Herefordshire Council

Agenda

Scrutiny Management Board

Date:	**Monday 6 July 2026**
Time:	**9.30 am**
Place:	**Conference Room 1 - Herefordshire Council, Plough Lane Offices, Hereford, HR4 0LE**
Notes:	Please note the time, date and venue of the meeting. For any further information please contact: **Danial Webb, Statutory Scrutiny Officer** Tel: 01432 260659 Email: Danial.Webb@herefordshire.gov.uk

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Agenda for the meeting of the Scrutiny Management Board

Membership

Chairperson	**Councillor Ben Proctor**
Vice-chairperson	**Councillor Louis Stark**
	Councillor Jenny Bartlett
	Councillor Simeon Cole
	Councillor Frank Cornthwaite
	Councillor Pauline Crockett
	Councillor Dave Davies
	Councillor Toni Fagan
	Councillor Liz Harvey
	Councillor Ed O'Driscoll
	Councillor Richard Thomas
	Councillor Rob Williams

Agenda

Pages

1. APOLOGIES FOR ABSENCE

To receive apologies for absence.

2. NAMED SUBSTITUTES

To receive details of members nominated to attend the meeting in place of a member of the board.

3. DECLARATIONS OF INTEREST

To receive declarations of interests from members of the board in respect of items on the agenda.

4. MINUTES 9 - 14

To receive the minutes of the meeting held on Monday 13 April 2026.

HOW TO SUBMIT QUESTIONS

The deadline for the submission of questions for this meeting is 5pm on Tuesday 30 June 2026.

Questions must be submitted to councillorservices@herefordshire.gov.uk. Questions sent to any other address may not be accepted.

Accepted questions and the responses will be published as a supplement to the agenda papers prior to the meeting. Further information and guidance is available at www.herefordshire.gov.uk/getinvolved

5. QUESTIONS FROM MEMBERS OF THE PUBLIC

To receive any written questions from members of the public.

6. QUESTIONS FROM COUNCILLORS

To receive any written questions from councillors.

7. DEDICATED SCHOOLS GRANT HIGH NEEDS BLOCK DEFICIT MANAGEMENT PLAN

To provide the Scrutiny Management Board with an overview of Herefordshire Council's Dedicated Schools Grant (DSG) deficit position, progress against the Deficit Management Plan, and alignment with the Local SEND Reform Plan (March 2026).

8. ADULT SOCIAL CARE 15 - 168

To scrutinise the recent CQC inspection report on adult social care, and to further scrutinise the council's budget and its plan for service transformation in light of budget pressures and the inspection findings.

9. COMMERCIALISATION TASK AND FINISH GROUP FINAL REPORT

To agree the final report from the task and finish group.

[Papers to follow}

10. WORK PROGRAMME 169 - 238

To consider the work programme for the board.

11. DATE OF THE NEXT MEETING

Tuesday 1 December 2026, 2pm.

The public's rights to information and attendance at meetings

You have a right to:

- Attend all council, cabinet, committee and sub-committee meetings unless the business to be transacted would disclose 'confidential' or 'exempt' information.
- Inspect agenda and public reports at least five clear days before the date of the meeting. Agenda and reports (relating to items to be considered in public) are available at www.herefordshire.gov.uk/meetings
- Inspect minutes of the council and all committees and sub-committees and written statements of decisions taken by the cabinet or individual cabinet members for up to six years following a meeting.
- Inspect background papers used in the preparation of public reports for a period of up to four years from the date of the meeting (a list of the background papers to a report is given at the end of each report). A background paper is a document on which the officer has relied in writing the report and which otherwise is not available to the public.
- Access to a public register stating the names, addresses and wards of all councillors with details of the membership of cabinet and of all committees and sub-committees. Information about councillors is available at www.herefordshire.gov.uk/councillors
- Have access to a list specifying those powers on which the council have delegated decision making to their officers identifying the officers concerned by title. The council's constitution is available at www.herefordshire.gov.uk/constitution
- Access to this summary of your rights as members of the public to attend meetings of the council, cabinet, committees and sub-committees and to inspect documents.

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Members of the public are advised that if you do not wish to be filmed or photographed you should let the governance support team know before the meeting starts so that anyone who intends filming or photographing the meeting can be made aware.

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The council may make a recording of this public meeting or stream it live to the council's website. Such videos are made available for members of the public via the council's YouTube channel at www.youtube.com/@HerefordshireCouncil/streams

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Bus maps are available here: www.herefordshire.gov.uk/downloads/download/78/bus_maps

Herefordshire Council

The seven principles of public life

(Nolan Principles)

1. Selflessness

Holders of public office should act solely in terms of the public interest.

2. Integrity

Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.

3. Objectivity

Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.

4. Accountability

Holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this.

5. Openness

Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.

6. Honesty

Holders of public office should be truthful.

7. Leadership

Holders of public office should exhibit these principles in their own behaviour and treat others with respect. They should actively promote and robustly support the principles and challenge poor behaviour wherever it occurs.

Herefordshire Council

Minutes of the meeting of Scrutiny Management Board held at Conference Room 1 - Herefordshire Council, Plough Lane Offices, Hereford, HR4 0LE on Monday 13 April 2026 at 2.00 pm

Present: **Councillor Ben Proctor (chairperson)**
Councillor Louis Stark (vice-chairperson)

Councillors: Jenny Bartlett, Simeon Cole, Frank Cornthwaite, Pauline Crockett, Dave Davies, Toni Fagan, Liz Harvey, Ed O'Driscoll and Richard Thomas

In attendance: **Councillor(s) Councillor Barry Durkin (Cabinet Member Roads and Regulatory Services, *attended remotely*), Elissa Swinglehurst (Cabinet Member Environment), Councillor Carole Gandy (Cabinet Member Adults, Health and Wellbeing), Councillor Peter Stoddart (Cabinet Member Finance and Corporate Services).**

Officers: **Roger Allonby (Service Director Economy and Growth), Simon Cann (Democratic Services Officer/Committee Clerk), Hilary Hall (Corporate Director Community Wellbeing), Rachael Sanders (Director of Finance), Danial Webb (Statutory Scrutiny Officer).**

1. APOLOGIES FOR ABSENCE

No apologies for absence had been received.

2. NAMED SUBSTITUTES

There had been no named substitutes.

3. DECLARATIONS OF INTEREST

Cllr Ben Proctor (Chair) pointed out he was a city councillor and represented Hereford City Council on its Stronger Towns Board, which administered some capital funding.

Cllr Frank Cornthwaite highlighted a potential interest in small business rates, as a part director of a business affected by them.

Cllr Toni Fagan pointed out she was a trustee for Llanwarne Village Hall, which was in receipt of the Capital Spaces Grant.

4. MINUTES

The minutes of the previous meeting were received.

Resolved: That the minutes of the meeting held on 23 January 2026 be confirmed as a correct record and be signed by the Chairperson.

5. QUESTIONS FROM MEMBERS OF THE PUBLIC

No questions had been received from members of the public.

6. QUESTIONS FROM COUNCILLORS

No questions had been received from councillors.

7. Q3 PERFORMANCE REPORT

The Chair invited comments and discussion from the committee in relation to the report. The key points of the discussion are detailed below:

1. Members questioned why rough sleeping numbers regularly breached the target and whether the target itself remained realistic. Officers explained that the nationally defined measure included people on private and council land, including some non-engaging individuals, and that while daily outreach continued, engagement could not be compelled. It was suggested that local projections or targets should be reviewed to better reflect circumstances.

2. Clarification was provided on counting arrangements, including daily welfare checks, weekly internal counts and the annual national snapshot, and members were assured that all rough sleepers were treated as the council's responsibility regardless of land ownership.

3. Members raised concerns about delays to alternative provision for children and SEND services. Officers explained these were due to site issues, changes in central government decisions and capacity constraints, but confirmed capital investment to improve in-county provision. A new sufficiency plan was being developed to support future planning. Officers agreed to review whether the amber RAG rating remained appropriate.

4. It was confirmed that a special free school project had been paused following withdrawal of Department for Education funding. Members queried the consistency and application of RAG ratings; officers explained the governance process but acknowledged that clearer guidance could improve consistency.

5. Concerns were raised about report presentation, including unclear chart legends and the use of Q1 data for Q3 waste ratings. Cabinet members acknowledged reporting delays and the need for clearer narrative, particularly in light of forthcoming food and garden waste services. It was noted that food waste collection was a statutory requirement, with unresolved revenue funding issues and limited environmental benefit locally, but unavoidable implementation.

6. Members discussed wetlands delivery, Section 106 delays, contractor performance issues, and care accommodation planning. Officers confirmed mitigation and staffing arrangements, agreed to investigate specific schemes raised, and outlined a revised focus on smaller in-county provision for adults with complex needs.

7. Officers confirmed that an outcomes framework would be introduced in 2026/27, and that "top 10" indicators were locally agreed following the removal of national requirements. The use of projections rather than explicit targets for performance assessment was explained, with agreement that clearer labelling would improve transparency.

8. Q3 2025/26 BUDGET REPORT

The Cabinet Member Finance and Corporate Services provided a brief overview of the report. The Director of Finance, attending cabinet members and directors were also

present to respond to questions from the committee; The key points of the discussion are detailed below:

1. Members asked whether cost pressures in Adult Social Care and homelessness were routinely underestimated and whether an “optimism bias” should be applied to budgeting. Officers responded that budgets were developed jointly with service leads using the best available evidence at the time, including client numbers and activity forecasts, but future changes in demand and care complexity could not be precisely predicted. They emphasised that reports were intended to be transparent rather than optimistic and already highlighted known pressures and mitigation plans.

2. Members questioned why Adult Social Care continued to overspend year on year. Officers explained this was driven by an ageing population with increasingly complex needs, hospital pressures affecting discharge, severe flu impacts, capacity constraints in home care, and rising package costs due largely to national wage policy. Work was underway to improve discharge pathways, expand reablement, strengthen partnerships with providers, and reduce reliance on spot purchasing.

3. Members asked what action was being taken to address homelessness and the loss of private landlords. Officers outlined investment in temporary accommodation, targeted homelessness prevention work, and proactive engagement with landlords through briefings, regulation support, and partnership approaches. They acknowledged that wider national legislation and market conditions were the primary drivers of landlords leaving the sector and that the council could not resolve these issues alone. Members raised concerns regarding the apparent absence of a robust action plan to help support and increase the number of landlords in the county.

4. Members sought clarity on the long-term plan for managing Adult Social Care costs. Officers described a focus on major transformation programmes centred on prevention, demand management, assistive technology, and alternative care models, alongside longer-term partnership contracts with providers. They stressed there was no single solution and that managing demand was as critical as managing expenditure.

5. Members asked whether Cabinet was confident that delivery plans adequately responded to recurring overspends. Cabinet representatives confirmed that overspends were robustly challenged in detail, that forecasting accuracy was improving, and that emerging tools such as AI-supported modelling were strengthening projections. While dissatisfaction with recurring overspends was openly acknowledged, members were assured that all feasible options were tested regularly.

6. Members questioned whether agreed savings remained achievable. Officers reported that approximately 40% of total savings had been delivered by Q3, with a further majority of legacy savings already achieved. Some savings had been delayed due to timing or operational factors, such as academic-year delivery, but were still expected to be realised, with overall performance described as positive but cautious due to volatility.

7. Members asked how additional income from treasury management was governed and allocated. Officers explained that this income was reported through the central budget line and was offset against other financial pressures such as borrowing costs and MRP. It was not separately allocated to services but managed corporately through established financial governance processes.

8. Members questioned why capital projects were frequently reprofiled and how inflation risks were managed. Officers stated that reprofiling usually reflected delivery delays rather than lack of control, with inflation risks managed at project level and through corporate oversight. They acknowledged global economic uncertainty but said strong governance, challenge, and risk management arrangements were in place.

9. Members queried delays to active travel schemes funded through the Levelling Up Fund. Officers explained that delays were due to managing cumulative disruption in the city and responding to business and resident concerns about traffic impacts. They confirmed continued commitment to active travel and advised that no immediate risks to grant funding had been identified.

At the conclusion of the debate on item 7 and item 8 the committee discussed and agreed the following recommendations.

That the executive should:

1. **Review the method by which the council counts the number of people sleeping rough, to take into account local factors.**

2. **Urgently review the application of the RAG status to reassure themselves it is a realistic picture of the current position on Delivery Plan items. In doing so, they should also develop guidance for senior responsible officers (SROs) and service leads in line with the outcome of this review.**

3. **Ensure that delivery reports display RAG ratings for each quarter (Q1-Q4), to provide a transparent record of progress and to highlight risks or declining performance as they occur.**

4. **Develop an action plan to support and increase the number of private landlords in the county.**

9. WORK PROGRAMME

The meeting was extended by ten minutes to allow discussion of the work programme.

1. Members emphasised the importance of the new performance framework being implemented and scrutinised during the current financial year, and sought clarity on how this would be scheduled.

2. While improvements in corporate risk management were acknowledged, members noted that scrutiny committees did not routinely review corporate or directorate risk registers, identifying this as a potential gap. The role of Scrutiny Management Board in coordinating consistent scrutiny, including recommending regular risk reviews across committees, was discussed.

3. Concerns were reiterated about the timeliness of financial scrutiny. Members proposed revisiting the establishment of a working group to review financial performance reports quarterly as they are published, to strengthen oversight.

4. Members discussed different approaches to developing the work programme, balancing the benefits of dedicated informal sessions against the need for transparency and public engagement.

Resolved: That a Scrutiny Management Board work programming session be scheduled at the earliest convenient opportunity.

10. DATE OF THE NEXT MEETING

Friday 3 July 2026, 10am

The meeting ended at 17:08 **Chairperson**

Herefordshire Council

Title: Adult Social Care

Meeting: **Scrutiny Management Board**

Meeting date: **Monday 6 July 2026**

Report by: **Statutory Scrutiny Officer**

Classification

Open

Report purpose

To provide background information to support Scrutiny Management Board to meet the objectives listed below.

Background

1. Scrutiny Management Board has decided to focus its scrutiny of the council's financial strategy thematically. It has chosen to look broadly at adult social care for three reasons.

    a. The 2025 Care Quality Commission (CQC) inspection of Herefordshire Council's adult social care function, contained mostly in the Community Wellbeing Directorate, judged the council as requiring improvement in some aspects of its service.
    b. Herefordshire Council's draft Medium Term Financial Strategy, covering the period 2026/27 – 2029/30, identified a funding gap of £83.418 million across the strategy period. The strategy notes that a key area of focus and activity will to "deliver efficiencies in high-cost, high demand areas of service delivery". The Community Wellbeing Directorate accounts for 38.3% of the council's revenue budget.
    c. Increasing demand for adult and children's social care is listed as a key financial risk for the council in its Medium Term Financial Strategy.

Meeting objectives

2. Scrutinise the recent CQC inspection report on adult social care.

3. Further scrutinise the council's budget and its plan for service transformation in light of budget pressures and the inspection findings

Report information

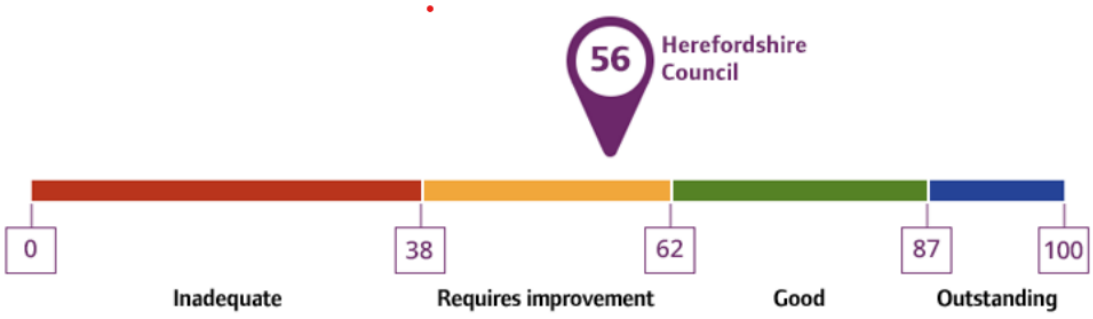
4. The chairs and vice chairs of the Scrutiny Management Board and Health, Care and Wellbeing Scrutiny Committee met in April 2026 to discuss how best to align two key priorities for their respective scrutiny committees:

a. A need to scrutinise the recent CQC inspection report on adult social care
b. A wish to scrutinise the council's budget and its plan for service transformation in light of budget pressures and the CQC inspection findings.

5. They agreed that they would carry out a piece of scrutiny through Scrutiny Management Board, seeking to answer the following questions:
    a. How will the council meet the growing demand for its adult social care services?
        i. What are the emerging findings of the adult social care scrutiny task and finish group?
    b. What is its plan to transform services to meet this need?
        i. How will this be reflected in the council's future financial strategy?
    c. How will this transformation be funded, given the council's identified funding gap for the period of the Medium Term Financial Strategy
    d. What external factors are likely to have an impact on the delivery of transformation?
    e. What, therefore, is the plan to balance growing service demand with the need to make budget savings?
        i. What will be the impact on other council services?
        ii. What will be the risks to the plan, and how will they be managed?
    f. How will this transformation reflect the findings of the recent CQC inspection report, and how will the council respond to the recommendations of that report?

6. To support this work, the chairs and vice-chairs have requested publication of the following information to support this work.

7. **Care Quality Commission - Herefordshire Council: local authority assessment**. The recent CQC inspection of Herefordshire Council's adult social services judged them as requiring improvement, with elements of the service judged as being good. The inspection report is included in this report as Appendix 1.



8. **Herefordshire CQC improvement plan 2026-27**. In response to the inspection report, Herefordshire Council has produced an improvement plan to deliver the service transformation required to build on the strengths noted in the inspection report and to expedite progress on areas of improvement. The inspection report is included as Appendix 2.

9. **Adult Social Care Demand Task and Finish Group interim report**. The Health, Care and Wellbeing Scrutiny Committee has carried out a review of the demand for adult social care services in Herefordshire through a task and finish group. The group has yet to finalise its work but has produced a number of potential recommendations that it will test as it produces its final report. The group chair's interim report and draft recommendations are attached as Appendix 3 of this report.

10. **Community Wellbeing Directorate 2026/27 Budget Position Statement**. At its budget meeting on 13 February 2026, Council received a document outlining key pressures, challenges and savings proposals for 2026/27. This document is appended as Appendix 4. Included as appendices 5-7 are:
    a. 2025-26 Revenue Outturn
    b. 2025-26 Savings Outturn
    c. 2025-26 Capital Outturn

Consultees

None

Appendices

Appendix 1 - Herefordshire Council CQC local authority assessment
Appendix 2 - Herefordshire Council CQC improvement plan 2026-27
Appendix 3 - Adult Social Care Demand Task and Finish Group interim report
Appendix 4 - Community Wellbeing 2026-27 budget position statement
Appendix 5 - 2025-26 revenue outturn
Appendix 6 - 2025-26 savings outturn
Appendix 7 - 2025-26 capital Outturn

Background papers and resources

None identified

Herefordshire Council: local authority assessment

How we assess local authorities

Assessment published: 29 May 2026

About Herefordshire Council

Demographics

Herefordshire is a unitary authority in the West Midlands, bordered by Shropshire to the north, Worcestershire to the east, Gloucestershire to the south-east and the Welsh counties of Monmouthshire and Powys to the west. The city of Hereford is the county town, surrounded by the five market towns of Leominster, Ross-on-Wye, Ledbury, Bromyard and Kington.

Herefordshire is home to approximately 191,000 people across 840 square miles. Rurality poses a challenge for providing services, with 43% of the local population living in the more rural villages and dispersed areas. Herefordshire is the fourth most sparsely populated local authority in England.

The majority of the population of Herefordshire are White British (96.91%), with 1.2% Asian or Asian British, 1.1% from a Mixed or Multiple background, 0.3% Black, Black British, Caribbean or African, and 0.5% from Other ethnic groups. There is a higher proportion of the population in the county who are aged 65 or older (26.97%) than the England average (18.73%).

Herefordshire has an Index of Multiple Deprivation score of 5 (with 10 being the highest and most deprived) and is rated 88 out of 153 (1 being most deprived). There are 12 neighbourhoods in the 25% most deprived areas in the country, with approximately 6,100 older people living in income deprivation, which represents 11% of all people aged 60 or over.

Life expectancy for men and women was better than England average, but the gap was narrowing (83.6 years for women and 79.8 for men, compared with 83.1 and 79.1 nationally). Men in Herefordshire spent 83% of their lives in good health compared to 80% across England; for women the local figure was 81% compared to 77% nationally. People born in the most deprived areas in Herefordshire had a shorter life expectancy by an average of 5.2 years for men and 3.2 years for women.

Herefordshire is located in the Herefordshire and Worcestershire Integrated Care System (ICS). Hereford County Hospital is the only hospital in the county delivering acute and community services.

Herefordshire Council is comprised of 53 councillors representing the 53 wards in the area. Herefordshire is a Conservative run council with a minority administration.

Financial facts

The Financial facts for **Herefordshire** are:

- The local authority estimated that in 2024/25, its total budget would be **£343,697,000.00**. Its actual spend for that year was **£363,335,000.00**, which was **£19,638,000.00 more** than estimated.

- The local authority estimated that it would spend **£85,923,000.00** of its total budget on adult social care in 2024/25 Its actual spend was **£94,342,000.00**, which is **£8,419,000.00 more** than estimated.
- In 2024/25, **25.97**% of the budget was spent on adult social care.
- The local authority has raised the full adult social care precept for 2024/25, with a value of **2%.** Please note that the amount raised through ASC precept varies from local authority to local authority.
- Approximately **3005** people were accessing long-term adult social care support, and approximately **515** people were accessing short-term adult social care support in 2023/24. Local authorities spend money on a range of adult social care services, including supporting individuals. No two care packages are the same and vary significantly in their intensity, duration, and cost.

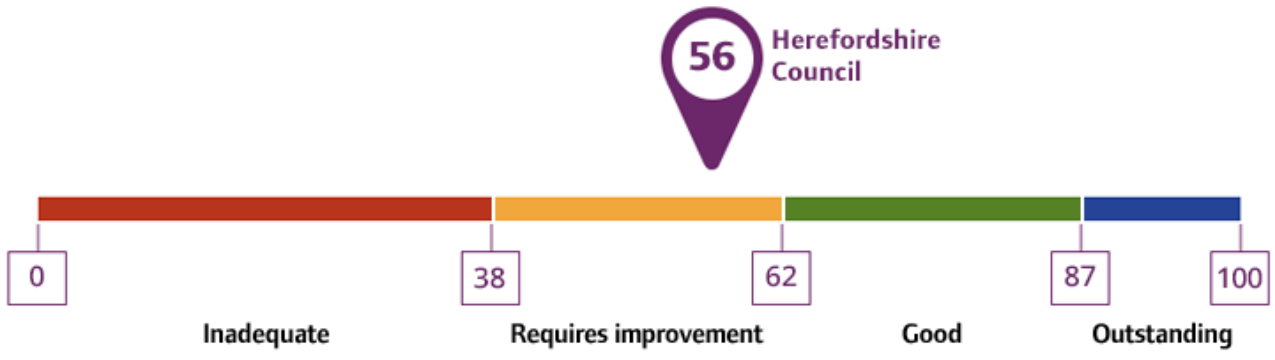
This data is reproduced at the request of the Department of Health and Social Care. It has not been factored into our assessment and is presented for information purposes only.

Overall summary

Local authority rating and score

Herefordshire Council

Requires improvement



Quality statement scores

Assessing needs
Score: 2

Supporting people to lead healthier lives
Score: 2

Equity in experience and outcomes
Score: 2

Care provision, integration and continuity
Score: 2

Partnerships and communities
Score: 3

Safe pathways, systems and transitions
Score: 2

Safeguarding
Score: 3

Governance, management and sustainability
Score: 2

Learning, improvement and innovation
Score: 2

Summary of people's experiences

People could get in touch with the local authority in a number of ways. The local authority had invested in Talk Community Hubs in community venues which provided opportunities for people to connect with support in ways that worked for them. Local authority processes supported people to navigate services that could meet their needs outside of those eligible under the Care Act such as veteran's support and community connection through Talk Community.

People were waiting for Care Act assessments, reviews, and financial assessments. People at highest risk were supported quickly, and there were robust 'waiting well' processes in place. These ensured people were contacted regularly and were often supported by technology enabled care or community services while they waited.

While few unpaid carers waited for assessments, unpaid carers' needs were not always seen as distinct from the needs of the cared for person. Some unpaid carers said they were not offered assessments, that their support plans didn't always meet their needs and there was limited support available for them. There was some feedback unpaid carers were signposted to support by the local authority rather than proactively connected or referred to the available support in the community, which increased the risk unpaid carers were lost between services. Some unpaid carers were struggling and told us they could no longer take part in things they used to enjoy or take a break. Access to short breaks and respite was challenging for unpaid carers. While people could access short breaks in an emergency, longer-term planning was limited.

Sometimes there were delays in hospital discharge which affected people's experiences and outcomes. One family, for example, told us the process was patchy and prolonged, and while they eventually got a good outcome, it took longer than needed. At the time of our assessment, most people accessed the formal reablement offer through hospital discharge and fewer people in the community received reablement care. Delays in discharge processes affected people's reablement goals. For some people, not achieving these reablement goals risked more or longer-term care.

People could wait a long time for occupational therapy services. There was increasing demand and staff could not be sure how long someone might wait for support.

People described seeing clear partnerships working in the support they had received. There were a number of partnership boards in place that supported people's voice in service design, and this was growing at the time of our assessment.

Summary of strengths, areas for development and next steps

Staff were passionate about supporting people in Herefordshire. They understood the area and the specific needs of the people and communities in Herefordshire. This supported strengths-based working. Most of the people and partners we spoke with had good experiences of assessments, care planning and reviews. However, sometimes people and partners said processes felt rushed, and there was a lack of communication from the local authority.

There was increasing demand and complexity of contacts received by the local authority. There was emerging work to develop a more therapy led front door in line with the developments in technology enabled care and the Talk Community approach in the county. There were efficiencies in triage and paperwork and systems that were needed. Some teams told us prioritisation of work was not always clear, which affected allocation.

There was a clear ambition within the local authority and through connections with partners to invest and grow an early prevention approach for everyone, with Talk Community a golden thread throughout this work. The linkages between adult social services, community services, including public health, and housing were clear. This linked into wider networks such as Community Action Networks to engage with communities at a grass roots level.

People waited for assessments. The number of people waiting appeared to be stabilising at the time of our assessment, though several waiting times were increasing. Work to understand demand was in progress. People also waited for reviews. The local authority identified some additional capacity to support overdue reviews. There were concerns about the waits for occupational therapy assessments, however waiting well processes were in place where risk was reviewed on a regular basis.

Staff we spoke with were considerate and aware of the needs of unpaid carers. However, several unpaid carers shared difficult experiences, where their needs were not always well considered as separate to the needs of the person they cared for. There was consistent feedback from the people we spoke with, partners and some staff, that there were limited respite opportunities and unpaid carers struggled to be able to take breaks from their caring role. Unpaid carers described a lack of contact from the local authority, long waits and unclear processes. Some carers told us they experienced significant strain and they were struggling with a lack of support. There were some pilots and developments ongoing to build further opportunities and a new co-produced Carers Strategy which aimed to improve the experiences of unpaid carers.

Staff had a good understanding of advocacy and mental capacity but use of advocacy was low and often at a later stage. This minimised its impact in supporting people at the earliest opportunity to fully engage with adult social care processes and decision making.

There were shortfalls in reablement provision and reablement services were not sufficiently effective to support people to return to their optimal independence. Staff told us there were few examples of where reablement outcomes were achieved. There were process delays and staff capacity issues which meant there were challenges getting the right support or completing work with people. There had been delays at discharge from hospital and in accessing therapy services which affected people's reablement potential. This meant reablement teams were not able to support as many people as they could. The majority of people accessing reablement care in the area did so from hospital discharge, meaning fewer people received reablement care from community sources. We heard some people who would have benefitted from reablement support did not receive it due to a focus on hospital discharge.

Some people could wait a long time for an assessment for equipment and adaptations. There was some work to progress training more trusted assessors and improve processes such as the administrative burden on occupational therapy staff. The technology enabled care offer was growing, and staff clearly described supportive packages that enabled people to stay at home and retain independence in flexible and creative ways. The availability of a 'virtual house' and a facility where people could test equipment were positive opportunities for people to understand the offer.

There had been a significant challenge related to the change in equipment provider. The local authority responded quickly and efficiently to get a service running and effectively reduced the impact on people's experiences and outcomes. There were ongoing concerns that were being resolved at the time of our assessment in relation to equipment stock tracking. There were reported equipment stock gaps and it was not always clear where orders were within processes, making it difficult to be sure who was waiting and for how long. The local authority told us stock gaps had been identified and quickly addressed as part of the transition to the new equipment provider and additional stock was purchased to reduce these issues.

Strategies showed an understanding of improving the experiences of people with protected characteristics. Staff reported no issues accessing interpreters and employed appropriate strategies to support people to access culturally competent care and meet communication needs. Staff, leaders, people and partners all reflected there was more to do to reach and engage with seldom-heard communities. Efforts were made to reach out to communities such as Ukrainian, Polish, and Gypsy, Roma, and Traveller populations through Talk Community. Some people had difficulty using the local authority's website to access information and guidance, though some work was progressing to improve this.

There were sufficient systems in place to understand local need and develop commissioning strategies to meet need. There were gaps, for example, in supporting younger adults with learning disabilities and autism. There was a review of day services and exploring alternatives to out-of-county placements. This showed responsiveness to unmet needs and a commitment to localised, person-centred care. Gaps had been well understood and there was activity to either resolve or plan to meet those gaps at the time of our assessment. The local authority's market position statement was being updated and the previous version reflected a data driven position, which clearly outlined the intentions for the market.

Quality assurance teams had a robust, evidence-based approach to assessing the quality of provision in the market in Herefordshire. The quality assurance framework included monthly reporting, off-site reviews, on-site inspection of services, improvement action planning, and escalation protocols. This was proactive with commissioned providers and an all-age quality assurance strategy was in development.

Some providers reflected that leadership and engagement with them had become more visible and supported them to share challenges that were affecting their sustainability. Providers and staff reflected the impact of recent change programmes and transformation within commissioning services to longer-term strategic relationships. Some support such as with recruitment was in place through programmes such as Herefordshire Cares and digital campaigns through social media, aimed at attracting new entrants into the local care workforce and raising awareness of opportunities in the sector. Some providers told us there was more support needed for them to navigate sustainability challenges in the market, including cost of living and wage pressures.

Operational relationships between teams and across services were working well. The One Herefordshire Partnership provided a strategic forum bringing colleagues together to tackle partnership priorities. There were arrangements to use Better Care Funding in creative ways, such as to support adaptations through the Disabled Facilities Grant.

There were clear ambitions and activity ongoing at a grass roots level and very locally with the community sector as part of Talk Community and Community Hubs activity. This showed the importance assigned to working with the voluntary and community sector. Staff and partners highlighted that local authority tendering processes could be complex, especially for smaller community organisations. Overall strategic direction for the voluntary and community sector was an identified area for development that leaders shared with us.

