme, which will be operated by local authorities in England, practitioners will need to be licensed to perform specific non-surgical cosmetic procedures and the premises from which they operate will also need to be licensed. The new licencing system is likely to have a significant impact on workloads.

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Spelthorne Borough Council
Health and Safety Service Plan
2026 – 2027

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Summary

Local Authorities are required by the Health and Safety Executive (HSE) to produce service plans for health and safety services. The service plan must outline the aims and objectives for the two years ahead and evaluate the achievements of the past two years.

Our objectives are outlined on Page 3 and include targeting our resources on the list produced by the HSE of higher risk activities/sectors suitable for targeting for proactive inspection, responding to at least 95% of health and safety service requests and accidents within six working days and to participate in selected national/regional projects along with other Surrey LAs and HSE where resources allow.

As in previous years, reactive work was prioritised and actioned as required but there was very limited available resource to undertake proactive inspections or projects. The team focused our resources on three projects out of the four projects as outlined in the previous Service Plan (electrical safety, inflatable amusement devices, and gas safety in commercial catering settings).

The team has continued to provide a professional and quality service. Overall, the higher priority objectives of the services were met and a detailed review including identification of any variation is included on page 15.

1. SERVICE AIMS & OBJECTIVES

1.1 Aims

- 1.1.1 The aim of the health and safety service is to protect the health and safety of those working within the borough in workplaces where we are the enforcing authority. We also aim to protect members of the public and others who may be harmed by the work practices of those businesses.
- 1.1.2 Enforcement is shared with the Health and Safety Executive (HSE), with Spelthorne being responsible for workplaces such as offices, shops, hotels, restaurants, nurseries, pubs, wholesale distribution and warehousing.

1.2 Objectives

Spelthorne's role as a regulator is to support, encourage, advise and, where necessary, hold to account business to ensure that they effectively manage the occupational health and safety risks their work activities create.

Our Health & Safety at Work enforcement objectives are also incorporated into the wider Environmental Health Service Plan.

1.2.1 For 2026 - 2027 we have the specific objectives: -

Objective	
1.	To target our resources on the list produced by the HSE of higher risk activities/sectors suitable for targeting for proactive inspection (the 'List'). Under the Code, proactive inspection should be used only for the activities on the 'List' or where there is specific intelligence that risks are not being effectively managed.
2.	To respond to at least 95% of health and safety service requests and accidents within six working days. The team adopts the HSE's risk-based approach to complaint handling and incident selection criteria, to select relevant incidents and complaints. This will target reactive interventions to make best use of regulatory resources.
3.	To comply with all new legislative requirements imposed on the Borough regarding the enforcement of Health & Safety at Work. This includes any relevant guidance, codes of practice, etc., published by the HSE.
4.	To actively participate in selected national/regional projects along with other Surrey LAs and HSE.
5.	To undertake a review of our procedures.

1.3 Links to corporate objectives and plans

1.3.1 The Council's Corporate Plan 2024 – 2028 has five strategic priorities for Spelthorne. These are:

- Community
- Addressing housing need
- Resilience
- Environment
- Services

1.3.2 The Health and Safety Service Plan is key in protecting our community by providing a safe environment. An effective health and safety team contributes to these priorities by protecting the health of its residents and businesses through the provision of safe workplaces, and by ensuring that good businesses are not disadvantaged by non-compliant traders.

1.3.3 The Service Plan incorporates these priorities while also meeting our statutory duties.

1.4 Links to the HSE's Strategy – National Local Authorities' Enforcement Code

1.4.1 This National Code was developed by the HSE to ensure that Local Authority (LA) health and safety regulators take a more consistent and proportionate approach to enforcement. This Code provides statutory guidance and a framework to guide local approaches.

1.4.2 It identifies that local authorities should use the full range of regulatory interventions available to influence behaviours and the management of risk with proactive inspection utilised only for premises with higher risks or where intelligence suggests that risks are not being effectively managed.

1.4.3 The HSE Local Authority Circular (LAC 67/2 (rev 11)) specifies how local authorities should prioritise interventions to comply with the National Local Authority Enforcement Code. The Code provides LAs with a principles-based framework that focuses regulatory resources based on risk. It supports LAs to develop their health and safety priorities and target their interventions to consistently comply with the Code. The Code provides flexibility for LAs to address local priorities alongside the national priorities set by HSE.

1.4.4 Whilst the primary responsibility for managing health and safety risks lies with the business that creates the risk, local authorities have an important role in ensuring the effective and proportionate management of risks, supporting business, protecting communities, and contributing to the wider public health agenda.

1.4.5 The Code includes an annual list of LA regulatory priorities and the HSE also publishes a list of specific activities in defined sectors that are considered suitable for proactive inspection (known as the 'List')

1.4.6 National Priorities are collated from the most recent intelligence from HSE's Sector teams, and address work strands supporting the wider strategy for the

health and safety regulatory system and for Spelthorne the following priorities have been identified.

Priority 1: Electrical safety in hospitality settings

The Electricity at Work Regulation 1989 requires that any electrical equipment which has the potential to cause injury is maintained in a safe condition. Local authority enforcement officers are asked to increase awareness to improve standards of compliance. The pandemic has meant that many hospitality venues have extended their space to make the most of outdoor areas. Pubs, restaurants and cafés are urged to ensure outdoor electrical equipment such as lights and heaters are specifically designed for outdoor use, installed by a competent person and checked regularly for damage or water ingress.

Priority 2: Inflatable amusement devices

There have been a number of serious incidents where inflatable amusement devices have collapsed or blown away in windy conditions. Inflatables can be found at many premises that fall to LAs for enforcement, and LAs should raise awareness of the general risks associated with the operation of such devices. In particular, that devices are correctly anchored to the ground, there are suitable arrangements for measuring wind conditions at regular intervals, there is written documentation from a competent inspection body to show it complies with British Standard BS EN 14960 and it is subject to an annual inspection by a competent person.

Priority 3: Gas safety in commercial catering premises

LA health and safety regulators should raise awareness, with their local duty holders, of the risks of exposure to carbon monoxide in commercial kitchens from badly installed or faulty appliances; poor ventilation resulting in lack of make-up air to support combustion; and/or inadequate extraction systems. LA regulators should consider a range of interventions to raise awareness of this issue.

1.5 Links to the HSE Section 18 – Guidance to Local Authorities

- 1.5.1 Local Authorities are responsible for the enforcement of the Health and Safety at Work etc. Act 1974 (HSW Act), to the extent as defined and prescribed in the Health and Safety (Enforcing Authority) Regulations 1998.
- 1.5.2 Section 18 (4) of the HSW Act requires us to perform our duties in accordance with guidance from the Health and Safety Executive (HSE). The “Section 18 Guidance” is therefore mandatory.
- 1.5.3 Section 18 (4) of the HSW Act states ‘it shall be the duty of every local authority to: -
 - I. Make adequate arrangements for the enforcement within their area of the relevant statutory provisions; and
 - II. To perform the duty imposed on them by (a) above and any other functions conferred on them by any of the relevant statutory provisions in accordance with such guidance as the commission may give them.

- 1.5.4 The HSE considers the following elements are essential for a LA to adequately discharge its duty as an Enforcing Authority: -
- A clear published statement of enforcement policy and practice.
 - A system for prioritised planned inspection activity according to hazard and risk, and consistent with any advice given by the HSE.
 - A Service Plan detailing the LA's priorities and its aims and objectives for the enforcement of health and safety.
 - The capacity to investigate workplace accidents and to respond to complaints by employees and others against allegations of health and safety failures.
 - Arrangements for benchmarking performance with peer LAs.
 - Provision of a trained and competent inspectorate; and
 - Arrangements for liaison and co-operation in respect of the Primary Authority Partnership Schemes.
- 1.5.5 We need to ensure that we devote sufficient resources to the health and safety enforcement to comply with our duties under section 18 (4). HSE will take a view on the performance of LA enforcement and promotional activities, in accordance with its strategy using information supplied by authorities as requested (e.g. Annual LAE1 returns) and by reviewing the reports of inter-authority audits.
- 1.5.6 If a LA fails to meet its legal obligation under Section 18 of the HSW Act, the Secretary of State may, after considering a report submitted by the HSE, cause a local enquiry to be held. If the Secretary of State is satisfied by such an enquiry that a LA has failed to perform any of its enforcement function, he may make an order declaring the Authority to be in default. The order may direct the LA to perform their enforcement functions in a specified manner within a specified period of time.
- 1.5.7 If the defaulting LA fails to comply with such an order, under Section 45 of the HSW Act, the Secretary of State may enforce the order, or make an order transferring the enforcement functions of the defaulting LA to the HSE, in which case the HSE's expenses are paid by the defaulting authority.

2. BACKGROUND

2.1 Profile

- 2.1.1 Spelthorne is in the far north corner of Surrey. Boroughs adjacent to us are Runnymede and Elmbridge to the south in Surrey, Windsor and Maidenhead and Slough to the west in Berkshire, and Hillingdon, Hounslow and Richmond upon Thames to the north and east in Greater London.
- 2.1.2 Spelthorne's population is approximately 103,000, based on figures from the 2021 census. The main centres of population are the towns of Staines-upon-Thames, Ashford, Sunbury-on-Thames, Shepperton and Stanwell.

2.1.3 Spelthorne is undergoing a major local government reorganisation, with the current two-tier system (county council and 11 district/borough councils) being replaced by two new unitary authorities—East Surrey and West Surrey. Spelthorne will become part of West Surrey. This will be effective from 1 April 2027. Elections for these new councils are scheduled for May 2026.

2.2 Organisational Structure

2.2.1 The organisational structure of the Council comprises of the 39 elected members and a Chief Executive who is supported by two deputies. The health and safety service forms part of the Environmental Health Department's Commercial Team. The Commercial Team is headed by the Principal Environmental Health Officer (Commercial) who reports to the Senior Environmental Health Manager (SEHM). The SEHM reports directly to the Group Head for Place, Protection and Prosperity.

2.2.2 The Commercial Team also provide a food safety enforcement service and licensing/registration regimes, such as all animal licensing and beauty treatments in relevant premises.

2.3 Scope of the Health and Safety at Work Enforcement Service

2.3.1 Businesses, regulators, and professional bodies all have a role and responsibility to help prevent workplace death, injury and ill health and to apply health and safety at work in a proportionate way. Health and Safety law in Great Britain clearly sets out that the primary responsibility for managing risks to workers and the public who might be affected by work activity lies with the business or organisation that creates the risks in the first place.

