Why meals on wheels matter

The role of meals on wheels as an integral part of preventative care for older, vulnerable, and disabled adults



Health & Independent Living Support (HILS) is the UK's largest provider of meals on wheels, delivering services across Hampshire, Hertfordshire and West Sussex. With over 20 years' experience and more than one million meals delivered each year, HILS has extensive first-hand knowledge of the impact of meals on wheels and the important role they play in supporting independence and preventing, reducing, and delaying the need for adult social care.

Introduction

The place of meals on wheels within adult social care

England is at an important moment in determining the future of adult social care. Baroness Casey's Independent Commission on Adult Social Care has been established to consider what adult social care should deliver for citizens and how the system can be transformed over the coming decade. The Government has already said that the future National Care Service should start with prevention, support people to live independently for longer, enable people to move seamlessly between hospital, home care and community services, and bring health and social care together around people's needs.[1]

Meals on wheels services are an essential part of that future system. These services are often understood simply as the delivery of a hot meal which significantly underestimates and undervalues what happens during a visit. As well as the preventative health benefits of receiving nutritious food, this meal is accompanied by a daily welfare check, human contact, reassurance, observation of changes in health or circumstances and, where necessary, a route into wider support. Delivered every day, including weekends, national holidays, and wet and snowy weather, this regular contact can help people maintain their independence and identify problems before they become crises.

Yet meals on wheels services do not currently have a clear statutory place within England's adult social care framework. The Care Act 2014 established important duties around wellbeing, prevention and integration, but did not create a specific national requirement for local authorities to ensure access to meals on wheels provision.[2] This report therefore calls on the Casey Commission to consider bringing meals on wheels back into the statutory framework for adult social care.

Specifically, we recommend that the future adult social care framework should place a duty on local authorities to ensure that appropriate meals on wheels provision is available to people in their area who need it. This should not require councils to operate the service themselves or prescribe a single delivery model. Instead, it should establish a national expectation that every local health and care system has access to a sustainable, high-quality meals on wheels service, integrated with wider preventative care.

Introduction

Recommendations to the Casey Commission

We make five key recommendations:

1. **Recognise meals on wheels as an essential preventative adult social care service.**

2. **Introduce a statutory duty requiring local authorities to ensure appropriate meals on wheels provision is available to people who need it.**

3. **Formally integrate meals on wheels into neighbourhood health and care systems and referral pathways.**

4. **Recognise the role of meals on wheels in facilitating hospital discharge, recovery and prevention of frailty.**

5. **Develop sustainable commissioning arrangements that recognise the wider health and social care outcomes generated by the service**

The case for meals on wheels is not a case for protecting an outdated model of service delivery. Rather, it is a case for recognising an existing piece of community infrastructure that can help deliver the kind of preventative, integrated and person-centred care that the future system is seeking to create.

Meals on wheels provision across the UK

63.3%

of UK local authority districts show **high or very high unmet need for meals on wheels services.**[3]

57.8%

of UK local authority districts **show moderate to very high predicted demand** for meals on wheels.[3]

The availability of meals on wheels services varies considerably across the UK. Recent research indicates that only 21.6% of local authority districts retain council-run provision, while 43.6% rely on non-council providers and 34.8% have no known provision at all.[3] Even where services are available through independent or voluntary providers, coverage may be limited to particular areas, leaving some people without a suitable option.[3]

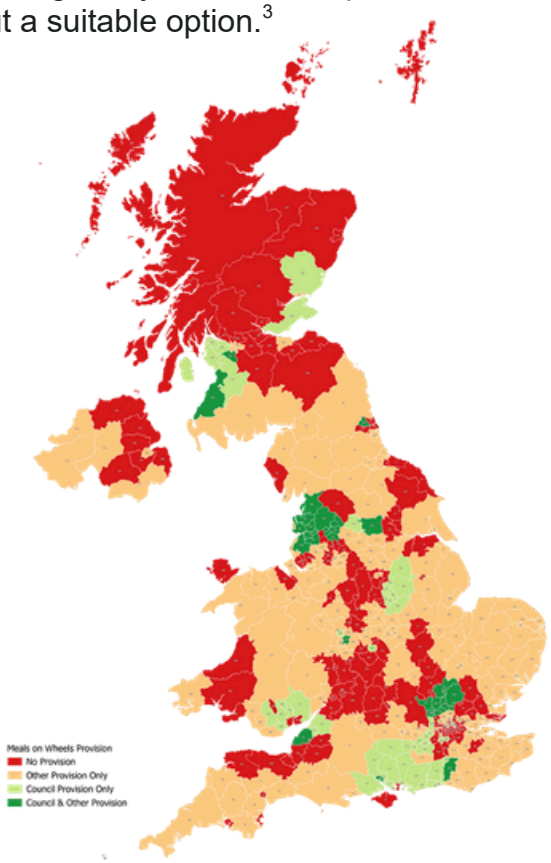


Figure 1. National map of Meals on Wheels provision
Reproduced from Papadaki, Barrington & Sumpter (2026), University of Bristol