Staff supporting hospital discharge advocated for people and undertook assessments of care needs. Staff shared several examples where people's needs had deteriorated within the period following hospital discharge that resulted in readmittance to hospital. There had been targeted work to reduce delays to hospital discharge, with delayed discharge at its lowest level in recent years.

Good relationships with the police, health, and the voluntary and community sector amongst others were supporting people who were at risk of or homeless. Further connectivity with drug and alcohol and domestic abuse strategies and activities was also described and partners reflected this could be a growing area of local authority involvement to support safe systems. Positive partnership working engaged young people and their families and supported them before, during and after they moved from child to adult services.

National data indicated that people in Herefordshire felt safe. Safeguarding processes were clear and concerns were triaged quickly. The majority of section 42 enquiries were allocated in a timely way. There were capacity challenges within the safeguarding team and some aspects of the role, such as communicating outcomes or capacity to be more proactive, were limited by the number of staff responsible for triaging work. Recording systems had improved, and there was development work ongoing.

Partners described good working relationships, including with the Safeguarding Adults Board. Arrangements such as the Joint Case Review Group offered opportunities for learning even without formal Safeguarding Adult Reviews. There was identified work to support people who did not meet section 42 thresholds but had complex needs that was beginning at the time of our assessment and considerations around transitional safeguarding approaches which would improve prevention in safeguarding.

Some staff were feeling the effects of smaller teams, long-term sickness absences, and loss of expertise through retirements. Most staff we spoke to felt managers and senior leaders were visible and responsive. For some, there were longer-term and historic issues which suggested their concerns and input had not always been valued or considered within strategic planning and decision making. A staff voice group had been developed, championing better working practices and developing the support offer for staff was in place, alongside a local authority-wide action plan following a recent staff survey, aimed at supporting ongoing improvement.

There was a mixed picture in the use of data to help the service fully understand challenges, bottlenecks and opportunities. Data dashboards were clear, regularly reported and reviewed by appropriate leaders and teams. Staff and leaders understood where improvements to data, recording and reporting were needed and actions were progressing to make these improvements, for example in the occupational therapy, equipment and adaptations waiting list.

Governance mechanisms were clear, and councillors had sufficient opportunity to challenge and support adult social care activity, including through appropriate data, risk assessment and reports. There was a recognition of the importance of cross-party solutions and discussion in light of the political arrangement in the local authority at the time of our assessment. The local authority had a communication strategy in place to support communication across the organisation, which some staff and leaders identified needed to improve. There were a range of mechanisms to keep relevant members updated on key decisions and developments.

At the time of our assessment, the local authority was waiting for a new Principal Social Worker to start. While there were cover arrangements, there were identified areas where this role would support ongoing development and focus, such as ensuring strengths-based practice. Audits and supervision were used as key tools for quality assurance. Reviews were signed off by senior staff, and any practice concerns were said to be addressed through supervision or training. There was engagement with national and local networks to support local development and learning. Learning logs were in place to highlight opportunities and actions related to service wide learning and improvement.

There was a growing environment of coproduction through existing partnership boards, though there was further to go in terms of ensuring this was embedded within the local authority's structures and truly delivering co-production. Some people told us there were ways co-production could improve, including expanding opportunities to hear more voices representing the community. Partners and people told us more was needed on progress and action to capitalise on momentum and people's engagement in order to avoid 'engagement fatigue'.

Most staff said general training and employee feedback mechanisms were strong, though others noted that induction and specialist training were variable and sometimes compromised by staffing shortages. The local authority's corporate induction programme indicated an investment in staff and their role in the organisation and county. Mandatory safeguarding and management training had been introduced and there were offers to engage with specialist courses such as contract management and health and wellbeing diplomas. The 'grow your own' approach within the local authority was well reported and consistently praised. Many staff told us that despite challenges, teams fostered an environment that encouraged learning, peer support and reassurance.

Theme 1: How Herefordshire Council works with people

This theme includes these quality statements:

- Assessing needs
- Supporting people to live healthier lives
- Equity in experience and outcomes

We may not always review all quality statements during every assessment.

Assessing needs

Score: 2

2 - Evidence shows some shortfalls

What people expect

I have care and support that is coordinated, and everyone works well together and with me.

I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.

The local authority commitment

We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Key findings for this quality statement

Assessment, care planning and review arrangements

People could access the local authority's care and support services through multiple channels, including email and via the phone. Talk Community Hubs provided 75 community venues such as libraries across the county where people could go to get information about adult social care. Community connectors supported people to access services that supported their needs. There was, however, no option in place for the online self-assessment of care needs, though the local authority told us people could complete and submit a strength-based assessment form which was shared with an allocated worker. Online self-assessment options were currently being explored by the local authority.

The Advice and Referral Team (ART) was the point of access for all contacts made to the local authority regarding adult social care. ART were able to pass these to the appropriate teams to progress to an assessment where required. Officers in the ART had strengths-based conversations to understand the individual's goals, support needs and risks. People were directed to services in the community through the Talk Community directory, which provided information, advice and guidance. The local authority's recording system included an algorithm which suggested appropriate services that may meet people's needs, though staff retained autonomy to override suggestions. There were processes in place to quality assure decision making by staff within the ART. The local authority was introducing a formal audit process to create a systematic review of decision-making and outcomes, identify patterns and support targeted improvement as needed.

While processes were in place to quality assure decision making in ART, we received mixed feedback that decision making within the referral process was not always efficient and some staff highlighted referrals often came through to the wrong teams or prioritisation wasn't clear. Occupational therapy services, for example, had a senior practitioner in the ART 2 days a week to check the appropriateness of referrals to the service. There was then further re-triage of referrals once they were received in occupational therapy, with some referrals found not to relate to the service. While local authority processes were clear, operationally some staff said there were delays and duplication, which increased the administrative burden on staff and reduced their capacity to support people directly. However, the local authority told us there were occasional errors sending referrals to the correct team or with prioritisation. Staff said this meant some people experienced delays in receiving information, advice and guidance or an appropriate service at the right time. There were mechanisms for some teams ensuring these were identified and resolved on the same day.

The local authority was exploring further developments of the ART to ensure it was more therapy led. A robust service improvement plan identified several actions to support development, including enhancements to the referral process based on a new staff competency framework and further opportunities for staff training in ART, including to become trusted assessors. Action was progressing at the time of our assessment, expecting to be completed by March 2026.

In general, people experienced person-centred and strength-based assessment and care planning that was considerate of their needs. In a recent local authority survey between October 2024 and April 2025, 87% of respondents said they felt listened to, with 94% saying they thought staff were caring and compassionate. As part of our assessment, we saw several examples of thorough assessments and care plans that included people's experiences, wishes and desired outcomes. In one example, documentation highlighted the social worker had worked with the person and their family to identify how the person's skills and strengths could be maintained in their placement as part of discharge planning. Some providers told us overall people's independence was promoted and there was a clear intention to deliver person-centred care. National data indicated 70.23% of people were satisfied with care and support, which was somewhat better than the England average of 65.16% (Adult Social Care Survey – ASCS, November 2025).

People's experiences of care and support ensured their human rights were respected and protected. In the recent local authority survey, 93% of people said, alongside the compassion of staff, that their equality and diversity needs were considered. In one example, the assessment process was completed over different sessions to the person's needs, changing environment and capacity to contribute to the full assessment in one go. Staff shared examples of how people were involved throughout the assessment, care planning and review in decisions. People's protected characteristics under the Equality Act 2010 were understood and incorporated into care planning.

The local authority was without a Principal Social Worker (PSW) at the time of our assessment. The new PSW was due to start in September 2025. There had been interim arrangements in place in recent months, with a focus on quality, and the local authority told us senior practitioners, team managers, and heads of service had combined responsibility for continuous improvement. However, some staff and leaders told us they felt the lack of PSW. This included the need for a focus on ensuring the ongoing improvement in delivery of strengths-based assessments, care plans and reviews.

People shared concerns about the local authority's communication, staff capacity and consistency which affected their experiences. Some people told us they had to chase the local authority for responses and inconsistent staffing had led to emotional fatigue in repeating their story. Some partners, for example, told us they didn't always receive relevant information to support people, such as in emergency situations, knowing who to contact at the local authority, or when a review would happen. This created some instances where coordination with different agencies, services, people and their families was not as clear as it could be. Partners told us while people's reviews were strength-based, they often had to chase the local authority due to delays. The allocation to different staff members limited the long-term continuity and relationships those staff could build with people, their families and care providers. One partner told us when reviews were allocated to different staff, there were differences in expertise and there had been a lack of specialist knowledge for people with a learning disability, for example. They said the lack of continuity hindered effective care planning. The local authority had identified actions to resolve these concerns, including options for people to receive emailed paperwork directly, rather than by hard copy in the post and improving performance monitoring on the time taken to provide feedback or updates.

The local authority had assessment teams who were competent to carry out assessments, including specialist assessments. Staff received appropriate training to conduct assessments, with relevant expertise provided to support development. Staff described peer support, management support and a collaborative approach which enabled them to deliver quality services to people in Herefordshire. Directorate days supported the teams to understand each other's roles, which in turn supported people's experiences of connected services.

Timeliness of assessments, care planning and reviews

There were waits for assessments and reviews across the local authority that affected people's experiences and outcomes. There were shortfalls in the timeliness of reviews and occupational therapy assessments.

Local authority data in August 2025 indicated 161 people were waiting for allocation for an assessment with a social work team. This was a similar figure to the 167 people awaiting allocation for an assessment in April 2025 indicating a fairly stable waiting list. The local authority set a target of 42 days for assessments to start. The median wait time in August 2025 was 62 days over the previous 12 months, with a maximum waiting time of 192 days. The median wait time in April 2025 was 14 days over the previous 12 months, with a maximum waiting time of 98 days. Some teams, such as the county team supporting people with complex needs, had shorter waiting lists. While the number of people awaiting allocation to start the assessment process remained fairly stable, the length of time people waited was increasing.

A 'waiting well' process was in place in which people were regularly contacted to understand if their circumstances had changed. People were signposted to the Talk Community Directory and community organisations to provide support while they waited. Technology Enabled Care (TEC) solutions could also be progressed while people waited for an assessment. In some cases, these solutions supported care planning at a later stage, providing evidence of how well someone was able to manage at home or when a care package may be more effective. Financial assessments could be progressed while people waited if it was evident they would need support in order to reduce waits further down the line. The local authority told us they were experiencing higher demand for support from both community and hospital routes combined with staff vacancies, which contributed to waiting lists. Senior leaders monitored the number of people awaiting allocation monthly. There was exploratory work ongoing to understand and address increasing demand on services.

Care Act assessments could also be completed by occupational therapists (OTs), which often focused on when people's identified needs could be supported by equipment or adaptations to their homes. In August 2025, 474 people were waiting for an assessment for equipment or adaptations, some of whom had eligible needs under the Care Act. There was a median wait time of 53 days for an assessment to be allocated, and a maximum wait time of 458 days. The local authority told us the target timescale for the allocation of urgent referrals was 5 days, but the median for these was 32 days. In September 2025, the local authority provided updated data. This indicated 316 people were waiting for a service under the independent living service, which included front door, TEC and long-term OT teams. Of these, 13 people were waiting at the front door in prevention services with OTs and 264 people were waiting for the allocation of a long-term OT for a full functional assessment. Staff told us they often couldn't tell people how long they would be waiting between contact and assessment but said some people waited over a year. Waiting well processes were in place but these were difficult conversations in which limited updates could be given. People did receive support while they waited and could be signposted to alternative support if needed. There was ongoing work to improve the recording system to help provide further service level data, including details about what individuals were waiting for and indicate whether people were already receiving support while they waited.

People also waited for reviews. Local authority data showed the number of people on the waiting list for care reviews in August 2025 was 567 people. This was an increase compared to the 538 people awaiting review in April 2025. National data indicated 38.41% of long-term support clients had received a review (either planned or unplanned), which was somewhat worse than the England average of 59.13% (Adult Social Care Activity Report, October 2025). Waiting times did seem to be reducing, with the median waiting time in August 2025 of 217 days, compared to 252 days in April 2025, and a maximum waiting time in August 2025 of 947 days.

The local authority had focused on reviewing people who had waited the longest for a review over the three months prior to our assessment by allocating a dedicated staff member and advertising for further support. There were weekly progress reports to provide oversight of overdue reviews. Some teams who had capacity also picked up reviews to reduce delays.

Assessment and care planning for unpaid carers, child's carers and child carers

The needs of unpaid carers were not always recognised as distinct from the person with care needs. While people did not often wait a long time for a carer's assessment, many people told us they struggled to access support from the local authority, were not offered carers assessments and experienced significant strain as a result of their caring role.

Some unpaid carers had good experiences. National data indicated 46.15% of carers were satisfied with the care they received from social services, which was somewhat better than the England average of 36.83% (Survey of Adult Carers in England – SACE, June 2024). Some staff shared examples of adapting language, completing in-depth assessments, and providing opportunities for breaks within their assessment and support planning for unpaid carers.

Local authority data in August 2025 showed that the number of people awaiting a carers' assessment was 7, with a median waiting time of 47 calendar days and a maximum waiting time of 87 days in the previous 12 months. In April 2025, there were 3 individuals on the waiting list for carers' assessments. The median waiting list time was 10 days and the maximum waiting list time was 18 days during the previous twelve months. The local authority target timescale was 42 days for an assessment to start. While numbers of people waiting were small, local authority data indicated people were waiting longer.

The majority of unpaid carers we spoke to told us they experienced irregular contact and follow-up from the local authority. They said they struggled with unclear processes, long waits and poor communication. In some instances, they told us local authority teams frequently failed to follow up after assessments, leaving families to chase support themselves. In one example, a carer told us they were no longer able to participate in things they enjoyed, and they didn't know how to get a break from their caring role. They said their assessment and care plan provided limited support for them. Others told us they had never been offered a carer's assessment. Partners supported these views. Some partners told us risks around carer stress and breakdown were well reported to the local authority but there was limited recognition and occasional dismissal of their concerns.

National data supported the findings from the unpaid carers who spoke to us. For example, 6.67% of carers felt they had control over their daily lives, which was significantly worse than the England average of 21.53% (SACE, 2024). Additionally, 20.00% of carers reported they had as much social contact as they wanted, which was worse than the England average of 30.02% (SACE, 2024). Some unpaid carers told us they faced financial pressures due to care-related costs and unclear entitlements. This was backed by national data: 53.33% of carers were experiencing financial difficulties because of caring, which was somewhat worse than the England average of 46.55% (SACE, 2024).

The local authority recognised improvements in the experiences and outcomes of unpaid carers in Herefordshire were needed. The local authority told us they were committed to improving unpaid carers' experiences and outcomes. An All-Age Carers Strategy and Carers Partnership Board were in place, which had included unpaid carers in their development and ongoing delivery. The local authority told us the strategy and board were important and recognised in the Council, with full Cabinet approval of the strategy and reporting from the board to the Health and Wellbeing Scrutiny Committee, for example, indicating organisation-wide focus to address the needs of unpaid carers. The board, established in October 2024, had membership from local statutory agencies, voluntary and community organisations, and people with lived experience. The Young Carers Support Squad was in place to focus on young carers. An action plan, based around the recommendations of the All-Age Strategy Carers Strategy was developed and monitored through the Health, Care and Wellbeing Scrutiny Committee. This activity intended to drive improvements in unpaid carers' experiences and outcomes in Herefordshire.

Young carers assessments were completed by the Early Help team within children's services, which included dedicated support staff working with young carers. This team connected young carers with support available in the community, such as clubs. There were no waiting lists for young carers assessments. Guidance for staff on identifying and supporting young carers was clear and comprehensive. Information for young carers was also available, including what services were available and how they could be accessed.

Help for people to meet their non-eligible care and support needs

People were given help, advice and information about how to access services, facilities and other agencies for help with non-eligible care and support needs. The local authority's Talk Community directory aimed to connect people with services, groups, information and events in Herefordshire. It included information on housing and accommodation, keeping well and staying health, and transport, travel and mobility.

The local authority had community connectors who supported people to access community-based options as part of support planning. This included supporting people from the point of contact in the ART and for people progressing through the assessment and care planning process to meet eligible and non-eligible care and support needs. In one example, staff shared how they completed a joint visit with a veteran support officer to ensure the person's needs as a veteran were well considered within the context of the community support available.

Staff connected into the Talk Community directory and community connectors to support people's non-eligible care and support needs. Additionally, staff considered how best to meet the needs of people who had no recourse to public funds. In one example shared with us, staff utilised a Human Rights Act assessments for an individual in need of mental health support, which enabled them to receive the support they needed when they returned to their home country.

Eligibility decisions for care and support

The local authority's framework for eligibility for people with care and support needs was transparent, clear and consistently applied. Eligibility information, in line with the national eligibility criteria, was available for people who had care and support needs on the local authority's website.

The local authority did not have a separate appeals process for eligibility concerns, using their complaints process to manage this. No complaints regarding eligibility had been received in the 12 months prior to April 2025.

National data indicated 63.72% of people did not buy any additional care or support privately or pay more to 'top up' their care and support, which was similar to the England average of 63.73% (ASCS, 2025). This indicated for the majority of people, local authority funded care met their needs, and they did not need to purchase additional care and support.

Feedback from some unpaid carers and partners indicated unpaid carers were not always offered an assessment of their needs, which raised concerns about the application or clarity of eligibility criteria for unpaid carers. Information was available on the Talk Community directory encouraging self-identification and engagement with the assessment process. The local authority provided a plain language definition of an unpaid carer, alongside a video to support unpaid carer identification, on their website. However, one partner, for example, shared that several unpaid carers contacted them to say they had been told they didn't qualify for a carer's assessment, despite identified needs. These issues were often resolved on an individual basis but raised concerns there was a lack of staff understanding in relation to unpaid carers' eligibility for assessment.

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Financial assessment and charging policy for care and support

The local authority's framework for assessing and charging adults for care and support was clear, transparent and consistently applied. There were clear processes in place to support people's differing circumstances, such as for people who used residential care services and those who didn't. People could complete financial assessments over the phone or in person if needed.

At the time of our assessment in August 2025, the local authority told us 97 people were waiting for a financial assessment, with a median waiting time of 21 days and a maximum waiting time of 154 days. The target timescale for starting a financial assessment was 15 days, meaning on average, people were not receiving a financial assessment within the local authority's target timescale.

The local authority told us there had been an increase in demand for financial assessments, from 1,018 in the 12 months to March 2023, to 1,510 in the 12 months to March 2025. The function of the team was being reviewed at the time of our assessment to ensure there was sufficient capacity to meet increasing demand and improve the timeliness of financial assessments.

Local authority complaints data was provided in categories, though none specifically related to financial assessment or decision making. The local authority received 36 complaints about adult social care between April 2024 and March 2025 as part of their annual report for complaints and compliments. Of these, 7 linked to financial assessments or decision making. Outcomes indicate 57% of financial assessment or decision making complaints were not upheld, compared to 43% upheld or partially upheld. Each included follow up actions or learning for the service, including in relation to timely action and clear discussion around finances.

Provision of independent advocacy

An advocate can help a person express their needs and wishes and weigh up and make decisions about the options available to them. They can help them find services, make sure correct procedures are followed and challenge decisions made by local authorities or other organisations. The local authority had a commissioned advocacy provider in place who supported people to access statutory advocacy.

Evidence of the effective use of advocacy was mixed. Staff demonstrated a good understanding of advocacy and mental capacity and described examples of the way they had used this to support people to fully engage in the assessment, review and care planning process. Some staff said advocates were not available out of hours or not used as often as they should and others were concerned capacity issues with the advocacy provider impacted on their ability to engage advocates. The local authority told us there had been no complaints from teams or providers about capacity and that the advocacy provider was regularly involved in adult social care team meetings, case discussions, and providing guidance and informal training. Some partners told us use of advocacy was low. Some providers, for example, told us advocacy focused on crisis rather than at an early stage to support people throughout the process. One partner, for example, said there was a lack of understanding about the duties around advocacy and more training and upskilling was needed by the local authority. These factors across feedback from staff and partners indicated the use of advocacy by the local authority was not working as effectively as it could and required further consideration.

Supporting people to live healthier lives

Score: 2

2 - Evidence shows some shortfalls

What people expect

I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally.

I am supported to plan ahead for important changes in my life that I can anticipate.

The local authority commitment

We support people to manage their health and wellbeing so they can maximise their independence, choice and control, live healthier lives and where possible, reduce future needs for care and support.

Key findings for this quality statement

Arrangements to prevent, delay or reduce needs for care and support

The local authority worked with people, partners and the local community to make available a range of services, facilities, resources and other measures to promote independence, and to prevent, delay or reduce the need for care and support.

The local authority's Talk Community approach was the golden thread in the delivery of their prevention duty. Talk Community was an umbrella term within the organisation and included the online directory, which provided information, advice and guidance to connect people to community resources to support their needs. Community development officers supported an asset-based development approach, working with organisations to identify needs in their local community, develop solutions, and connect with other initiatives in the area. Community Action Networks aligned to the county's Primary Care Networks provided a forum for feedback, co-production, and shared decision making about what was needed in the community, including the police, health agencies, voluntary and community sector organisations, and community members. This was facilitated through the 75 Talk Community hubs across the county, ranging from signposting services in libraries to larger community centres. Community connectors supported people to engage with community resources. Volunteers had been trained to deliver wellbeing walks for example, supporting physical and emotional wellbeing through connection with the county's countryside.

There were clear connections between the local authority's Care Act prevention duty and the wider partnership's activity that prevented, reduced and delayed need. Public health initiatives, such as improving vaccination uptake and working with residential homes to manage and prevent outbreaks of illness, were clearly linked into the prevention offer. People's needs for secure, good quality housing to support wellbeing were clearly considered and care and support needs were integral to forward planning in terms of housing development. These examples indicated how the local authority was taking steps to deliver solutions to improve wellbeing and prevent, reduce and delay needs.

Consideration was given to unpaid carers within the arrangements to prevent, delay or reduce needs for care and support. Specific groups were available, such as a local bowls club for unpaid carers and the local authority used TEC, where available, to support unpaid carers. In one example shared with us, health partners had identified unpaid carers were not attending their own preventative health appointments as they were concerned about care for their loved one. In one Community Action Network, unpaid carers came to share their experience and community organisations were exploring ways to provide volunteers to sit with the cared for person, so the unpaid carer had more time to attend appointments and take breaks. Information specific to unpaid carers was available on the Talk Community network, including information about breaks, assessments and equipment. In some instances, however, unpaid carers told us there were not enough services available and their stress, anxiety and exhaustion were high. In one example, an unpaid carer was referred to groups that didn't exist, which had caused further stress.

National data indicated 80% of carers found information and advice helpful, which was somewhat worse than the England average of 85.22% (Survey of Adult Carers in England – SACE, June 2024). The same national data indicated 6.67% of carers were able to spend time doing things they enjoyed, which was worse than the England average of 15.97%. Some of the priorities of the Carers Strategy 2024-2028 were to enhance the quality and accessibility of information and resources available to unpaid carers, help unpaid carers through TEC, and to support unpaid carers to stay healthy. One of the aims of the strategy was to make Herefordshire a carer friendly county. As the Carers Strategy was fairly recent, more time was needed to progress the actions of the strategy and see the impact on carer's experiences and outcomes.

Investing in prevention was a clear local authority priority. Work to develop a new prevention strategy was ongoing at the time of our assessment. Several recent changes, such as the development of the technology enabled care (TEC) team and associated TEC solutions, the commissioning service restructure and a dedicated local authority lead, were described as key factors of this prioritisation activity. Some staff told us there was further to go to fully embed these changes. For example, the community connector role had recently changed title from community brokers and there was an active move to moving this role from being reactive to proactive. Discussions were ongoing in developing the local authority's single access point to be more therapy led.

Preventative services were having a positive impact on well-being outcomes for people. For example, the local authority's services to support a reduction in long-term rough sleeping was having significant impact, reducing the numbers of people rough sleeping to levels lower than the national and regional averages. Further investment into the Brave programme was supporting a trauma-informed approach to preventing homelessness for people with and without eligible care needs. The local authority reviewed all TEC support to understand where the support had reduced costs to the wider system. This calculation reflected where hospital admissions and care packages had been reduced, highlighting the impact on people's experiences and outcomes. National data indicated 86.75% of people who received short term support no longer required support, which was somewhat better than the England average of 79.39% (Short- and Long-Term Support – SALT, October 2024).

Provision and impact of intermediate care and reablement services

The local authority worked with partners to deliver intermediate care and reablement services primarily in response to hospital discharge. However, reablement services were not sufficiently effective to support people to return to their optimal independence. There were process delays and staff capacity issues which reduced the effectiveness of reablement services.

Adult Social Care Outcomes Framework (ASCOF) data in December 2024 indicated 0.87% of people aged 65 and over received reablement or rehabilitation services following hospital discharge, which was significantly worse than the England average of 3.00%. Additionally, the same data identified 75% of people aged 65 and over were still at home 91 days after discharge, which was somewhat worse than the England average of 83.70%. This meant fewer people received reablement or rehabilitation services and those people were less likely to achieve longer term reablement outcomes.

Staff told us there were few examples of where reablement outcomes were achieved and they didn't regularly see people achieve their reablement goals. Data provided by the local authority for January to August 2025 indicated on average 43% of people required no further care and stayed in their home following reablement care. Further, 29% of people required a package of care with similar or more support compared to their reablement care package or went into residential care.

Reablement primarily focused on hospital discharge. Delays in discharge affected people's reablement potential as their needs changed between their assessment in preparation for discharge and their return home. Some staff told us people were urgently readmitted to hospital regularly due to these differences. Local authority data for January to August 2025 indicated 1 in 6 people (16%) were readmitted to hospital.

Additionally, staff described delays in accessing therapists from partner agencies which meant some reablement support could not progress as some reablement outcomes were not set in a timely way. Staff told us most of the time equipment was in place quickly following hospital discharge but not always, and this caused delays and challenges. Staff described difficulty in getting the support they needed from partners in a timely way to support with medication needs. These factors limited the opportunity for people to achieve their reablement outcomes.

There were additional delays and changes in processes, for example, which affected the reablement team's ability to close cases and support more people. The Home First team (the reablement team) also acted as a stopgap where there were challenges in sourcing provision or emergency situations in which home care was needed to support safety. These issues confused the role of the team and reduced their capacity to deliver reablement support. Some staff shared concerns that people who would benefit from a reablement service, but who came through a community route rather than a hospital discharge route, did not receive reablement care which would help them. In these circumstances, people generally received home care, but it was not focused on reablement. These factors combined to create a confused reablement offer, in which people who needed home care received support from the reablement team due to issues with care provision, and some people who had reablement potential received home care because they had not been discharged from hospital.

In some circumstances, a lack of capacity in Home First to deliver reablement focused care meant the local authority commissioned a package of care from another provider. The local authority told us there were relatively low numbers of commissioned reablement packages from pathway 1 discharges from hospital due to a lack of Home First capacity. Between April and October 2025, 208 people received support from a commissioned provider in these circumstances. It was not clear how reablement outcomes were monitored in these circumstances. Some providers told us collaboration between the local authority and health partners had streamlined processes, though the delays accessing therapists from partner agencies had impacted hospital discharge processes, and prolonged hospital stays had reduced the chances of successful reablement.

The local authority had recognised improvements needed in reablement and was developing a proposal for a therapy led front door to services alongside reviewing and strengthening current provision and service specifications. Additionally, supportive mechanisms were in place to improve the existing reablement offer. The Discharge to Assess board offered multi-agency oversight and strategic direction and daily huddles between core providers, hospital discharge and liaison teams, therapy and social workers supported operational discussions. Further work was ongoing at the time of our assessment exploring the impact of the model and where better data could support improvements further. The local authority was putting a project in place to review the reablement model in Herefordshire in conjunction with partners. Completion of the project, including improvement proposals, was expected in April 2026.

Access to equipment and home adaptations

People could access equipment and minor home adaptations to maintain their independence and continue living in their own homes. However, there were delays in assessments for these services and administrative difficulties which affected people's experiences.

Some providers told us that delays in equipment provision had been common in domiciliary care and people who funded their own care weren't always supported to understand if equipment or minor adaptations would help them. Several unpaid carers shared the impact of home modifications and equipment, but access had been inconsistent and there had been delays. The local authority told us it had not been made aware of significant delays for people returning to or staying in their own homes or any complaints about the equipment service. It said a member of their dedicated team liaised directly with the equipment depot to ensure equipment was in place, unless it was out of stock.

The local authority told us there had been an increase in referrals for equipment and adaptations, and occupational therapy (OT) teams had not been at capacity. This had limited their ability to respond in a timely way to requests for equipment. The Advice and Referral Team (ART), as the local authority's single point of access, was not therapy led at the time of our assessment. There were reported challenges in consistent decision-making regarding equipment and adaptations. The local authority was looking to train more staff as trusted assessors to be able to assess for and access minor equipment in an effort to reduce the workload of OTs and support them to spend more time working with people. They were also developing a therapy led model for ART.

There were data system issues which were adding administrative burden to staff and subsequently affecting people's experiences. In August 2025, 474 people were waiting for an assessment, equipment or adaptations, some of whom had eligible needs under the Care Act. The local authority's data system made it difficult for managers and senior leaders to understand how many people were waiting at the stages of the process. Reported challenges with OT paperwork had been affecting staff for years, creating administrative burden and contributed to staff feeling their roles were undervalued. There was a service improvement plan in place at the time of our assessment which highlighted the local authority's understanding of the actions needed in the service. This included actions to redesign OT paperwork, which was being launched at the time of our assessment. Leaders were also working to improve their understanding of the equipment and adaptations waiting list and activity.

The local authority's previous supplier of equipment gave sudden notice they were unable to operate. Mobilisation of a new provider and associated systems was incredibly efficient, and the local authority supported a fairly seamless handover to the new provider within 6 weeks. This was recent at the time of our assessment and a manual ordering process for ordering equipment was in place. Staff told us some equipment had been delivered quickly but, where the equipment was not in stock, it could take quite some time. A variety of equipment was not in stock regularly, including chairs, bath boards, and perching stools. Staff across teams told us there was no system in place at the time of our assessment they could use that showed available equipment stock or what equipment people might already have in place. If out of stock equipment was requested, staff had to chase this and often had to reorder. Specialist equipment could not be tracked by frontline staff, though the local authority told us these were monitored by the commissioning team. Some staff told us deliveries had to be checked with the person or their family or friends as no updates were provided. This created administrative burden for staff, reduced their capacity to work with people and added stress to families and unpaid carers. The local authority had recognised this challenge and was progressing the implementation of a digital solution at the time of our assessment.

The local authority had recently mobilised a technology enabled care (TEC) team. The team completed holistic assessments in conjunction with the person and their family or unpaid carers. They aimed to provide technological solutions, such as automatic pill dispensers, motion sensors, and falls detection wrist bands. A 'virtual house' was available in which people could take a virtual tour through a house with TEC equipment in place to support them to understand what they could access and how it could help them. People could also go and see various TEC options in one of the residential care homes in the county. Staff provided several examples where technology had been considered and implemented where appropriate to support people to stay at home and maintain their independence. Solutions supported unpaid carers to be reassured their loved ones were safe and well and supported the reduction in care packages. The local authority was exploring whether small care packages of 5 hours or less of home care a week could be better supported by TEC at the time of our assessment. Staff were clear there was more to do to raise awareness of the TEC offer and increase its use at an earlier stage to prevent, reduce and delay need. Increasing the appropriate use of TEC was a key strand of the local authority's commitment to further develop their prevention approach.