2.3.2 Spelthorne provides a service to both employers and employees of commercial premises, and the general public who may be affected by work activity within our borough. The responsibility for health and safety enforcement within commercial premises in the Borough, is shared between the Health and Safety Executive and us. This responsibility is determined by statutory legislation (The Health and Safety (Enforcing Authority) Regulations 1998) and is established on the basis of the "main activity" carried out at the premises.

2.3.3 The main elements of the service are: -

- **Targeted Health and Safety Inspections** - Proactive inspection should only be used for:
 - a) Specific projects/programmes of inspections identified by HSE for LA attention.
 - b) High risk premises/ activities within the specific LA enforced sectors published by HSE
 - c) Locally identified potential poor performers. This is where specific local intelligence indicates that a business is failing to effectively manage risk.
- **Revisits** are carried out to premises to check if specific action has been taken to remedy faults found at a previous inspection/visit.

- **Special/Other Health and Safety Inspections** – To undertake visits as necessary having regard to the priority programmes within HSE’s Strategy, focusing our enforcement on particular hazards or sectors where the greatest action will be necessary. This may come to light having analysed trends in official accident notifications.
- **Health and Safety Investigations** - Investigation of complaints relating to health and safety received from employers, employees, and the general public.
- **Accident Investigation** - Investigation of accident notifications received via the RIDDOR notification online system. This system is managed by the HSE. The PEHO (Commercial) or, in her absence the SEHO (Commercial), checks the database on a daily basis. Accidents are investigated in accordance with the adopted Accident Investigation Procedure.
- **Health and Safety Initiatives** - To participate in local and national initiatives.
- **Non-Food Premises Database** - we will maintain the database of non-food premises allocated to us under the Health & Safety (Enforcing Authority) Regulations 1998, in the Borough and take steps to ensure that the information is accurate and up to date.

2.4 Demands on the Health and Safety at Work Enforcement Service

We have the responsibility for enforcing the provisions of the Health and Safety at Work etc. Act 1974, and regulations made under the Act in approximately 1058 **(as of 13 February 2026)** commercial premises located within the Borough. This is likely to be an under-estimation as there is no longer a requirement for new businesses to inform us and as fewer inspections are being carried out this impacts the accuracy of our database.

2.5 Accessing the Service

The service can be accessed by: -

- Calling in person to the Spelthorne Borough Council, Knowle Green, Staines upon-Thames, TW18 1XB. The Offices are open from 9am to 4.45 pm Mondays to Thursdays, and 9 am to 4.30 pm on Fridays. The office is closed in the evenings and at weekends.
- Telephoning the support staff (01784 446291). The Business Support Team is available from 9 am to 5 pm on Monday to Thursday, and 9 am to 4.30 pm on Friday.
- A duty officer is available from 9.30 am to 5 pm Monday to Thursday, and from 9.30 am to 4.30 pm on Fridays.
- By telephoning officers through their direct line telephone numbers.
- By emailing the Commercial Team at eh.commercial@spelthorne.gov.uk
- Emailing officers directly via their individual email addresses.

- Health and safety emergencies can be dealt with by telephoning our 24-hour out-of-hour's emergency service where the on-call officer will contact a senior officer from Environmental Health.
- Information and advice can be accessed via the Council's website at www.spelthorne.gov.uk.

2.6 Enforcement Policy

- 2.6.1 Enforcement will be carried out in a fair, equitable and consistent manner in accordance with the Regulator's Code and the Environmental Health Enforcement Policy.
- 2.6.2 The policy was last updated in August 2023 and will be reviewed in 2026/2027.

3. SERVICE DELIVERY

3.2 Health and Safety Complaints

- 3.2.1 Our policy is to investigate health and safety complaints in accordance with our policies and procedure notes, whilst having regard to our Enforcement Policy. The investigation of some complaints can be a lengthy process, it is expected that officers will ensure a first response within 6-days of the complaint being received. It is also recognised that certain issues will require a quick response and a duty officer rota is in place during office hours to ensure this.
- 3.2.2 The depth and scope of investigation required will depend on the nature of the complaint and whether the complaint arose within premises for which the Council has health and safety enforcement responsibility.
- 3.2.3 Complainants are advised of the outcome where appropriate.

3.3 Accident Investigation

- 3.3.1 Our policy is to investigate accident notifications received via the online RIDDOR notification system, in accordance with the departmental policies and Accident Investigation procedure notes, whilst having regard to our Enforcement Policy and HSE's Guidance including selection criteria. The RIDDOR portal is checked daily during the working week.
- 3.3.2 The depth and scope of investigation required will depend on factors such as the nature and seriousness of the accident and whether the accident arose within premises for which the Council has health and safety enforcement responsibility.
- 3.3.3 RIDDOR Accident notifications shall be investigated in accordance with the Accident Investigation procedure.
- 3.3.4 The table below shows the numbers of notifiable accidents reported over the last four years:

Year	No. of notifiable accidents
2025 – 2026*	29
2024 – 2025	35
2023 – 2024	28
2022 -2023	26
2021-2022	34
2020-2021	24

*full year's data not available, accurate as of 12 February 2026.

The number of accidents reported is likely to under-represent the true picture as some businesses will be unaware of their obligations to report certain incidents and some businesses may blatantly choose not to report to avoid the subsequent scrutiny of their practices.

3.4 Asbestos Notifications

3.4.1 Asbestos notifications are received via a portal on the Health and Safety Executive's website. Contractors and others are required by law to notify the relevant enforcing authority of their intention to carry out both licensed and unlicensed work on asbestos. The PEHO (Commercial), or in her absence the SEHO (Commercial), checks this portal once a week.

3.5 Advice to Business

3.5.1 We recognise that the majority of businesses seek to comply with the law and we endeavour to provide such advice and assistance as may be necessary. This is depending on having sufficient resource available and includes:

- providing businesses with details of our Enforcement Policy. This may be through a leaflet either left at premises during routine visits or sent with inspection reports.
- developing and providing business free information sheets, leaflets, practical information and other guides as necessary to simplify legislation and aid compliance with specific health and safety legislation.
- providing on the spot free advice during routine visits and inspections.
- provision of free telephone advice.
- the provision of information through the Council's social media pages.
- signposting to the Health and Safety Executives website.
- Participation in Health and Safety initiatives.

3.6 Primary Authority Partnerships

3.6.1 The Primary Authority Principle (PAP) is a formal recognition of the importance of the relationship between a business and a specific local authority.

3.6.2 This is a statutory scheme and all local authorities must have regard to it when considering enforcement action in relation to a business which has a number of branches or units in other authority areas and a decision-making

base in another area, the relevant “Primary Authority” (PA) must be consulted before taking formal action. The only exemption to this requirement is when a local authority needs to take urgent action to avoid a significant risk of serious harm to human health.

3.6.3 Spelthorne does not have PA arrangements with any business currently.

3.6.4 Prior to undertaking an intervention, an officer must take appropriate steps to find out if the business concerned participates in a PAP and if so the conditions of that partnership. Any inspection plan devised as part of the PAP arrangement must be adhered to and actions taken must be fed back through the specified means.

3.7 Liaison with Other Organisations

3.7.1 The Council actively participates in liaison arrangements with other local authorities, agencies, and professional organisations in order to facilitate consistent enforcement, to share good practice, and to reduce duplicity of effort.

- Surrey Health and Safety Study Group (Spelthorne held the position of Chair from 2021 until January 2024)
- Surrey Environmental Health Managers’ Group
- Health and Safety Executive
- Local Government Regulation
- Liaison arrangements with Corporate Health and Safety, Licensing, Building Control, Planning, Legal etc
- UK Health Security Agency
- The Coroner’s Service
- Immigration Enforcement

4. RESOURCES

4.1 Financial

The cost of providing the health and safety service, i.e. staff and budgetary expenses, in the current financial year (2026/2027) is £89,080. The budget for 2026/2027 will be similar and delivery of this service is included within the costings for the Environmental Health department’s budget.

4.2 Staffing Allocation

4.2.1 The 2026/2027 staffing allocation is currently 1.13 full time equivalents; this includes administrative supports (0.3) and management support (0.08) such as reviewing service plans, officer performance, service development and budget controls.

4.2.2 There is no officer specifically dedicated to health and safety work, with the allocated hours shared between all the officers within the Commercial Team.

- 4.2.3 It should be noted that frequently this resource is diverted to other areas of work including food safety controls, public health functions and animal licensing work.
- 4.2.4 We anticipate the introduction of a new licensing system for non-surgical cosmetic procedures in 2026/27, this has been delayed from 2025/2026. The current regulatory framework includes a registration system for certain procedures such as tattooing and cosmetic piercing and falls within the remit of the Commercial Team; and it places few restrictions on who can perform non-surgical cosmetic procedures. Under the proposed scheme, which will be operated by local authorities in England, practitioners will need to be licensed to perform specific non-surgical cosmetic procedures and the premises from which they operate will also need to be licensed. The new licencing system is likely to have a significant impact on workloads.

4.3 Staff Training and Development

- 4.3.1 Spelthorne has a statutory duty to 'make adequate arrangements for enforcement' and to legally appoint suitably qualified inspectors to carry out the range of regulatory duties they have been appointed for.

We recognise the need for all officers engaged in the health and safety service to be trained, not only to the level required by law, but also to a level commensurate with the work they carry out. We also recognise the need to develop the personal skills needed to work effectively in the field, and for EHOs to meet the requirements of the CIEH Continuing Professional Development (CPD) scheme.

- 4.3.2 Each member of staff receives regular one-to-one meetings as per the Council's Continuous Performance Management programme, during which development needs are identified and a development plan is agreed to address these.
- 4.3.3 Training and development of staff is provided by a range of methods including:
- i) Post Entry Training - Nominations for formal training courses/qualifications are considered annually and in appropriate cases members of staff are sponsored on formal academic and practical courses.
 - ii) Short Course Training - Where appropriate, short courses, seminars and workshops can provide valuable updates for staff. We support attendance at such events through the Departments short courses training budget.
 - iii) In-house/cascade Training - We carry out in-house training sessions as this helps to develop an individual's presentation skills, as well as cascading information to other members of staff following attendance at seminars and short course. They also assist in maintaining consistency of enforcement and the competency of Officers.
 - iv) Peer Review - We use peer review, e.g. joint visits, to monitor work performance; encourage exchange of expertise and skills between staff; achieve consistency in enforcement; to strive for continual improvement in service delivery.