This variation reflects, in part, the absence of a specific statutory requirement for local authorities to provide meals on wheels. In England, the Care Act 2014 requires councils to take steps to prevent, reduce or delay the development of care and support needs, but leaves them discretion over how they fulfil this duty. As a result, access to meals on wheels can depend heavily on where someone lives, rather than on their level of need.

Given the evidence that meals on wheels can support good nutrition, reduce social isolation and help people remain independent at home, we believe access to this preventative support should be more consistent and equitable across the UK. No one who needs help to access a nutritious meal should be left without a suitable option simply because of their postcode.


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Food is a health intervention

Food is one of the most important foundations of good health, but for older, disabled and otherwise vulnerable adults, access to a nutritious meal can be critical to maintaining independence and preventing avoidable health decline.

Malnutrition is a particularly prevalent problem among older adults, who are uniquely at risk of becoming malnourished. A combination of challenges - bereavement, illness, loneliness, lack of community transport, closure of nearby shops - all contribute to the difficulties older adults can face in eating well. Around one in ten adults aged 65 and over in the UK are malnourished or at risk of malnutrition, and this risk is intertwined with declining health, often causing muscle loss, weakness and frailty, making it harder for people to recover from illness, stay mobile and manage everyday tasks.[4] Without the right support, this can quickly become a cycle of declining health, and increasing dependence on health and social care services. Ultimately this means that malnutrition is estimated to cost UK health and social care £19.6 billion every year.[5]

Community meals services provide a particularly effective way of breaking this cycle, and HILS' annual client survey results only reinforce this:

Of >3000 respondents to HILS' meals client survey *(aggregated data from 2019 - 2026)*:

97% said they were better nourished

92% said they felt healthier

72% said they visited their GP less

For anyone who struggles to prepare their own food, *reliable* access to regular nutritious meals can support them to remain well and independent. Importantly, meals on wheels services not only provide a solution that helps to prevent health decline but they also offer dignity of choice that is difficult to achieve through any other type of service. With provision requiring compliance with the National Association for Care Catering's guidelines, the standard of food provided is regulated in a way that other services are not. Most services can also accommodate specific dietary requirements, including religious and cultural needs, or texture-modified foods. Food should therefore be considered *as part of* core preventative interventions that support health, wellbeing, and independence.

More than just a meal

Meals on wheels services should really be understood as a preventative care service delivered through and alongside food. These additional interventions can be highly meaningful and impactful for individuals, and yet they are often side-lined in modern discourse about meals on wheels services. Alongside the meal, a typical visit provides:

- **Practical support to make food easier to eat** (i.e. encouragement to eat, plating or cutting up food)
- **Hydration support** (i.e. making hot drinks, encouragement to drink, or making sure a drink is within easy reach)
- **Daily welfare check** (i.e. checking general wellbeing, temperature of home)
- **Human contact**, and friendship
- **Opportunity to identify emerging concerns** (e.g. UTI symptoms such as delirium, finding people after a fall, losing weight unintentionally, or decreasing independence levels)
- **Connection** to health, social care, or other community services
- **Peace of mind for relatives and unpaid carers**, knowing that their loved one will be checked on.
- **Medication prompts**

These additional interventions can have a significant impact on feelings of security and connectedness:

The hidden workforce in people's homes

Every day, HILS team members visit more than 4,000 people across three counties. Over the course of a year, this adds up to more than one million visits to people in their own homes. This gives HILS a regular presence in local communities - acting as the eyes and ears on the ground - with team members who know the people they visit and can spot when something has changed. With the right links to local services, this network could also help identify emerging needs, flag concerns and connect people to support before problems escalate.

This infrastructure has also been invaluable during periods of crisis such as the COVID-19 pandemic. In this period, many pop-up meals services were established throughout the UK, and existing meals on wheels services saw record levels of demand. In light of the recent 'Be Ready' campaign, we are being reminded once again of the importance of reliable infrastructure that can maintain access to food, and keep in touch with vulnerable people throughout our communities.