Provision of accessible information and advice

People could access information and advice on their rights under the Care Act and ways to meet their care and support needs, including for unpaid carers and people who fund or arrange their own care and support. National data indicated 67.44% of people who used services found it easy to find information about support, which was similar to the England average of 67.88% (ASCS, 2025). Additionally, 60% of carers found it easy to access information and advice, which was similar to the England average of 59.06% (SACE, 2024).

The local authority made several options available so that people could get in touch for information and advice. This included via email, on the phone, through the Talk Community Directory and the network of Hubs, volunteers and community connectors in person in the community. People could request information in hard copy and direct via email. Some partners shared feedback they had received from people that getting in touch on the phone and communication with the right people could be difficult. This made it harder for people to get the information and advice they needed. This was a feature of several of the complaints the local authority received between April 2024 and March 2025 and the local authority had implemented solutions to support improved communication, such as staff voicemails.

Information could be provided in different formats and languages through the local authority's translation and interpretation contract. Staff reported they were able to access interpreters easily. The local authority's websites included accessibility information which supported features such as screen readers, a deaf relay service, and changing the size and colour of web pages to make them easier to read. There were videos as well as text on several webpages, providing different formats to support people's understanding of the information available. However, alternative language options were not clearly marked.

Information and advice could be provided in other formats to meet people's needs. The Young Adults Team, for example, used accessible formats such as easy-read guides, social stories, and life story books to support young people with learning disabilities or autism through the assessment process. Some partners told us, while the website and Talk Community directory were reasonably accessible, they weren't always effective for people with a learning disability and autistic people. They said unless people searched for the right terms then they would not be given the correct information in return. There was ongoing work to improve this, for example, in the Learning Disability Strategy. This identified the development and implementation of information standards that could be rolled out with partners to support people with a learning disability to have access to accessible information and advice to support increased independence and control.

Direct payments

There was good uptake of direct payments in Herefordshire. The local authority performed somewhat better or significantly better in all national direct payments data. Overall according to ASCOF data in 2024, 37.05% of people receiving care and support had direct payments (significantly better than the England average of 25.48%), 57.69% of people aged 18-64 received direct payments (significantly better than the England average of 37.12%), and 18.23% of people aged 65 and over received direct payments (somewhat better than the England average of 14.32%). Additionally, the same national data indicated 100% of carers received direct payments which was similar to the England data.

Direct payments were being used to improve people's control about how their care and support needs were met. People had ongoing access to information, advice and support to use direct payments. Factsheets were available online which provided advice and information for people considering a direct payment, including employing a personal assistant, details about carer's direct payments and using an agency. An easy read version was also available. Local authority processes for supporting people to access direct payments were clear, including in considering people's capacity to consent to and manage a direct payment. Direct payment support providers details were available on the local authority's website and people could approach either their allocated worker or a direct payment officer for advice and support.

The local authority data in August 2025 indicated 509 people were in receipt of a direct payment. In the 12 months prior, 40 individuals had stopped using direct payments. Of these, 47.5% of people moved to a commissioned service, and 32.5% of people moved to residential provision, with the remaining 20% either no longer wanted a direct payment, moved out of area or were no longer eligible.

Equity in experience and outcomes

Score: 2

2 - Evidence shows some shortfalls

What people expect

I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.

The local authority commitment

We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this.

Key findings for this quality statement

Understanding and reducing barriers to care and support and reducing inequalities

The local authority understood its local population profile and demographics. Strategies showed a clear focus on understanding and improving the experiences of people with protected characteristics. The local authority analysed equality data on social care users and used it to identify inequalities in people's care and support experiences and outcomes. The domestic abuse strategy, for example, highlighted poorer outcomes for people from the Lesbian, Gay, Bisexual, and Transgender (LGBT+) community and thematic reviews mapped incidents against deprivation data to inform targeted activity. Actions were clearly set and linked to identified concerns within strategies. Enhanced services from the community and voluntary sector prioritising support to victim-survivors with protected characteristics or complex needs were in place. The local authority's Inequalities Strategy identified key aims, including reaching communities in which actions included undertaking a community survey to explore the perspectives and lived experiences of the population, and finding new ways to reach people whose voices were seldom heard. Staff, leaders, people and partners all reflected there was more to do to reach and engage with seldom-heard communities as part of ongoing co-production with people with lived experience and unpaid carers.

Specific barriers to care and support were identified for seldom-heard communities. In one example, key challenges in frailty, chronic health conditions and health inequality were identified within the Gypsy, Roma and Traveller community. Leaders shared a pilot programme of targeted intervention through public health had shown positive outcomes for the community. Some partners said there was more work needed to understand and work with the Gypsy, Roma and Traveller community.

Local authority strategies identified communities which faced barriers to care and support in line with the NHS' approach to target health inequalities. This included the 9 local areas in the 20% most deprived in England, people who lived in rural areas, the Gypsy, Roma and Traveller community, and people not registered at a GP. This approach reflected commitment to understanding and addressing inequalities in service access and outcomes for people who faced barriers to care and support in a joined-up way with partner agencies.

The local authority recognised the importance of engaging with seldom-heard groups to reduce barriers they faced in accessing services. The local authority proactively engaged with the people and groups where inequalities had been identified to understand and address the specific risks and issues experienced by them. They worked with the voluntary sector and used community spaces like veterans' centres and homelessness cafes to reach different populations. Efforts were made to engage seldom-heard groups, including the Gypsy, Roma and Traveller community, Ukrainian refugees, and people with sensory impairments.

Rural isolation was identified as a significant barrier to access to services in Herefordshire identified by people, partners and staff and leaders. Herefordshire is the fourth most sparsely populated county in England, with over half its population living in rural areas. One leader shared how rurality could be a driver of inequality beyond traditional deprivation measures. One staff member, for example, told us some areas of the county had a lack of community infrastructure which made access and support from community agencies difficult. At the time of our assessment, the local authority was developing its approach to neighbourhood health, focusing on people with multiple comorbidities and hospital admission patterns. This showed strategic intent to tackle hidden inequalities and improve outcomes through place-based approaches.

The local authority had regard to its Public Sector Equality Duty (Equality Act 2010) in the way it delivered its Care Act functions. Equality Impact Assessments (EIAs) were appropriately used to support decision making. Guidance for staff completing these was clear. Some partners told us recent contracting activity embedded working with seldom heard communities in these arrangements. The local authority aimed to use the tools it had available to understand and reduce barriers to care and support and reduce inequalities.

Local authority staff involved in carrying out Care Act duties had a good understanding of diversity within the area. Appropriate policies were in place, supported by mandatory training on equality and diversity to enable staff to support people effectively. Commissioning staff, for example, had access to data in ways that supported their understanding of communities and deprivation to support effective strategies and further commissioning activity.

Inclusion and accessibility arrangements

There were inclusion and accessibility arrangements in place so that people could engage with the local authority in ways that worked for them.

Staff reported no issues accessing interpreters and employed appropriate strategies to support people to access culturally competent care and meet communications needs. Efforts were made to reach out to communities such as Ukrainian, Polish, and Gypsy, Roma and Traveller populations through the Talk Community service. Specific outreach workers and partnerships with organisations in the voluntary and community sector, fostered at a local level through Community Action Networks, aimed to support services to be inclusive and accessible. One partner, for example, shared how the local authority had used farmer's markets to engage the community where they were. However, staff told us they had previously benefited from access to a Gypsy, Roma, and Traveller liaison worker from a partner agency to help with engagement with this community, but this was no longer available.

Some people told us the council's website could be challenging from an accessibility perspective. We found some parts of the websites had good accessibility features, such as in-built translation, but that wasn't the case in other parts, so there was some inconsistency. The local authority was developing audio information packs, improving website accessibility for screen readers and developing information in braille at the time of our assessment. The local authority had added animations to support people who found reading difficult and included subtitles.

Rurality had been understood as a barrier to some people's engagement in services. For example, one partner told us dementia diagnosis rates in the county were low in part due to some people's fear of losing their driving licence, which would affect their ability to retain their independence when they may be rurally isolated. One person we spoke to told us the recent cutting of a bus service was a significant issue that impacted wellbeing and independence. Some partners reflected that services were not always accessible to people with complex needs, including care and support needs, due to the county's rurality.

The authority responded to rural isolation with initiatives such as the Talk Community Bus, community wheels, and grants for community transport. These measures aimed to ensure that people in remote areas could access services. Leaders praised the strong sense of community spirit in the county, particularly in rural villages. There were efforts made by the local authority to mitigate the impact of rural isolation on people's needs, experiences and outcomes and improve inclusion and accessibility, for example in their development of the rural impact assessment, the development of the Talk Community network, and in the use of different rates to care providers who delivered care and support in rural areas. One partner told us the local authority had a good knowledge of impact of rurality, deprivation and poverty but finding solutions remained difficult. Rurality remained a key challenge.

Additional issues, such as digital literacy and poor mobile signal linked to the county's rurality contributed to digital exclusion. The local authority's Joint Strategic Needs Assessment (JSNA) outlined the impact of digital exclusion on health outcomes, and irregular internet use was more common in more deprived communities and for people aged 65 and over. A 2022 survey highlighted 49% of people who used telecare services did not use the internet. Talk Community Hubs aimed to provide face-to-face help and hard copies of documents for people to access information, advice and support. Further actions within the local authority's Inequalities Strategy regarding digital exclusion included increasing awareness of digital training in libraries, providing free public Wi-Fi in priority sites, and providing electronic devices freely available for use in settings such as libraries, which were progressing at the time of our assessment.

Theme 2: Providing support

This theme includes these quality statements:

- Care provision, integration and continuity
- Partnerships and communities

We may not always review all quality statements during every assessment.

Care provision, integration and continuity

Score: 2

2 - Evidence shows some shortfalls

What people expect

I have care and support that is co-ordinated, and everyone works well together and with me.

The local authority commitment

We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.

Key findings for this quality statement

Understanding local needs for care and support

The local authority used available data to understand the care and support needs of people and communities. The local authority's Market Position Statement (MPS) clearly utilised available data, including from the Joint Strategic Needs Assessment (JSNA), to understand current and future needs in the county. Population demographic data was mapped and linked directly to intentions for the market. For example, the local authority identified ongoing challenges to the market and care provision which included an increasing ageing population affected by the number of people who retired to Herefordshire and a projected rise in levels of dementia which required more specialist provision than was currently available. The MPS identified how changes in the population of the county would affect the need to increase the proportion of nursing home beds in comparison to the number of residential beds. There were plans in place to realign these numbers with further investment and support put into other accommodation and support models as well.

Local authority strategies clearly linked with available data, supporting a data-driven and detailed understanding of local needs for care and support. For example, the Herefordshire and Worcestershire All-Age Autism strategy identified that there were an estimated total population of 2,170 autistic people in Herefordshire. Of these, 294 were known to adult social care (where autism was recorded, although the local authority recognised this could be higher), and 186 people also had a learning disability. There were 503 unpaid carers supporting autistic people known to carers services. Similar levels of detailed understanding were available in other relevant strategies, such as the Living Well with Dementia Strategy.

The local authority worked with key stakeholders and people with lived experience to understand the care and support needs of people and communities. Commissioners collected feedback from various sources to evaluate quality, identify gaps, and improve services, such as regular satisfaction surveys from individuals and unpaid carers, annual customer surveys and reports from care providers required by service specifications. Commissioners used provider forums, consultation events and partnership boards, which included people with lived experience, to support understanding of people's experience to help shape future provision. For example, work was ongoing to develop a new MPS for 2026-2031, which included engagement with providers to gather their views on the current document. There were further plans to engage with stakeholders and people with lived experience as part of the development of the new MPS. Co-production was evidenced in strategies that informed commissioning activity. The Living Well with Dementia Strategy, for example, clearly evidenced listening to people living with dementia and unpaid carers to understand their experiences of the health and social care system, as well as engaging with rural communities and older people to inform the delivery plan. Some people told us there was further work to do to ensure everyone had the opportunity to engage with partnership boards, which in turn would support further understanding of the care and support needs of the community.

Market shaping and commissioning to meet local needs

People had access to a diverse range of local support options to meet their care and support needs. National data indicated 76.09% of people who used services felt they had choice over services, which was somewhat better than the England average of 70.70% (ACSC, 2025).

Intentions for a diverse and effective market were clearly set out in the local authority's MPS. This document emphasised the strength and contribution of communities in prevention and supporting people's wellbeing across all ages as a key principle within commissioning activity. This intention was clear in the local authority's commitment to the Talk Community approach, and investment in Community Action Networks. An All-Age Market Position Statement 2026-2031, in conjunction with children's services, was in development and was due to be published in January 2026. Benchmarking had been completed to identify best practice and innovative approaches nationally, to inform the Herefordshire approach. This meant the local authority had a clear understanding of current and future intentions for the market, bringing nationally recognised best practice into their considerations to meet local needs.

The MPS 2020-2025 indicated in-county care homes provided a total of 2,113 placements, of which 35% were used by the local authority. The local authority's Market Sustainability Plan 2022-2025 identified capacity to meet demand for complex care in nursing environments in Herefordshire was limited. Some providers shared this view. There had been difficulty in finding placements for people with high needs and controlling the cost of these placements. This sometimes resulted in out-of-county placements, and a reliance upon spot purchasing care at significant cost from dozens of providers, with varying levels of quality and reliability. The local authority told us it commissioned a large block contract with an independent care operator to reduce reliance on spot purchasing to stabilise costs and market demands. The Herefordshire Strategic Care Home Partnership included representatives from all primary care networks, therapy, social workers, commissioning, and wider health organisations such as dental services. Activity included understanding incoming care home planning applications for care homes to work with providers to direct them to where they were needed. The MPS 2020-2025 indicated the local authority supported approximately 850 people to meet their assessed eligible social care needs in a care home, with an approximate split of 60% of people in a residential home and 40% in a nursing home, with 11% of care home placements outside the county. In September 2025, the local authority indicated this position had shifted, indicating actions taken supported ongoing market shaping: 758 people were supported in a care home, with 68% in a residential home and 32% in a nursing home, and 6% of care home placements outside the county.

The local authority recognised too many people with learning disabilities were placed into a residential care home setting. The MPS identified 57% of total residential care home spend in 2020 was for placements for people with learning disabilities and a number of people's needs were met out of county. There was a drive within the Learning Disability Strategy 2018-2028 to ensure that a strengths-based approach focused on outcomes was employed early on during a person's transition into adult services. There were detailed, outcome-focused, strategic commissioning intentions for each of the key priorities with the Learning Disability Strategy. Staff told us there were some gaps in provision for people with learning disabilities, particularly where people had complex needs, which were ongoing at the time of our assessment. The Learning Disability Partnership Board oversaw progress against identified development areas.

Commissioning strategies aligned with the strategic objectives of partner agencies. Strategies such as the Learning Disability Strategy were joint with health, while the Herefordshire and Worcestershire All-Age Autism strategy was a partnership across Herefordshire and Worcestershire local authorities, the Integrated Care System and the police. These strategic partnerships set the environment for partnership objectives within commissioning activity. Specific jointly funded and commissioned work in community equipment and technology enabled care (TEC) and the spot purchase of mental health supported living were in place with clear arrangements for governance and monitoring.

There was clear consideration of the provision of suitable, local housing with support options for adults with care and support needs. Strategic housing and commissioning worked together to understand the local need for suitable housing. The building of an extra care facility was in progress at the time of our assessment, alongside ongoing discussion with developers for 400 inter-generational homes in a regeneration project in north Hereford. Local authority staff worked closely with providers and developers to build homes with adaptations with specific families in mind. Further work to develop the extra care provision within the county with a dedicated lead in commissioning was also progressing. Housing services operated within the same directorate as the adult care and support services within the county, supporting clear alignment of strategic and operational activity.

There was specific consideration for the provision of services to meet the needs of unpaid carers such as a link service to provide practical and emotional support to unpaid carers, help people to protect their health and wellbeing and understand their caring role. While support services for unpaid carers were in place, respite and short breaks for unpaid carers were identified as a significant gap for many of the people, partners, staff and leaders we spoke to.

There were short-term respite options, sitting services, and befriending schemes available to support unpaid carers. National data indicated Herefordshire performed in line with or better than national averages in relation to unpaid carer breaks and respite. Survey of Adult Carers in England (SACE, 2024) data indicated 26.67% of carers were accessing support or services which allowed them to take a break from caring for more than 24 hours, which was somewhat better than the England average of 16.14%. The same data stated 26.67% of carers accessed support or services which allowed them to take a break from caring at short notice or in an emergency, which was better than the England average of 12.08%. Finally, 21.43% of carers were accessing support or services which allowed them to take a break from caring for 1-24 hours, which was similar to the England average of 21.73%.

Some providers told us respite services for unpaid carers had been insufficient. One partner, for example, told us unpaid carers were not entitled to respite in their own right, but rather only in relation to the cared for person's needs. Some unpaid carers were reliant on setting up respite privately, and at high cost, particularly in more rural areas. Another partner, for example, shared they weren't sure how someone got more respite if they needed it. In one example, an unpaid carer told us, while they had access to some replacement care for a few hours, they were in desperate need of a longer break and the allotted time didn't give them much chance to do anything to support meaningful rest.

A lack of respite and short breaks was reflected by several of the staff teams we spoke to. Several staff told us respite and breaks in emergencies were met but there were limited options to be able to pre-book respite. Staff said some block booking was in place, but it was limited and it needed a review to be more suitable and up to date. Staff told us unpaid carers of people with dementia faced specific challenges in accessing respite, as they were often reluctant to leave loved ones with unfamiliar individuals.

A pilot scheme had been introduced to help unpaid carers and people with care and support needs to build trust with volunteers, addressing the challenge of leaving loved ones with unfamiliar people. However, there was a consistent concern around the limited capacity of volunteers, particularly in services supporting unpaid carers. While pilot schemes were introduced to build trust between unpaid carers and volunteers, the lack of available volunteers remained a barrier to growing this preventative support, such as sitting services and befriending. The local authority's TEC offer was growing and expected to be able to support unpaid carers to take more breaks for shorter periods. The local authority was also building their Shared Lives offer to include Shared Days to provide further options to support unpaid carer breaks. In these programmes, an adult or young person who needs long term support is matched with a carefully approved Shared Lives carer. People receive safe, personal care and support, in a place which feels like home. These approaches leveraged wider family networks and community relationships, facilitating preventative support and community-based solutions.

Technology was a cross-cutting theme throughout the local authority's considerations in commissioning. The local authority evidenced a commitment to exploring proactive and predictive technologies to support the wider health and wellbeing of the local population. TEC had been used on an operational basis to support the commissioning of individual packages around the needs of individuals. It was also well considered within plans for the market. Staff told us the supported living review, for example, was looking at test scenarios where TEC would be embedded at a scheme, rather than individual, level. A predict and prevent trial was exploring what equipment could work in the county, bearing in mind limitations linked to rurality and lack of signal. The local authority was exploring how TEC needed to be embedded in services from the point of commissioning to ensure it was fully embedded in ongoing delivery, including how ongoing costs and training, were accounted for within contracts.

The local authority included 'innovation lots' within commissioning activity, for example in the ongoing development of their supported living framework. This provided opportunities for providers to work with the local authority to test new ways of working or new TEC, for example, supporting the local authority to go out to the market to explore alternatives to current models of provision.

Ensuring sufficient capacity in local services to meet demand

Some staff described capacity as a concern for residential provision, including accessing specialist provision. For example, due to the ageing population and numbers of people retiring to the county, there was less capacity for people aged under 65 and there were fewer supported living options. Staff worked with commissioners to explore options, including out of county provision as needed. At the time of our assessment in August 2025, no one was waiting for a supported living service that was not already in supported living, or within a family home in receipt of other services.

There was no data on time taken to source residential and nursing home provision as the local authority's system did not currently capture that information. The local authority were developing this function at the time of our assessment. Some staff told us capacity in residential care could be a challenge, though the local authority told us there was no undersupply of traditional residential or nursing care. The local authority had access to capacity within bed-based enablement care that usually supported people discharged from hospital. The local authority told us they had used this when people had been unable to return home after being discharged. A similar facility commissioned by the Herefordshire and Worcestershire Integrated Care Board was available for anyone awaiting nursing care. This showed the local authority considered contingencies for capacity issues, though they told us these were not regular.

The local authority was exploring the development of bespoke provision at the time of our assessment to meet identified need. The local authority told us there was sufficiency in the market locally in Herefordshire and it did not consider there to be an undersupply of traditional residential care or nursing care. There was ample interest from providers in working within the area locally and new developments, and no delays sourcing traditional provisions were reported at this time. Where a need for a specialist provision was identified, this would be found and sourced on an individual basis.

Staff, leaders and partners we spoke to described challenges due to the rural nature of the county which affected home care provision. Some partners described poor transport links alongside some providers' reliance on care staff who did not have access to their own car as limiting factors of the capacity of home care provision in the county to meet the needs of the population. The MPS identified an unequal distribution of services, with provision concentrated in the city. Some areas of the county were made up of satellite villages that could be difficult for providers to reach, geographically and economically. Some providers who delivered home care described themselves as at capacity.

The comparatively low numbers of people using services and the difficulty developing and maintaining viable rounds of care calls had resulted in delays in allocating packages. Weekly meetings reviewed anyone waiting for a homecare package with relevant staff in commissioning and frontline services to find appropriate solutions, including the interim use of Home First as needed. Brokerage systems linked to mapping software to see hotspots and challenges and supported staff to work with providers to meet packages. These examples of actions taken by the local authority supported improved efficiency in commissioning and more equitable access to care. One partner praised the local authority for reforming its commissioning approach to homecare, particularly in rural areas. Previously, there were up to 30 people unable to access packages, and beds usually reserved for hospital discharge had been used as intermediaries. In April 2025, the local authority indicated over the previous 3 months, 4 people had to wait for their homecare service to begin due to a lack of capacity. On average, these people waited 24 calendar days. In August 2025, over the previous 3 months, 23 individuals had to wait for their homecare service to begin, with an average waiting time of 40 days. However, some staff were clear this was seasonal, and they saw minor increases in waits over the summer holidays due to the availability of care staff. The number of people waiting was decreasing at the time of our onsite assessment.

Commissioning staff described working with neighbouring local authorities to understand their challenges and whether they reflected similar challenges seen in Herefordshire. For example, they were working with Powys and Shropshire local authorities due to similar rurality concerns and to work together to meet gaps.

Local authority data in August 2025 indicated 135 people were living in placements outside of the county, with 9 of these placements made in the last 12 months. There was a higher proportion of people aged 18-64 placed out of county compared to people aged 65 and over. Approximately a third of people placed out of county were supported within a neighbouring authority area, such as Gloucestershire, Worcestershire or Monmouthshire. Of the 9 out of county placements in the preceding 12 months, 56% were due to personal choice to be closer to family, while the remaining were where specialist provision was required. Social work teams continued to monitor and formally review individuals living outside of the area, to ensure their needs are being appropriately met. Staff working in the quality and assurance team worked proactively with other local authorities where there were quality concerns for out-of-country provision. Unscheduled reviews could take place as needed in response. Further development of local authority bespoke provision and the supported living review, among others, were expected to provide further options to support people who may wish to move back to the local authority area if their needs could be met locally.

Ensuring quality of local services

The local authority had clear arrangements to monitor the quality and impact of the care and support services commissioned for people and it supported improvements where needed. A robust quality assurance framework included monthly reporting, off-site reviews, on-site inspection of services, improvement action planning and escalation protocols. All commissioned providers received a comprehensive, evidence-based assessment every 12-18 months, which included direct observations, discussions with people and their families, and data reviews. Unannounced visits were also utilised. In April 2025, 3 providers were embargoed within the last 12 months, with 2 of these related to quality. There had been no embargoes for residential or nursing homes. Providers told us the annual assessments had been thorough and supportive. They received guidance throughout the process, and the local authority helped them identify areas for improvement which was monitored through an improvement plan. Providers described the approach as robust and collaborative.

Risk was monitored and providers were prioritised for review according to risk. Where there were concerns with providers, additional visits or monitoring activity could take place earlier than scheduled. This included where there were patterns of safeguarding concerns within provision. There were clear operational arrangements to connect the quality and assurance of providers with other relevant teams, including safeguarding and strategic commissioning to ensure a holistic understanding.

The local authority had appropriate policies and procedures in place to support large scale investigations. In a recent example of concerns regarding a provider, staff described a collaborative approach to the suspension of a service due to quality concerns. Front line staff, commissioners, brokers, safeguarding, and the Integrated Care Board worked together to review residents and plan contingencies, ensuring continuity of care and safeguarding.

There were no inadequate care providers in the county at the time of our assessment. The local authority indicated in April 2025 77% of home care providers were rated good or outstanding. In September 2025, 79% of residential care providers commissioned by the local authority were good or outstanding. The Market Sustainability Plan identified, while quality was generally good in the area, 43% of local authority commissioned care placements were in homes rated as requiring improvement. Action plans were in place for each of these homes, monitored by the local authority.

There were high numbers of people who funded their own care in the county and so not in local authority commissioned provision. The local authority maintained regular forums with providers, including those not directly commissioned, to support wider quality assurance work.

Ensuring local services are sustainable

The local authority was collaborating with care providers to move towards sustainable fee rates. High numbers of people who funded their own care generally raised fee rates in the area higher than council commissioned fees. The local authority's Market Sustainability Plan 2022-2025 identified high numbers of people who funded their own care contributed to the use of spot purchased beds and variable fee levels, while reducing the negotiating opportunities and providing reduced stability on prices paid. Providers shared challenges related to cost of living and wage pressures with the local authority that affected their sustainability within this wider context. Some parts of the provider sector said they had regular meetings with the local authority, but others had not had the same level of engagement. However, they reflected that leadership and engagement with them had become more visible and supported them to share challenges they faced as businesses in the market. The local authority linked with colleagues in the West Midlands Association of Directors of Adult Social Services (ADASS) network to seek support and work with other local authorities in the region around market sustainability.

The local authority's MPS 2020-2025 identified there had been challenges with the recruitment and retention of care workers nationally that had been exacerbated at the local level by the reduction in the numbers of hours of care being commissioned at the time, and the higher costs of delivering care to a rurally dispersed population. These factors combined to make rural packages economically unattractive for many providers. The local authority recognised that it was difficult to assure continued stability and sustainability. Urban, rural and enhanced rates were available in areas where care was difficult to source to reduce the impact on people and increase the viability of taking on a package of care in more rural areas in particular. Local authority data between April 2024 and March 2025 indicated increasing numbers of people receiving home care, which was an increase on the previous year, indicating identified challenges in homecare were improving As part of recommissioning considerations, the local authority were exploring all options to manage the difficulty in sourcing rural care and supporting the sustainability of providers, including hyper rural rates to tackle challenging areas.

The local authority used available appropriate contracting arrangements, including frameworks, spot purchasing and longer-term contracts, in their commissioning approach. For example, the local authority's secondary home care framework was seen as more flexible and enabled additional domiciliary care providers to join. This provided further opportunities for providers to work with the local authority, with the outcome that the number of packages on the waiting list were reduced.

Some providers had mixed views around council contracts providing stability. They said having a contract with the local authority provided stability in terms of knowing they will get paid. However, where they mostly were used for spot purchases, they didn't know how many people they would be supporting, which reduced the stability provided by the contracting arrangements. One provider said there had been some issues with organisations being paid for services due to purchase orders being incorrect. Some providers told us there had been inconsistency due to commissioning team restructures over recent years and that short-term and interim contracts had made long-term planning difficult. Some providers told us there had been a disconnect between local authority funding and the actual cost of running services, which had strained operations.

However, providers told us responsiveness from the local authority had improved, with more visible leadership and participation in provider forums. Providers had observed a greater presence of senior staff over the past six months, which had helped foster a sense of support and structure. Despite ongoing changes, there had been a clear focus on making systems work more effectively which was expected to support increased stability and sustainability.

Local authority procedures for providers who were handing back commissioned care packages were clear and clearly set out expectations on provider services and local authority staff. No contracts for home care, residential or nursing care, or supported living had been handed back early. Only one care provider had left the market in Herefordshire in the 12 months prior to September 2025.

The local authority understood its current and future social care workforce needs. There were significant workforce challenges due to the rurality of the county, national challenges such as the care sector struggling to compete with the retail sector and NHS in terms of recruitment and an ageing workforce. The local authority area performed better in comparison to the national average in Adult Social Care Workforce Estimates (2025). There was a 4.44% vacancy rate in the care sector in the local authority area, which was better than the England average of 7.04%. There were different recruitment events for the local care sector throughout the year with colleges and different training courses were also available that provider staff could access. A Herefordshire Cares programme was available to support recruitment and there was an associated vacancies site which advertised roles in the area. While these options were available, several providers told us there was limited support from the local authority in recruiting and retaining the social care workforce.

Partnerships and communities

Score: 3

3 - Evidence shows a good standard

What people expect

I have care and support that is co-ordinated, and everyone works well together and with me.

The local authority commitment

We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.

Key findings for this quality statement

Partnership working to deliver shared local and national objectives

The local authority worked collaboratively with partners to agree and align strategic priorities, plans and responsibilities for people in the area. The local authority had integrated and joint funded care and support with partner agencies to best support people in the area.

Partners shared there was a collaborative nature to health and care in Herefordshire. Arrangements were described as broadly co-terminus, meaning the local authority boundaries aligned with partner boundaries, making relationships more straightforward between partners. The One Herefordshire Partnership brought together the local authority, general practice, Herefordshire and Worcestershire Health and Care NHS Trust, Local Medical Committee, local Healthwatch and the Wye Valley NHS Trust. This partnership aimed to work together to deliver health and care integration at pace and scale. Partners described transparency and partnership around issues such as hospital demand and bed availability, for example, from the local authority. The One Herefordshire Partnership was a key vehicle for partnership planning and delivery against identified priorities, including the Better Care Fund.

There was clear oversight and leadership within these partnership arrangements. For example, the Herefordshire and Worcestershire All-Age Autism Strategy was delivered in partnership with the ICB. An Autism Strategy Oversight Group chaired by the ICB and the Herefordshire Autism Partnership Board provided opportunities for partnership working, including with the voluntary and community sector and autistic people and unpaid carers. The local authority took the leadership and accountability role for a defined section of the strategy.

Staff told us operational partnerships worked well. For example, the hospital liaison team was well integrated with the NHS, co-located in the area's acute and community hospitals. This had contributed to reducing delayed discharges from hospital. Staff across the service gave further examples of working well with health services, including collaborative work with colleagues on palliative pathways, the dynamic support register and care and treatment review processes.