- v) Commercial Team Meetings - These monthly meetings provide a useful forum for exchange of information and experience amongst team members and assist in achieving a uniformity of approach to health and safety enforcement. Health and Safety is a standing item on the agenda for these meetings.
- vi) Attendance at the Surrey Health and Safety study group meetings.
- vii) Participating in HSE webinars which are held routinely during the year.

5. QUALITY ASSESSMENT

5.1 Internal Monitoring

- 5.1.1 We have set up documented internal monitoring procedures to monitor compliance with HSE strategies and guidance, and our own internal procedures and policies.
- a. Officers carry out joint visits with each other once a year to ensure consistency between officers (Peer Review).
 - b. The Principal Environmental Health Officer (Commercial) checks a selection of post-inspection risk scores and correspondence that is sent out.
 - c. The PEHO (Commercial) shall carry out joint visits with each officer to ensure consistency between officers.

5.2 External Monitoring

- 5.2.1 Our health and safety enforcement service receives peer review as part of the local Surrey Districts inter-authority audit scheme.

We participated in an Inter-Authority audit organised by the Surrey Health & Safety Study Group in accordance with both the HSC Section 18: Guidance to Local Authorities, which was issued in September 2001, and the revised HELA Audit Protocol (issued in January 2002). The audits were carried out in May/June 2004. Our Health & Safety Service was audited on 29 June 2004.

There are no confirmed plans in place for further inter-authority audits at present.

- 5.2.2 We currently submit annual statistical returns to the HSE in respect of our health and safety enforcement activity.

5.2.3 Independent Regulatory Challenge Panel

Where service users are dissatisfied with advice given by our officers and have failed to informally resolve the issue with the officer and their manager, they will be informed of the Independent Regulatory Challenge Panel. This Panel considers complaints regarding advice given by HSE or LA inspectors about health and safety which the complaint considered to be incorrect or goes beyond what is required to control the risk adequately.

The panel consists of independent members who will have the competence and experience to assess advice that has been given on regulatory matters.

The issue will be put before the panel members who will review it thoroughly and inform the complainant of its findings. The outcome will be made available on the HSE website. The panel's role is advisory, however Spelthorne will respect the independence of the panel and its advice and where appropriate take it onboard.

6. REVIEW

6.1 Performance review against the Service Plan

6.1.1 The team continued to provide a professional and quality service; reactive work was prioritised and actioned as required but there was limited resource to undertake proactive inspections or projects. In keeping with the Code, we targeted interventions on those activities that give rise to the most serious risks or where the hazards are least well controlled.

6.1.2 The team focused our limited resources on three projects out of the four project as outlined in the Service Plan for 2022 -2024. These three projects were: electrical safety in hospitality settings, inflatable amusement devices and gas safety in commercial catering settings.

6.1.3 The following table summarised some of the work undertaken:

	2023 -2024	2024 2025	2025-2026*
Health & Safety site visits	40	43	77
Enforcement notices	6	3	7
Notifiable Accidents	28	35	29

6.1.4 The team have also been very active with events and were consulted on 31 events in conjunction with the Corporate Health and Safety Team.

6.1.8 We continued to provide free advice and support to our local businesses as requested and attend regular liaison group meetings.

6.2 Identification of any variation

6.2.1 Due to the impacts of pressures from other areas of work within the team, there have been difficulties in meeting some of the objectives set out in the 2022-2024 Service Plan.

6.2.2 The team has also been very focused on food safety work including the prioritisation of high-risk food inspections and complaints. In addition, priority was given to meeting the requirement of the FSA's Action Plan targeting the backlog of lower risk food hygiene inspections.

6.2.3 The PEHO (Commercial) is the only competent officer within the organisation to undertake animal licensing inspections as required under the Animal Welfare (Licensing of Activities Involving Animals) (England) Regulations 2018. All animal licensing work including renewals, new applications, interim revisits, complaint investigations and statutory returns sits with the PEHO (Commercial) solely. The lack of resilience in this area has had a direct impact

on the PEHO's workload with time diverted from normal activities to undertake the work.

6.2.4 The team has experienced difficulties with Spelthorne's IT systems particular the move to SharePoint and the rollout of new laptops across the organisation.

6.3 Areas of Improvement

6.3.1 The following are planned for 2026 - 2027:

- The National Local Authority Enforcement Code has resulted in a decrease to the number of proactive inspections carried out each year. This has impacted the competency of officers as they now undertake fewer inspections and has negatively impacted officer confidence when dealing with more complex cases resulting in investigations taking longer to completed. To offset this, we ensure that officers routinely attend training events and cascade the crucial points of these events to their team.
- Ensure that the service is inclusive and is provided to hard-to-reach groups. Our webpages require updating to help with this.
- Retain qualified and competent health and safety officers.
- Continue to update and implement our policies and procedures to ensure the service complies with HSE requirements. Our inhouse procedures require review and updating. This is time-intensive work that we have been unable to complete due to other higher priority pressures within the team.

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Committee Report Checklist

Please submit the completed checklists with your report. If final draft report does not include all the information/sign offs required, your item will be delayed until the next meeting cycle.

Stage 1

Report checklist – responsibility of report owner

ITEM	Yes / No	Date
Councillor engagement / input from Chair prior to briefing	YES	27/02/26
Commissioner engagement (if report focused on issues of concern to Commissioners such as Finance, Assets etc)	YES	13/02/26 Chief of Staff review
Relevant Group Head review	YES	16/02/26
MAT+ review (to have been circulated at least 5 working days before Stage 2)	YES	16/02/26
This item is on the Forward Plan for the relevant committee	YES	-
	Reviewed by	-
Finance comments (circulate to Finance)	YES	16/02/26
Risk comments (circulate to Lee O'Neil)	LO	27/02/26
Legal comments (circulate to Legal team)	LH	27/02/26
HR comments (if applicable)	N/A	-

For reports with material financial or legal implications the author should engage with the respective teams at the outset and receive input to their reports prior to asking for MO or s151 comments.

Do not forward to stage 2 unless all the above have been completed.

Stage 2

Report checklist – responsibility of report owner

ITEM	Completed by	Date
Monitoring Officer commentary – at least 5 working days before MAT	L Heron	27/02/26
S151 Officer commentary – at least 5 working days before MAT		
Confirm final report cleared by MAT		

Community Wellbeing & Housing Committee

Tuesday 24 March 2026

Title	Social Value Impact Report: SBC Community Centres and Community Meals Service
Purpose of the report	To inform and assure
Report Author	Gary Cordery, Community Wellbeing Manager & Jade Woods, Integrated Health Manager
Ward(s) Affected	All Wards
Exempt	No
Exemption Reason	NA
Corporate Priority	Community
Recommendations	<p>Committee is asked to:</p> <ol style="list-style-type: none"> 1. Note the findings of the report: that it evidences the social, health and economic value generated by the Council's Community Centres and Meals on Wheels service (and associated provision) for residents and public sector partners. 2. Consider how the evidence can be used with partners to support investment and partnership opportunities, aligned to health and care priorities including prevention and healthy ageing. Agree for report authors to share the report with the West Surrey Health Board, Neighbourhood Steering Group, and The Surrey Health and Wellbeing Board and onward transmission to voluntary joint committees, to highlight the positive long-term impact of our services. 3. Approve the request for the authors to develop a mini- series of case studies showcasing the experiences of individuals who access our community services. These will highlight the personal impact of the services and the broader, system wide impacts and cost savings for partner services. To be shared on social media and the Spelthorne Bulletin.
Reason for Recommendation	To provide Members and Officers with a clear, evidence- based understanding of the value for money and social impact delivered by the Council's Community Centres, Meals on Wheels and OPAL services. This report will demonstrate the preventative role these services play in supporting independence, reducing isolation, reducing hospital admissions and helping to lower the need for costly packages of care.

1. Executive summary of the report *(expand detail in Key Issues section below)*

What is the situation	Why we want to do something
<ul style="list-style-type: none"> Spelthorne has a growing older population (20% aged 65+ now, rising further by 2040) with loneliness and mobility/frailty needs increasing demand for preventative, community-based support. 	<ul style="list-style-type: none"> With rising health and social care pressures and limited public finances, we need to evidence and quantify the value for money, health outcomes and social impact of Community Centres and Meals on Wheels to inform future decisions, investment and partnerships. We want to support our residents whilst reduce the financial pressures on the NHS and Adult Social Care.
This is what we want to do about it	These are the next steps
<ul style="list-style-type: none"> The Council provides Community Centres (plus OPAL day support) and Meals on Wheels enabling us to deliver social connection, health-related activities, nutritious meals and welfare checks that help residents stay independent, reduce isolation and prevent crises/escalation and hospital admission / costly care packages. OPAL is for older people who have some additional support needs, or who would struggle to manage if they were alone in one of the community centres. This can include problems with mobility, memory loss, disability, sight or hearing loss. The service is via referral. It offers regular activities and a place to socialise. 	<ul style="list-style-type: none"> Make the Council and external partners aware of the findings and share the evidence base, to ensure the services have long-term/sustainable investment and partnership planning. Ensure the services are considered in the ‘whole system approach’.

2. Key issues

- 2.1 Growing older population and isolation risk: Spelthorne’s 65+ population is significant and rising, with loneliness and reduced mobility increasing demand for preventative support.
- 2.2 Services act as preventative “infrastructure”: Community Centres and Meals on Wheels are described as helping residents stay independent through social connection, activity, nutrition and early intervention.
- 2.3 Older users dominate current reach: The centres’ active membership is largely 64+, reinforcing focus but also highlighting an opportunity to engage people earlier.
- 2.4 Meaningful scale of provision: The report records high levels of health-related centre activity and steady, high-volume meal deliveries, implying strong reach to frailer/isolated residents.
- 2.5 Meals on Wheels provides welfare checks as well as food: The service supports active clients with frequent weekly provision and is positioned as “eyes-on” safeguarding/early warning.

