

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

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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)

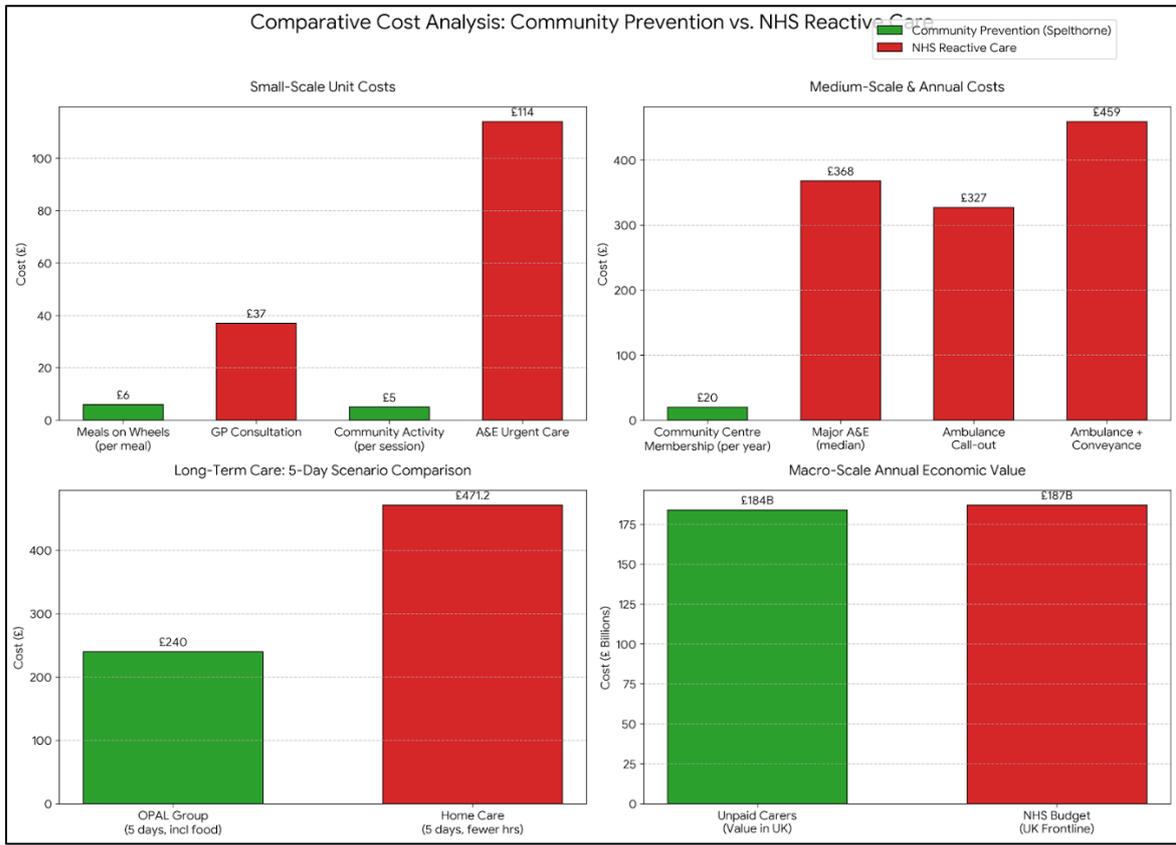
7.2 Spelthorne community service costs 2026/27

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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