Internal partnerships with housing services worked well. These were supported by organisational alignment of housing under the Director of Adult Social Services (DASS). Positive partnership working and regular meetings with housing services were in place operationally and with wider partners. The continuation of the BRAVE programme to support a reduction in homelessness was in conjunction with health services in order to embed trauma-informed practice within the approach. Adaptation by design in line with identified needs for individual people and families was considered through operational partnerships between local authority services. The care and support needs of the community were clearly considered in the operational and strategic housing activity in the county.

Arrangements to support effective partnership working

There were several examples of clear arrangements to support effective partnership working. A memorandum of understanding was in place, for example, between the local authority and the Wye Valley Trust Occupational Therapy team. This was based on a recognised need to improve the working relationships between medical and social models of therapy as represented by the two organisations. The expectation was this memorandum of understanding would improve the working relationships, setting a clear partnership governance framework.

Joint policies, procedures and structures had also been developed, for example, between the local authority's Approved Mental Health Practitioners (AMHPs) and the mental health trust. For example, the development of a Section 140 policy in line with the Mental Health Act 1983 enabled individuals to be transferred to a health-based place of safety rather than custody while waiting for a hospital bed. This was an example of how roles and responsibilities were clear within partnership arrangements.

Appropriate information sharing was clearly considered. This included through regular multi-disciplinary panel meetings, for example to support young people who transitioned from children's to adults' services. Staff told us the local authority facilitated meetings involving adults' services, children's services, health, and education. These panels met monthly and enabled joint planning and decision-making. The team also had access to the children's case management system, which supported continuity of information and reduced the need for individuals to repeat their stories. Information sharing was also provided through access to service level data. The local authority shared appropriate data with partners, for example with health services to support discharge to assess pathways. A data lake was under development to enhance integration. These examples demonstrated a commitment to working in partnership through appropriate information sharing at an individual and service level to support the improvement of people's experiences and outcomes.

There were several joint initiatives in place which utilised integrated funding and roles, where appropriate, to best support people in the area. In one example, the local authority worked in partnership with the Integrated Care Board (ICB) and police to jointly fund the Identification and Referrals to Improve Safety Programme. The programme included training, support and a referral system to improve practice in relation to domestic abuse. The joint Community Integrated Response Hub with the Wye Valley NHS Trust, in another example, supported people receiving care at home by providing access to a range of community responses. The local authority was also the host authority in the joint commissioning arrangement with the ICB for the integrated community equipment service.

The One Herefordshire Partnership provided system wide oversight of pooled arrangements. Priorities for the 2023-25 Better Care Fund (BCF) included improving their hospital discharge support, unpaid carers' support, partnership and integration and community resilience and prevention. One partner, for example, told us the BCF arrangements enabled improved conversations around care pathways and patient flow with a clear impact on service delivery and coordination.

Several joint arrangements were overseen through the One Herefordshire Partnership. A joint commissioning forum was exploring a health and social care contract for care homes to improve coordination and quality of care. BCF funded discharge to assess work to support improved hospital discharge. A discharge to assess partnership board worked together to improve the service, also funding beds in care homes to assess long term care needs without delaying hospital discharge. Regular meetings between teams, including hospital discharge, therapy teams, and reablement, supported operational partnership working. These operational and strategic examples indicated regular and appropriate arrangements to support partnership working, identifying areas for ongoing improvement and development.

Impact of partnership working

The local authority monitored the impact of its partnership working to inform ongoing development and continuous improvement.

Work on improving the discharge to assess pathway was a whole system approach to design and delivery. The Home First approach has been embedded and there was significant support to improve hospital discharges. One partner was clear this work had reduced hospital discharge delays. Work to further understand the impact and improve hospital discharge pathways was ongoing at the time of our assessment. Significant improvement had been made to pathways, which resulted in the majority of people discharged to reablement care through pathway 1. Recognised issues with the availability of therapists that were hindering some of the effectiveness of the reablement approach had been recognised and funding was identified to recruit more therapists. The local authority and the One Herefordshire Partnership were progressing further work to analyse the available data to understand the longer-term outcomes and impact for people.

Analysis of data as part of this partnership work indicated increased readmissions to hospital related to falls and the subsequent need for more prevention work related to falls in a partnership context. This supported the development of appropriate steering groups to support oversight, relevant analysis resulting in a needs analysis, and an ongoing mapping exercise of community resources. This indicated ongoing development and continuous improvement of the partnership offer to support people's experiences and outcomes.

Working with voluntary and charity sector groups

The local authority worked with voluntary and charity organisations to understand and meet local social care needs.

The local authority provided infrastructure support to the voluntary and community sector to support the building of its capacity and sustainability. The local authority, through their Talk Community development team, collaborated with the voluntary and community sector organisations in the county to support sustainability and income generation. The local authority also made grant funding available to grass roots organisations. Organisations could run groups using the grant or add the funds together with other existing funding to support their communities. The Talk Community model was led by development officers who facilitated Community Action Networks every 6 weeks. This brought their communities, voluntary and charity sector organisations and statutory services together to share ideas and plan forward with their communities. Additionally, a new contract to develop volunteering capacity in the county and connect volunteers with community organisations was in place.

One partner said there was regular and positive communication between the charity and senior leaders, to such an extent they felt able to raise any matters of concern, and there would be feedback about it as well. Voluntary and community sector organisations were part of partnership boards. Leaders identified areas of development for their relationship with the voluntary and community sector, including a clear strategy for the sector across the local authority to improve fragmentation. This played out in considerations of how to develop a more strategic oversight of the sector and the move from traditional grant-funded relationships with the sector and making applications for local authority contracts more straightforward, especially for smaller organisations or pots of funding.

Theme 3: How Herefordshire Council ensures safety within the system

This theme includes these quality statements:

- Safe pathways, systems and transitions
- Safeguarding

We may not always review all quality statements during every assessment.

Safe pathways, systems and transitions

Score: 2

2 - Evidence shows some shortfalls

What people expect

When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place. I feel safe and am supported to understand and manage any risks.

I feel safe and am supported to understand and manage any risks.

The local authority commitment

We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.

Key findings for this quality statement

Safety management

Safety was a priority for all teams. This included a consistent approach to risk rating waiting lists. Staff told us waiting lists were actively monitored, with regular contact to people to assess changing circumstances and risk. Some staff described weekly management meetings, for example, to support consistency in the management of waiting lists. Teams worked together to allocate urgent cases where capacity was a challenge. Data regarding who waited for services and how long was robust for the majority of adult social care services.

There was a lack of clarity about who was waiting for different services and how long for occupational therapy-based assessments. Waiting lists were prioritised and waiting well processes were in place, which mitigated the impact of this issue and reduced the risk safety diminished while people waited. However, the high number of people waiting and administrative challenges faced by staff, including system processes and paperwork, affected staff's ability to complete waiting well checks efficiently. There was an expectation described by one team, for example, that waiting well calls were in addition to their heavy workload. Staff also told us there was a lack of guidance for how to access the relevant information and scripting for these conversations. These factors reduced the efficacy of the waiting well process, increasing the risk people's safety was not well supported. Leaders were reviewing the OT waiting list, progressing new paperwork for the OT team, and implementing an appropriate equipment stock tracking system at the time of our assessment. This was expected to have a significant impact on this process quickly.

Where people waited for a package of care, this was minimal and there were clear arrangements in place between relevant teams to consider risk, including carer crisis. Alternative short-term solutions were available, such as the use of reablement beds or the Home First team, that could be used in a contingency. Staff told us emergencies were a priority for duty brokerage and systems ensured a timely response to risk. In one example shared by staff, a permanent residential placement was sourced within a working day meaning the person was at the residential home without delay, reducing risks to their safety, wellbeing and of deterioration.

The local authority had clear emergency duty systems in place to operate outside of weekday and business hours. Staff described good working relationships with relevant partners including the police, including in response to mental health needs as all out of hours staff were Approved Mental Health Professionals (AMHPs). There were clear lines of communication between daytime services and the emergency duty team to pre-empt where safety required support or management between the teams.

Good relationships with the police, health, and the voluntary and community sector amongst others were supporting people who were homeless or at risk of homelessness. There was a clear investment in meeting the needs of people with Care Act eligible needs and others, particularly in the ongoing investment in the Brave programme working to reduce homelessness in the county. Staff shared an example of where they had used technology to ensure the safety of one person who was considered to be at risk.

Safety during transitions

The local authority utilised appropriate systems and processes with partners to support and manage people's safety as they moved across their care journeys.

The local authority's young adults team supported young people moving from child to adult services. Staff shared positive partnership working that engaged young people and their families and supported them. There were systems in place to identify young people likely to require care and support as an adult from age 14. Staff told us this allowed for smoother transition and ensured necessary support was in place before a young person turned 18. Young people had allocated workers, but there was a clear ethos of support that utilised experience and expertise across the team. The local authority maintained flexibility in how long they worked with a young person. While some young people were transferred to locality teams once their support felt settled, others remained with the young adults team for extended periods, sometimes beyond age 25, if that met the young person's need. There were clear examples of listening and working with young people and their families, for example working with a young person with high anxiety and sight loss through education and into supported living in line with their wishes.

There was ongoing work to ensure placement sufficiency and choice for young people when they moved to adult services. The local authority was working with young people and their families to develop models of care to best meet their needs. One partner described ongoing anxiety when young people and their families were approaching the move from child to adult services in the available services that were stimulating and supportive.

Local authority staff were based in the county's acute and community hospitals to assess care and support needs as part of hospital discharge processes. Some nursing staff were also working in these teams to support this process. Further assessment took place after several weeks through a dedicated team to understand longer term support needs. Staff were advocates for people and the thorough assessment of care needs within the complex and challenging hospital and discharge environment. One staff member described an example of working closely with housing services to secure an adaptable bungalow to support a safe discharge, highlighting an holistic approach to discharge planning. Daily meetings across staff groups supported safety management and a discharge to assess board allowed for multi-agency oversight of strategy and risk.

Sometimes there were delays in discharge which affected people's experiences and outcomes. There had also been waits for longer term assessments following discharge due to demand on the team completing them. One family, for example, told us the discharge to assess process was patchy and prolonged. While they eventually got a good outcome, which was supported by the local authority, they said it took longer than needed. Some staff shared several examples where people's needs had deteriorated within the discharge process that resulted in readmittance to hospital. Examples included where assessments had originally identified people could walk unaided, for this not to be the case when they were at home, or where more care calls were required due to the person's increased needs.

Local authority data in July 2025 indicated 83.9% of patients were discharged on their discharge ready day. This represented the lowest percentage of delayed discharges compared with previous years and some partners praised the local authority's work to improve this.

The local authority's county team supported people across the county for a wide variety of reasons, including where people had experienced several placement breakdowns, had multiple diagnoses or fluctuating needs. This recognised where people had already experienced several transitions between services which may have been traumatic and required a nuanced response. This provided continuity for people across their care journeys to support their safety and wellbeing.

There were processes in place where people moved to or from the county which included relevant information sharing and follow up. Where people moved placements, some providers said they needed more notice as this wasn't always sufficient and the support they received when someone moved services was varied. This increased the risk the provider was not well prepared to meet the person's needs. However, emergencies were recognised as often unavoidable factors.

Commissioning and social work teams worked together to assure the quality of provision and respond to concerns when someone was placed out of area. The local authority told us social work teams monitored and formally reviewed people's needs when they were placed out of county, in conjunction with people, their families, networks and supporting professionals. People, families, advocates or providers could also request a review of care and support at any time. People placed out of area can be at higher risk due to a variety of reasons, including the infrequency of reviews, support planning and care management and differing quality assurance processes. There was also some dedicated resource in place to reduce waiting times for reviews.

Contingency planning

The local authority undertook contingency planning to ensure preparedness for possible interruptions in the provision of care and support. This included relevant policies and procedures for rapid evacuation of care homes or the failure of a provider organisation. Policies included the sharing of relevant information with partner agencies and where joint work could support contingency plans. The local authority knew how it would respond to different events and carried out mock scenarios to test and ensure the robustness of procedures.

The local authority received very limited notice their equipment provider had to cease trading. The contingency response from local authority teams was rapid and robust, putting a new service in within 6 weeks. There was clear evidence of prioritisation of activity during this emergency management period to ensure there was minimal impact on people's experiences and outcomes. A paper referral process was in place at the time of our assessment and some staff told us there had been minimal impact on their work. Some teams were responsible for responding to emergencies and faults with TEC equipment, for example, for 2 weeks to ensure people remained safe with the equipment in place. A digital system to track equipment stock and delivery remained a challenge, though this was progressing at the time of our assessment and leaders expected this to be resolved imminently.

Local authority contingency planning was recently tested in relation to quality concerns related to a provider. The local authority activated contingency plans considering concerns about people's safety. Alternative plans were put in place for people's care and support. These alternatives were ultimately not used, but highlighted how the local authority worked collaboratively, internally and with other local authorities, to ensure continuity of care would be maintained in an emergency situation and support improvement. Learning was ongoing at the time of our assessment regarding the process and whether people should have been moved at an earlier stage to reduce risk. Clear service improvement plans were in place for the provision and residents which were well monitored, ensuring contingency plans could be reactivated if necessary.

Funding decisions or disputes with other agencies did not lead to delays in the provision of care and support. One partner shared examples of discussions taking place quickly when packages of care needed to be approved where funding was provided across partners. The local authority had processes in place to support people who could no longer fund their own care to support continuity and people's wellbeing.

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Safeguarding

Score: 3

3 - Evidence shows a good standard

What people expect

I feel safe and am supported to understand and manage any risks.

The local authority commitment

We work with people to understand what being safe means to them and work with our partners to develop the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.

Key findings for this quality statement

Safeguarding systems, processes and practices

There were effective systems, processes and practices to make sure people were protected from abuse and neglect. National data indicated 73.49% of people who used services felt safe, which was similar to the England average of 70.16% (ASCS, 2025). Similarly, 89.30% of people using services felt safe, which was similar to the England average of 87.81% (ASCS, 2025). Additionally, 86.67% of carers felt safe, which was somewhat better than the England average of 80.93% (SACE, 2024). The local authority worked through established multi-agency structures and with the Herefordshire Safeguarding Adults Board (HSAB) to oversee priorities, themes and outcomes. There was a dedicated safeguarding team and staff representation was ensured within the Multi Agency Risk Assessment Conference (MARAC), Multi Agency Public Protection Arrangements (MAPPA) and Prevent multi-agency meetings.

Multi-agency arrangements were well developed. The local authority was a statutory partner within the HSAB alongside providers and voluntary sector representatives. The HSAB strategic plan had agreed five priorities: self-neglect, exploitation, prevention, neglect and omission, and board effectiveness. Transitions and Making Safeguarding Personal ran as cross-cutting themes. The current strategic plan set aims such as improving recognition of exploitation and providing an exploitation toolkit with delivery monitored via sub-groups, performance data, audit outcomes and an annual report.

The local authority had established multi-agency arrangements for people who did not have eligible care and support needs under the Care Act. For example, the 'breaking the cycle' initiative supported people with multiple disadvantages, and Making Every Adult Matter (MEAM) aligned work and community initiatives such as Talk Community Hubs and Well Space. Mandatory Prevent training, for example, formed part of the safeguarding and extremism response, with a priority to increase frontline understanding of ideologies, including extremism.

Leaders described a wider programme underway to strengthen safeguarding systems based on identified issues. Plans included improving mechanisms to gather feedback from people about the safeguarding process, developing forums and toolkits on self-neglect and hoarding, strengthening community intelligence and safeguarding awareness, and improving data systems. The local authority understood its areas for development, such as strategies for individuals with complex, multiple needs, and they were planning to undertake development work around these areas and other safeguarding processes.

A training and workforce development sub-group promoted a multi-agency competency framework, shared case review learning, commissioned trauma-informed practice training and disseminated the self-neglect and hoarding policy and resources. Between April 2023 and March 2024, 610 delegates attended multi-agency safeguarding courses. This coordinated approach to safeguarding systems and processes ensured people received an effective and joined-up response. Learning and development activity was ongoing. Audits identified improvements required in the complex adult risk management approach, recommended wider use of tools and information-sharing for self-neglect and hoarding, and provided assurance of statutory compliance.

Oversight of development initiatives was expected to improve once the recent recruitment of a Principal Social Worker (PSW) was completed. Within this timeframe, operational managers fulfilled aspects of the PSW role on top of their existing duties. However, some leaders, for example, raised that not having a PSW had meant there was not enough time or focus on oversight of developing and changing safeguarding processes to support identified learning from audits, though a variety of practice improvement work continued without the PSW in post.

A dedicated safeguarding team received all safeguarding contacts, coordinating multi-agency responses and holding functions, including triage, complex case coordination, provider quality assurance and position-of-trust enquiries. Dedicated processes, such as those related to people in a position of trust, and large-scale enquiries, were in place providing clear guidance to staff. A manager or senior practitioner triaged all contacts, identified risk, and determined progression either under safeguarding, via requests for further information, or as welfare concerns. At the time of our assessment, this work was managed by a small team, resulting in an intense and high workload. Staff told us there were previous staffing pressures due to a vacancy and long-term sickness, mitigated by agency workers. As a result, there was an impact on communication with referrers and on staff wellbeing. No initial reviews over the previous 12 months had exceeded the 48-hour target for triage. This reflected that, whilst the workload was intense and communication with referrers could improve, the local authority was assured there was timely triage of contacts.

Staff described a supportive culture for safeguarding practice. Where staff needed support, there was additional supervision, senior oversight of referrals and close collaboration with the safeguarding team to build confidence and ensure safe enquiry management. Staff also described using escalation processes when providers did not act upon concerns, ensuring ongoing risks were addressed.

Providers generally felt that the local authority had skilled and knowledgeable safeguarding staff when contacting them for advice and guidance. Most respondents felt that the safeguarding team was very helpful and that there were clear processes for notifying about safeguarding concerns. However, some staff and partners indicated communication regarding safeguarding referrals was not always clear and safeguarding outcomes were not always fed back to the referrer. One provider, for example, told us that they had to chase adult safeguarding referrals to obtain these outcomes. Another partner also reported submitting referrals via the local authority website and not always being informed of outcomes. This was an identified area of improvement for the local authority and outcomes were provided when requested. Front-line teams found referral routes straightforward, though some also said they needed to chase for outcomes, particularly around reviews.

Responding to local safeguarding risks and issues

The local authority demonstrated a clear understanding of the safeguarding risks and issues within the area. Data showed neglect and acts of omission were the most common concerns, followed by financial abuse. Older people and those with learning disabilities were identified as being at higher risk, and this informed how resources were targeted. The local authority worked closely with safeguarding partners to reduce risks and prevent abuse. This included developing strong multi-agency partnerships with providers, hospitals, advocacy services, and the local authority's quality and review team.

Staff described steady improvements in learning and development, particularly around Safeguarding Adult Reviews (SARs), supported by initiatives such as lunch and learn sessions and dedicated SAR learning days. Learning from SARs was also shared through practitioner forums. Recent changes had also driven improvements, with staff feeling empowered to influence practice and contribute to a culture of continuous learning. In 2023-2024, five SAR referrals were received. Learning from these reviews included strengthening the complex adult risk management process, improving understanding of Mental Capacity Act 2005 duties, and addressing gaps in professional curiosity and recording. The local authority shared a SAR action plan with 5 actions in progress, including recognising the role of family carers, bridging advocacy gaps, and promoting multi-agency working. Good practice was also identified, such as capturing the person's voice and completing robust mental capacity assessments.

Data gathered by the safeguarding team was routinely fed into the HSAB, where self-neglect emerged as a recurring theme requiring early intervention. In parallel, the SAB and Health and Wellbeing Board were working on preventing homelessness and reviewing deaths in the county to gain a broader understanding of local risks.

Responding to concerns and undertaking Section 42 enquiries

The local authority had established clear criteria for what constituted a section 42 (s42) enquiry and when a s42 enquiry was required. A s42 enquiry is the action taken by a local authority in response to a concern that a person with care and support needs may be at risk of or experiencing abuse or neglect. Staff told us that these thresholds were applied consistently, with a clear rationale recorded for decisions, including those cases that did not progress beyond initial enquiry. Data from the Safeguarding Adults Collection in 2024 showed the conversion rate of safeguarding concerns progressing to s42 enquiries was 14%, although this rate had fluctuated between 7% and 11% in previous years. The conversion of safeguarding contacts to s42 enquiries could be due to several factors, and does not, on its own, indicate safeguarding practice. However, this demonstrated that, while most concerns were resolved at the initial enquiry stage, there was a consistent process in place to determine when statutory enquiries were necessary. Where safeguarding enquiries were undertaken by another agency, such as a care or health provider, the local authority retained oversight and responsibility for the enquiry and its outcome, ensuring accountability for the person concerned.

There were clear standards and quality assurance arrangements in place for conducting s42 enquiries. Quality assurance staff described their role in monitoring provider-led investigations, reviewing safeguarding logs, and ensuring protective measures were implemented immediately where risks were identified. Data provided by the local authority in August 2025 showed that there were no safeguarding concerns awaiting initial review, with all referrals considered within 48 hours. In August 2025, there were 8 s42 enquiries awaiting allocation to a worker, and the median waiting time was 10 days. There was a maximum waiting time of 18 days within the 12 months prior to August 2025. Safeguarding plans were in place to reduce future risks for individuals, and ‘safe and well’ checks were used to manage risk for those waiting.

There were 100 people awaiting allocation for Deprivation of Liberty Safeguards (DoLS) applications. The local authority reported actions they had taken to reduce waiting lists, including commissioning additional independent Best Interest Assessors, streamlining assessment using the regional model and using a DoLS priority tool. To ensure that people were safe whilst waiting, the DoLS team reviewed and prioritised urgent cases and planned renewals in advance. Referrals were triaged weekly and high-priority cases were allocated within 7 days. The DoLS team reported structured triage, prioritising urgent cases and planning renewals, with engagement of families and advocacy services and training for providers.

Making safeguarding personal

Safeguarding enquiries in Herefordshire were carried out with sensitivity, ensuring the wishes and best interests of the person concerned remained central to the process. Staff told us they worked to progress enquiries without unnecessary delay, and examples were provided of practice where individuals with capacity were supported to make their own decisions, even when these were considered unwise, with proportionate safety plans put in place to help manage risks.

The local authority consistently reduced risks and involved individuals at risk of abuse or neglect in the enquiries they undertook. Outcome data indicated that 77.7% of people (or their representatives) were asked what they wanted from safeguarding, with 82% of outcomes partially or fully achieved. Risks were reduced for 50% of people, removed for 18% and remained for 14%. The Herefordshire Safeguarding Adults Board business plan also highlighted areas where progress was yet to be made, including a communications strategy to raise awareness and mechanisms for people with lived experience to influence the work of the board.

People were supported to understand what safeguarding meant to them, what being safe looked like in their own lives, and how to raise concerns if they did not feel safe or had worries about the safety of others. The Talk Community website included information aimed at the public about keeping adults safe. This included information on the types of abuse and how to raise a safeguarding concern.

The safeguarding team described a strong commitment to Making Safeguarding Personal, prioritising safe and appropriate contact with individuals. Where direct engagement was not possible, for example in cases involving domestic abuse, creative approaches were used to ensure the person's voice was heard. Staff arranged joint visits where necessary, and information was provided in ways that helped people to understand the safeguarding process and their options.

Partners told us access to advocacy remained a challenge, and the local authority was reviewing data to better understand why advocacy was not consistently provided when there was a duty to refer. For those assessed as lacking capacity in safeguarding, 80% received advocacy according to local authority data. Data from the Safeguarding Adults Collection in 2025 showed that only 18.18% of individuals lacking capacity were supported by an advocate, family or friend. This was significantly worse than the England average of 83.30%. This highlighted a need for further work to fully understand the use of advocacy in the local authority to ensure people could participate in the safeguarding process as much as they wanted to. Work was ongoing through the HSAB to support this.

Theme 4: Leadership

This theme includes these quality statements:

- Governance, management and sustainability
- Learning, improvement and innovation

We may not always review all quality statements during every assessment.

Governance, management and sustainability

Score: 2

2 - Evidence shows some shortfalls

The local authority commitment

We have clear responsibilities, roles, systems of accountability and good governance to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.

Key findings for this quality statement

Governance, accountability and risk management

There were clear governance, management and accountability arrangements at all levels within the local authority. These included corporate leadership functions, the Health Care and Wellbeing Scrutiny Committee and Health and Wellbeing Board. The local authority's schemes of delegation for Care Act duties were clear and publicly available, supporting transparency in decision making and clear accountability.

Governance and accountability for action was clear within local authority strategies. For example, the Herefordshire and Worcestershire All-Age Autism Strategy identified the governance in place for the delivery of Care Act duties and the actions identified. An annual action plan was produced for each priority, setting out areas of focus and how the local authority monitored success. Progress was reviewed through the Herefordshire Autism Partnership Board and reported to the relevant Integrated Care System (ICS) programme board. An annual report was presented to the Health and Wellbeing Board and a bi-annual newsletter was produced to keep everyone updated on progress.

There was direction and oversight of commissioning activity under the Procurement and Commissioning Strategy which included reviewing all policies and procedures, ensuring effective risk management of major contracts, regular value for money reviews, and ensuring compliance with the council's procurement and governance standards, controls and procedures through a cyclical programme of internal audit work.

Leaders described challenges in terms of demand increases of 23% in adult social care between March 2023 and April 2024 which presented risks to financial sustainability. Some staff told us rising domestic abuse, carer breakdown and service capacity issues were key factors following the COVID-19 pandemic. The local authority was responding by investing in preventative approaches, such as Talk Community. Further work was being explored, for example, through the Health Care and Wellbeing Scrutiny Committee for a task and finish group to focus on further understanding the demand pressures affecting adult social care, aiming to conclude in early 2026. There was a developing insight into the impact of prevention work with pilot schemes on the use of Technology Enabled Care (TEC), for example. These showed indicative cost savings and improved outcomes for people, including hospital admission avoidance. This activity indicated an ambition to understand the impact of prevention work on local authority pressures and people's experiences and outcomes.

Adult social care leadership was predominantly described as consistent and visible, such as when attending service visits with frontline staff. Senior leaders were often described as approachable. Roles and responsibilities within the senior leadership team were clear and there were identified mechanisms to support the role of adult social care within the local authority's wider functions. The Director of Adult Social Services (DASS) oversaw housing, public health, and cultural services alongside Care Act functions, supporting integration of the wider determinants of health and wellbeing within adult social care.

Some partners told us there was further work needed to improve the flow of information and communication through local authority structures and out to partners. Some staff felt this internally, with their voice not always well heard in contribution to service developments or transformation. This was supported by the employee survey in 2024 which indicated 45% of the staff who responded did not feel involved in making decisions about key changes and 39% did not feel able to influence change within the local authority. One leader shared a similar view for example, where some regular meetings had lapsed and that communication across the local authority generally could be improved. This affected some staff and partners experience of the governance and leadership in the local authority.

There were some leadership roles, such as the Principal Social Worker and Director of Public Health, which either had recent changes or were vacant, which were noted by some staff and partners. One partner described this as posing challenges to institutional knowledge and continuity. Some staff described a lack of dedicated leadership risked slowing progress on embedding strengths-based and person-centred practice or the integration of some functions within the local authority. However, these senior roles were filled or recruitment processes were nearly complete at the time of our assessment and there was reflection from staff and some partners on the positive effect this was beginning to have.

The local authority's risk register robustly identified risks to adult social care delivery in the county. These included risks to market sustainability and stability, challenges due to rurality, and risks of not meeting statutory obligations to deliver effective safeguarding. Risk registers identified the impact of the risk, existing risk controls and further actions required to continue to mitigate the risk. The local authority's risk approach, recent review of risks and accountability was clear. An overarching visual representation of adult social care's risks at the beginning of the register provided an efficient way of highlighting risk.

Senior and corporate leaders maintained clear assurance on oversight of performance and escalated concerns. Some partners told us there were good relationships with senior leaders to support this oversight. The local authority was well represented on partnership boards to support oversight and escalation of risks if appropriate and as required, including the One Herefordshire Partnership, the Integrated Care Board and the Integrated Care Partnership Assembly. Progress on the Inequalities Action Plan, for example, would be reported to the One Herefordshire Partnership, the Integrated Care System Health Inequalities Collaborative, and Herefordshire Health and Wellbeing Board.

The local authority's political and executive leaders were well informed about the potential risks facing adult social care. Political leaders had significant experience within the health and social care system, enabling their understanding, support and challenge to the local authority. The council operated without an overall political majority, requiring cross-party support for decision-making. This was clearly in place, for example in the cross-party working group to explore housing in the county. There was no opposition lead role for adult social care which meant that scrutiny was conducted through the Health Care and Wellbeing Scrutiny Committee, which was well attended. This arrangement ensured accountability. One leader told us there was still some work to do to find the balance between avoiding micromanagement while still ensuring accountability when following up actions.

Political and executive leaders told us they received regular briefings on adult social care, for example on performance, home care and the Joint Strategic Needs Assessment (JSNA). This enabled informed scrutiny and supported the shaping and monitoring of strategic decisions, such as the proposal for a council-run care home and intergenerational care models.

Strategic planning

The local authority had some operational and strategic business intelligence and performance reporting frameworks in place to support understanding of risks and performance within considerations of adult social care strategies and plans. There were clear areas for development, such as improving the reporting of the waiting list for occupational therapy and equipment and adaptations. Some work to understand the impact of adult social care activity was in place, for example in assessing the cost savings from TEC. There were areas where further work was needed to understand impact, such as reablement, in terms of outcomes for people that were not in fully place at the time of our assessment. This work would support the ongoing improvement of services. The local authority told us they had a performance management framework with quality monitoring arrangements in place and performance reporting systems at service and team level. Arrangements included reporting systems measured against key local and national indicators to demonstrate delivery against their Care Act duties and maintaining risk registers. A new performance management system was being introduced to streamline reporting processes and improve consistency and efficiency.

Local authority and partnership strategies and action plans were in place and up to date. This provided clear strategic direction for activity. The Learning Disability Strategy, for example, had robust outcome-focused, strategic commissioning intentions framed in line with the themes of the strategy. These supported an understanding of existing and new resources, activities, outputs and intended outcomes, with space to understand the wider social impact. An improvement plan was in place for occupational therapy services in recognition of the challenges faced and developments needed and a project scope had been developed to support the review of reablement services in the county. These examples indicated the local authority had recognised the need to make improvements and was progressing action to do so. It was too early, however, for the impact of this work to be felt.

Challenges persisted in relation to recruitment and retention to ensure teams were sufficiently resourced to be able to appropriately allocate resource to meet local needs. This was a concern for the majority of staff groups we spoke with, who recognised increasing demand and smaller teams. Some staff were worried, describing the situation as overwhelming and unsustainable. Some staff said they thought new training and restructuring would improve capacity and reduce pressure, but there was concern about sustainability if there were sickness absences. Some teams said they were not fully staffed for several years and recent loss of operational managers was impacting on staff wellbeing. Some staff recognised structural change was needed but these service changes had progressed slowly, reflecting some lack of clarity in strategic direction for some staff.

The local authority had actions in place, such as international recruitment and using the apprenticeship levy to attract occupational therapy apprentices, for example. Some staff told us they knew leadership teams were aware of capacity gaps, and they were encouraged to share their ideas for solutions. There was ongoing work with the Local Government Association (LGA) to contextualise the local authority's workforce strategy specifically for adult social care. The local authority was holding waiting lists for several teams, indicating demand and resource pressure was affecting people's experiences and outcomes. This remained a live area of challenge for the local authority, though mitigation and action was in place.