- 2.6 OPAL supports independence and carer respite: OPAL is presented as structured day support (with transport and meals) and as a potential lower-cost alternative to higher-intensity care.
- 2.7 Value for money case needs clear quantification: The report's purpose is to evidence impact and economic value.

3. Options appraisal and proposal

- 3.1 The report is to demonstrate the contribution of Community Centres, Meals on Wheels and OPAL in preventative healthcare, independence and reduced demand on health and social care, to help support any future case around continued Council and partner commitment to these services.
- 3.2 This report does not make a proposal for change but is to highlight that if the offer was removed, there would be a significant financial impact to wider partners and negative impact on residents' physical health and mental wellbeing, in particular our vulnerable and more frail residents.
- 3.3 This report can be used to demonstrate the need to wider partners who may wish to support preventative services to decrease health care pressures and costs.

4. Risk implications

- 4.1 Resident safety and safeguarding risk if provision reduces: Meals on Wheels is described as providing daily "eyes-on" welfare checks that identify emergencies, falls, scams, loss of heating and safeguarding concerns reduction would increase the risk of these going unnoticed.
- 4.2 Health deterioration and nutrition risk: The meals service is positioned as essential to preventing malnutrition, dehydration and unplanned deterioration for frail/isolated residents service disruption increases those risks.
- 4.3 Increased falls/admissions risk: High attendance at strength/balance and falls-prevention activities is linked to reduced falls and avoidable admissions reduced access could increase falls/fractures and hospital demand/costs.
- 4.4 Greater loneliness and mental wellbeing risk: The centres provide routine social contact to reduce isolation (linked in the report to GP consultations and depression/anxiety); reducing provision risks worsening loneliness and related demand.
- 4.5 System pressure and cost risk: The report's core case is that these services help maintain independence and prevent crises; weakening them risks shifting demand/costs to NHS and Adult Social Care.

5. Financial implications

- 5.1 No immediate additional cost identified: The report is evidencing the value for money of services already funded by the Council (Community Centres, Meals on Wheels and OPAL).
- 5.2 Potential cost avoidance / cost-shift risk: The report's purpose is to show these services help prevent escalation (e.g., isolation-related decline, falls, malnutrition, crises) and support independence; reduced provision would risk higher downstream costs and demand pressures for health and adult social care.

6. Legal comments

- 6.1 There are no legal implications arising directly from this report, but it should be noted that Best Value Duty and subsidy control requirements must be considered as appropriate.
- 6.2 All contracts and arrangements must comply with the Council's Contract Standing Orders.
- 6.3 Support from Legal Services must be obtained in respect of individual proposals and projects.

Corporate implications

7. S151 Officer comments

- *The S151 Officer to confirm that all financial implications have been taken into account and that the recommendations are fully funded from within the current and future years budget.*

8. Monitoring Officer comments

- The Monitoring Officer confirms that the relevant legal implications have been taken into account.

9. Procurement comments

- There are no procurement implications arising directly from this report but it should be noted that procurement regulations may apply in relation to external delivery of goods and services.

10. Equality and Diversity

- *See Appendix B*

11. Sustainability/Climate Change Implications

- This is not a proposal for any change so no additional impact.

12. Other considerations

NA

13. Timetable for implementation

NA

14. Contact

Jade Woods, Integrated Health Manager - j.woods@spelthorne.gov.uk

Gary Cordery, Community Wellbeing Manager - g.cordery@spelthorne.gov.uk

***Please submit any material questions to the Committee Chair and Officer
Contact by two days in advance of the meeting.***

Background papers: None

Appendices:

Appendix A - Social Value Impact Report – Jan 2026

Evidence based impact report of Spelthorne Borough Council's Community Centres,
and Meals on Wheels service.

**Appendix B - Equality and Diversity Impact Assessment - social value CCs and
MOWs**

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Appendix A

Social Value Impact Report: SBC Community Centre's and Meals on Wheels Service



Authors:

Jade Woods, Integrated Health Manager, Spelthorne Borough Council

Gary Cordery, Community Wellbeing Manager, Spelthorne Borough Council

January 2026

1. Executive Summary

Spelthorne Borough Council's Community Centres, Meals on Wheels and OPAL service provide a core layer of community-based prevention that supports older and vulnerable residents to stay well, stay connected and remain independent for longer. Operating at the intersection of health, social care and wellbeing, these services deliver low-cost, high-contact support through social activity, strength and balance programmes, nutrition, and routine welfare checks; helping to reduce isolation, prevent deterioration and avoid escalation into higher-cost NHS and adult social care interventions. This report aims to demonstrate that the community centre and meals offer supports the whole system approach and not only offsets NHS costs but delivers a strong return on investment.

2. Introduction

This social value impact report has been prepared to demonstrate the tangible benefits that Spelthorne Borough Council's Community Centres and Meals on Wheels service deliver for local residents, the wider community, and accentuate the cost savings to wider partners. The report seeks to evidence the impact on the local community and the social value generated through these services, highlighting their contribution to physical health, mental wellbeing and community resilience.

Spelthorne's Community Centres and Meals on Wheels provision form the focal point of the borough's support network for older and vulnerable adults. Operating at the intersection of health, social care, and community wellbeing, these services help residents to live independently for longer, maintain social connections, be supported in the community and access nutritious meals, as well as having regular welfare checks all of which contribute towards reducing isolation and risk.

The analysis draws on a combination of local data and wider research, alongside demographic information that illustrates the growing importance of preventative community-based services within Spelthorne. Together, these insights make the case for continued and sustainable investment in the borough's community wellbeing infrastructure.

3. Objectives

In an environment of increasing demand, limited public finances, and rising health and social care needs and costs, demonstrating value for money is essential. This report therefore aims to:

- Assess the direct and indirect economic benefits delivered by Community Centres and Meals on Wheels.
- Quantify the social and health outcomes achieved for residents by having these services available.
- Highlight how these services align with national and regional priorities, including the NHS Long-Term Plan, Surrey's local Integrated Care System (ICS) objectives and various key partner healthy ageing strategies.
- Provide a robust evidence base to inform future decision-making, investment, and partnership opportunities.
- Demonstrate the value and long-term impact these services have on the residents of Spelthorne.

4. Context and Demographics

4.1 National context

Throughout the UK, demographic change and social isolation among older adults have become key public policy priorities. The Office for National Statistics (*Office for National Statistics, n.d.*)

reports that nearly one in four adults aged 65+ live alone, and approximately 3.3 million people aged 60+ experience loneliness “often or always.” This trend places increased importance on accessible, community-based provision that supports wellbeing, independence, and connectedness for older residents.

At a national level, Meals on Wheels services and community centres are recognised as vital components in sustaining independent living, improving nutrition, and reducing the risk of hospital admission or early residential care. Age UK (*Savills, 2023*) highlights that regular, nutritious meals combined with social contact can improve both physical and mental health outcomes, offering a strong return on public investment by reducing health and social care costs.

4.2 Local context – Spelthorne

The borough of Spelthorne has an estimated population of approximately 102,000 residents, with over 20% aged 65+ (*Office for National Statistics, n.d.*). Local population data shows significant ageing demographics, with:

- 7,000 residents aged 75–84
- 4,500 residents aged 85+
- A higher than average proportion of one person households aged 66+ (5,363 households)
- Projected that by 2040 the population aged 65+ will rise from 18,600 to 24,300 (around 25% of the total population) including approximately 3,900 people aged 85+ (*Savills, 2023*)

These figures reflect a growing need for targeted services that reduce isolation and promote active ageing. Data from the council’s Social Prescribing and social interaction dataset shows that the majority of local referrals for wellbeing support involve individuals aged 61+ and a substantial number are recorded as living alone.

Loneliness and limited mobility remain recurrent themes among residents referred through health and social care pathways including GP practices, Adult Social Care, and hospital discharge teams. The link between isolation and declining wellbeing, underscores the preventative role of community-based programmes.

Spelthorne also has the highest number of unpaid carers compared to the rest of Surrey. Approximately 9% of the population in Spelthorne provide unpaid care which equates to 8,850 people (*Surrey County Council, 2021*). This figures only includes those who recognise themselves as

carers, there will be many more individuals providing unpaid care who do not class themselves as carers so this figure is expected to be far higher.

4.3 The role of Community Centres and Meals on Wheels

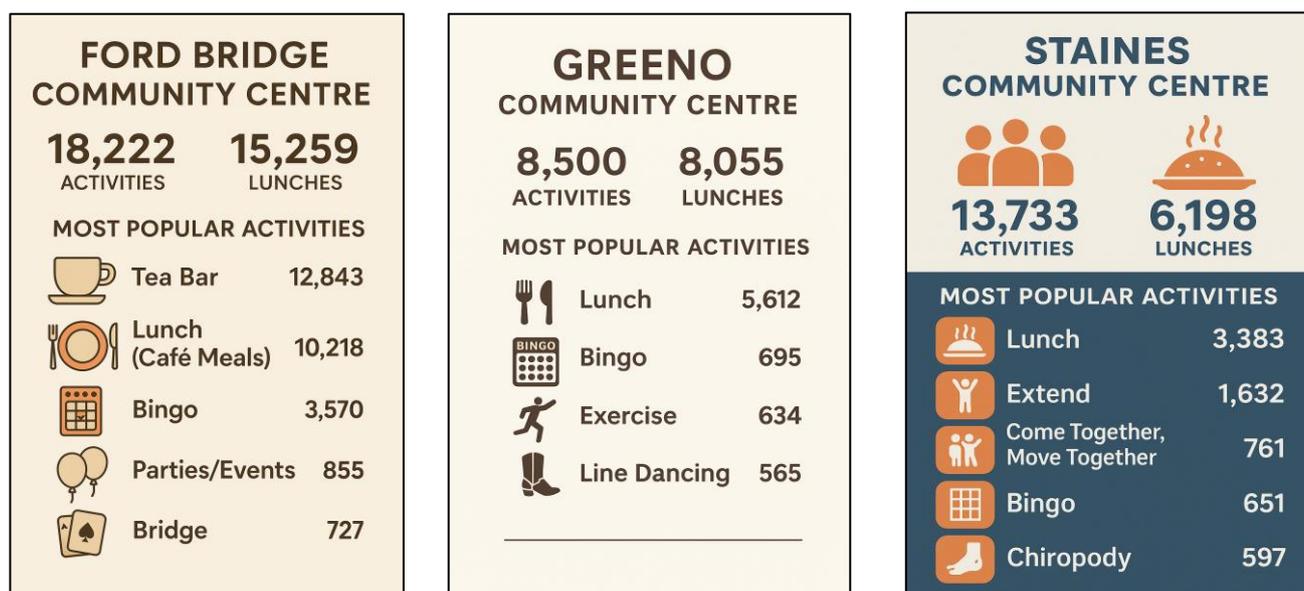
Spelthorne’s network of community centres and the Meals on Wheels service together, represent a cornerstone of local preventative support. They:

- Provide safe, welcoming spaces for older adults to engage in social activities, exercise, and wellbeing programmes.
- Keep people connected and provide a sense of community.
- Deliver nutritionally balanced meals, accompanied by a welfare check which can be a lifeline for residents who are frail, recently discharged from hospital, or living alone.
- Reduce pressure on primary and secondary health services by maintaining independence and preventing crises.
- Act as local hubs that connect residents with advice, volunteering, and community engagement opportunities in a safe and respected environment.
- Offer alternative local venues for health service provision e.g. podiatry, hearing aid services.