University of Bristol's study on MOW outcomes[6] showed people receiving meals on wheels were:

81%
more likely to report feeling safe

66%
more likely to report a higher quality of life

23%
more likely to find it easy to access information and advice

Helping people stay at home for longer

Research by the University of Bristol reported:

"If I didn't know that he was getting a hot meal every day, there's no question in my mind, he would have to go into residential care, which would not be good for him, from his point of view, because he doesn't want to do that. But it also wouldn't be good from Social Services point of view because that's additional cost." [7]

Sometimes, people move into residential care not because they need round-the-clock support, but because they can no longer manage the practical tasks of everyday life. Being unable to prepare regular meals can be one of these barriers, particularly after a bereavement, when loss of a partner can also be a loss of cooking skills within the household. If practical support isn't available, a problem that could be addressed with a daily meal delivery can become the reason someone can no longer manage at home.

Within BAPEN's 2015 Hidden Hunger report, a sheltered housing worker is described as noticing "that an elderly man in their accommodation seemed unwell after the death of his wife. She visited him in his flat and found the fridge just had chocolate in it. It turned out he didn't know where to start with cooking for himself and they were then able to arrange for him to get some support around learning to cook" [BAPEN].[8]

Meals on wheels services provide a direct solution in situations like these. By providing regular hot meals and a reliable point of contact, people are supported to maintain their independence without needing a more intensive package of care. They will not prevent every admission to residential care, but they can be the small difference for people whose needs could be met with relatively simple support.

Of >3000 respondents to HILS' meals client survey *(aggregated data from 2019 - 2026):*

95%

said their service had helped them to stay independent at home

Within UoB's 2026 study[6] on MOW outcomes:

Beneficiaries are more than twice as likely (118%) to be satisfied with their care and support

At an estimated local authority cost of £640 per week, delaying admission to residential care by just one year could represent a potential saving of £33,280 per person.[9] While this will not apply in every case, it illustrates why councils should consider the cost of failing to provide practical support, as well as the cost of providing it. Helping someone remain at home for longer is often better for the individual (a UK survey found that 78% of adults aged over 60 would prefer to stay in their current home as they age) and more cost-effective for the public purse.[10]

Respite and support for carers

Adult social care relies heavily on unpaid carers, with around five million people in England and Wales providing care to a family member, friend or neighbour.[11] Caring responsibilities can have significant impacts on physical health, mental wellbeing, employment and financial security. Evidence shows that support for carers is itself preventative, helping people continue caring and reducing the risk of escalating care needs.

Relieving pressure for carers

Meals on wheels services can help to reduce some of this pressure. For carers supporting someone who is older, disabled, recovering from illness or living with a long-term condition, ensuring that the person receives a regular nutritious meal can be a source of daily concern and responsibility. This can be particularly challenging where carers are balancing employment, childcare, their own health needs or caring responsibilities from a distance.

Independent research by the University of Bristol found that carers of people receiving meals on wheels were **56% more likely to feel consulted and involved in care decisions and 27% more likely to report better carer-related quality of life**.[6] This highlights the reassurance that meals on wheels services can provide in knowing that the person you care for has received a nutritious meal that day, together with a welfare check and regular human contact.

Improving caring relationships

For some carers, meals on wheels can help sustain caring arrangements that might otherwise become difficult to maintain. The service often complements both informal and formal care, helping people remain safely at home while reducing pressure on those who support them. Supporting carers to continue in their caring role is itself a preventative intervention. Carer breakdown is a recognised factor associated with admission to residential care and increased reliance on formal services.[12] By reducing pressure on carers and supporting their wellbeing, meals on wheels can help maintain caring relationships and support people to remain independent for longer.

In HILS' 2026 Friends & Family Survey, respondents told us that due to their loved one's meal service:

94%

feel less stressed

86%

have a better relationship with their loved one

Research by the University of Bristol reported:

*"Referrers saw the MoWs service as a lifeline, **"because otherwise I would have no life, because I would be there all the time**"...as carers employed through social care companies and agencies were not allocated enough time to cook a hot meal for service users."* [7]


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Meals on wheels across the health and care journey

Meals on wheels can support people at multiple points in their health and care journey. Needs are rarely static: people may experience periods of illness, recovery or increasing frailty, while long-term conditions can be complex and fluctuate over time. A flexible meals on wheels service can respond as those needs change, supporting people who are largely independent as well as those living with complex needs or recovering following illness or hospital treatment.