Information security

The local authority had arrangements in place to maintain the security, availability, integrity and confidentiality of data, records and data management systems. Information sharing protocols were in place with relevant partners and staff completed mandatory annual training in information security. Work was ongoing to make further improvements to case management systems.

Information on the local authority's website in relation to information security provided details of how to access records held about people. Sharing of information was in accordance with the Data Protection Act 2018 and the General Data Protection Regulations (GDPR). Specific privacy notices were available for adult social care and retention schedules were available. Information was shared with health systems to support partnership working.

The local authority's risk register identified in April 2025 their case management and financial database systems were fragmented and needed to be more aligned. Some staff and partners identified where case management systems needed to improve or where improvements were progressing at the time of our assessment, such as some safeguarding information and occupational therapy waiting lists. Leaders identified improvements needs to reduce administrative burden and provide further support for predictive data modelling. This was an identified priority to improve their database systems in their transformation plan.

Learning, improvement and innovation

Score: 2

2 - Evidence shows some shortfalls

The local authority commitment

We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.

Key findings for this quality statement

Continuous learning, improvement and professional development

There was a culture of continuous learning and improvement within the local authority. Staff had ongoing access to learning and support so that Care Act duties were delivered though had mixed experiences of being able to access these. Coproduction was improving at the time of our assessment, with further developments identified.

Peer support, supervision and shared learning supported staff to deliver Care Act duties within teams. Staff described training days across the service to promote their understanding of different teams and roles and strong sense of community and belonging. 'Lunch and learn' events encouraged knowledge sharing and professional development and staff described sessions with external organisations or teams to support their knowledge. Management and peer support, through open discussion around the people supported, was regularly available in and out of formal supervision. This supported their wellbeing and the environment in which staff were supported to deliver better experiences and outcomes for people. However, some staff told us they felt the impact of smaller teams. For some this meant they were concerned about knowledge lost to the organisation, tasks were difficult to juggle or in team support or capacity for learning and development had been impacted.

The local authority introduced a learning hub for staff, following feedback, to provide access to learning and events. The learning offer for staff included online and face-to-face training courses to support the delivery of Care Act duties. A standard offer for staff included relevant training on autism, safeguarding and mental capacity, for example. Training offers were updated in response to identified learning needs, such as audit findings, complaints and team feedback. The local authority was also aiming to develop specialist knowledge in response to identified need, for example, in fetal alcohol disorder, contract management and health and wellbeing diplomas.

Staff provided mixed feedback about their experiences of training. While some staff felt that general training and employee feedback mechanisms were strong, others noted that induction and specialist training were variable and sometimes compromised by staffing shortages. More informal mechanisms, such as shadowing opportunities, could be limited or unavailable where workload was high, though these were available for some.

The local authority had recognised challenges in relation to recruitment, but many staff shared how the local authority delivered a 'grow your own' approach to career progression to support retention. The local authority supported apprenticeships and several staff we spoke with were progressing through this route or had good experiences of local authority supported development from unregistered roles through to registered positions and into management roles. This supported the continuous improvement and professional development of the adult social care workforce.

The local authority's quality assurance framework set out key activities, including practice observations, case file and supervision audits to support continuous improvement. This included relevant senior and operational management oversight. Staff told us that quality assurance and oversight was embedded across processes, with senior practitioners and team leaders reviewing and signing off work. In safeguarding, social workers' information gathering was signed off by senior practitioners, although staff told us a formal audit process was not in place at the time of our assessment. While the local authority was without a Principal Social Worker (PSW) at the time of our assessment, arrangements were in place to continue to promote legal literacy, person-centred practice, and case law awareness in conjunction with the Principal Occupational Therapist role. A learning log was in place to support the identification of learning and associated action, providing accountability for ongoing improvement.

There was a growing culture of coproduction with people with lived experience through partnership boards with the local authority. For example, some unpaid carers told us they were able to influence policy and support unpaid carers, particularly through boards like Making It Real and the Carers Partnership Board. Several people and leaders told us there had been a renewed focus on co-production.

Feedback from several people indicated the partnership boards needed further development. For example, some people questioned the lack of physical disability-focused partnership board and strategy. Others told us the Making It Real board, for example, was too broad in focus. Several people and partners told us more was needed to strengthen feedback loops with the local authority to show the impact and delivery of action because of co-production. One partner, for example, described this as the local authority being in danger of engagement fatigue from the community, which could put some people off. Some partners described inconsistency from the local authority in its approach to co-production, with some teams more signed up than others. This suggested further work was needed to clearly define and embed coproduction within the local authority's structures.

There was clear impact from the co-production work taking place in Herefordshire. The Carers Strategy, for example, was developed through co-production and accountable to the Carers Partnership Board for progress. In another example, care experienced young people were involved in consultation groups for recommissioning their supported accommodation services. The young people worked with the local authority to write the service specification aims, objectives, outcome statements, and questions for the tender. Young people undertook adapted evaluation training and took part in the evaluation panel to award the contract.

The local authority worked with peers and system partners to influence and improve how care and support was provided. The local authority participated in workshops focused on future strategies aligned with the NHS ten-year plan, using data to assess local needs and demands and understand how care and support provision could be improved. The local authority's transformation plan outlined development of the area's prevention strategy, for example, was in progress through multi-agency stakeholder groups that were identifying gaps in services, case study deep dives and community engagement.

The local authority's monthly quality assurance forum reviewed the progress of identified learning from peer practice reviews, practice audits, complaints, ADASS networks and lessons learned workshops under their learning log. One partner, for example, told us the local authority looked to neighbours to understand practice to support their own development and learning. Some staff had identified the recruitment of a PSW was needed to support the embedding at pace of evidence-based practice, such as strengths-based practice, within the local authority.

The local authority drew on external support to develop and improve as necessary. This included activity with the Local Government Association (LGA) to support the development of their existing authority-wide workforce strategy to best meet the needs of adult social care. The subsequent workforce delivery plan outlined a series of actions to progress the improvements in line with the local authority's specific challenges in relation to the adult social care workforce. The local authority engaged in peer reviews as part of their quality assurance framework, using qualitative and quantitative methods to evaluate the quality of their services. Relevant staff engaged in appropriate regional and national networks, such as the national Principal Occupational Therapists group and the West Midlands Association of Directors of Adult Social Services (ADASS) market sustainability group. The use of external standards and frameworks, such as the LGA's employer standards, demonstrated a commitment to continuous improvement and alignment with national best practice.

Learning from feedback

The local authority learnt from people's feedback about their experiences of care and support, and feedback from staff and partners. This informed strategy, improvement activity and decision making at all levels.

The local authority co-produced a questionnaire called Person's Voice, which provided people with an opportunity to give feedback about their recent experiences of care. People's feedback was shared with relevant staff and used to improve the services they provided. Evidence from this questionnaire was used to support service direction and strategy alongside targeted engagement and support from partnership boards. Some people we spoke with told us, for example, the local authority had begun addressing accessibility issues, such as adapting Making It Real board materials for visually impaired individuals and simplifying leaflet language in response to direct feedback. In another example, the young adults team moved away from using language around transitions following feedback from a young transgender person using services that this felt confusing to them. Some staff teams described ongoing work to improve opportunities for people with lived experience to feedback about their experiences, especially where this could be challenging, such as in a mental health context.

Local authority leaders were responding to staff feedback. Some staff identified recent improvements in feeling listened to, though they'd experienced an historical lack of consultation. The local authority developed a 'you said, we did' document, outlining where staff feedback had improved services. For example, in response to feedback about line management leadership capability and capacity, the local authority brought in additional leadership and management apprenticeships and a review of induction. This resulted in a one day per month management induction program for all new or promoted managers. This was evident in the feedback received from staff who told us line management generally contributed well to a supportive and collaborative work environment.

Compliments and complaints were managed by a corporate complaints team, with monthly reports of themes and outcomes provided to the leadership team and fed into the quality assurance framework's learning process. The local authority received 36 complaints related to adult social care between April 2024 and March 2025. Service failure was the highest area of complaints throughout the year (29%), followed by 24% where the complainant disagreed with the local authority's decision. Learning from complaints and any action taken was clear and included action for individual staff members and more broadly, such as identified training needs.

There were 2 detailed investigations by the Local Government and Social Care Ombudsman (LGSCO) between April 2024 and March 2025, compared to 4 for the average number of detailed investigations for other local authorities of its type. The uphold rate of complaints to the LGSCO was 0% compared to the average uphold rate of its type of 74.25%. The local authority complied with 100% of the LGSCO's findings, with 0% of their remedies late, compared to the national average of 17.3%. These figures represented timely and appropriate action in response to complaints.

Herefordshire Council

Spirit of Herefordshire Community Wellbeing

Appendix 2 CQC Assurance
Herefordshire Improvement Plan 2026/27

1. Background

The Health and Social Care Act 2022 provided the Care Quality Commission (CQC) with regulatory powers to assess local authorities' performance of their duties under Part 1 of the Care Act 2014. Formal assessments began in early 2024, with a target of completing assessments of all local authorities within two years.

Herefordshire Council received its notification on 7 April 2025, and the final report was published on 29 May 2026.

Herefordshire Council welcomes the findings of the Care Quality Commission assessment. The process has been a positive, learning experience for the authority, providing a focus in which to celebrate and promote strengths and to crystalise areas for improvement. We are pleased that CQC has endorsed our strengths with Good ratings and has affirmed the areas for improvement. This baseline assessment gives us a solid foundation on which to move forward to maximise our strengths and expedite progress on our areas for improvement. We were also pleased that CQC did not identify any adults at risk and/or in need of safeguarding during the process.

2. Assessment Framework

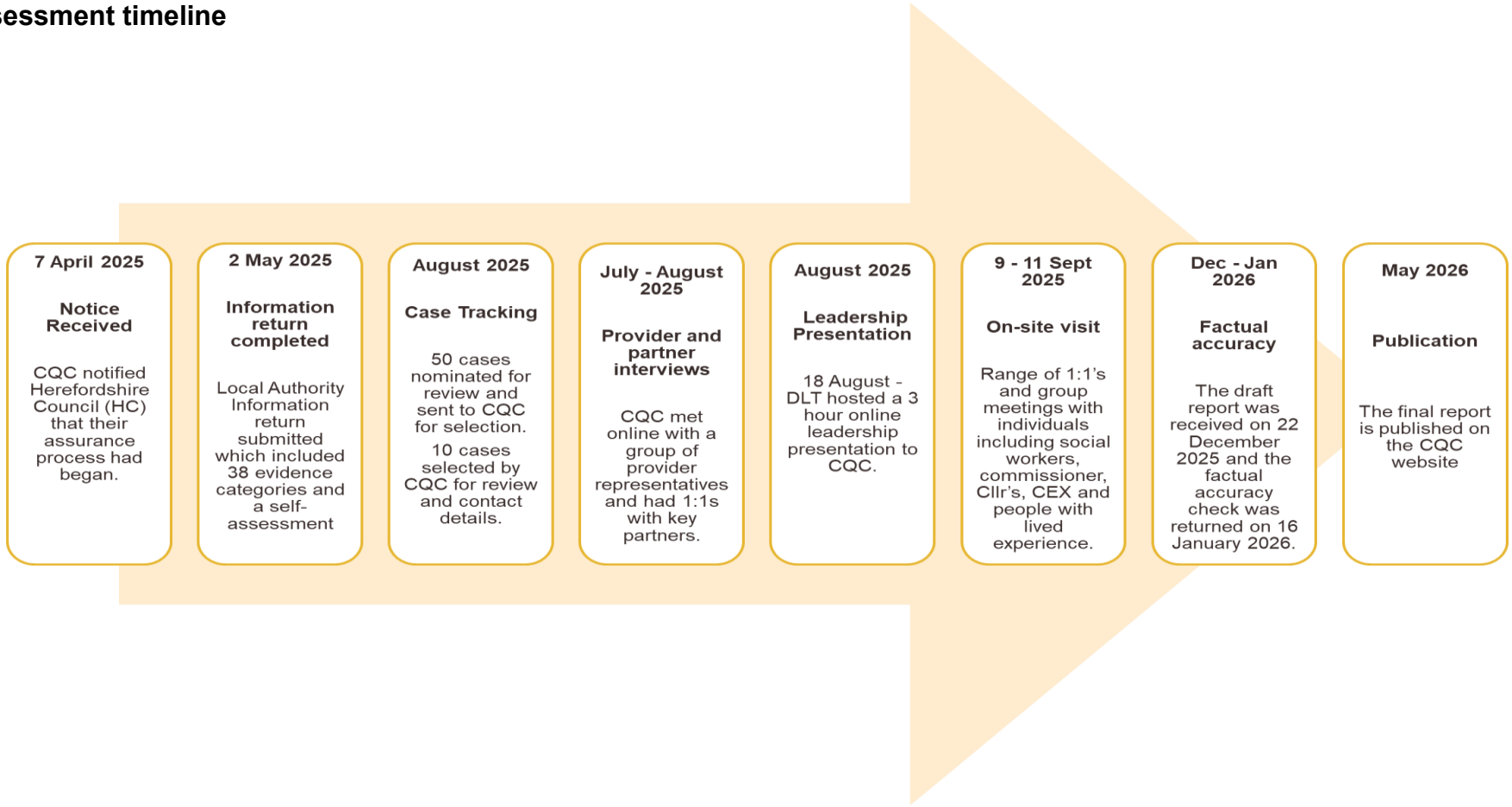
The CQC's assessment framework centres around four themes, with each containing 'quality statements' setting out what is expected of the local authority, and 'outcomes' for people. The detailed quality statements and outcomes are contained in the overall results table in section 3.

Theme 1 – Working with People	Theme 2 – Providing Support	Theme 3 – Ensuring Safety	Theme 4 - Leadership
• Assessing needs • Supporting people to live healthier lives • Equity in experience and outcomes	• Care provision, integration and continuity • Partnerships and communities	• Safe systems, pathways and transitions • Safeguarding	• Governance, management and sustainability • Learning, improvement and innovation

The CQC used information from the following four key evidence categories to form its conclusions. For every quality statement, each evidence category was scored giving a total score and rating for each statement; the statement scores were then combined to form the overall score and rating.

- **People's experiences** – gathered from interviews with people with care and support needs and carers, plus national and local survey results.
- **Feedback from staff and leaders** – gathered from interviews with leaders and focus groups with managers, commissioners and frontline practitioners.
- **Feedback from partners** - gathered from 1:1 and group interviews with senior leaders external to Herefordshire Council, plus representatives of care provider organisations.
- **Processes** – including the council's performance in national returns, internal data, and a comprehensive Information Return comprising 38 categories of evidence, summarised in an overall self-assessment of strengths, areas for further development and performance.

3. Assessment timeline



4. Results

The overall outcome of the assessment was a rating of **Requires Improvement**, with a score of 56.

Theme	Quality Statement	Outcome for people	Herefordshire Result
Theme 1: Working with people	**Assessing needs**		**2 - Evidence shows some shortfalls**
	• We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them	• I have care and support that is co-ordinated, and everyone works well together and with me. • I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.	
	Supporting people to live healthier lives		**2 - Evidence shows some shortfalls**
	• We support people to manage their health and wellbeing so they can maximise their independence, choice and control. We support them to live healthier lives and where possible, reduce future needs for care and support.	• I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally. • I am supported to plan ahead for important changes in my life that I can anticipate.	
	Equity in experiences and outcomes		**2 - Evidence shows some shortfalls**
	• We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor their care, support and treatment in response to this.	• I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.	

Theme 2: Providing Support	**Care provision, integration and continuity**		**2 - Evidence shows some shortfalls**
	• We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.	• I have care and support that is co-ordinated, and everyone works well together and with me.	
	Partnerships and communities		**3 - Evidence shows a good standard**
	• We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.	• The local authority works actively towards integrating care and support services with services provided by partner agencies. This achieves better outcomes for people who need care and support and unpaid carers and helps to reduce inequalities. • Partnership working helps to ensure that care and support meets the diverse needs of individual people and communities. People experience a seamless care and support journey, and their support is co-ordinated across different agencies and services.	

Theme 3: Ensuring safety	**Safe systems, pathways and transitions**		**2 - Evidence shows some shortfalls**
	• We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.	• When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place. • I feel safe and am supported to understand and manage any risks.	
	Safeguarding		**3 - Evidence shows a good standard**
	• We work with people to understand what being safe means to them as well as with our partners on the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.	• I feel safe and am supported to understand and manage any risks.	

Theme 4: Leadership	**Governance, management and sustainability**	
	• We have clear responsibilities, roles, systems of accountability and good governance. We use these to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.	**2 - Evidence shows some shortfalls**
	Learning, improvement and innovation	
	• We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.	**2 - Evidence shows some shortfalls**

5. CQC findings

The CQC findings in relation to our **strengths** mirrored our own self-assessment. The report paints a picture of a **council with strong values, committed staff, effective partnerships and a clear preventative vision**, particularly through Talk Community, safeguarding and quality assurance. Our whole council commitment to excellence in adult social care and emphasis on collaboration with partners, providers and communities to meet our Care Act requirements is clear:

- **Strong prevention model** supported by Talk Community and a new Prevention in Adult Social Care Strategy.
- **Developing coproduction**, with lived experience boards influencing strategies, commissioning, and continuous service improvement.
- **High-performing care market**, with the majority of home care and care homes rated good or outstanding and strong provider relationships.
- **Effective hospital discharge arrangements**, driven by positive, whole system multi-disciplinary team working.
- **Strong safeguarding outcomes**, with high proportion of enquiries meeting desired outcomes and robust multiagency governance.
- **Inclusive, engaged workforce**, supported by the THRIVE values, leadership development, and strong staff engagement.
- **Commitment to equality, diversity and inclusion**, backed by the ADASS Equality, Diversity and Inclusion tool and targeted cultural competency training.
- **Innovation through technology**, including Technology Enabled Care (TEC) pilots, predictive technologies and digital tools that support independence and prevention.

- **Robust governance and leadership**, aligned with good governance principles and active system partnership working.
- **Significant transformation achievements**, including new commissioning frameworks, high direct payments uptake, and strong community-based support.

Our self-assessment equally identified key **areas for improvement**, and we were pleased that the CQC assessment affirmed these areas and noted that we had improvement plans in place. We accept that our existing plans were not fully implemented and improvements embedded at the time of the site visit, but progress has been made in the intervening six months with full implementation due by 31 March 2027:

1. Strengthening the **front door,** specifically embedding Community Connectors, TEC and therapy in the front door offer through our Prevention and Reablement transformation project.
2. Improving the **reablement** offer, through clarifying and streamlining the reablement pathways from hospital discharge and the community, set out in our Reablement Project Plan.
3. Improving the offer for **unpaid carers** in the county, through implementation of the co-produced All Ages Carers Strategy and led by the Carers Partnership Board.
4. Improving the **OT service** within the local authority, through implementation of the OT Practice review and service improvement plan.
5. Improving our capacity to manage **demand and waiting lists**, through implementation of a new structure for adult social care from June 2026.
6. Driving **innovation in market development** for working age adults, through the Learning Disabilities transformation programme.
7. Strengthening the use of **data and associated analysis** to support practice improvement and future service modelling, through our Data Development Plan.

We have a clear transformation programme in place within the directorate which is led by the Corporate Director Community Wellbeing (DASS), supported by the three Service Directors. This programme, which incorporates the above plans, is robustly monitored on a weekly and monthly basis and that is incorporated within our wider governance arrangements for this improvement plan.

6. Improvement Plan

This plan sets out our improvement priorities, together with high level actions and expected outcomes for people. A comprehensive delivery plan, including timelines, responsible officers, and progress updates, underpins it.

Improvement priority 1: Strengthen the front door of adult social care			**Lead: Front Door Transformation Lead**	
People will experience…	**Because we have….**	**Actions**	**Lead officer**	**Delivered by**
Timely assessments, with fewer delays and less repetition, so they get the right support when they need it. Feeling **listened to and involved** in their assessment, with their health, wellbeing, communication needs and personal circumstances properly understood.	Delivered faster, streamlined assessments. Delivered proportionate interventions and support. Reduced waiting lists	• Review existing staff competencies and develop and deliver training sessions, to ensure consistent practice, and embed values of independence and strengths based approaches. • Implement renewed advice and referral documentation to support consistency, deliver proportionate interventions and improve flow of information. • Develop and implement practical checklists for staff to complete, to promote and enable use of Occupational Therapy, TEC and community based solutions to support and evidence consistent decision making. • Work closely with external agencies, including Wye Valley Trust, West Mercia Ambulance Service and out of hours agencies, to review and refine referral processes into ASC.	Front Door Transformation Lead Head of Adult Social Care Operations Front Door Transformation Lead Front Door Transformation Lead	July 2026 October 2026 July 2026 July 2026
Early signposting to community-based support that helps them stay well, independent and connected.	Clearer and more consistent engagement with the voluntary and community sector (VCS), with shared expectations about roles,	• Deliver Community Connector and TEC training to ART team, to support staff to be confident in prevention offers and community options.	Front Door Transformation Lead	July 2026

Improvement priority 1: Strengthen the front door of adult social care			Lead: Front Door Transformation Lead	
People will experience…	**Because we have….**	**Actions**	**Lead officer**	**Delivered by**
Support to **build on their strengths and networks**, reducing reliance on formal care. Increased confidence to **help themselves and plan ahead** for changes in their lives.	contribution and impact within the adult social care system. A more inclusive and diverse local provider landscape, enabling smaller community organisations to contribute to prevention, early support and resilience. More proportionate commissioning processes, making it easier for organisations of different sizes to engage.	• Develop and implement robust referral processes to Community Connectors through each phase of the customer journey, through the data management system. • Strengthen prevention and resilience through the Talk Community approach, including stronger use of Community Action Networks (CANs) and voluntary and community sector partnerships to provide coordinated, community-based support around residents' needs. • Improve Front Door processes to make best use of VCS and other community based organisational support, supporting residents to be independent for longer in their choice of environment	Front Door Transformation Lead and Head of Communities Head of Communities Front Door Transformation Lead	August 2026 December 2026 August 2026
Easy to find clear, accurate and trusted information when they need it, without unnecessary delays or confusion. Information that is presented in **plain language**, helping them understand their options quickly and confidently.	Easy to access, clear, accurate and trusted information available Increased awareness of support options, especially for carers and self-funders.	• Develop and implement online referral options, for individuals and professionals. • Improve accessibility and usability of online information, including clear navigation and plain-language content, including waiting well processes and information. • Expand use of accessible formats (easy read, video, alternative languages). • Produce a front door service briefing note, and share across range of stakeholders, to	Head of Adult Social Care Operations Head of Delivery and Improvement Head of Delivery and Improvement Front Door Transformation Lead	December 2026 September 2026 September 2026 September 2026

Improvement priority 1: Strengthen the front door of adult social care			Lead: Front Door Transformation Lead	
People will experience…	**Because we have….**	**Actions**	**Lead officer**	**Delivered by**
		support understanding of role and process at the front door of ASC.		

Improvement priority 2: Improve the reablement offer			Lead: Service Director All Ages Commissioning	
People will experience…	**Because we have…**	**Actions**	**Lead officer**	**Delivered by**
Effective reablement that enables to regain their independence as soon as possible	A clear, shared reablement model, co-owned with partners, with an agreed purpose, scope and expectations across the system. Supported more people to regain independence and avoid unnecessary long-term care. Stronger multi-agency working and informed decision-making, supported by robust outcome measurement and clear data on reablement outcomes and demand.	• Complete the planned review of the reablement model with partners. • Clarify the purpose and pathways of reablement, including community access. • Strengthen outcome measurement to track reablement success and inform improvement. • Develop and implement a communication plan for partners and the community to ensure consistent understanding of the reablement model, pathways and expectations	Service Manager D2A and BCF Service Manager D2A and BCF Service Manager D2A and BCF Service Manager D2A and BCF / OT Lead	May 2026 July 2026 Sept 2026 Sept 2026

Improvement priority 3: Improve the offer for unpaid carers			Lead: Commissioning Lead for Carers	
People will experience….	**Because we have…**	**Actions**	**Lead officer**	**Delivered by**
Recognition, acknowledgement and support for their caring role from first contact with services. **Proactive, consistent carers' assessments**, so they are recognised and supported earlier **Support plans that reflect what matters to the them** **Support to plan ahead**, including contingency planning for changes or emergencies, reducing anxiety and uncertainty	Effective partnerships in place to identify and support carers early before they reach crisis point Strengthened personalised care and choice, through carers assessments and support plans	• Embed consistent practice across all ASC teams so carers are offered a carers' assessment and support plan, with clearer pathways, communication and follow-up	Principal Social Worker	September 2026
		• Deliver further carers training to staff across Community Wellbeing, to support early identification, information and advice.	Principal Social Worker	December 2026
		• Implement Mosaic system changes to ensure carers are recorded appropriately.	Commissioning lead for Carers	September 2026
		• Monitor quality, though audit, performance data, and through supervision, that ASC staff are proactively identifying carers and are offering assessments.	Principal Social Worker	January 2027
		• Monitor quality and performance data from commissioned services, to ensure carers are identified, referred and supported appropriately.	Commissioning Manager	September 2026
		• Develop and implement a corporate carers approach, including a national carers card, refreshed Carers Partnership Board arrangements and a carers network to inform service development.	Commissioning lead for Carers	December 2026
		• Fully utilise learning and support offer from Regional carers network	Commissioning lead for Carers	September 2026
		• Refresh and update the All Age Carers Strategy and delivery plan.	Commissioning lead for Carers	September 2026

Improvement priority 3: Improve the offer for unpaid carers			Lead: Commissioning Lead for Carers	
People will experience….	**Because we have…**	**Actions**	**Lead officer**	**Delivered by**
Access to a **wider range of flexible break and support options**, reflecting different needs, preferences and circumstances. Reassurance that **emergency respite is available when needed**, reducing anxiety and stress. **Timely, reliable support** during crisis or unforeseen situations.	Diversified the break and support options available for people	• Develop and implement break and support offer for Carers across Herefordshire, including clear definitions. • Expand and embed Shared Days opportunities. • Proactively promote available support and services through strengthening the role of Community Connectors and community-based support.	Commissioning lead for Carers Commissioning Manager Commissioning Manager and Head of Communities	December 2026 December 2026 September 2026 December 2026

Improvement priority 4: Strengthen the OT service			Lead: OT Lead	
People will experience….	**Because we have….**	**Actions**	**Lead officer**	**Delivered by**
Timely support to remain safe and independent at home. **Quicker, more proportionate OT interventions** **OT support that focuses on independence and prevention**, helping people avoid escalation into more intensive services where possible.	Reduced waiting times for OT assessments and equipment Redesigned processes and trusted assessor models that make best use of professional skills. Clear end-to-end oversight of equipment pathways, with improved visibility of stock availability, delivery/installation times and outcomes.	• Design and implement a single standardised referral pathway for OT • Agree and publish consistent eligibility criteria and thresholds for OT service • Reduce OT and equipment waiting lists through trusted assessor models and process redesign. • Improve end-to-end visibility of equipment requests, stock and delivery. • Create an Equipment Specialist OT role with clinical governance responsibility	OT Lead OT Lead OT Lead Commissioning Manager OT Lead	July 2026 July 2026 July 2026 TBC July 2026
Better communication and support while waiting, **A more responsive and consistent OT service**	OT staff capacity focused on direct practice, with reduced administrative burden through streamlined paperwork and digital solutions. Stronger ‘waiting well’ arrangements, ensuring people are supported, informed and reassured while awaiting assessments, equipment or adaptations.	• Reduce administrative burden on OT staff through streamlined paperwork and digital solutions. • Establish structured communication and information-sharing protocols • Strengthen “waiting well” processes for people awaiting equipment or adaptations.	OT Lead OT Lead OT Lead	July 2026 July 2026 July 2026

Improvement priority 5: Improve our capacity to manage demand and waiting lists			Lead: Service Director Adult Social Care and Housing	
People will experience….	**Because we have…**	**Actions**	**Lead officer**	**Delivered by**
Clear communication and support while waiting	Improved triage, prioritisation and workforce flexibility to reduce unnecessary delays. More consistent and fair decision-making, supported by better management information showing who is waiting, for what service and for how long. Improved flow through the system, reducing backlogs and pressure points and helping people avoid escalation while waiting.	• Further strengthen "waiting well" processes to ensure consistent, meaningful contact while people wait. • Improve management information to clearly show who is waiting, for what service, and for how long. • Increase flexibility in workforce deployment (e.g. trusted assessor models).	Head of ASC Operations Head of ASC Operations Head of ASC Operations	July 2026 September 2026 September 2026
Greater continuity and consistency of support, with fewer changes in the people involved in their care. **Improved quality of support**, delivered by a confident, well-trained workforce with clear roles and responsibilities.	A more resilient and sustainable adult social care workforce, with improved recruitment, retention and skill mix aligned to demand. More consistent, high-quality practice, supported by clear roles, career pathways and workforce development. Greater continuity and stability of support, with fewer changes in practitioners and stronger professional relationships.	• Deliver adult social care restructure • Deliver the Adult Social Care workforce strategy, addressing recruitment, retention and skill mix. • Expand "grow your own" approaches, apprenticeships and career pathways. • Use workforce data to proactively identify and address pressure points.	Service Director ASC & Housing Service Director ASC & Housing Principal Social Worker Service Director ASC & Housing	July 2026 March 2027 March 2027 July 2026
Safeguarding responses that are **proportionate, consistent and focused on outcomes**, rather than process.	Clearer, more consistent safeguarding decision-making, supported by improved recording and information sharing.	• Implement a standardised process to provide feedback to referrers on safeguarding outcomes and develop	Principal Social Worker	September 2026

Improvement priority 5: Improve our capacity to manage demand and waiting lists			Lead: Service Director Adult Social Care and Housing	
People will experience….	**Because we have…**	**Actions**	**Lead officer**	**Delivered by**
Everyone working together well to keep them safe.	Stronger feedback loops with referrers, improving shared learning and confidence in safeguarding processes.	communication guidelines, so referrers know what to expect. • Develop and implement a safeguarding audit template, to strengthen recording, information sharing and monitor decision-making.	Principal Social Worker	September 2026
Advocacy support, that supports and represents them from the outset of safeguarding processes.	Earlier and more appropriate advocacy referrals, particularly for people who lack capacity or face barriers to being involved. Clearer oversight of advocacy access and impact, through improved monitoring of referrals and outcomes.	• Strengthen staff understanding of advocacy duties within safeguarding, with a focus on early referral. • Work with the advocacy provider and partners to address barriers to access • Reinforce guidance and training on advocacy duties, focusing on early identification and referral. • Monitor advocacy referrals and usage to understand gaps and address barriers.	Principal Social Worker Commissioning Manager Commissioning Manager / Principal Social Worker Commissioning Manager	September 2026 July 2026 September 2026 September 2026

Improvement priority 6: Drive innovation in market development for working age adults		**Lead: Service Director All Ages Commissioning (AAC)**		
People will experience….	**Because we have….**	**Actions**	**Lead officer**	**Delivered by**
Support that better reflects their needs and aspirations **More choice, stability and continuity of care** **Support that enables them to live more independent, fulfilling lives** within their local communities.	Greater availability of local services, reducing reliance on out-of-county placements where needs can be met closer to home. Improved quality and consistency of provision, as commissioning and contracting approaches drive better outcomes and value for money. More joined-up planning with providers, supporting resilience, workforce stability and innovation in how support is delivered.	• Review commissioning and contracting approaches to improve stability and value for money. • Deliver Market Position Statement priorities to address gaps in local provision. • Continue to reduce reliance on out-of-county placements where needs can be met locally. • Strengthen strategic engagement with providers to support sustainability and workforce challenges.	Commissioning Manager Service Director AAC Commissioning Manager Commissioning Manager / Service Manager - Market Management	September 2026 April 2027 April 2027 April 2027

Improvement priority 7: Strengthen the use of data and insight			Lead: Corporate Director Community Wellbeing	
People will experience…	**Because we have….**	**Actions**	**Lead officer**	**Delivered by**
Support that improves over time **Safer, higher-quality care** **More consistent and informed decisions**	Used data effectively to understand need, demand and outcomes. Translated learning from audits, reviews, complaints and feedback Clearer accountability and oversight, helping ensure issues are identified and addressed earlier.	• Implement a data quality improvement programme focused on completeness, consistency, and timeliness of case recording	Head of Corporate Performance	March 2027
		• Deliver improvements to case management system to capture end to end client journeys	Head of Corporate Performance	March 2027
		• Commence the development of a holistic data insight that provides demand and activity data alongside other available data sets, for example, quality and safety incidents, outcomes and customer experience	Head of Corporate Performance	December 2026
		• Integrate analytical input into data reporting that includes national data sets and comparators	Head of Corporate Performance	December 2026
		• Deliver briefings and training sessions to support managers to use data confidently and consistently.	Head of Corporate Performance	March 2027
		• Review existing learning log approach and further embed into practice through clear action plans, monitoring impact and reporting into DLT.	Principal Social Worker	September 2026
		• Promote innovation and best practice through peer learning, external networks and partnerships.	Head of Delivery and Improvement	December 2026
		• Strengthen co-production and feedback loops to ensure people's feedback and experience directly improves practice	Head of Delivery and Improvement	December 2026

7. Monitoring and oversight

Governance of the improvement plan will be achieved through:

Board / Meeting	Description	Regularity of Updates
Cabinet	Chaired by the Leader of Council, progress against the improvement plan will be reported quarterly.	Quarterly
Health, Care and Wellbeing Scrutiny Committee	Prior to the quarterly report to Cabinet, the Scrutiny Committee will scrutinise progress, carry out deep dives in specific areas and recommend any additional areas for inclusion in the improvement plan to Cabinet	Quarterly
Corporate Improvement Board	This is a new board, chaired by the Chief Executive, to maintain corporate oversight of the improvement plan. Membership will comprise Corporate Leadership Team and the regional Care and Health Improvement Advisor. Key partners will also be invited to attend the board as required.	Bi-monthly
Cabinet Member and full Directorate Leadership Team	The Cabinet Member will meet monthly with the full Directorate Leadership Team to track progress on the improvement plan.	Monthly
Core Directorate Leadership Team (Core DLT)	Chaired by the Corporate Director and comprising the three Service Directors, this will address any emerging issues or barriers swiftly to ensure continued focus on delivery.	Weekly

8. Risk management

The table below summarises the main risks to delivering this improvement plan, together with their potential impact, mitigation and lead oversight.