Taken together, these services contribute not only to residents' wellbeing but also to measurable value for money through reduced hospital admissions, improved mental health, and enhanced community resilience. They directly align with national policy aims around healthy ageing, integrated care, and social prescribing, all of which form part of the NHS Long-Term Plan (*NHS England, 2019*).

5. Service Performance and activity data

Figure 1. Activity Numbers by community centre, April 2025 – December 2025



5.1 Community Centre Membership Profile

Analysis of current community centre membership (see Figure 1) shows that Spelthorne's community centres continue to be predominantly used by older adults. As of the latest reporting period (April 2025 - December 2025) there are 1,450 active members, of which the vast majority (95%) are aged 64+. In comparison, 75 active members (5%) are aged 18–64.

This age profile reinforces the community centre's important role in providing social, wellbeing and preventative support for older adults across the borough. It also highlights a potential opportunity to further extend awareness and engagement among residents aged under 65, particularly those who may benefit from increased social connection, physical activity opportunities, and early preventative wellbeing support.

Across the three community centres, there were approximately 2,682 health-related attendances at Fordbridge, 2,275 at Greeno, and 3,800 at Staines over the reporting period (Apr 25 - December 25). These activities include structured strength and balance exercise (such as chair-based exercise, Tai Chi, Pilates, Extend and physiotherapy), chiropody, hearing aid support and condition specific groups, all of which are known to reduce falls, improve mobility and delay physical decline in older adults.

Falls and fractures are a significant pressure on the NHS, with one hip fracture costing an estimated £14,000 per patient in the first year alone. Based on national evidence, preventing just one or two fall-related admissions annually through these preventative activities, would generate savings greater than the cost of delivering much of the community activity offer. The scale and regularity of participation therefore represent potential NHS cost avoidance, particularly as most attendees are aged 64+ and are at higher risk of falls.

In 2025/26, 133 residents attended Fordbridge Community Centre to access Spelthorne Borough Council's Hearing Aid Champions support service. By the NHS training centre staff to provide basic hearing-aid aftercare and troubleshooting (e.g. simple checks, cleaning and guidance on common issues), the programme helps residents keep their NHS hearing aids working day-to-day and reduces the likelihood of avoidable contacts for routine support. NHS England highlights that community-based aftercare can significantly reduce the burden on audiology departments and deliver system cost savings, including fewer unnecessary GP appointments, while national evidence also links poorly managed hearing loss with missed NHS appointments and increased GP use meaning local champion support can release NHS capacity as well as improve residents' communication and confidence (*NHS England, 2016*).

This service offer and approach directly support the NHS Long-Term Plan's (*NHS England, 2019*) focus on prevention, reducing avoidable hospital use, managing long-term conditions, building community-based support and expanding social prescribing pathways. The centres serve as cost effective community-based prevention hubs, supporting older residents in maintaining activity, independence, and social engagement, while alleviating demand and reducing pressure on primary and secondary healthcare services.

Alongside the physical health benefits, many of these activities provide structured opportunities for social interaction, peer support and relationship building, which is critical for reducing loneliness and social isolation among older adults. Social isolation is strongly linked with increased GP consultations and higher rates of depression and anxiety (*Campaign to End Loneliness, 2016*). By creating welcoming social spaces and routine, particularly through group activities, the centres help maintain

social networks, confidence and a sense of belonging. These social benefits reinforce the preventative health impact of the programmes and contribute to wider public health outcomes, including improved wellbeing, resilience and potentially reduced demand on mental health and primary care services.

5.2 Meals on Wheels service usage

Spelthorne Borough Council currently supports 144 hot meal clients, with 725 hot meals delivered weekly, in addition to 203 tea-time sandwiches deliveries for 45 clients.

Most recipients receive between 5–7 meals per week, indicating a sustained dependency on the service to help residents remain living at home, safely. This is further supported by length-of-service data which shows that over 58% of clients have used the service for 13–18 months. The longest user of the service has been supported since 2016, demonstrating a strong long-term preventative impact for vulnerable residents.

Throughout the calendar year, the service consistently delivers 3,300–3,800 deliveries per month, demonstrating a stable and significant volume of preventative care contact with residents who may otherwise be unseen by services or require additional, more costly, care packages.

Many Meals on Wheels clients are older adults, are isolated, living alone with frailty, have mobility limitations or caring responsibilities. The provision of regular, hot and nutritionally balanced meals is essential in preventing malnutrition, dehydration and unplanned health deterioration. Having a regular recognisable person delivering daily, is also an added benefit and a welcome interaction for the individual who may not otherwise interact with anyone.

Importantly, the service provides a daily “eyes-on” safeguarding and wellbeing presence, routinely identifying medical emergencies, falls, loss of heating, scams, safeguarding concerns, end of life deterioration, cognitive decline and episodes requiring urgent intervention. Multiple examples in service feedback show that Meals on Wheels staff have found clients that have fallen and unable to get up, dementia related risks, and safeguarding situations which would otherwise have gone unnoticed. The service is therefore operating as a preventative health and wellbeing service as well as a nutrition provider. An illustrative case is when the Meals on Wheels service visited a client and the driver identified that the customer’s home was very cold due to the heating not working, with no next of kin available to support. Meals on Wheels referred the issue to the social landlord and, to reduce immediate risk, sourced a temporary fan heater via Age UK to keep the customer safe while repairs were arranged.

Another visit involved a driver immediately noticing a significant deterioration compared to normal, including difficulty communicating and possible signs consistent with a TIA/UTI (including a slight right-hand facial droop and incoherence). The driver contacted the client’s daughter, and a member of centre staff attended to remain with the client and complete a FAST check while awaiting family support. Although the FAST check did not indicate an acute stroke, the intervention enabled rapid family oversight, raised concerns about potential UTI-related confusion and hydration, and prompted further support and escalation; including follow-up information/signposting to the family and notification to Adult Social Care requesting increased care visits due to ongoing falls risk and memory related safety concerns.

This combination of daily nutrition, hydration encouragement, welfare checking and early escalation to health and social care, strongly aligns with NHS prevention priorities, the long-term ageing well agenda of many partners and health service aims. All of these contribute to reduced avoidable admissions through better community support. The operational data (see 5.1 and 5.2) clearly shows that users remain on the service for long periods of time, suggesting stability, avoidance of crisis deterioration, delayed escalation to formal care packages and reduced hospital demand.

5.3 Older People Actively Living (OPAL)

OPAL, based at the Greeno Community Centre, provides structured day support for older residents with mobility, memory and / or sensory needs. It offers transport, activities, supervision and a hot meal from £26.25 for half a day (3 hours) and £45 for a full day, compared with the significantly higher costs of alternative care options such as home care (minimum homecare rate £32.14/hour in England from April 2025) (Homecare Association, 2024) and residential care (from £1,185.55 per week 2024/25) (DHSC, 2024). It maintains social connectivity, mobility and nutrition whilst giving carers regular respite. OPAL helps delay escalation to costly packages of care and reduces risks linked to hospital admission. The support offers help with falls prevention and therefore helps avoid residential placements generating substantial savings for both health and social care partners. The service can support up to 20 people per day and has its own transport service. Staff sit with them to help with food and there is no need to be a centre member to attend. Spelride is offered as a transport solution to ensure those that otherwise would not be able to access the service can attend. OPAL attendees also vary in age, and the service does not specifically target older people but targets those with additional memory and sensory needs. The current youngest member is 44 years old.

From a carer respite perspective, nationally 57% of carers report feeling overwhelmed often/always. 65% said the main reason they feel overwhelmed is not being able to take a break from caring. 49% said they need more breaks/time off from caring. 54% said being able to have regular breaks would be a challenge over the coming year (Carers UK, 2025):

NHS Digital (2024) showed the following:

- Only 16.4% said they can spend their time as they want, doing things they value/enjoy.
- 46.7% said they can “look after themselves” (sleep/eating well), while 20.2% said they are neglecting themselves.
- The report notes an increase in the percentage using support “to allow carers to take a break”.

These stats prove how vital services such as OPAL are in supporting unpaid carers and providing respite. Supporting carers through offering respite, helps to prevent carer breakdown and the need for additional more expensive caring solutions, which would often be funded via social care packages.

6. Social Impact Analysis

The following section summarises the wider health, wellbeing and community benefits generated through participation in community centre activities. It highlights how the offer supports older adults to remain active, socially connected and independent for longer. In doing so, it contributes to reduced pressure on health and care services and delivers social value that extends beyond the direct activity offer therefore offering longer term financial savings to health and social care partners.