This flexibility makes meals on wheels a valuable component of the wider health and care system. Upstream, it can support nutrition, independence and wellbeing, helping to reduce the risk of deterioration that may lead to hospital admission. Alongside acute care, it can complement 'hospital at home' models by ensuring people have access to regular, nutritious meals without adding to the responsibilities of clinical teams. Downstream, it can strengthen hospital discharge pathways, putting practical support in place at home and helping people regain and maintain their independence following discharge.

Of >3000 respondents to HILS' meals client survey (aggregated data from 2019 - 2026):

86% say they were able to recover more quickly after a period of ill health

98% say that their life is easier

Supporting people after hospital discharge

The transition from hospital to home is one of the clearest examples of where meals on wheels can form part of integrated care. Hospital stays can lead to significant deterioration in frailty and often, when people leave hospital, they find that they are:

- Anxious about how they will manage alone
- Physically weak
- Nutritionally vulnerable
- Reliant on family members
- At risk of further deterioration, and readmission into hospital

Meals on wheels can provide a simple bridge to support recovery. It can also provide a point of connection between the person and the wider system. Where concerns are identified, the appropriate health, social care or community service can be engaged. This fits directly with the Government's stated ambition for the future National Care Service to allow people to move seamlessly between hospitals, home care and community services.

The economic case for meals on wheels

Assessing meals on wheels as a service that delivers food is too narrow a measure of its value, and risks overlooking the wider costs that arise when people can no longer access nutritious food, maintain their health or live independently without support. At a time when local authorities and the NHS are under increasing financial pressure, it is right to ask whether public investment in meals on wheels represents good value for money. But this question must consider not only the cost of providing the service, but also the cost of *not* providing it.

The closure of meals on wheels services is sometimes presented as a saving. But removing a preventative service doesn't remove the need it meets. It leaves people to find alternative ways to access food, or to go without adequate nutrition, while potentially increasing their need for support from other services. The resulting costs may fall elsewhere in the system, emerge as even *greater* costs further down the line, or be absorbed by unpaid carers and families.

There are two key reasons why meals on wheels should be understood as an investment in prevention, rather than simply a cost to adult social care.

Meals on wheels provides essential support at comparatively low cost

For people who can no longer reliably shop for or prepare cooked meals, alternatives are limited and often inadequate. Paid care to prepare meals can be considerably more expensive than a delivered meal, while private food delivery (such as takeaways) cannot provide the nutrition, consistency or affordability needed long-term. Frozen meals are a common alternative, but usually require a carer (either professional or unpaid) to prepare. Lunch clubs and community meals can also provide nutrition and social contact, but are just not accessible to those unable to leave home independently.

Meals on wheels services are also often paid, either in full or in part, by individuals rather than local authorities; and for both parties, a meals on wheels service is usually a more cost-effective option.

£32.14

minimum cost for an additional lunchtime care visit.[13]

£5.57

average UK customer charge per meals on wheels delivery (2023)[14]

"It's about £130 a month, but that's a two-course hot meal, seven days a week. Prior to that, we did have a care agency that were coming in. And the care agency, it worked out about £19 pounds something an hour. So they were coming in just to make a sandwich and do a quick welfare check. So it seemed a complete no-brainer, to be honest, when I found that I could get exactly the same, a better quality of meal and a welfare check for £6 something" [7]

Direct quote from University of Bristol's 2023 meals on wheels study

The economic case for meals on wheels

£6.51
generated in social value for every £1 invested in HILS' meals services

£19.6 billion
spent on malnutrition among older adults every year[5]

£0
in contract payments issued from Hampshire and West Sussex LAs, in which HILS runs county-wide meals services

The cost of not providing meals services

The cost of delivering a meal is only one part of the economic picture. As outlined in this report, these services also reduce malnutrition risk, support independence, reduce loneliness, reassure family carers and help identify problems before they escalate. HILS' 2026 Social Return on Investment (SROI) calculations found that every £1 invested in its meals on wheels service generated £6.51 in social value. Social value is of course not the same as a cash saving to a council, and not every benefit translates into a reduction in public expenditure. However, it provides important evidence that assessing the service solely on operating costs overlooks a substantial part of its impact.