Risk	Potential impact on delivery	Mitigation	Lead oversight
Lack of workforce stability	Reduced delivery pace, reduced capacity to deliver and less consistent implementation.	Workforce planning, recruitment, retention and leadership oversight.	Service Director Adult Social Care and Housing
Lack of delivery capacity	Improvement activity may be delayed by operational demand.	Phased delivery, protected capacity and regular performance oversight.	Corporate Director Community Wellbeing

Risk	Potential impact on delivery	Mitigation	Lead oversight
Inconsistent prioritisation of work	Effort may be spread too thinly across competing priorities.	Clear prioritisation, sequencing and routine review of progress.	Corporate Director Community Wellbeing with Directorate Leadership Team
Lack of partner engagement	Progress may be affected where delivery relies on partners.	Strong partnership governance, shared planning and escalation of issues.	Relevant Service Director / Lead Officer
Unrealistic timescales	Delivery milestones may slip.	Regular review of milestones, dependencies and delivery risks.	Corporate Improvement Board

Appendix: Useful further documents

- Assessment framework for local authority assurance - Care Quality Commission
- Herefordshire Council: local authority assessment - Care Quality Commission
- *Link to Cabinet paper re publication*
- Council committed to further Adult Social Care improvement following CQC assessment - Herefordshire Council

Adult Social Care Demand Task and Finish Group

Chair Cllr Rebecca Tully

Chair's Interim Report to Scrutiny Management Board, June 2026

What we are aiming for

The initial aims of the Task and Finish Group:

- To understand what is causing the extent of demand for adult social care services provided or commissioned by Herefordshire Council.
- To explore the drivers of increased demand for adult social care, and the capacity of the local authority to fund it.
- To identify strategies and work carried out by other local authorities to reduce demand, or to increase revenue to pay for services.
- To make recommendations to the executive on steps that should be taken to reduce service demand and to increase revenue.

Timeline

- Started December 2025
- Draft Recommendations July/August 2026
- Final Report to Health and Wellbeing Scrutiny Committee October 2026

This document follows meetings with officers and partners by Chair and other members of the Task and Finish group; data gathered internally and externally; conversations with others experienced in the sector; review meetings with the Task and Finish Group. Questions for officers, highlights of gaps in knowledge are included throughout, in purple.

What We Found

Between 2022/23 and 2024/25, **the number of people receiving long-term adult social care support in Herefordshire rose by 10%** — from 2,030 to 2,239 — and has continued to climb. Over the same period, total spend rose by **29%,** from £32m to £41.2m. Demand is growing, but spend is growing nearly three times faster.

The sharpest area of growth is working-age adults with physical disabilities. This group grew from 340 people in 2022/23 to 495 by 2024/25 — a 46% increase in two years — and the associated spend rose from £25.2m to £33.3m over the same period. This is the fastest-growing and most expensive cohort in the system, and it is not yet clear what is driving that growth or whether current commissioning is well-matched to it.

Question: What is driving the increase in working-age adults with physical disabilities entering long-term support? Is this increased need, increased identification, changes in eligibility practice, or a combination? And is the current commissioning offer, including re-ablement, fit for purpose for this group in particular?

The front door is resolving more contacts without referral to formal support - 78% in 2024/25, up from 66% in 2022/23. That is a positive, but it raises an important question. We do not

currently have a clear picture of what happens to the people resolved - whether their needs were met, whether they will return, and whether earlier or different intervention would change their trajectory.

Question: How do we realistically monitor people who contact the front door and do not proceed to formal support? What work has been done to monitor repeat callers, for example? Without this, we cannot know whether prevention is working or whether we are simply deferring demand.

Reablement is in transition. Around 68% of new referrals now access reablement, up from 52% in 2022/23, and approximately three-quarters of those who go through it are not in long-term care three months later. However, there are questions about whether reablement is consistently well-targeted. The commissioning model for reablement is changing, moving towards outcomes-based measurement, which may give a clearer picture in future.

Question: As reablement moves to an outcomes-based model, what will "success" look like and how will we know whether the right people are accessing it?

Assessment waits have doubled. The average wait for an assessment has risen from 53 days in 2022/23 to 106 days in 2025/26. This is a visible symptom of system pressure and carries risk both for individuals whose needs escalate, and for the council's costs when delays lead to higher needs.

Question: Which actions since the CQC – workforce, demand, process – are expected to be most effective at reducing assessment waits? How will we know which have succeeded?

Many services that could reduce or delay demand are being delivered by others — and we cannot currently measure their impact. Talk Community and the voluntary and community sector are all doing work that may be preventing people from reaching formal care. But these services operate with minimal resources, sit outside Herefordshire Council's direct data systems, and have no consistent outcome framework attached to them. As a result, we cannot demonstrate their value, cannot make informed decisions about investing in them further, and risk losing them to funding pressures without ever knowing what we have lost.

The voluntary sector in Herefordshire is under serious financial pressure. A 2024 State of the Sector report commissioned by Herefordshire Council found that the sector's estimated economic contribution has fallen from £278m to £188m in three years. There are fewer organisations than in 2021, fewer volunteers, and 60% of organisations identify risks to their continued existence. The unmet needs that VCS organisations report — loneliness and isolation, transport to services, difficulty accessing GPs and mental health support, neurodiversity, and cost-of-living pressures - are well-established precursors to escalating social care need. Partnership working between VCS organisations has also declined - not because of unwillingness, but because organisations no longer have the capacity for anything beyond their core day-to-day functions.

Question: The 2024 State of the Sector report was commissioned by Herefordshire Council. What has been done with its findings? Is there a plan to address the sustainability of the organisations whose work most directly reduces demand on adult social care?

There is significant confusion about what exists, what it does, and who is responsible for it. Over the course of this group's work, we have encountered a landscape of agencies, partnerships and initiatives whose relationships to each other - and to adult social care - remain unclear. One

Herefordshire, Community Anchors, HVOSS, the Herefordshire Community Partnership, Goal 17, Talk Community, Falls Prevention through Wye Valley Trust, the Integrated Care System- these appear variously as new initiatives, renamed predecessors, or networks that have quietly disappeared. Goal 17, for example, appears to be a new volunteer brokerage in the county - but its relationship to existing infrastructure is not clear. The potential for a publicly accessible description of what exists, what its purpose is, and how the pieces connect could be transformational.

Question: Who is best placed to produce an accurate and current map of the prevention and delay support landscape in Herefordshire? If this map does not exist, should producing it be an urgent priority?

Question: Would knowing more about the prevention landscape, and improving its efficiency, save Herefordshire Council money? We know it would help outcomes, but we also are tasked in this group with addressing funding capacity.

There is opportunity to identify other data that would support better understanding of demand management. A significant number of metrics the group requested were either unavailable, unpublished, or not currently collected. We do not have waiting times for residential or nursing beds once a need is identified. We are unsure how many self-funders fall below the capital threshold each year. We do not know what proportion of support plans use non-directly funded solutions.

Question: Which of these data gaps can be closed, and by when?

Hoople sits at the centre of several potential connections - community equipment, IT infrastructure across multiple agencies, care delivery, and potentially transport. It could play a bigger integration role, but it the council and its partners are not clear enough about what they need from it to make that happen.

The pressures Herefordshire is experiencing are not purely local. A sequence of national decisions has transferred responsibility to councils without equivalent resource. The closure of the Independent Living Fund in 2016 moved significant cost onto local authorities. Repeated delays and dilutions to social care charging reform - promised since the Dilnot Review in 2011, legislated and then effectively shelved = have left councils absorbing risk that was supposed to be shared. National Living Wage increases, right in principle, have increased provider costs without additional council funding to match. Post-Brexit workforce shortages have driven up agency costs across the sector. And the shift toward community-based mental health and long-term conditions management, while clinically sound, has transferred cost from NHS budgets to council ones without formal acknowledgement or compensation. Herefordshire is managing a local manifestation of a national funding failure.

What Is Already Happening in Herefordshire

There is already a significant amount of good work underway - across the council, its partners, and the voluntary and community sector. The opportunity is to join things up, make them visible, and build on what is already working.

Three major commissioning changes are already in progress.

Care in Your Home will require care providers to commit to incorporating the voluntary and community sector, focusing on outcomes and organising more by area.

The move from reactive spot-purchasing towards longer-term arrangements with residential providers should reduce the cost premium the council currently pays.

Working Age Adults: Independence and Choice First is shifting the default away from institutional models towards neighbourhood-based support.

Question: how are the voluntary sector being informed of and engaged with these changes, and how are they being incorporated into the Neighbourhood Health plans?

There is already evidence that community-based early intervention prevents escalation into statutory care — but it is not being systematically captured. Talk Community's 2025 annual report documents a resident supported by hub volunteers with meals, home help and medication management who, without that intervention, was at real risk of entering statutory services. Community Connectors, launched in late 2025, received 64 referrals in their first two weeks — including direct referrals from Adult Social Care — with loneliness, isolation and access to activities as the dominant themes. The Homelessness Prevention service supported 526 households in its first two years, with 81% no longer at risk. These activities are operating at exactly the point where early action reduces later cost. But none of them currently feed into a shared outcomes framework that would allow the council to quantify what they are preventing.

Question: Is there an intention to bring all activity that reduces demand into a shared outcomes framework? Without this, the case for prevention investment cannot be made.

Question: How is Talk Community's contribution to social care prevention currently being measured and valued within the council's overall approach? And is there a shared understanding across housing, health, and social care of what Talk Community is actually carrying, and whether it should be being carried by agencies other than the Council?

Cross-departmental working is already generating results. The Empty Property Officer has worked successfully with tracing agents this year to support property sales for people who have moved into care, unlocking equity for individuals and generating both council tax revenue and reduced self-funder risk for the council. This is exactly the kind of cross-departmental overlap - housing knowledge, social care context, financial awareness - that has the most potential, and it deserves to be recognised as a model rather than a one-off.

Herefordshire and Worcestershire Health and Care NHS Trust (H+W H+C) is making progress on reducing out-of-area placements and length of stay for people with learning disabilities and mental health needs. Worcestershire's model of embedding social workers within inpatient pathways is showing results, and senior officers from both organisations are already in conversation about applying similar approaches here.

Question: H+W H+C's examples from Worcestershire of embedded social workers appears to work - but would mainly benefit the budget of H+W H+C. Is there a knock-on benefit for Herefordshire Council, and can this be quantified?

Herefordshire is one of 43 sites nationally in the first wave of the National Neighbourhood Health Implementation Programme — and the governance structures to deliver it are being redesigned right now. One Herefordshire Partnership is being restructured into two new boards: a Health and Care Partnership Board and a Neighbourhood Health Delivery Board, with an interim Strategic Neighbourhood Health Plan required by April 2026 and an Operational Plan by September 2026. The framework explicitly requires VCSE partners to be part of neighbourhood

health planning, and prevention is named as a priority. However, the confirmed focus for 2026/27 is the innermost layer of need - frailty, care homes, end of life.

Emerging Themes

1. Agree what data needs to be measured across agencies; then find the most efficient means to measure it

Convene a cross-agency agreement on a minimum dataset for adult social care demand reduction — covering prevention activity, referral pathways, outcomes and spend. Task Hoople IT with building the infrastructure to hold, share and report it. Connect this to the neighbourhood health operational plan, which already requires a resource and capability audit across partners.

2. Build the reablement evaluation framework now, while the model is changing

Define what success looks like in reablement before the new outcomes-based model beds in. Ensure the framework distinguishes between people who no longer need care and people whose needs are unmet. Include a mechanism for checking whether the right people are accessing reablement.

3. Develop a self-funder brokerage service and a proactive "moving in-time" campaign

Create an advice and brokerage service for current self-funders — helping them make better value choices, access equity, and plan ahead. Pair this with a public communications campaign aimed at residents aged 60+ about housing options, care costs, and acting before crisis. Explore Extra Care and supported housing supply as part of the same work.

4. Join up housing and social care as a single system

Create a single 'long term care prevention' pathway connecting the Home Improvement Agency, housing adaptation teams, homelessness prevention, community equipment, Empty Homes Officer. Close the circle – for example when major adaptions have been made after a long wait, re-assess and remove the short-term care and adaptions where possible.

5. Make a multi-year commitment to Talk Community and Community Connectors — with evaluation built in from the start

Commit to Talk Community and Community Connectors as core infrastructure, not discretionary spend. Fund the work and its evaluation together. Use the Connector referral data, already flowing from ASC, as the foundation for a shared outcomes framework.

6. Replace short-term commissioning cycles for VCS prevention work with long-term delivery relationships

Move to multi-year funding agreements for VCS organisations delivering prevention and early intervention, with light-touch contract management and rigorous outcome evaluation. Use the neighbourhood health operational plan's VCSE capability audit as the starting point.

7. Be explicit with partners about what they are expected to deliver — and establish accountability for it

Name clearly, in neighbourhood health plans and in bilateral relationships with NHS partners, what Herefordshire Council expects other agencies to deliver. Quantify the cost to the council when partners do not deliver. Use the new Health and Care Partnership Board as the governance mechanism for shared commitments.

8. Add Herefordshire's voice to national campaigns for social care reform

Use existing memberships and networks- including the Local Government Association and West Midlands ADASS -to formally add Herefordshire's evidence to national campaigns for adequate and sustainable social care funding. Share this report's findings where they strengthen the national case.

Herefordshire Council

Community Wellbeing Directorate

2026/27 Budget Position Statement

Key pressures, challenges and savings proposals for 2026/27

Community Wellbeing Directorate

Key Revenue Budget Pressures

- Increasing complexity of need and intensity of care support for adult social care provision
- Demographic changes with the county's ageing population living longer in ill health
- Increasing demand for temporary accommodation
- Impact of high hospital occupancy rates
- Increases in the number of individuals unable to fund their own care linked to inflation and rises in the cost of living
- Market conditions including care provider fee uplifts and care worker's pay

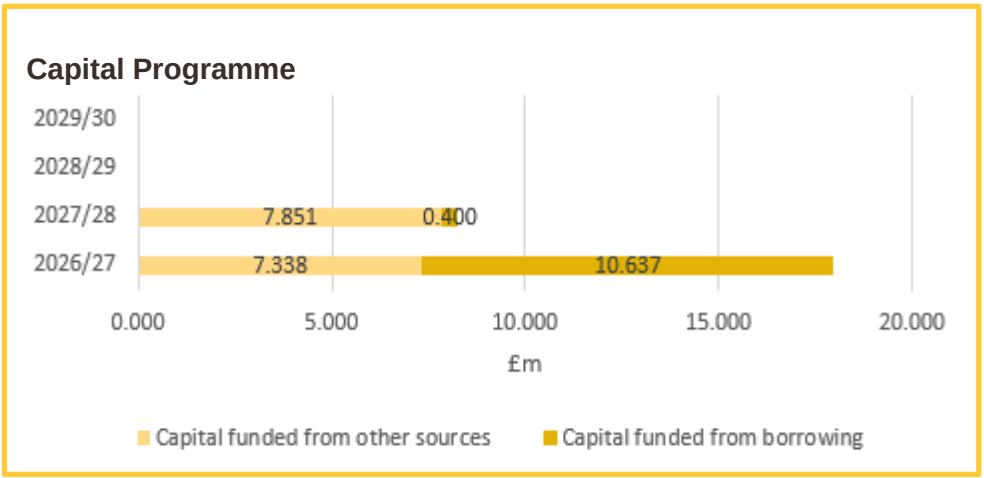
Key Savings Proposals

- Control of costs to secure reductions across care contracts
- Increasing income, ensuring fair and timely charges and contributions for services
- Managing demand through increased community engagement and review of care packages
- Delivering efficiencies through increased use of technology and reshaping of services

Key Capital Projects

- Hereford Museum & Art Gallery
- Hereford Library & Learning Centre
- Strategic Housing Acquisition Fund
- Disabled Facilities Grant

Revenue Budget	2026/27 £'000	2027/28 £'000	2028/29 £'000	2029/30 £'000
Opening budget	90,366	89,667	96,000	101,491
Pressures:				
Demographic growth	8,242	2,348	2,348	2,348
Inflation	447	3,567	2,924	2,984
Other pressures	(2,013)	418	219	-
Savings				
Cost control	(4,100)	-	-	-
Increasing income	(1,620)	-	-	-
Managing demand	(455)	-	-	-
Delivering efficiencies	(1,200)	-	-	-
Closing budget	**89,667**	**96,000**	**101,491**	**106,823**



Community Wellbeing Directorate

Strategic Priorities

The council's priority is to protect and improve the lives of vulnerable people and to enable residents to live healthy lives within supportive communities. The Community Wellbeing directorate aims to support individuals to live as independently and healthily as possible through investment in prevention, early intervention and the use of technology and to encourage communities to help each other through a network of community hubs.

The directorate mission is to enable diverse, inclusive, vibrant, connected communities where people feel safe, keep well and look out for each other.

Key Services

- Social care provision and support services for:
  - Older people
  - Adults with learning disabilities
  - Adults with physical disabilities
  - Adults living with mental health illnesses
  - Family carers
- Working with the Voluntary & Community sector to support residents and communities across the county.
- Safeguarding services for vulnerable adults.
- Working with NHS partners to deliver integrated services.
- Public health services.
- Housing provision including homelessness outreach.
- Cultural services, including library services, museums and archives.
- Community development through Talk Community, including advice and guidance for the residents of Herefordshire through Talk Community Directory.

Key Challenges and Risks to Service Delivery

- Demography: Herefordshire has a higher proportion of residents aged 65 and over, at 27% compared with 19% across England and Wales, and 57% aged 16 to 64, compared with 63% nationally.
- The ageing population leads to increased demand for complex and high-acuity care and support services.
- Providing the right care, to the right people, at the right time and in the right place, is a key challenge. Our transport connectivity issues also have a disproportionate impact on an ageing population living in the rural areas who find it difficult to access services.
- There are long-term inequalities in life expectancy for people in the most deprived areas. Females born in the most deprived areas of Herefordshire could expect to live 3.4 years less than those in the least deprived, while for males, the gap was 5 years. Circulatory, cancers and respiratory are the leading causes for these differences.
- Increasing costs for care contracts, additionality of costs to deliver services to a sparsely populated, rural population result in financial pressures to the Community Wellbeing budget.
- Increased demand for temporary accommodation. A shortage of affordable homes in Herefordshire and increasing demand for temporary accommodation means the council is reliant upon costly bed & breakfast/hotel accommodation to supplement existing supply.

Community Wellbeing Directorate

Appendices

Appendix A: Revenue Budget by Service

Service Description	Net Budget 2025/26 £'000	Gross Budget 2026/27 £'000	Income £'000	Earmarked Reserves £'000	Net Budget 2026/27 £'000	Net Budget 2027/28 £'000	Net Budget 2028/29 £'000	Net Budget 2029/30 £'000
Director and Community Services	2,891	3,308	(521)	(3)	2,784			
Better Care Fund	(13,692)	-	(16,252)	-	(16,252)			
Adult Social Care and Housing	82,015	115,481	(29,834)	(322)	85,325			
All Ages Commissioning	18,220	18,326	(1,467)	-	16,859			
Public Health	932	11,828	(10,718)	(159)	951			
Total	**90,366**	**148,943**	**(58,792)**	**(484)**	**89,667**	**96,000**	**101,491**	**106,823**

Appendix B: Revenue Budget Movements

Title	Detail	2026/27 £'000
Physical Support clients	2025/26 growth	4,747
Physical Support clients	2026/27 growth	1,016
Learning Disabilities clients	2025/26 and 2026/27 growth	1,661
Memory & Cognition clients	2025/26 and 2026/27 growth	620
Transitions from Children and Young People	Growth in clients	337
Mental Health clients	2025/26 and 2026/27 reduction	(139)
Consolidated grants	RSG Settlement	544
Improved Better Care Fund	Additional grant	(1,585)
Better Care Fund	Additional grant	(996)
Pay Inflation	Estimated pay award	447
Miscellaneous	Various	24
Total		**6,676**

Appendix C: 2026/27 Savings Proposals £7,375k

Ref	Savings Description	Proposed activity	TOTAL 2026/27 £'000	On 01/04/26 £'000	Over 2026/27 £'000
CONTROL COSTS £4,100k					
C1	**Partnership working:** increased and robust market engagement to secure cost savings, improved value for money and increased capacity	Negotiation with the market to pilot partnership commissioned provision, in order to secure up to 50% of required capacity across residential, nursing, home care and supported living with long term contracts.	**2,500**	**-**	**2,500**
C2	**Voluntary & Community Sector:** development of micro-provider market and Voluntary & Community Sector commissioning framework	Develop a commissioning framework for the voluntary and community sector – low entry and open to all council activities with the ability to run mini competitions for specific areas of work. CWB to look to move activity that is non personal care to the VCS market; develop micro provider market in areas where it is difficult to secure agency coverage building on local experience and expertise.	**300**	**-**	**300**
C3	**Hoople Community Equipment:** remodelling of community equipment contract for delivery of goods and services to achieve increased value for money in 2026/27	Review current operating model following mobilisation of the new contract; develop an equipment framework for preferred suppliers rather than spot purchasing and to secure discount on bulk standard items.	**400**	**-**	**400**
C4	**Hoople Learning Disability Service:** remodelling of learning disability service using CareCubed to determine and model appropriate fees	Use CareCubed to ensure that the fees are appropriate according to the needs of the residents; review the respite provision in the light of the expansion of Shared Lives.	**250**	**-**	**250**
C5	**Shaw Contract:** reset of the current contract (contract end date of 2033) to secure services at no additional cost to offset spot purchases	Negotiate with Shaw to secure residential beds within the current contract price, to offset spot purchasing costs.	**250**	**-**	**250**
C6	**CareCubed:** application of benchmarking tool to support improved negotiations with providers and agree a fair cost of care	Use the CareCubed tool on all packages of care to ensure that the correct price is negotiated and agreed. CareCubed provides an industry standard for care pricing.	**400**	**-**	**400**
INCREASE INCOME £1,620k					
I1	**Review charging for self-funders:** to establish and promote an enhanced offer for residents in line with neighbouring authorities	Develop an integrated offer for self-funders, including brokering care home placements, for which a charge would be levied in line with neighbouring authorities; work with communications team to create a supporting brochure.	**120**	**-**	**120**
I2	**Financial assessments:** review to ensure all assessments are conducted efficiently and fairly,	Investment in resource to support financial assessments being completed in a timely way – no charging for care can be made until the assessment is completed.	**1,000**	**-**	**1,000**

Ref	Savings Description	Proposed activity	TOTAL 2026/27 £'000	On 01/04/26 £'000	Over 2026/27 £'000
	enabling contributions to the council to be identified and collected in a timely manner	Backlog of assessments to be cleared initially. Process for undertaking annual reviews to be implemented to ensure that ongoing care contributions are correct.			
I3	**Fees and charges:** review of fees and charges across the directorate	Review of all fees and charges across the directorate to ensure that they are appropriately uplifted for inflation and alignment with neighbouring authorities.	**250**	**-**	**250**
I4	**Direct payment cap changes:** to align with other rates	There is currently no cap on direct payments which makes it inequitable with other rates. Review the direct payment ceiling so that it aligns with average residential care costs.	**250**	**-**	**250**
MANAGE DEMAND £455k					
D1	**Front door:** improvements to self-referral portal including online forms and improved technology enabled communities (TEC) offer	Review the triage and referral process to ensure that appropriate people are being redirected to Community Connectors; develop options for online referral and self assessment; further develop the TEC offer so that TEC is in place prior to any formal referral through to social care.	**50**	**-**	**50**
D2	**Review of long-term cases:** to ensure right size packages of care	Review packages of care according to an agreed schedule to confirm that they are meeting needs and that all options for TEC have been considered. The initial cohort will be packages of care agreed for people coming out of hospital. Some reviews will result in an increase in care being provided. All reviews will be undertaken on an individual basis, taking a holistic review of the person.	**405**	**-**	**405**
DELIVER EFFICIENCIES £1,200k					
E1	**Magic Notes**: implementation of software to support social worker assessments	Magic Notes is an AI tool that the council piloted during 2025. It captures the discussions that the social worker has with a resident, populating an assessment template. It is the responsibility then of the social worker to review and amend the assessment prior to finalising. Feedback from the pilot was very positive with workers reporting that they could concentrate on the discussions without having to type into their laptops at the same time. There will be a resource saving as a result of full implementation.	**400**	**400**	**-**
E2	**Maximise existing Copilot functionality**: to support non-social work staff, enabling improved contract management and administration	Copilot is an AI tool that is part of the M365 IT setup for every member of staff. Through prompts, it searches documents, emails and files to create content,	**200**	**200**	**-**

Ref	Savings Description	Proposed activity	TOTAL 2026/27 £'000	On 01/04/26 £'000	Over 2026/27 £'000
		summarise information and automate tasks. There will be a resource saving as a result of full implementation			
E3	**Culture, Museum, Libraries reshape:** to deliver service efficiencies	Review the structure of the combined service to identify opportunities for efficiency; implement digital and process improvements, eg self service in libraries.	**100**	**-**	**100**
E4	**Talk Community reshape**: to deliver service efficiencies	Review the structure of the service to identify opportunities for efficiency, including consultation on removing posts, maintaining focus on prevention.	**250**	**-**	**250**
E5	**Vacancy management:** deletion of vacant posts across Directorate	Six vacant posts have been identified in the establishment and have been deleted	**250**	**250**	**-**
			7,375	**850**	**6,525**

Appendix D: Capital Projects 2026/27 to 2029/30

Project	2026/27 Total £'000	2026/27 Funded by borrowing £'000	2027/28 Total £'000	2027/28 Funded by borrowing £'000	2028/29 Total £'000	2028/29 Funded by borrowing £'000	2029/30 Total £'000	2029/30 Funded by borrowing £'000
Disabled Facilities Grant	2,200	-	2,200	-	-	-	-	-
Empty Property Investment & Development	286	286	-	-	-	-	-	-
Acquisition Fund for Housing Provision	2,300	2,300	-	-	-	-	-	-
Merton Meadow - Brownfield Land Release Fund*	-	-	-	-	-	-	-	-
Swimming Pool Support Fund*	-	-	-	-	-	-	-	-
Libraries Improvement Fund*	-	-	-	-	-	-	-	-
Hereford Museum & Art Gallery Redevelopment	10,525	8,051	5,581	400	-	-	-	-
Library & Learning Centre relocation to Shirehall	2,064	-	450	-	-	-	-	-
Community Capital Grants Scheme	600	-	20	-	-	-	-	-
Total	**17,975**	**10,637**	**8,251**	**400**	**-**	**-**	**-**	**-**

*Spend in prior years

Appendix A: 2025/26 Revenue Outturn Quarter 4 (March 2026)

2025/26 Revenue Outturn at Quarter 4 (March 2026)			
	2025/26 Approved Revenue Budget	Q4 Outturn	Q4 Outturn Variance
	£m	£m	£m
Community Wellbeing	90.4	94.1	3.7
Children & Young People	58.8	57.6	(1.2)
Economy & Environment	40.8	42.6	1.8
Corporate Services	23.4	24.8	1.4
Directorate Total	**213.4**	**219.1**	**5.7**
Central	18.1	12.4	(5.7)
Sub-Total	**231.5**	**231.5**	**-**

Community Wellbeing	2025/26 Approved Revenue Budget £'000	Q4 Outturn	Q4 Outturn Variance
Director and Community Services	(10,801)	(11,678)	(877)
Adult Social Care and Housing	82,016	87,011	4,995
All Ages Commissioning	18,245	18,126	(119)
Public Health	932	583	(349)
Directorate Total	**90,392**	**94,042**	**3,650**

Key variances from budget (> £250k) at Q4:

£6.5m overspend - Increase in demand for Adult Social Care - Residential, Nursing, Homecare and Personal Budgets

£1.8m underspend - Use of Budget Resilience Reserve
£0.8m underspend - Increased Better Care Fund

Children & Young People	2025/26 Approved Revenue Budget £'000	Q4 Outturn	Q4 Outturn Variance
Central Children Directorate Costs	1,680	2,846	1,166
Education Skills & Learning	3,983	4,056	73
Corporate Parenting	42,014	40,042	(1,972)
Safeguarding and Family Support	11,196	10,778	(418)
Directorate Total	**58,873**	**57,722**	**(1,151)**

Key variances from budget (> £250k) at Q4:
£1.2m overspend - Residential Placements
£0.3m overspend - Amended DSG Corporate Recharge
£1.4m overspend - Repayment of the Budget Resilience Reserve

£1.1m underspend - Complex Needs
£0.7m underspend - Unaccompanied Asylum Seeking Children
£0.6m underspend - Supported Accommodation
£0.3m underspend - Short Breaks
£0.5m underspend - Fostering In-house and External Placements
£0.2m underspend - Staffing/Agency

Economy & Environment	2025/26 Approved Revenue Budget £'000	Q4 Outturn	Q4 Outturn Variance
Director Management	141	186	45
Resident Services - Environment, Highways and Waste	22,884	22,229	(655)
Resident Services - Regulatory and Technical	60	333	273
Commercial Services	3,295	3,701	406
Economy and Growth	1,679	786	(893)
Sub-Total	**28,059**	**27,235**	**(824)**
Residential Services - SEN & Home to School Transport	12,735	15,371	2,636
Directorate Total	**40,794**	**42,606**	**1,812**

Key variances from budget (> £250k) at Q4:
£2.6m overspend - Home to School/College & SEN Transport
£0.3m overspend - Reduced Crematorium Fees

£0.2m underspend - Additional Car Parking Fees
£0.4m underspend - Economic Development
£0.5m underspend - Development Control Planning Fees

Corporate Services	2025/26 Approved Revenue Budget £'000	Q4 Outturn	Q4 Outturn Variance
Transformation and Strategy Services	7,475	8,699	1,224
Governance & Legal	6,391	6,243	(148)
Strategic Finance	7,468	7,859	391
HR & Organisational Development	2,035	2,025	(10)
Directorate Total	**23,369**	**24,826**	**1,457**

Key variances from budget (> £250k) at Q4:
£1.5m overspend - 2024/25 c/fwd outstanding Saving Plans not delivered
£0.4m overspend - Increased Council Insurance Premiums

£0.2m underspend - Council ICT

Central	2025/26 Approved Revenue Budget £'000	Q4 Outturn	Q4 Outturn Variance
Central Total	**18,081**	**12,310**	**(5,771)**

Key variances from budget (> £250k) at Q4:
£0.7m - Transfer of Treasury Management income above budget to TM Reserve (£0.6m) and increase Bad Debt Provision (£0.1m)

£1.0m underspend - Treasury Management Income
£0.5m underspend - MRP
£0.2m underspend - Billing fund administration and pension transactions
£0.3m underspend - Additional income from Business Rates pooling
£4.4m underspend - Additional investment and contractual income

Appendix D: Progress against 2025/26 approved Savings as at 31 March 2026 (Quarter 4)

2025/26 Approved Savings: Total Savings of £3.9 million for 2025/26 were approved by Council on 7 February 2025.