6.1 Health & Wellbeing Outcomes

- **Physical health improvements** - Regular participation in structured exercise, strength and balance sessions (e.g. Tai Chi, Pilates, Extend, chair-based exercise) supports improved mobility, muscle strength and general fitness among older residents, helping people maintain independence and physical capability for longer.
- **Mental wellbeing and reduction of loneliness** – Group based activities and shared interest groups reduce isolation, build confidence and encourage routine social contact. These are key factors in reducing depression, anxiety and loneliness, particularly in the 64+ age group (*Campaign to End Loneliness and Age UK, 2015*).
- **Falls prevention & mobility support** - High attendance at falls prevention activities directly supports better balance and stability, reducing the likelihood of falls and related injuries, including the impact of a long lie (being left on the floor unable to get up unaided for 1 hour+) and lowering the risk of hip fractures and associated hospital admissions.
- **Nutritional benefits** - The Meals on Wheels Service ensures that vulnerable residents consistently receive balanced, nutritious meals which directly reduce the risks associated with malnutrition, under-nutrition and dehydration, especially for older adults living alone, recovering from illness or managing long-term conditions. By providing daily hot meals, appropriate portion sizes, and specialist options such as diabetic or soft diets, the service helps maintain healthy weight, energy levels and hydration.
- **Reduced hospital admissions and GP contact** - Participation in mobility, balance and condition specific sessions supports physical resilience in older adults, helping to prevent falls, avoid complications linked to inactivity, and reduce the likelihood of emergency hospital admissions. This also contributes to the reduced needs for GP consultations (*Public Health England, 2019*).
- **Increased social contact** - Regular social interaction and access to wellbeing support helps prevent deterioration in mental health and loneliness reducing the demand for GP consultations related to non-medical needs (*National Academy for Social Prescribing, 2024*).
- **Avoided / delayed residential or domiciliary care** - Improved mobility, confidence and independence mean older residents are better able to remain living at home safely, delaying (and in some cases avoiding) the need for formal care services or social care packages. From a nutrition perspective, consistent daily meals reduce the need for care input by enabling people to continue living independently at home, delaying the point at which formal care packages or residential placements become necessary. Recent guidance from the Homecare Association puts a minimum homecare rate at £32.14/hour in England from April 2025 (*Homecare Association, 2024*).

7. Economic impact and comparison

The below figures help illustrate the relative scale of costs across the system and support discussion of where earlier, community-based support may prevent escalation into more expensive health and care interventions.

7.1 Estimated unit costs of health and social care services

This table summarises indicative unit costs for common NHS and adult social care services in England, using published national estimates. It provides a simple cost benchmark for different types

of contact and support from GP consultations and ambulance/A&E activity through to community nursing, rehabilitation, and longer-term care.

Service	Typical unit cost	Year / notes	Source
GP consultation (10 minutes, face-to-face)	£37	2023/24 estimate	(The King's Fund, 2025)
A&E major department attendance (complex)	£173–£563 Median range = £368	Average range for 2025/26	(The King's Fund, 2025)
Ambulance conveyance to A&E	£459	2023/24 estimate	(The King's Fund, 2025)
Ambulance "see and treat" (no conveyance)	£327	2023/24 estimate	(The King's Fund, 2025)
District nurse face-to-face appointment	£57	2023/24 estimate	(The King's Fund, 2025)
Community rehabilitation centre stay	£399	2023/24 estimate	(The King's Fund, 2025)
Home care (paid for carers)	£23.56 per hour	England average 2024/25	(DHSC, 2024)
Residential/nursing care	£1,185.55 per week	England average 2024/25	(DHSC, 2024)
NHS budget for all frontline services	£187 billion	UK budget 2024/25	(The King's Fund, 2025)

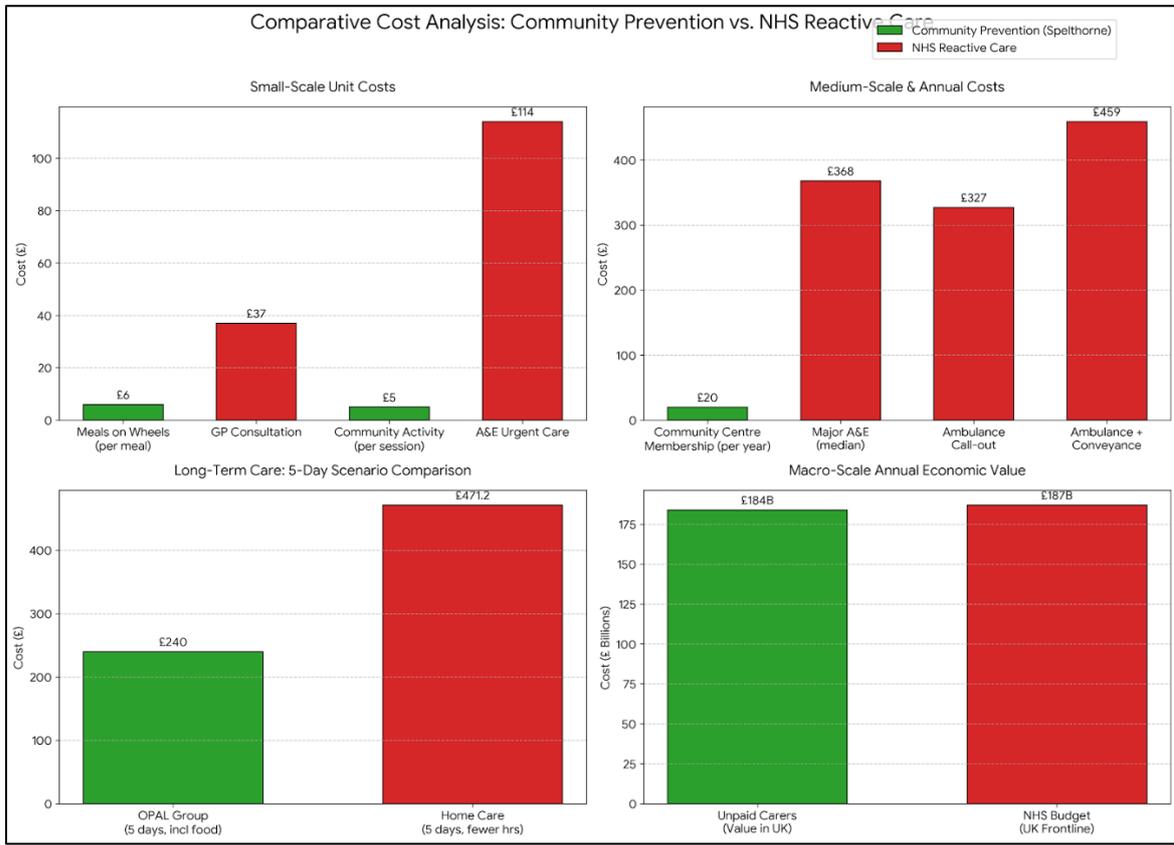
7.2 Spelthorne community service costs 2026/27

Service	Typical unit cost	Unit / notes
Meals on Wheels	£6	Hot/frozen main meal + pudding (+ £2 for <i>teatime sandwich</i>)
Community centre activity session	£4.50 / £5.00	Member / non-member price example (e.g. seated exercise, yoga, art class)
Community centre membership	£20 / £32	Per year (Spelthorne resident / non-resident)
OPAL group	£48	1 full day attendance (6 hours)

7.3 Cost comparison using data from 7.1 & 7.2

Spelthorne services - Community prevention	Typical cost	NHS comparator - Reactive care	Typical cost	Comparative costs
Meals on Wheels (main meal + pudding)	£6 per meal	GP consultation (10 minutes, face-to-face)	£37 per consultation	2 GP consultations = 13 days Meals on Wheels
Community centre activity session (member / non- member)	£4.50 / £5.00 per session	A&E urgent care centre (low complexity)	£114 per attendance	1 A&E visit = a weekly community activity for 6 months
Community centre membership (resident / non- resident)	£20 / £32 per year	Major A&E attendance (complex)	£173–£563 per attendance Median range = £368	1 major A&E visit (£368) = 19 resident community centre memberships
Meals on Wheels and Community centre activity	£6 per meal £5.00 per activity	Ambulance call- out (no conveyance to A&E)	£327 per incident	One ambulance call out = 55 meals OR 65 activity sessions
Meals on Wheels and Community centre activity	£6 per meal £5.00 per activity	Ambulance + conveyance to A&E	£459 per incident	One ambulance conveyance = 77 meals OR 92 activity sessions
OPAL group	£48 per day including food	Home care (paid for carers) If funded by ASC, maximum 4 visits per day	£23.56 per hour	£240 for 5 days at OPAL compared to 5 days home care providing fewer hours of care and no food £471.20
Unpaid carers	Valued at £184 billion	2024/25 NHS budget for the	£187 billion	Unpaid carers provide care worth almost the same as the entire NHS

Spelthorne services - Community prevention	Typical cost	NHS comparator - Reactive care	Typical cost	Comparative costs
	annually in the UK	UK for all frontline services		budget, without direct pay.



NHS Budget 2024-25, (The King’s Fund, 2025)

8. Value of Volunteering

Volunteering is a critical enabler of Spelthorne Borough Council’s community prevention model. Across the Community Centres, Meals on Wheels and OPAL provision, volunteer input adds capacity, improves reach, and enhances the “human contact” that underpins many of the outcomes this report evidences including reduced isolation, improved wellbeing, earlier identification of deterioration, and sustained independence. In practice, volunteering helps these services do more than deliver activities or meals: it strengthens the relational support and community connection that keeps residents well and reduces avoidable escalation into higher-cost health and care services.

8.1 Financial valuation of volunteer hours

Nationally, volunteering represents a substantial economic contribution. The government’s Department for Culture, Media and Sport (2024) reports that in 2023/24, 16% of adults in England (around 7.5 million people) undertook formal volunteering at least monthly, and 54% volunteered (formal and/or informal) at least once in the last year. This matters locally because it demonstrates

that volunteering is a mainstream activity with a sizeable potential recruitment pool, and that sustained volunteer involvement remains achievable with the right support and role design. A recent government-commissioned analysis has also quantified the value of formal volunteering in England. It estimated a total economic impact of £24.69bn per year (2021/22), combining the replacement cost of volunteer time with monetised wellbeing benefits, and reported an average economic impact of £2,012 per volunteer. The same publication highlights that frequent volunteers (at least weekly) drive a large proportion of impact (around 63% of total), emphasising the value of retaining core volunteers and making it easy for volunteers to contribute regularly (DCMS, 2023).

To provide a local example OPAL uses 6 volunteers to support running a service that can support up to 20 people per day. Using the national average as a broad benchmark, this equates to an indicative economic impact of £12,072 per year ($6 \times £2,012$), recognising that the true figure depends on the number of volunteer hours and the nature of roles locally. Valuing volunteer input using the methodology mentioned above, demonstrates a significant contribution that would otherwise require paid staffing to replicate.