The economic case therefore must consider the potential costs associated with the consequences of not providing meals on wheels:

- **Increase in prevalence of malnutrition** (currently costs UK health and care system £19.6 billion per year)[5]
- **Increase in frailty** (frailty is estimated to cost the UK healthcare system £5.8 billion per year)[15]
- **Loss of independence** and greater reliance on formal care.
- **Avoidable deterioration** in health and potentially preventable hospital attendance or admission.
- **Loneliness**, reduced wellbeing and declining resilience.
- **Increased pressure on family carers**, including the impact on their own health and ability to sustain caring responsibilities.

Who pays, and who benefits?

One persistent challenge in economically evaluating preventative services is that the organisation funding an intervention may not be the only organisation that benefits from it. A local authority may pay for meals on wheels, while some of the benefits accrue to the NHS. If the service is assessed only against an adult social care budget, these wider benefits may be excluded from the decision, even when they represent meaningful value to the public purse and society. However, it must also be considered that local authority-commissioned services *can* cost nothing to the local authority (see left). Many services are paid entirely by the beneficiaries themselves.

Where the local authority does contribute financially, there is a risk that decisions about commissioning hinged on an individual budget do not consider the economic impacts across the whole system. The Casey Commission provides an opportunity to ensure preventative services are assessed on the full value they deliver, including benefits across health and unpaid care, as well as the consequences of withdrawing support.

What statutory recognition should mean in practice

The Care Act 2014 established important statutory duties around individual wellbeing, prevention, integration, information and advice, and the development of diverse and sustainable care markets. Section 2 requires local authorities to provide or arrange services, facilities or resources that contribute towards preventing, delaying or reducing care and support needs.[2] Section 3 requires local authorities to exercise their functions with a view to ensuring the integration of care and support provision with health and health-related provision where this would promote wellbeing, improve quality or contribute to prevention.[2]

However, the Act does not establish a specific statutory duty to ensure access to meals on wheels provision. The result is that access to meals on wheels can depend on local decisions and local commissioning arrangements. In a parliamentary answer in June 2026, the Government confirmed that it had not assessed the adequacy of meals on wheels provision nationally, stating that local authorities are best placed to understand and plan for their populations and referring to their Care Act responsibilities around market shaping.

Local flexibility is important but there is a distinction between local flexibility over how a service is delivered and local discretion over whether an essential preventative service exists at all. If meals on wheels services are recognised as part of the infrastructure needed to prevent deterioration and support independence, there is a case for moving meals on wheels from the margins of local provision into the statutory framework.

This would not necessarily require local authorities to fund or directly provide the service. Many meals on wheels schemes already operate on a self-funded basis, with service users meeting some or all of the cost. A statutory duty could instead require local authorities to ensure appropriate provision is available within their area, whether through direct commissioning, partnership arrangements, market facilitation or other sustainable delivery models.

We therefore recommend that the Casey Commission considers introducing an explicit statutory duty within the future adult social care framework requiring every local authority to ensure that appropriate meals on wheels provision is available to people in its area who need it.

Conclusion

The place of meals on wheels within adult social care

The future of adult social care will not be secured by responding to crises more efficiently. It will be secured by preventing those crises from happening in the first place.

Throughout this report, we have emphasised that meals on wheels is far more than a food service. It is a practical expression of preventative care, bringing together nutrition, wellbeing, welfare monitoring, social connection, support for carers, recovery after illness, and early identification of changing needs within a single, trusted daily visit. For many people, it is the difference between managing independently at home and reaching a point where more intensive intervention becomes necessary.

As demand for adult social care continues to grow, the question is not whether England can afford to invest in prevention, but whether it can afford not to. The costs associated with malnutrition, frailty, avoidable deterioration, unpaid carer strain and loss of independence are already felt across communities, local authorities and the NHS. We cannot build a sustainable care system while overlooking services that help prevent these outcomes from occurring in the first place.

Meals on wheels already exists as a proven piece of community infrastructure. Every day, dedicated teams enter people's homes, delivering not only a meal, but reassurance, dignity, safety and connection. They support hospital discharge, strengthen caring relationships, help people remain in the place they most want to be, and provide a vital link between individuals and the wider health and care system.

The Casey Commission has an opportunity to ensure that prevention is not left to chance or determined by postcode. By recognising meals on wheels as an essential preventative service and introducing a duty to ensure appropriate provision is available wherever it is needed, the future adult social care framework can protect and strengthen a service that enables people to live healthier, safer and more independent lives.

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