The outturn of the delivered approved savings as at 31 March 2026 (Quarter 4) is noted below:

Directorate	Approved Savings £m	Delivered £m	Not Delivered £m
Children & Young People	3.9	3.9	-
Total Approved Savings	**3.9**	**3.9**	**-**
	100%	**100%**	**0%**

At 31 March 2026 (Quarter 4), £3.9 million (100%) of approved savings for 2025/26 have been delivered. The status of individual savings as per Appendix B of the Council Report approved on 7 February 2025, is shown in **Annex 1** below.

2025/26 Brought Forward Savings: Savings not delivered recurrently in previous years have been carried forward into 2025/26. A focused review of the original proposals and planned activity has been undertaken, and revised savings plans have been developed, where appropriate, to confirm activity to deliver savings in 2025/26.

Directorate	Savings Target £m	Delivered £m	Not Delivered £m
Community Wellbeing	3.2	2.3	0.9
Economy & Environment	0.4	0.4	-
Corporate Services	0.5	0.4	0.1
Home to School/SEN Transport	0.5	0.3	0.2
Transformation	7.3	5.8	1.4
Total Brought Forward Savings	**11.9**	**9.2**	**2.6**
	100%	**78%**	**22%**

At 31 March 2026 (Quarter 4), £9.2 million (78%) of the £11.9 million brought forward savings have been delivered, and £2.6 million (22%) were outstanding. The status of individual savings as per Appendix B of the Council Report approved on 7 February 2025, is shown in **Annex 2** below.

Annex 1: Status of delivery of approved savings at 31 March 2026 (Quarter 4)

Children & Young People 2025/26 Saving Targets Q4 Outturn	Target £'000	At Risk £'000	In Progress £'000	On Target £'000	Delivered Recurrent £'000
S1 Reduction and redesign in workforce	**1,577**	-	-	-	1,577
S2 Reduction in Placements	**1,567**	-	-	-	1,567
S3 Reduction in Social Work Agency posts	**785**	-	-	-	785
Total Children and Young People	**3,929**	**-**	**-**	**-**	**3,929**
		0%	**0%**	**0%**	**100%**
Total 2025/26 Savings Targets	**3,929**	**-**	**-**	**-**	**3,929**

RAG Rating – to show confidence in delivery of savings

Red	Delivery in 2025/26 at risk. Recovery action to identify mitigations required.
Amber	Activity to deliver savings in 2025/26 is in progress.
Green	Activity to deliver savings expected to be delivered in 2025/26 is on target.
Blue	Savings achieved in 2025/26.

Annex 2: Status of delivery of brought forward savings at 31 March 2026 (Quarter 4)

Brought forward prior year Saving Targets Q4 Outturn	Target £'000	At Risk £'000	In Progress £'000	On Target £'000	Delivered Recurrent £'000
S1 (23/24)* Stable Engaged Workforce - Replaced	-	-	-	-	-
S1 (24/25)* Workforce Service Review - Replaced	-	-	-	-	-
S2 (24/25)* Deletion of vacant posts - Replaced	-	-	-	-	-
NEW target 25/26 - Additional income generation	965	685	-	-	280
S4 (24/25)* Review of high-cost packages in Adult Social Care	649	-	-	-	649
S5 (24/25)* Better utilisation of existing care contracts	200	-	-	-	200
S3 (23/24)* New Integrated Models of Care	480	222	-	-	258
S5 (23/24)* Digital and Technology	255	-	-	-	255
S6 (23/24)* Respite Provision	300	-	-	-	300
S7 (23/24)* Process efficiency: Block bed contracts	100	-	-	-	100
S12 (23/24)* Process Efficiency - Brokerage	100	-	-	-	100
S16 (23/24)* Supported Living	169	-	-	-	169
Total Community Wellbeing	**3,218**	**907**	**-**	**-**	**2,311**
S6 (24/25)* Inflationary Increases in Fees and Charges	267	-	-	-	267
S8 (24/25)* Transfer of functions from the Local Enterprise Partnership (LEP)	100	-	-	-	100
Total Economy & Environment	**367**	**-**	**-**	**-**	**367**
S3 (24/25)* Oxygen Finance solution	60	60	-	-	-
S5 (24/25)* Automation of Council Tax and Business Rate processes	100	-	-	-	100
S36 (23/24)* Transformation of Programme Management Office (PMO)	300	-	-	-	300
Total Corporate Services	**460**	**60**	**-**	**-**	**400**
S4 (24/25)* SEN Transport Efficiencies	200	-	-	-	200
NEW target 25/26 SEN Transport Efficiencies – Target stretched	300	200	-	-	100
Total Home to School/SEN Transport	**500**	**200**	**-**	**-**	**300**
S6 (24/25)* Reduction in Hoople SLA contract value and workforce service reviews	1,900	1,476	-	-	424
S1 (24/25)* Mutual Early Resignation Scheme (MERS24) - Reduced	502	-	-	-	502
S2 (24/25)* Transformation: Thrive Programme Savings - Replaced	-	-	-	-	-
S3 (24/25)* Transformation: Target Operating Model - Replaced	-	-	-	-	-
NEW target 25/26 – Directorate Budget Efficiencies	4,929	-	-	-	4,929

Brought forward prior year Saving Targets Q4 Outturn	Target £'000	At Risk £'000	In Progress £'000	On Target £'000	Delivered Recurrent £'000
Total Transformation	**7,331**	**1,476**	**-**	**-**	**5,855**
Total 2025/26 Savings Targets	**11,876**	**2,643**	**-**	**-**	**9,233**
	100%	**22%**	**0%**	**0%**	**78%**

(S 24/25)* - balance of 2024/25 approved savings target not delivered recurrently (no change to proposed source of activity to deliver saving in 2025/26)
2024/25 Approved Savings Plans

(S 23/24)* - balance of 2023/24 approved savings target not delivered recurrently (no change to proposed source of activity to deliver saving in 2025/26)
2023/24 Approved Savings Plans

Appendix B

Table A - 2025/26 Capital Programme Outturn

*Adjustments include 24/25 carry forwards and additional grants allocations	2025/26 Original Budgets £000s	Adjustments in Year* £000s			2025/26				Reason for Forecast Variance to Current Capital Budget
		2024/25 C/Fwd	Reprofile Table C	Grant & Other changes Table B	Current Capital Budget £000s	Q3 Forecast £000s	Outturn £000s	Outturn Variance to Current Budget £000s	
Disabled facilities grant	2,200	558	0	813	3,571	3,373	3,220	-351	Additional grant funding was received in February which increased the budget, but the works could not be completed by the year end.
Empty Property Investment & Development	600	0	-20	0	580	818	682	102	Additional roof works were required at Blackfriars Street with a consequential lead in time required to design and erect the scaffolding.
Acquisition Fund for Housing Provision	2,500	2,389	-2,300	0	2,589	1,714	1,226	-1,363	John Venn – Agreeing the terms of the lease took longer than anticipated. Buttercross – the time needed to secure phosphate mitigation credit was not fully appreciated in the programme. Both projects expected to be completed within original programme timescales.

Merton Meadow - Brownfield Land Release Fund	1,400	207	0	0	1,607	1,607	620	-987	Contractor on site, with works due to be completed in May 2026. Delays encountered due to significant and prolonged rainfall in January.
Swimming Pool Support Fund	0	0	0	60	60	60	60	0	
Libraries Improvement Fund	19	11	0	0	31	21	16	-15	
Stronger Towns Fund - Hereford Museum & Art Gallery Redevelopment	5,690	0	-4,150	0	1,540	1,540	1,552	12	
Stronger Towns Library & Learning Centre relocation to Shirehall	2,063	-22	-1,890	0	152	62	90	-62	Delivery of this project is currently under review
Community Capital Grants Scheme	1,530	116	-270	0	1,376	326	384	-992	Revised payment schedules have been received from grant recipients now the grants have been awarded
Total Community Wellbeing Including Housing	**16,003**	**3,261**	**-8,630**	**873**	**11,507**	**9,522**	**7,851**	**-3,656**	
Windows Server Upgrades	36	1	0	0	37	37	36	0	
Device and Ancillary kit replacement programme	415	0	-185	0	230	162	128	-102	Spend deferred into 2026/27 due to a review of the renewal programme timings, and extending the use of devices for as long as possible to ensure value for money. Work continues into 2026/27
M365 E5 Implementation	43	36	0	0	79	63	61	-18	Complete under budget without use of contingency
Planning & Regulatory Services software	726	0	-376	0	350	288	319	-31	
Contact Centre Telephony Replacement	0	67	0	0	67	67	44	-22	
Wide Area Network (WAN) Replacement	0	121	0	0	121	102	35	-86	Expected to complete under budget without use of contingency

School Route Planning Software	50	0	0	0	50	50	50	0	
IT System Upgrades & Server Replacements 2025-26	500	0	-182	0	318	301	107	-211	Upgrade work deferred into 26/27 to enable prioritisation aligned with the emerging Transformation plan. Expecting profiling of spend to complete once plan has been finalised in Q1 and Q2
CCTV Equipment Upgrades	89	0	0	0	89	89	86	-3	
Total Corporate Services (IT & Transformation)	**1,859**	**224**	**-743**	**0**	**1,340**	**1,158**	**866**	**-474**	
Schools Capital Maintenance Grant	2,795	22	0	379	3,196	3,126	2,760	-436	The contingency budget was not spent in year, as well as no emergency winter schemes and projects coming in under budget, carried forward to 26/27.
Peterchurch Area School Investment	6,595	6	-78	0	6,523	4,698	4,722	-1,801	Programme is currently on track, however a revised cashflow from the contractor is now reflected in the forecast spend
Brookfield School Improvements	2,570	1,070	0	0	3,641	3,362	2,986	-655	Project anticipated to deliver under budget and a small delay into May 26
High Needs Grant	2,000	102	0	0	2,103	1,700	1,396	-707	S106 has provided funding for one project in place of the use of this grant, contingency budget across a number of projects has not been needed. Along with a revised cashflow for the work at Hampton Dene.

Basic Needs Funding	8,000	0	-6,500	0	1,500	1,200	1,198	-302	Due to delays in receiving planning for the build at Aylestone School the works have started later than anticipated
Childcare Expansion Capital Grant 2023-24	296	-13	-130	0	153	239	183	30	Projects have been able to deliver earlier than anticipated
School Accessibility Works	1,143	-93	-500	0	551	551	536	-15	
Children's residential homes for 11 to 18 year olds	424	0	0	0	424	424	424	0	
C & F's S106	2,369	0	-1,550	0	819	1,137	1,076	257	Projects have been able to deliver earlier than anticipated
Total Childrens & Young Peoples (Including Schools)	**26,193**	**1,094**	**-8,758**	**379**	**18,908**	**16,436**	**15,280**	**-3,628**	
Work to Shire hall Annex (Care Leavers Base)	0	15	0	0	15	15	5	-10	
Estates Capital Programme 2019/22	331	432	0	0	763	763	736	-27	
Residual property works identified in the 2019 condition reports	0	365	0	0	365	100	87	-278	All 24 projects will have been completed; a number were delivered under budget and the £90k contingency and £75k for Three Elms Roofing were not required.

Estates Building Improvement Programme 22-25	1,053	26	0	0	1,079	750	592	-488	Underspend due to a combination of projects being delivered under budget and re-programming of works to account for receipt of statutory approvals and delivery during seasonal restrictions. Some additional safety works are being delivered in 2026 on one project.
Estates Building Improvement Programme 2023-25	1,768	201	-1,450	0	519	400	304	-214	Underspend due to delays commissioning projects and some schemes being delivered under budget.
Estates Building Improvement Programme 2024-27	1,525	212	-740	0	997	800	860	-137	Underspend due to delays commissioning projects and some schemes being delivered under budget.
Building works from 2022 Condition Surveys	1,050	6	-860	0	196	196	137	-59	Underspend due to delays commissioning projects and some schemes being delivered under budget.
Shire hall Improvement Works	2,935	0	-2,685	0	250	0	0	-250	There have been delays to the project while an option review has taken place
Property Improvements in Care Homes	604	325	-285	0	644	544	597	-47	Projects delivered under budget.
Estates Building Improvement Programme 2025-28	1,327	0	-830	0	497	100	118	-379	Underspend due to delays in commissioning projects and receiving statutory approvals.
Total Economy & Environment (Council Asset Investment)	**10,593**	**1,582**	**-6,850**	**0**	**5,325**	**3,668**	**3,437**	**-1,888**	

Highway Maintenance Block DfT (previously LTP)	15,466	0	0	5,882	21,348	21,348	21,348	0	
Resurfacing Herefordshire Highways	10,000	81	0	0	10,081	10,081	9,771	-311	The contingency budget was not required and therefore created an underspend, but the budget will be carried forward to 26/27
City and Market Town Public Realm Investment	1,200	0	0	-1,200	0	0	0	0	This work will now be funded by Local Transport Grant to reduce the borrowing amount in the capital programme
Highways Infrastructure Investment	6,485	816	0	0	7,301	7,263	6,514	-786	BBLP have asked to carry some budget forward for delivery that will slip into 26/27 due to the wet weather at the start of 2026
Public Realm Improvements for Ash Die Back	494	-17	0	0	477	553	551	74	Works are progressing faster than expected so there will be accelerated spend against 26/27 budget
E & E's S106	3,904	0	-2,403	0	1,501	1,841	1,594	93	The CCG income was not passported over as anticipated at Q4
Play Area Investment	500	0	-250	0	250	200	0	-250	£500k from 25/26 will be repurposed to allow the use of funding without requirement for CAT. The £500k for 26/27 is earmarked to be spent in full.
Public Realm Services Fleet	0	0	0	0	0	0	0	0	
Public Realm Mobilisation	0	0	0	0	0	0	0	0	
Road Safety Schemes	1,500	0	-1,180	-320	0	0	0	0	This work will now be funded by Local Transport Grant

Traffic Signal Obsolescence Grant and Green Light Fund	271	267	0	0	538	538	473	-66	BBLP have asked to carry some budget forward for delivery that will slip into 26/27
Total Economy & Environment (Highways & Public Space)	**39,820**	**1,147**	**-3,833**	**4,362**	**41,496**	**41,824**	**40,250**	**-1,246**	
Integrated Wetlands	1,686	0	0	0	1,686	1,339	1,337	-349	Dilwyn wetland and Lucton PTP schemes are proving to be unviable for delivery and funding is likely to be reallocated pending decisions in 26/27
Natural Flood Management	373	-4	-40	0	329	329	255	-74	Wet weather caused delays to both the implementation of the NFM measures, and the value of claims processed under the grant scheme. We anticipate these measures being delivered by the end of 2026.
Local Electric Vehicle Infrastructure Capital Fund (LEVI)	424	0	-424	0	0	0	0	0	
LEVI Pilot Fund Grant	96	0	-60	0	36	21	0	-36	All sites proposed by the contractor have been approved by the councils' internal project team however due to significant delays from the contractor spend has been reprofiled.
Wye Valley National Landscape	0	44	0	889	934	900	930	-3	
Solar Photovoltaic Panels	535	0	-385	0	150	0	0	-150	Spend reprofiled whilst work is undertaken to review project in context of changes in solar photovoltaic technology

									conversion rates and efficiencies.
Yazor Brook	260	0	0	0	260	50	53	-207	The scope of works required, agreed by all parties, has considerably reduced and therefore there is an underspend on the original budget to deliver the works
Waste	11,393	0	-6,200	0	5,193	1,882	397	-4,796	Expenditure for introduction of new food waste service delayed due to Government funding announcement delays and expenditure on purchase of bins for garden waste service reduced in this financial year to half until subscriptions increase sufficiently to order more. Garden Waste vehicles have arrived later than forecast
Home Upgrade Grant	0	70	0	0	70	70	70	0	
Warm Homes Grant	0	0	0	501	501	648	692	192	Due to effective delivery of the programme more grant has been awarded in year
Herefordshire Flood Risk Mitigation	1,055	0	-805	0	250	250	40	-210	Spend during 2025/26 was lower than anticipated due to the onboarding of new officers and responses to several significant flood events, which reduced capacity for option development. Scheme

									development funding and new modelling software are supporting the assessment of viable interventions.
Total Economy & Environment (Environmental)	**15,822**	**110**	**-7,914**	**1,390**	**9,409**	**5,489**	**3,775**	**-5,634**	
UK Shared Prosperity Fund	0	0	0	401	401	401	401	0	
HWGTA - Development of Vocational Work Based Skills Investment	2,000	0	0	0	2,000	0	0	-2,000	We are awaiting the final business case from HWGTA before this project can commence
Employment Land & Incubation Space in Market Towns	11,318	0	-5,304	-2,053	3,961	1,193	1,047	-2,914	Spend re-profiled into 26/27 due to works starting on-site later than planned, Jan/Feb '26 following programme adjustment by contractor to account for planning infrastructure approvals.
Rural Prosperity Fund	0	0	0	512	512	512	512	0	
Total Economy & Environment (Economic Growth)	**13,318**	**0**	**-5,304**	**-1,140**	**6,874**	**2,106**	**1,960**	**-4,914**	
Hereford City Centre Transport Package	7,875	196	-3,029	0	5,042	2,000	2,330	-2,712	No requirement to remove contaminated soil from site as initially considered.
Hereford ATMs and Super Cycle Highway	711	0	-711	0	0	0	0	0	
Active Travel Fund 4	0	172	0	0	172	172	172	0	
Active Travel Fund 5	0	0	-99	99	0	0	0	0	
Consolidated Active Travel Fund	0	0	-265	265	0	0	0	0	

Hereford Western Bypass Phase 1	8,620	0	-6,520	0	2,100	2,100	1,026	-1,074	The original land purchase programme did not fully reflect the extent of the role of the pre-construction services contractor in the process, particularly in relation to how and when land is vacated
Stronger Towns Fund - Greening the City	0	288	0	0	288	288	288	0	
LUF - Active Travel Measures (north of river)	3,053	0	-1,326	0	1,727	1,451	907	-819	Aylestone Hill and Commercial Road schemes paused to avoid major town centre disruption whilst Holme Lacy Road and Cadent schemes progress
LUF - Active Travel Measures (south of river)	5,029	3,634	-6,000	0	2,663	809	1,777	-887	Holme Lacy Road scheme was delayed whilst traffic management was fully considered
Local Transport Grant	0	0	0	5,862	5,862	5,837	5,862	0	
Council school transport fleet	350	0	-350	0	0	0	0	0	
Bus Service Improvement Plan	0	0	0	1,108	1,108	1,108	210	-898	This project is now on target for activity in June 2026 following initial delays in the appointment of a contractor and procurement challenge
Total Economy & Environment (Transport)	**25,638**	**4,290**	**-18,300**	**7,334**	**18,962**	**13,765**	**12,572**	**-6,390**	

Total	**149,247**	**11,708**	**-60,332**	**13,198**	**113,820**	**93,968**	**85,991**	**-27,830**

Projects likely to be delayed into 26/27, some with no decisions yet made on spend, others with delays in delivery.	-25,015
Project to deliver under budget or not spend full grant allocation	-2,814

-27,830

Table B – Overall Capital Programme position 2025/26

Scheme Name	Prior Years £000s	2025/26 budget £000s	2026/27 budget £000s	2027/28 budget £000s	2028/29 budget £000s	2029/30 budget £000s	Total budget £000s
Disabled facilities grant	0	3,571	2,200	2,200	0	0	7,971
Empty Property Investment & Development	0	580	286	0	0	0	866
Acquisition Fund for Housing Provision	111	2,589	2,300	0	0	0	5,000
Merton Meadow - Brownfield Land Release Fund	393	1,607	0	0	0	0	2,000
Swimming Pool Support Fund	0	60	0	0	0	0	60
Libraries Improvement Fund	31	31	0	0	0	0	62
Stronger Towns Fund - Hereford Museum & Art Gallery Redevelopment	2,883	1,540	10,525	5,581	0	0	20,529
Stronger Towns Library & Learning Centre relocation to Shire hall	340	152	2,064	450	0	0	3,005
Community Capital Grants Scheme	4	1,376	600	20	0	0	2,000
Total Community Wellbeing Including Housing	**3,761**	**11,507**	**17,975**	**8,251**	**0**	**0**	**41,493**
Windows Server Upgrades	293	37	0	0	0	0	330
Device and Ancillary kit replacement programme	0	230	578	185	0	0	993
M365 E5 Implementation	491	79	0	0	0	0	570
Planning & Regulatory Services software	3	350	923	120	0	0	1,396
Contact Centre Telephony Replacement	15	67	0	0	0	0	82
Wide Area Network (WAN) Replacement	165	121	0	0	0	0	286
School Route Planning Software	0	50	0	0	0		50
IT System Upgrades & Server Replacements 2025-26	0	318	182	0	0	0	500
CCTV Equipment Upgrades	0	89	0	0	0	0	89
Total Corporate Services (IT & Transformation)	**967**	**1,340**	**1,683**	**305**	**0**	**0**	**4,296**
Schools Capital Maintenance Grant	0	3,196	1,200	1,200	0	0	5,596
Peterchurch Area School Investment	953	6,523	3,377	0	0	0	10,853
Brookfield School Improvements	2,181	3,641	0	0	0	0	5,822

High Needs Grant	483	2,103	6,784	0	0	0	9,369
Basic Needs Funding	560	1,500	11,810	5,006	0	0	18,877
Childcare Expansion Capital Grant 2023-24	13	153	130	0	0	0	296
School Accessibility Works	759	551	1,193	0	0	0	2,503
Children's residential homes for 11 to 18 year olds	0	424	0	0	0	0	424
C & F's S106	0	819	1,297	1,550	0	0	3,665
Total Childrens & Young Peoples (Including Schools)	**4,949**	**18,908**	**25,790**	**7,756**	**0**	**0**	**57,404**
Work to Shirehall Annex (Care Leavers Base)	85	15	0	0	0	0	100
Estates Capital Programme 2019/22	5,119	763	0	0	0	0	5,882
Residual property works identified in the 2019 condition reports	957	365	0	0	0	0	1,322
Estates Building Improvement Programme 22-25	1,927	1,079	0	0	0	0	3,007
Estates Building Improvement Programme 2023-25	1,558	519	990	0	0	0	3,067
Estates Building Improvement Programme 2024-27	689	997	483	0	0	0	2,169
Building works from 2022 Condition Surveys	4	196	974	350	0	0	1,524
Shire hall Improvement Works	0	250	3,750	0	0	0	4,000
Property Improvements in Care Homes	225	644	285	0	0	0	1,154
Estates Building Improvement Programme 2025-28	0	497	2,622	526	0	0	3,645
Total Economy & Environment (Council Asset Investment)	**10,564**	**5,325**	**9,104**	**876**	**0**	**0**	**25,870**
Highway Maintenance Block DfT (previously LTP)	0	21,348	23,967	27,449	29,695	33,948	136,407
Resurfacing Herefordshire Highways	0	10,081	0	0	0	0	10,081
City and Market Town Public Realm Investment	0	0	0	0	0	0	0
Highways Infrastructure Investment	7,354	7,301	6,385	0	0	0	21,040
Public Realm Improvements for Ash Die Back	581	477	240	118	0	0	1,416
E & E's S106	0	1,501	4,207	2,429	0	0	8,137
Play Area Investment	0	250	750	0	0	0	1,000
Public Realm Services Fleet	0	0	1,322	0	218	0	1,540
Public Realm Mobilisation	0	0	450	0	0	0	450
Road Safety Schemes	0	0	0	0	0	0	0
Traffic Signal Obsolescence Grant and Green Light Fund	3	538	0	0	0	0	541

Total Economy & Environment (Highways & Public Space)	**7,939**	**41,496**	**37,321**	**29,996**	**29,913**	**33,948**	**180,612**
Integrated Wetlands	2,676	1,686	398	0	0	0	4,760
Natural Flood Management	555	329	390	0	0	0	1,274
Local Electric Vehicle Infrastructure Capital Fund (LEVI)	0	0	120	240	120	644	1,124
LEVI Pilot Fund Grant	24	36	60	0	0	0	120
Wye Valley National Landscape (previously AONB)	0	934	0	0	0	0	934
Solar Photovoltaic Panels	1,064	150	535	385	0	0	2,134
Yazor Brook	0	260	0	0	0	0	260
Waste	0	5,193	0	6,200	0	0	11,393
Home Upgrade Grant	0	70	0	0	0	0	70
Warm Homes Grant	0	501	1,003	982	0	0	2,485
Herefordshire Flood Risk Mitigation	0	250	1,805	0	0	0	2,055
Total Economy & Environment (Environmental)	**4,318**	**9,409**	**4,311**	**7,807**	**120**	**644**	**26,609**
UK Shared Prosperity Fund	0	401	0	0	0	0	401
HWGTA - Development of Vocational Work Based Skills Investment	0	2,000	0	0	0	0	2,000
Employment Land & Incubation Space in Market Towns	866	3,961	1,460	8,360	0	0	14,648
Rural Prosperity Fund	0	512	0	0	0	0	512
Total Economy & Environment (Economic Growth)	**866**	**6,874**	**1,460**	**8,360**	**0**	**0**	**17,561**
Hereford City Centre Transport Package	38,908	5,042	3,029	0	0	0	46,979
Hereford ATMs and Super Cycle Highway	0	0	1,000	0	0	0	1,000
Active Travel Fund 4	134	172	0	0	0	0	306
Active Travel Fund 5	0	0	99	0	0	0	99
Consolidated Active Travel Fund	0	0	499	234	234	234	1,202
Hereford Western Bypass Phase 1	356	2,100	13,584	11,700	12,560	0	40,300
Stronger Towns Fund - Greening the City	116	288	0	0	0	0	404
LUF - Active Travel Measures (north of river)	1,097	1,727	716	926	0	0	4,466
LUF - Active Travel Measures (south of river)	533	2,663	6,000	0	0	0	9,197
Local Transport Grant	0	5,862	5,975	6,966	7,775	8,584	35,162

Council school transport fleet	0	0	0	0	0	0	0
Bus Service Improvement Plan	0	1,108	900	918	936	954	4,815
Total Economy & Environment (Transport)	**41,144**	**18,962**	**31,802**	**20,744**	**21,505**	**9,772**	**143,930**

Total	**74,508**	**113,820**	**129,447**	**84,096**	**51,538**	**44,364**	**497,774**

	2025/26 Budget £000s	2026/27 Budget £000s	2027/28 Budget £000s	2028/29 Budget £000s	2029/30 Budget £000s	Total
February 2025 Council Approved Budget	155,247	87,507	38,599	218	-	281,571
Reprofile Budget	-60,332	24,979	22,029	12,680	644	0
Project Removal Council February 2026	-1,520	-9,682	-	-	-	-11,202
Removal of WVT Project	-6,000	-	-	-	-	-6,000
24/25 Carry Forwards	11,708	5,978	-	-	-	17,686
Additional Grants	14,718	20,665	23,468	38,640	43,720	141,211
Revised Capital Budget	**113,820**	**129,447**	**84,096**	**51,538**	**44,364**	**423,266**

Grant Additions since approval of Capital Programme by Council in February 2025	2025/26	2026/27	2027/28	2028/29	2029/30	£000s
MHCLG - UKSPS 25/26 Grant	401					401
DfT - Active Travel Fund 5 Grant	99					99
DfT - Additional 25/26 LTP Grant	5,882					5,882
DfT - CATF Grant	265	234	234	234	234	1,202
DfT - BSIP Grant	1,108	900	918	936	954	4,815
DESNZ - Warm Homes Grant	501	1,003	982			2,485
DEFRA - Rural Prosperity Fund 25/26	512					512

Sport England - Swimming Pool Fund	60					60
DfE - Additional Schools Maintenance Grant 25/26	379					379
DfE - High Needs Grant		2,466				2,466
DfE - Basic Needs Grant		1,587	1,006			2,593
DfT - Local Transport Grant 25/26	5,837					5,837
Employment Land - unsecured grant	-2,053					(2,053)
WVNL - Welsh Gov and DEFRA Grants	889					889
HMAG - Clore Duffield			200			200
HMAG - Salix			1,075			1,075
HMAG - NHLF			104			104
DfT - Local Transport Grant 26/27 to 29/30		5,975	6,966	7,775	8,584	29,300
DfT - Highway Maintenance Block 26/27 to 29/30		8,501	11,983	29,695	33,948	84,127
EA - Flood Grant	25					25
MHCLG - Additional DFG 25/26	813					813
Total grant additions since approval by Council in February 2025	**14,718**	**20,665**	**23,468**	**38,640**	**43,720**	**141,211**

Funding by Capital Grants that have to be spent in year or following year (may be part funding)

Herefordshire Council

Title: Work Programme 2026-27

Meeting: **Scrutiny Management Board**

Meeting date: **Monday 6 July 2026**

Report by: **Statutory Scrutiny Officer**

Classification

Open

Report purpose

The report:

- Provides the committee with a draft work programme for the committee, for approval.
- Provides the committee with a copy of the council's forward plan of key decisions to assist the committee in deciding its programme of work.
- Lists the recommendations made by the committee since January 2025, and any responses to these recommendations.