8.2 Social value of volunteering

Beyond financial value, volunteering generates significant social value both for residents receiving services and for the volunteers themselves. Evidence shows volunteering is commonly associated with improved social outcomes (social support, sense of community, social networks) and can contribute positively to mental wellbeing for the volunteer (Lifshitz, Nimrod and Bachner, 2023).

In Spelthorne’s context, this social value shows up in practical, service-relevant ways:

- Reducing loneliness and strengthening community connection: Volunteers enhance the welcoming and relational nature of Community Centres and OPAL, helping people attend regularly, build confidence, and sustain routines; key factors for older residents who are at higher risk of isolation.
- Volunteer involvement (where applicable) can strengthen consistency of human contact and help identify issues sooner through conversation and observation. It also adds capacity to the workforce.
- Benefits to volunteers: Volunteering can itself reduce isolation and improve wellbeing for volunteers, particularly when roles are meaningful, regular, and socially connected supporting the sustainability of the volunteer base and building wider community resilience (Lifshitz, Nimrod and Bachner, 2023).

9. Alignment With Strategic Objectives

Strategy and key points	How corresponding report aligns
NHS Long-Term Plan / national direction: “three shifts” (hospital to community; sickness to prevention) and embedding community based approaches such as social prescribing (NHS England, 2019)	Demonstrates Spelthorne Community Centres, Meals on Wheels and OPAL services as low-cost community prevention infrastructure (activity, nutrition, welfare contact and carer respite) that helps maintain independence and reduce escalation into GP/A&E/ambulance demand.

Strategy and key points	How corresponding report aligns
Surrey ICS Healthy Ageing priorities: support people to “age well”, prevent progression of frailty, and use community-based MDT approaches for people with moderate frailty (<i>Surrey Heartlands Integrated Care System, 2025</i>).	Shows direct delivery of healthy ageing outcomes through strength/balance and falls prevention activity, plus OPAL day support and Meals on Wheels welfare checks that address key drivers of frailty (inactivity, isolation, poor nutrition) and reduce avoidable deterioration.
Surrey County Council Adult Social Care: promote independence and wellbeing to prevent, reduce and delay reliance on long-term care; manage demand and focus resources where most needed (<i>Surrey County Council, 2025</i>).	Evidences how SBC services help people remain safe at home for longer (nutrition + “eyes-on” welfare, activity that maintains mobility, OPAL respite/enablement), supporting prevention and delaying escalation into domiciliary or residential care.
Spelthorne Health & Wellbeing Strategy (2022–2027): three pillars; People, Place and Community (enable residents to improve their own health; improve environments for health; foster connected communities) (<i>Spelthorne Borough Council, 2022</i>).	Maps strongly to all three pillars: Community Centres support physical/mental wellbeing and routine social connection; Meals on Wheels supports nutrition plus welfare checks for people at home; OPAL supports independence and carer respite reducing isolation and supporting connected communities.
Spelthorne Council Corporate Plan 2024-2028: aims include supporting residents to live healthy and fulfilling lives and empowering communities so people feel included, valued, supported and safe (<i>Spelthorne Borough Council, 2024</i>).	Provides the evidence base that these services deliver those aims. High engagement among older residents, measurable wellbeing benefits (activity, connection, nutrition, respite) and value for money through prevention and avoided escalation to higher cost care.

10. Conclusion

Spelthorne’s Community Centres, Meals on Wheels and OPAL provide practical, preventative support that improves wellbeing, reduces isolation, supports nutrition and mobility, and helps residents remain independent for longer.

These services act as a front line of community prevention providing regular contact and early support for people at risk of deterioration and offering vital respite and reassurance for unpaid carers.

With low unit costs compared to reactive NHS and adult social care, these services represent strong value for money while delivering significant social value through improved quality of life, community connection and volunteering-enabled capacity. The community centres offer supports the whole system approach, helping prevent escalation, sustain independence and reduce pressure across health and care services.

If these services were not available, the impact would be felt quickly across local health services. More older and vulnerable residents would be likely to deteriorate unseen, with increased risks linked to malnutrition, dehydration, falls, unmanaged frailty and worsening loneliness, leading to higher GP demand, more ambulance call-outs and avoidable A&E attendances and admissions.

Without routine “eyes-on” welfare contact and accessible community-based activity and respite, escalation would occur earlier and more often, contributing to longer lengths of stay, delayed discharges, higher readmission rates and increased pressure on community health teams, while also accelerating the need for domiciliary or residential care.

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Report ends.

Equality Analysis

Directorate: Community Wellbeing Service Area: Independent Living	Lead Officer: Gary Cordery / Jade Woods Date completed: 06/01/2026
Service / Function / Policy / Procedure to be assessed: Social value - Community Centres and Meals On Wheels	
Is this: New / Proposed <input type="checkbox"/> Existing/Review <input type="checkbox"/> Changing <input type="checkbox"/>	Review date: NA

Part A – Initial Equality Analysis to determine if a full Equality Analysis is required.

What are the aims and objectives/purpose of this service, function, policy or procedure?

Spelthorne Borough Council's Community Centres, OPAL service and Meals on Wheels service all provide preventative, community-based support that helps older and more vulnerable residents to live independently for longer. These services contribute towards reducing social isolation, supports physical and mental wellbeing, provides access to health-related activities/services, and delivers nutritionally balanced meals alongside regular welfare checks helping to prevent avoidable deterioration, crises and unplanned admissions.

Please indicate its relevance to any of the equality duties (below) by selecting Yes or No?

	Yes	No
Eliminating unlawful discrimination, victimisation and harassment	✓	
Advancing equality of opportunity	✓	
Fostering good community relations	✓	

If not relevant to any of the three equality duties and this is agreed by your Head of Service, the Equality Analysis is now complete - please send a copy to Karen Sinclair. **If relevant**, a Full Equality Analysis will need to be undertaken (PART B below).

PART B: Full Equality Analysis

Step 1 – Identifying outcomes and delivery mechanisms (in relation to what you are assessing)

<p>What outcomes are sought and for whom?</p>	<p>Outcomes sought:</p> <ul style="list-style-type: none">• Reduced loneliness/isolation and improved social connection.• Improved physical health/mobility and falls prevention through activity and wellbeing programmes.• Improved nutrition/hydration and reduced risk of malnutrition.• Increased safety through welfare checks, early identification of deterioration, and escalation/safeguarding when needed.• Maintained independence at home; delayed need for domiciliary/residential care and reduced pressure on health and care services. <p>For whom:</p> <ul style="list-style-type: none">• Primarily older residents. The majority of centre members are older adults; Meals on Wheels clients are typically older adults that are isolated, living alone, frail or those with limited mobility.• Vulnerable adults including those with disabilities, long-term health conditions, sensory needs, and cognitive decline.• Carers, through respite/structured day support, meal prep and reassurance/welfare checking.• Wider public sector partners, who will have reduced demand/pressure through prevention and early intervention.
<p>Are there any associated policies, functions, services or procedures?</p>	<p>This assessment relates to the Council's Independent Living and Community Wellbeing functions, including:</p> <ul style="list-style-type: none">• Social prescribing and referral pathways into community based prevention and activities where possible.• OPAL day support provision.• Meals on Wheels provision, including welfare check and escalations if needed.• Safeguarding procedures and partnership escalation routes where concerns are identified during delivery.

<p>If partners (including external partners) are involved in delivering the service, who are they?</p>	<p>Partners/referrers and delivery links include:</p> <ul style="list-style-type: none"> • GP practices / social prescribers - and primary care pathways. • Adult Social Care and related community support pathways. • Hospital discharge teams (support post-discharge and prevention of re-admission). • Surrey Integrated Care System / health partners (alignment with prevention/healthy ageing priorities). • External session providers using centres as venues e.g. hearing support, chiropody, condition-specific
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Step 2 – What does the information you have collected, or that you have available, tell you?

What evidence/data already exists about the service and its users? (in terms of its impact on the ‘equality strands’, i.e. race, disability, gender, gender identity, age, religion or belief, sexual orientation, maternity/pregnancy, marriage/civil partnership and other socially excluded communities or groups) and **what does the data tell you?** e.g. are there any significant gaps?

<p><u>General Spelthorne context</u></p> <p>As of the 2021 census, Spelthorne has a population of 103,000 and is the 14th most densely populated of the South East’s 64 local authority areas with 2,295 of residents per square kilometre.</p> <p>According to the Indices of Deprivation 2019, the most deprived borough in Surrey is Spelthorne. Spelthorne has the highest number of lone parent families and the highest level of child poverty in Surrey; it also has the highest under-18 conception rate in the county. That said, residents are largely healthy, with life expectancy for both males and females slightly above the national average.</p> <p>Spelthorne has a relatively low rate of unemployment: 3.3% of those economically active aged 16 to 64, compared to the South East (3%) and UK as a whole (3.7%). Average wages are £709 per week for full-time employees, slightly above the South East average of £685.</p> <p>Whilst house prices remain well above the national average, most residents are owner-occupiers (68%), followed by private rented (18%) and social rented (13%).</p> <p>Source: English Indices of Deprivation 2019; Authority Monitoring Report for Spelthorne 2022; Nomis – Official Census and Labour Market Statistics 2021-2022; ONS Census, 2021 – Home Ownership and Renting; and https://commonslibrary.parliament.uk/constituency-data-wages/</p> <p><u>Gender / gender identity</u></p>

Census data from 2021 shows that 50.9% of residents in Spelthorne are female, with the remaining 49.1% being male.

A White Paper published in December 2018 (Help shape our future: the 2021 Census of population and housing in England and Wales) set out the ONS recommendation for what the census should contain and how it should operate. The White Paper recommended that the census in 2021 include a question about gender identity, asking respondents whether their gender is the same as the sex they were registered as at birth. As a result, 93.98% of people aged 16 years and over in Spelthorne have the same gender identity as their sex registered at birth.

The remaining population identify as follows:

People aged 16 years and over who have a gender identity different from their sex registered at birth but no specific identity given	0.19%
Identify as a trans woman	0.09%
Identify as a trans man	0.09%
Non-binary	0.02%
Another gender identity	0.02%
Prefer not to say	5.62%

Source: ONS Census, 2021 – Population and household estimates, England and Wales: Census 2021. Gender identity – ONS, 2021; and <https://researchbriefings.parliament.uk/ResearchBriefing/Summary/CBP-8531>

Age

Spelthorne has a slightly lower population of under-30s (33%) compared to the rest of the country (36%), and a slightly higher population of 30-69 year olds (53%) compared with the national average of (51%), The number of 70+ is 14%, which is broadly in line with the rest of the nation.

Source: ONS – Population and household estimates, England and Wales: Census 2021.

Ethnicity

The ethnic make-up of Spelthorne is largely in line with the rest of England and Wales, predominantly residents are from a white ethnic background. However, there are slightly more Asian people and those with a mixed ethnic background but fewer people from a black ethnic group compared to the national average.

Ethnic group	Spelthorne		England and Wales	
	Number	%		%
Asian	13,146	12.8%		9.3%
black	2,548	2.5%		4%
mixed ethnicities	3,763	3.7%		2.9%
white	81,000	78.6%		81.7%
other	2,503	2.4%		2.1%

Source: ONS – Ethnic Group, England and Wales: Census 2021.

Disability

Spelthorne has a slightly lower percentage of residents with a disability compared to the rest of England and Wales.

Disability	Spelthorne		England and Wales	
		%		%
Disabled under the Equality Act		14.4%		17.8%
Not disabled under the Equality Act		85.6%		82.2%

As of Oct 2022, there were around 5,159 PIP claimants in Spelthorne. Within Spelthorne, psychiatric disorders were the most common reason for claiming PIP. They accounted for 39% of awards, compared 36.9% in Great Britain. 'Psychiatric disorders' include anxiety and depression, learning disabilities and autism. The second most common reason for awards was musculoskeletal disease (general), which accounted for 15% of awards within the constituency and 20.1% in Great Britain. Musculoskeletal disease (general) includes osteoarthritis, inflammatory arthritis and chronic pain syndromes.

Source: ONS – Disability, England and Wales: Census 2021; and <https://commonslibrary.parliament.uk/constituency-data-personal-independence-payment-2/>

Religion

Residents of Spelthorne predominately identify themselves as either Christian or having no religion. There is a smaller Muslim population compared with the national average, but a larger Hindu and Sikh population.

	Spelthorne		England and Wales
	Number	%	%
Has religion	64,959	63%	56.9%
of which			
Christian	52,432	50.9%	46.2%
Muslim	4,146	4.0%	6.5%
Hindu	4,372	4.2%	1.7%
Buddhist	703	0.7%	0.5%
Jewish	174	0.2%	0.5%
Sikh	2,612	2.5%	0.9%
Other	520	0.5%	0.6%
No religion	32,112	31.2%	37.2%
Not stated	5,884	5.7%	6.0%

Source: ONS – Religion, England and Wales: Census 2021.

Sexual orientation

The sexual orientation of Spelthorne residents is largely in line with the rest of England and Wales.

	Spelthorne		England and Wales
	Number	%	%
Sexual Orientation			
Straight or Heterosexual	75,505	90.57%	89.37%
Gay or Lesbian	1,088	1.31%	1.54%
Bisexual	704	0.84%	1.28%
Pansexual	123	0.15%	0.23%
Asexual	25	0.03%	0.06%
Queer	6	0.01%	0.03%
All Other Sexual Orientations	7	0.01%	0.02%
Not answered	5,904	7.08%	7.47%

Source: ONS – Sexual Orientation, England and Wales: Census 2021.

Marriage / Civil Partnership

Slightly more people in Spelthorne are married compared to the rest of England and Wales, and fewer people identify as single.

	Spelthorne %	UK %
Marital Status		
Never Married or Registered a Civil Partnership	35.1%	37.9%
Married or in a Registered Civil Partnership (including separated)	49.9%	46.9%
Divorced or Civil Partnership Dissolved	8.9%	9.1%
Widowed or Surviving Civil Partnership Partner	6.1%	6.1%

Source: ONS – Marriage and Civil Partnership Status in England and Wales: Census 2021.

Has there been any consultation with, or input from, customers / service users or other stakeholders? If so, with whom, how were they consulted and what did they say? If you haven't consulted yet and are intending to do so, please list which specific groups or communities you are going to consult with and when.

There has not been any consultation with service users or stakeholders to create this report. Comments from service users are however routinely gathered through day-to-day interactions with community centre staff, Meals on Wheels clients and carers, and through partner discussions/referrals (e.g. social prescribing, ASC, discharge pathways). This insight has helped to inform the report's focus on isolation, mobility limitations and welfare / safeguarding needs.

Are there any complaints, compliments, satisfaction surveys or customer feedback that could help inform this assessment? If yes, what do these tell you?

The report references service feedback and examples of the welfare/safeguarding value of the Meals on Wheels service contact. Complaints/compliments and satisfaction measures are not currently collated and analysed by protected characteristic within the report.

Step 3 – Identifying the negative impact.

a. Is there any negative impact on individuals or groups in the community?

Barriers:

What are the potential or known barriers/impacts for the different ‘equality strands’ set out below? Consider:

- **Where** you provide your service, e.g. the facilities/premises;
- **Who** provides it, e.g. are staff trained and representative of the local population/users?
- **How** it is provided, e.g. do people come to you or do you go to them? Do any rules or requirements prevent certain people accessing the service?
- **When** it is provided, e.g. opening hours?
- **What** is provided, e.g. does the service meet everyone’s needs? How do you know?

* Some barriers are justified, e.g. for health or safety reasons, or might actually be designed to promote equality, e.g. single sex swimming/exercise sessions, or cannot be removed without excessive cost. If you believe any of the barriers identified to be justified then please indicate which they are and why.

Solutions:

What can be done to minimise or remove these barriers to make sure everyone has equal access to the service or to reduce adverse impact? Consider:

- Other arrangements that can be made to ensure people’s diverse needs are met;
- How your actions might help to promote good relations between communities;
- How you might prevent any unintentional future discrimination.

Equality Themes	Barriers/Impacts identified	Solutions (ways in which you could mitigate the impact)
Age (including children, young people and older people)	<i>Barriers/impacts:</i> Service is predominantly used by 64+; under-65 vulnerable adults may be unaware or perceive it as “not for them.”	<i>Solutions:</i> Targeted communications to under-65 disabled adults/carers; referral awareness with partners; promote “prevention” offer (exercise/wellbeing/social connection) for adults who would benefit earlier.
Disability (including carers)	<i>Barriers/impacts:</i> Mobility and sensory impairments may limit ability to access centres/activities; cognitive	<i>Solutions:</i> Ensure accessible venues and inclusive activity formats (e.g., chair-based exercise); clear accessible information; signposting/support for carers;

	impairment may affect confidence; carers may struggle to attend without respite.	continue/expand transport-supported options (OPAL includes transport/support).
Gender (men and women)	<i>Barriers/impacts:</i> Some social activities may attract more women; isolated men may be less likely to attend.	<i>Solutions:</i> Inclusive programming and targeted engagement for men (peer groups, activities with male appeal); monitor attendance patterns by gender where possible.
Ethnicity (including Gypsy, Roma, Travellers and Asylum Seekers)	<i>Barriers/impacts:</i> Language barriers; cultural perceptions of services; lack of tailored outreach; potential dietary preferences not reflected in meal options.	
Religion or belief (including people of no religion or belief)		
Gender Re-assignment (those that are going through transition: male to female or female to male)		
Pregnancy and Maternity		
Sexual orientation (including gay, lesbian, bisexual and heterosexual)		

Step 4 – Changes or mitigating actions proposed or adopted

Having undertaken the assessment are there any changes necessary to the existing service, policy, function or procedure? What changes or mitigating actions are proposed?

Based on the assessment, the service is overall positive for equality outcomes (reduces isolation, improves wellbeing, supports independence), but the following mitigating actions are proposed:

- Introduce/improve equality monitoring (voluntary data capture) to understand who uses the service across protected characteristics and identify any under-represented groups.
- Implement a consistent approach to collecting and analysing feedback/complaints/compliments, including equality themes.
- Targeted work to increase awareness among under-65 vulnerable adults, including disabled residents and carers, and ensure referral partners understand eligibility/benefits.
- Periodic review of accessibility and inclusion (physical access, communication formats, dietary needs) to reduce barriers.

Step 5 – Monitoring

How are you going to monitor the existing service, function, policy or procedure ?

This project is mainly around proving social value of existing services however existing monitoring of these services should look to include:

- Routine service performance data (membership/attendance; Meals on Wheels volumes; OPAL usage).
- Safeguarding/incident and escalation themes arising from welfare checks.
- Periodic user satisfaction feedback and analysis of complaints/compliments.
- Equality monitoring (where collected) reviewed at least annually to identify gaps in access or outcomes.

Part C - Action Plan

Barrier/s or improvement/s identified	Action Required	Lead Officer	Timescale
No actions/Barriers/Improvements identified – Report only to highlight value of services at this stage.	No action required.	Gary Cordery / Jade Woods	NA

Equality Analysis approved by:

Group Head:	Date:
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Spelthorne Borough Council Services Committees Forward Plan

This Forward Plan sets out the decisions which the Service Committees expect to take over the forthcoming months.

Please direct any enquiries about this Plan to CommitteeServices@spelthorne.gov.uk.



Spelthorne Borough Council

Service Committees Forward Plan for 1 March 2026 to 31 July 2026

Anticipated earliest (or next) date of decision and decision maker	Matter for consideration	Non-Key Decision	Decision to be taken in Public or Private	Lead Officer
Community Wellbeing and Housing Committee	Service Plans (CW&H)	Non-Key Decision	Public	Karen Sinclair, Group Head - Community Wellbeing
Community Wellbeing and Housing Committee 24 03 2026	Food and Health and Safety Service Plan	Non-Key Decision	Public	Fidelma Bahoshy, Senior Environmental Health Manager
Community Wellbeing and Housing Committee 24 03 2026	Community Services Social Impact Report	Non-Key Decision	Public	Gary Cordery, Community Wellbeing Manager, Stephen Mortimer-Cleevly, Strategic Lead, Independent Living
Community Wellbeing and Housing Committee 02 07 2026	Street Trading Fees	Non-Key Decision	Public	Lucy Catlyn, Principal Licensing Officer, Tracey Willmott-French, Senior Environmental Health Manager
Community Wellbeing and Housing Committee 02 07 2026	Street Trading Policy	Non-Key Decision	Public	Lucy Catlyn, Principal Licensing Officer, Tracey Willmott-French, Senior Environmental Health Manager

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