Background

1. A fundamental part of good scrutiny is planning and agreeing a programme of work for the committee to undertake. A well-considered work programme:
    a. identifies priorities for the committee's work that align with corporate and partnership priorities, as well as reflecting community concern;
    b. ensures that each identified topic has clear objectives that focus the committee's work;
    c. creates a timetable for the committee's programme of work so that the committee carry out its work at the optimal time; and
    d. provides officers and partners with requirements for evidence that will support the committee in providing evidence-based scrutiny.

Meeting objectives

2. To agree the committee's work programme.

3. To note the work programmes of Herefordshire Council's other scrutiny committees.

Report information

4. The most recent work programme was published June 2026 and is attached as Appendix 1.

5. Attached as Appendix 2 to this report is the council's most recently published forward plan of key decisions.

Further information on the subject of this report is available from
Danial Webb, Statutory Scrutiny Officer, email: danial.webb@herefordshire.gov.uk

6. Appendix 3 is a list of all recommendations made by the committee in 2025 and 2026.

Consultees

7. To prepare this work programme, the committee chairs have met with officers of the council to identify potential priority areas of work for the committee. These priority areas have been scheduled within the work programme to ensure the committee considers topics when it is most useful to do so. A draft of this work programme has then been circulated to the council's corporate leadership team and other key senior directors, alongside committee chairs, for further comment and refinement.

Appendices

Appendix 1 – Scrutiny Work Programme June 2026
Appendix 2 – Herefordshire Council Forward Plan 26 June 2026
Appendix 3 – Recommendations made by Health, Care and Wellbeing Scrutiny Committee in 2025 and 2026.

Background papers and resources

None

Herefordshire Council

APPENDIX 1

SCRUTINY WORK PROGRAMME

June 2026 – March 2027

Below are the work programmes of Herefordshire Council's five scrutiny committees and their six task and finish groups.

Work programmes are subject to change, with revised programmes agreed at the end of formal committee meetings.

Please note that no meetings will be scheduled after March 2027 until after the 2027 Council elections have concluded.

Table of Contents

Children and Young People Scrutiny Committee

Committee work programme

Committee Meeting

22 July 2026 report deadline 14 July 2026 pre meeting lines of enquiry planning 17 July 2026

Topic and Objectives	Evidence required	Attendees*
Families First Programme	• Peer review findings	• **Dawn Knight, Service Manager Early Help** • Lindsay MacHardy, Public Health Principal • *Core members of the steering group*
All Age access to play and open space • Review proposals for a change in the capital programme project to upgrade and asset transfer Herefordshire Council play and open spaces.	• Terms of reference	• **Leigh Whitehouse** • **Ed Bradford** • Lindsay MacHardy • Emily Garner • HVOSS (possibly)
Work programme • Review work programme	• Draft work programme	• **Statutory Scrutiny Officer**

Committee Meeting

6 October 2026 report deadline 28 September 2026 pre meeting lines of enquiry planning 2 October 2026

Topic and Objectives	Evidence required	Attendees*
Alternative provision • Review of capital programme relating to alternative provision.	• Officer report	• **Liz Farr** • Louise Tanner, Head of Learning and Achievement

Topic and Objectives	Evidence required	Attendees*
• Overview of existing provision, including pupil referral units (PRUs).		• Hilary Jones, Head of Additional Needs • Jane Morse – Commissioning Manager • Quentin Mee
Youth Strategy	• Draft strategy	• **Tina Russell** • **Hereford Rural Media** • **Will Lindsey HVOSS** • **Lindsay McHardy**
Early Help Task and Finish Group • Review group findings and recommendations	• Final group report	• **Chair, Children and Young People Scrutiny Committee**
Work programme • Review work programme	• Draft work programme	• **Statutory Scrutiny Officer**

Committee Meeting

TBC report deadline TBC pre meeting lines of enquiry planning TBC

Topic and Objectives	Evidence required	Attendees*
West Mercia Police Safeguarding Inspection • Update on PEEL inspection action plan	• Officer report	• **Leanne Lowe, West Mercia Police**

Topics for possible future scrutiny

- Participation strategy
- Housing
- School place planning
- Fostering (generally)
- Welfare and Education Bill
- The role of public health in tackling neglect of children and young people

Early help task and finish group

Terms of reference

Background

Herefordshire's Early Help offer includes both universal and targeted services aimed at supporting children, young people, and families before statutory intervention is required. The offer includes:

- **Universal services**: Provided largely through Talk Community, voluntary and community organisations, schools, health, and public health-funded initiatives.
- **Targeted early help**: Led by the Early Help team within Children's Services, working directly with families who require structured support.

Key developments in this area in recent years include:

- Integration of Early Help into wider Children's Services through locality models.
- Introduction of Families First and Lead Practitioner roles.
- Recruitment of two new children's-focused community development workers within Talk Community.
- Partnership commissioning (such as with the PCC) to support local early intervention initiatives.

To build on these developments, work is underway to identify and address weaknesses in current practice, including:

- Persistent confusion around distinctions between universal and targeted Early Help.
- Limited public visibility of the Early Help offer and recent developments.
- Variability in provision and access across different localities.
- Pressure on schools to deliver Early Help without sufficient funding or infrastructure.
- Need for improved coordination between statutory and non-statutory partners.

Purpose

The group therefore aims to provide a constructive and collaborative space to:

- Recognise strengths in current Early Help provision.
- Identify good practice across different communities.
- Highlight gaps or inconsistencies in provision and the work in place to address them.

Scope of Inquiry:

In recognition of the broad and varied nature of early help available in Herefordshire, the group intends to carry out two distinct but closely interdependent streams of work:

- **Targeted Early Help and Families First**
  - Understanding the Families First implementation.
  - Exploring the role of lead practitioners.
  - Clarifying the role of schools and multi-agency collaboration.
- **Community and Universal Offer**
  - Mapping and showcasing local Early Help initiatives.
  - Exploring partnerships with Talk Community hubs, voluntary groups, parish and town councils.
  - Engagement around youth activities, access barriers (transport), and local innovation.

Work Programme

The group will determine its programme of work to meet the above objectives. This programme will include:

- Local Appreciative Inquiry events in Hereford City Ross, and Leominster, supported by Talk Community and Children's Services.
- Case studies
- Meeting with families and professionals, individually and in focus groups

Work programme

Targeted early help and Families First

- Recognise strengths in current Early Help provision.
- Identify good practice across different communities.
- Highlight gaps or inconsistencies in provision and the work in place to address them.

Guide:

Not completed and overdue	Partially completed and overdue	On track	Completed

Objective	Evidence required	Responsible officer	Date
Understand targeted early help - rationale and performance	• Overview of programme briefing note ○ Thresholds of need ○ Current performance management ○ Current programme of activity	Simon Cann	November 2025
Overview of current Families First programme and targeted early help	• Meeting with service managers ○ Victoria Leader ○ Dawn Knight	Simon Cann	15 Dec 2026, 3pm
Update on implementation of Families First programme and targeted early help	• Meeting with service managers ○ Dawn Knight	Simon Cann	14 or 19 May 2026
Support for young carers, no wrong door	• Meeting with young carers ○ Jane Marshall – South – Ross and VL, John Burgess, Susan Brace, Niall Crawford	Simon Cann	2 Mar 2026, 3pm
Appraise locality-based targeted early help	• Meeting with a locality team ○ Victoria Roe – North ○ Jane Marshall – South – Ross ○ Chantelle Bennett – Central	Simon Cann	16 Jan 2025, 3pm

Objective	Evidence required	Responsible officer	Date
	○ Tracey Spencer – Central		
Working with schools	• Meeting with schools ○ Neil Crawford	Simon Cann	21 Jan 2026, 3pm
Commissioned targeted early help services	• Meeting with Venture – commissioned service ○ Hilary Thomas hilary.thomas@vennture.org	Simon Cann	27 Feb 2026, 1pm

Community and Universal Offer

- Mapping and showcasing local Early Help initiatives.
- Exploring partnerships with Talk Community hubs, voluntary groups, parish and town councils.
- Engagement around youth activities, access barriers (transport), and local innovation.

Topic	Evidence required	Responsible officer	Date
Overview of local early help initiatives	Early help marketplace – Ross-on-Wye	Danial Webb	13 Oct 2025
Overview of local early help initiatives	Early help marketplace - Hereford	Danial Webb	17 Nov 2025
Overview of local early help initiatives	Early help marketplace - Leominster	Danial Webb	3 Dec 2025
Understand how midwives support young parents to be.	• Meeting with midwives • Emily Strange (named safeguarding midwife) • Sian Jenkins (community Midwife manager)	Simon Cann	20 Mar 2026
The role of school nurses	• Meeting with school nurses ○ emma.dewar@wvt.nhs.uk ○ Wendy.Long@wvt.nhs.uk ○ Nikki.Lawley@wvt.nhs.uk	Simon Cann	8 May 2026
The role of health visitors	• Meeting with health visitors ○ Lyndsay McHardy, Julia Stephens -0-19 Strat.	Simon Cann	17 Mar 2026

Topic	Evidence required	Responsible officer	Date
	○ Hannah Bannister-White • "Best Start in Life" strategy		
Youth clubs overview	• Overview of youth and sports clubs in Herefordshire • Visit to youth club • Meeting with youth club attendees • HVOSS Will Lindesay	Simon Cann	9 April 2026
Talk Community and co-ordination of support for universal community services	• Overview community support carried out by Talk Community. • Nikki Stroud, Emily Lowe, Michelle Trussler, Abigail Allcock	Simon Cann	21 April 2026

Report to Cabinet

Topic	Evidence required	Responsible officer	Date
Draft final report	Learning from above meetings		May 26
Agree final report	Draft report	Task and Finish Group	June 26
Present to Cabinet	Final report	Toni Fagan	July 26

Connected Communities Scrutiny Committee

Committee work programme

Committee Meeting

7 July 2026 report deadline 29 June 2026 pre meeting lines of enquiry planning 2 July 2026

Topic and Objectives	Evidence required	Attendees*
Year of delivery – capital projects • Mid-year review of capital projects taking place in 2026. • Scrutinise project budgets.	• Council capital programme • Individual programme progress reports • Capital delivery programme	• **Service Director, Economy and Growth** • Director of Resources • Highways Team
Public participation in planning task and finish group • Agree the task and finish final report	• Task and finish group report	• None
Work programme • Review work programme	• Draft work programme	• **Statutory Scrutiny Officer**

Committee Meeting

20 July 2026 report deadline 10 July 2026 pre meeting lines of enquiry planning 16 July 2026

Topic and Objectives	Evidence required	Attendees*
Hereford Bypass Phase One – full business case • Scrutinise the full business case to ensure it provides Cabinet with sufficient information to make an informed decision on Hereford Bypass Phase One, having regard to the assessment criteria.	• Hereford Bypass Phase One full business case. • Assessment criteria for the full business case. • Complete compliance matrix	• **Delivery Director, Infrastructure** • **Representative AECOM** • **Expert Witness** • **Bypass Phase One Project Manager**
Broadband Connectivity • Review of coverage gaps and speeds, and work to address them	• Consultation with businesses, schools, parish councils • Public call for evidence • Supplier business plans • Ofcom policy • Other evidence to be determined	• **To be determined**

Committee Meeting

Autumn 2026 report deadline TBC 2026 pre meeting lines of enquiry planning TBC 2026

Topic and Objectives	Evidence required	Attendees*
UK Shared Prosperity Fund • Review of projects funded • Examine future funding opportunities	• TBC	• **Service Director, Economy and Growth**

Committee Meeting

27 January 2027 report deadline 19 January 2027 pre meeting lines of enquiry planning TBC

Topic and Objectives	Evidence required	Attendees*
Year of delivery – capital projects • End of year review of capital projects taking place in 2026.	• Council capital programme • Individual programme progress reports	• **To be determined**

*The Corporate Director, Economy and Environment, Cabinet Member, Economy and Growth, Cabinet Member, Community Services and Assets, Cabinet Member, Roads and Regulatory Services, and Cabinet Member, Transport and Infrastructure, all have a standing invitation to the meeting.

Additional Topics Proposed for Future Consideration

- Hereford City Masterplan

Placemaking and Public Participation task and finish group

Terms of reference

Background

Herefordshire is entering a significant period of growth and change. Delivering new housing, infrastructure, and services must strengthen local communities and reflect the county's distinctive rural character.

Research shows that while public involvement in planning is vital, engagement often remains procedural rather than meaningful. Many residents feel disconnected from decision-making, uncertain about how to participate, or unconvinced that their input makes a difference.

The Planning and Compulsory Purchase Act 2004 requires every local planning authority such as Herefordshire to publish a Statement of Community Involvement. The Levelling-up and Regeneration Act 2023 and resultant secondary legislation is likely to place greater emphasis on this statement with a proposed requirement for a local planning authority Community Involvement Scheme. This provides a timely opportunity to modernise Herefordshire's existing Statement of Community Involvement (January 2022), ensuring it reflects Herefordshire Council's 2024–2028 priorities for economic growth and community development.

This task and finish group will explore how Herefordshire can plan with its communities, ensuring that growth, infrastructure and environment evolve together in a fair, transparent, and creative way. It will then make recommendations to underpin the Council's new statutory engagement framework.

The aim is to move beyond statutory minimum consultation and create a culture in which residents look forward to new development as something they have helped to shape. Growth with, not to, communities.

Purpose

To identify and recommend practical, evidence-based measures for making community engagement in planning and placemaking more inclusive, accessible, and effective across Herefordshire. The group will:

- Examine best practice and innovative approaches to public participation.
- Advise on the update and replacement of the Statement of Community Involvement (2022) with a new Community Involvement Scheme (2026).
- Ensure that community voice and cultural engagement sit at the heart of the county's future planning system.

Objectives

- To understand current legislation and good practice in community involvement and evaluate how residents currently engage with planning in Herefordshire and identify barriers to participation.
- Review and learn from good practice in community engagement in other local authorities and with housing providers.
- Inform and help draft the replacement of the Statement of Community Involvement (2022) with a new Community Involvement Scheme (2026)
- Make recommendations to the Connected Communities Scrutiny Committee and Cabinet to deliver the above.

Scope

The task and finish group will focus on how communities are involved in shaping growth, not on what is built or where sites are allocated. It will not duplicate the work of the Housing Development Working Group or the technical drafting of the Local Plan.

Membership and Governance

- 5–7 elected members of Herefordshire Council (no Cabinet members).
- Up to two co-opted members with relevant expertise or community experience.
- Supported by officers from Democratic Services, Economy and Environment, and Communications.
- Reports through the Connected Communities Scrutiny Committee, which will submit recommendations to Cabinet for formal response.

Expected Outputs

- A final report setting out
    - practical recommendations for improving public participation in planning and placemaking.
    - A proposed structure and content outline for Herefordshire's new Community Involvement Scheme (2026), replacing the 2022 Statement.
    - Case studies and prototypes demonstrating innovative engagement methods suitable for rural and market-town contexts.

Success Measures

- At least five examples of national or local best practice reviewed.
- Two or more new engagement methods agreed or trialled.
- Clear, costed recommendations adopted within the 2026 Community Involvement Scheme.
- Cabinet adoption of group recommendations into council policy.

WORK PROGRAMME

Guide:

Not completed and overdue	Partially completed and overdue	On track	Completed

Objective To understand current legislation and good practice in community involvement and evaluate how residents currently engage with planning in Herefordshire and identify barriers to participation.

Objectives	Evidence required	Responsible officer	Date
Understand current legislation and good practice in community involvement	• Overview of The Planning and Compulsory Purchase Act 2004 • Overview of The Levelling-up and Regeneration Act 2023 • Good practice guidance		November 2025
Evaluate how residents currently engage with planning in Herefordshire.	• Herefordshire Council Statement of Community Involvement. • Interviews with housing associations and council planning officers.		November 2025
Identify current barriers to participation.	• Interviews with housing association, community groups and council planning officers.		November 2025
GROUP MEETING		**Henry Merricks Murgatroyd**	**November 2025**

Objective Review and learn from good practice in community engagement in other local authorities and with housing providers.

Objectives	Evidence required	Responsible officer	Date
Examine requirements for new Community Involvement Scheme	• Draft regulation and statutory guidance		December 2025

Objectives	Evidence required	Responsible officer	Date
Identify good practice in other local authorities	• Literature review • Site visit (if useful)		January 2026
Identify creative engagement methods.	• Desktop search ideas such as including digital tools, easy-read and visual materials, short videos, and cultural or media partnerships.		January 2026
GROUP MEETING			**February 2025**

Objective Inform and help draft the replacement of the Statement of Community Involvement (2022) with a new Community Involvement Scheme.

This section of the work of the task and finish group is paused due to legislative changes that will replace the Community Involvement Scheme.

Objectives	Evidence required	Responsible officer	Date
Work with officers to set new parameters and scope for the Community Involvement Scheme	• Draft Community Involvement Scheme	TBA	March 2026
Ensure inclusivity by improving reach to rural residents, younger people, working families, and under-represented communities.	• Draft Community Involvement Scheme	TBA	April 2026
Recommend resourcing and governance arrangements to support sustained, meaningful participation.	• Meeting with planning officers in a 'good' local planning authority • Draft recommendations		May 2026
GROUP MEETING			May 2026

Objective Make recommendations to the Connected Communities Scrutiny Committee and Cabinet

Objectives	Evidence required	Responsible officer	Date
Draft report to committee	• Draft report		July 2026
Draft report and recommendations to Cabinet (if required)	• Final report		July 2026

Environment and Sustainability Scrutiny Committee

Committee work programme

Committee Meeting

17 June 2026 report deadline 9 June 2026 pre meeting lines of enquiry planning 11 June 2026

Topic and Objectives	Evidence required	Attendees*

Land Use Management
• To review the operation of current council policy on enabling and enforcing appropriate land management and use (including riparian responsibilities) across the county;
  ○ to protect carriageways, ditches and verges.
  ○ To look at related enforcement issues – including planning breaches.
  ○ The impact on public rights of way.
• To explore how the local authority can support adoption of sustainable farming methods.
	• Enforcement analysis
	• Current council planning regulation concerning land use management
	• MP office briefing on the withdrawal of the Sustainable Farming Incentive
	• Catchment Sensitive farming data (including regenerative farming)
		• **Steve Hodges, Group Manager Flood Risk Management**
		• **Leigh Whitehouse, Group Manager Streetscene, Network Management and Public Rights of Way**
		• Richard Vaughan, Sustainability and Climate Change Manager
		• Kelly Gibbons, Development Management Service Manager
		• Mark Tansley, Development Manager – Enforcement

Bus Services task and finish group • Verbal update from the group chair	• No evidence required.	• **Task and finish group chair**
Work programme • Review work programme	• Draft work programme	• **Statutory Scrutiny Officer**

*The Corporate Director, Economy and Environment and Cabinet Member, Environment, both have a standing invitation to the meeting.

Committee Meeting

21 September 2026 report deadline 11 September 2026 pre meeting lines of enquiry planning 17 September 2026

Topic and Objectives	Evidence required	Attendees*
Transformation of the economy and environment directorate • Understand the transformed leadership structure and how it is performing currently, in particular where responsibility lies for delivering on the council's environmental priorities and targets, including the ability to be agile in response to climate emergencies and making our public assets more adaptable and resilient to these emergencies. • How embedding a commercial mindset impacted on the delivery of these environmental priorities and targets. • How transformation impacted on the overall resource dedicated to the environmental side of the directorate. • Explore the case for a more distinct operational area for environmental matters under the Corporate Director.	• Officer report • List of environmental project currently undertaken by Herefordshire Council.	• John Hobbs, Corporate Director Environment and Economy • Richard Vaughan, Sustainability and Climate Change Manager • Cllr Elissa Swinglehurst, Cabinet Member Culture and Environment
Buses and passenger services task and finish group • To receive the final report from the group and consider their recommendations, including testing the evidence on which they are based. • To agree a set of recommendations to go forward from the committee to the executive.	• Final report	• **Chair, buses task and finish group**
Flooding spotlight review – terms of reference • To agree the terms of reference for a proposed spotlight review to scrutinise flood risk management and flood emergency responses.	• Spotlight review terms of reference	• **Statutory Scrutiny Officer**

Committee Meeting

2 December 2026 report deadline 24 November 2026 pre meeting lines of enquiry planning 27 November 2026

Topic and Objectives	Evidence required	Attendees*
Rail Strategy • Enhancements plan for the existing network • Developing new rail links	• Existing feasibility studies • Draft Strategy	• John Hobbs • Ffion Horton • Roger Allonby • David Land
Herefordshire Council Carbon Management Plan • Objectives to be agreed.	• Herefordshire Carbon Management Plan • Herefordshire Council Carbon Management Plan	• Richard Vaughan • Daniel Lenain

Prospective spotlight review

March 2027

Topic and Objectives	Evidence required	Attendees*
Flooding and flood risk management • Terms of reference to be agreed.	• Evidence to be agreed	• John Hobbs • Other TBC

Bus and passenger services task and finish group

Work programme

Guide:

Not completed and overdue	Partially completed and overdue	On track	Completed

Objective	Activity or information needed	Carried out by	Timeline
Initial review meeting		**Task and Finish Group**	**July 2025**
Create a central information repository	Setup Teams library and chat space	Simon Cann, Danial Webb	September 2025

Review Herefordshire Council's current powers and responsibilities.	Compile and provide overview of
	• Existing legislation in England and Wales
	  ○ Local Transport Act 2008
	  ○ Transport Act 2000
	  ○ Bus Service Act 2017
	  ○ Bus Services (No. 2) Bill
	  ○ Public Service Vehicle Regulations.
	• Overview of who is responsible for local transport in England (Commons library)
	• Any allied statutory guidance
	• Bus operator legislation and guidance.
	• How these apply in Herefordshire.
		Simon Cann, David Land, Craig Lewis, Natalie Amos, task and finish group	Sep-Oct 2025

Objective	Activity or information needed	Carried out by	Timeline

Review current passenger transport operations in Herefordshire and how they meet current and future need.	• Previous council bus service reviews (c. 2019)
	• For both commercial and community operators
	  ○ Routes and frequency
	  ○ Passenger numbers
	  ○ Subsidy
	• Home to school transport
	  ○ Current services provided
	  ○ Current providers
	• SEND transport
	• Adult Social Care Passenger transport
		Simon Cann, David Land, Craig Lewis, Natalie Amos	Sep-Oct 2025

Current local authority and regional funding	2025-2026 and medium-term funding • subsidised routes • community transport • other transport funding provided by the local authority	Simon Cann, David Land, Craig Lewis, Natalie Amos	Sep-Oct 2025
Review Meeting		**Task and Finish Group**	**21 October 2025**
Overview of current BSIP funding	Summary of • National Bus Strategy • Herefordshire Bus Service Improvement Plan 2024 Briefing on • Allocation of the £3.2m BSIP grant (2025–26) (£1.3m capital, £1.9m revenue) e.g., shelters, passenger experience, supported services • Progress in delivering funded projects and services • Their contribution to improved services Site visit to any BSIP-related capital project	Simon Cann, David Land, Craig Lewis, Natalie Amos	Nov-Dec 2025
Assess Enhanced Partnership performance	• Understand how the current enhanced partnership timetabling meets the objectives of the partnership.	Simon Cann, David Land, Craig Lewis,	Nov-Dec 2025

Objective	Activity or information needed	Carried out by	Timeline
	• Identify ways to apply learning from the group to new ways of meeting the objectives of the enhanced partnership.	Natalie Amos, task and finish group	
Combining bus services with other transport services	Desktop research • Current rail services and how they align with bus services Group meeting • Network Rail or other responsible authority	Simon Cann, David Land, Craig Lewis, Natalie Amos	Nov-Dec 2025
Explore cross-border and cross-county transport	Map and list of current cross-border services to include • Frequency • Operator • Funding (if applicable) Examples from other local authorities • See previous work looking at other local authorities • Identify opportunities for any cross-border service support	Simon Cann, David Land, Craig Lewis, Natalie Amos	Nov-Dec 2025
Review Meeting		**Task and Finish Group**	**11 December 2025**
Community Transport	Site visits to community transport providers. Attendance at bus service forum. Overview brief of Services in Herefordshire, to include: • Current services, routes and frequencies • Cost • Funding	Simon Cann, David Land, Craig Lewis, Natalie Amos	Jan-Mar 2026
Home to school and other resident transport	Overview brief of home to school services in Herefordshire, to include: • Current services, routes and frequencies • Cost and funding	Simon Cann, David Land, Craig Lewis, Natalie Amos	March 2026

Objective	Activity or information needed	Carried out by	Timeline
	Meeting with Home to school co-ordinator Meeting with Transformation team		
Review Meeting		**Task and Finish Group**	**26 March 2026**

Examine how other rural local authorities provide sustainable services.	Internet research – what do they do in other rural local authorities?
	Suggested workstreams:
	• Demand Responsive transport
	  ○ YorBus, CallConnect
	  ○ Worcestershire on Demand | Worcestershire County Council
	  ○ The Robin (your bookable bus) | Gloucestershire County Council
	• Use of powers of funding
	  ○ Use of enhanced partnerships – Oxfordshire, Cornwall
	  ○ Branding
	• Integrating transport and social care
	  ○ Community transport
	  ○ The role of third sector organisations
	Site Visit
	• Shropshire DRT – Shrewsbury
	• Social care focused visit
		Simon Cann, David Land, Craig Lewis, Natalie Amos	June 2026

Bus franchising	Overview of Bus Services Bill Overview of approach taken by other local authorities Meeting with consultants or another local authority • What are the barriers to franchising in rural areas? • Is this an opportunity for Herefordshire to pursue? • Are there partnership opportunities with other local authorities?	Simon Cann, David Land, Craig Lewis, Natalie Amos	June 2026
Review Meeting		**Task and Finish Group**	**June/July 2026**

Objective	Activity or information needed	Carried out by	Timeline
Draft report and recommendations	• Draft final report • Draft recommendations	Simon Cann, David Land, Craig Lewis, Natalie Amos	September 2026
Present report to Environment and Sustainability Scrutiny Committee		**Task and Finish Group**	**September 2026**

Health Care and Wellbeing Scrutiny Committee

Committee work programme

Committee Briefing
30 June 2026

Topic and Objectives	Evidence required	Attendees*
Herefordshire Safeguarding Adults Board Annual Report • Review the work of the Herefordshire Safeguarding Adults Partnership.	• Safeguarding Adults Board Annual Report	**Joanna Newton, Independent Chair of the Safeguarding Adults Board**

Committee Meeting
27 July 2026 report deadline 17 July 2026 pre meeting lines of enquiry planning 23 July 2026

Topic and Objectives	Evidence required	Attendees*
Joint Strategic Needs Assessment • Review work to develop a new joint strategic needs assessment for Herefordshire.	• Joint Strategic Needs Assessment	**Zoe Clifford, Director of Public Health**
Adult Mental Health Acute Inpatient and Rehabilitation Services • an update on the progress of the Adult Mental Health Rehabilitation Redesign and Acute Inpatient Improvement Programme	• Update report	**Herefordshire And Worcestershire Health And Care NHS Trust**
Adult Social Care budget outturn • Scrutinise financial outturn against budget • Scrutinise performance against the performance management framework	• Quarterly budget outturn and performance monitoring	**Hilary Hall, Corporate Director, Community Wellbeing**
Work programme • Review work programme	• Draft work programme	**Statutory Scrutiny Officer**

Committee Meeting
14 September 2026 report deadline 4 September 2026 pre meeting lines of enquiry planning 10 September 2026

Topic and Objectives	Evidence required	Attendees*
Right Care Right Place • Update on work to deliver acute community mental health support in Herefordshire.	• Evidence to be agreed	**Gareth Morris, West Mercia Police** **Zoe Clifford, Director of Public Health**
Meeting the demand for adult social care task and finish group • Discuss draft report and recommendations	• Draft task and finish group report	**Chair, task and finish group**
Adult Social Care budget outturn • Scrutinise financial outturn against budget savings plans	• Quarterly budget outturn and performance monitoring	**Hilary Hall, Corporate Director, Community Wellbeing**
Work programme • Review work programme	• Draft work programme	**Statutory Scrutiny Officer**

Committee Meeting
14 December 2026 report deadline 4 December 2026 pre meeting lines of enquiry planning December 2026

Topic and Objectives	• Evidence required	Attendees*
Shaping neighbourhood health • Analyse how the health partnership identifies health needs in communities. • Scrutinise provision of current and future neighbourhood health services.	• 2Neighbourhood health bid • Taurus Out of Hours GP service • Worcestershire Council papers	**Zoe Clifford, Director of Public Health**
Adult Social Care budget outturn • Scrutinise financial outturn against budget savings plans	• Quarterly budget outturn and performance monitoring	**Hilary Hall, Corporate Director, Community Wellbeing**
Work programme • Review work programme	• Draft work programme	**Statutory Scrutiny Officer**

*The Corporate Director, Community Wellbeing and Cabinet Member Adults, Health and Wellbeing, both have a standing invitation to the meeting.

Meeting the demand for adult social care task and finish group

Work programme

Guide:

Not completed and overdue	Partially completed and overdue	On track	Completed

Objective To understand the extent of demand for adult social care services provided or commissioned in Herefordshire, and the likely change over time.

Objectives	Evidence required	Responsible officer	Date
Understand Herefordshire's demographics and future demographic change	Demographic information • *Understanding Herefordshire* demographic data • *Future population of Herefordshire* report • Joint Strategic Needs Assessment report	Charlotte Worthy/Herefordshire Research team	Dec 25-Jan 26

Understand the demand for adult social care in Herefordshire	• *Market Position Statement*
	• *Market Sustainability Plan*
	• Current rates of demand for adult social care
	  ○ Type of demand (domiciliary, residential, nursing)
	  ○ Duration
	  ○ Change over time
		Zakia Loughead	Dec 25-Jan 26

Compare demographic change and demand for adult social care compared to other local authorities	• Desktop research comparison with 'statistical neighbours'	Danial Webb/Henry Merricks-Murgatroyd	Dec 25-Jan 26
GROUP MEETING		**Henry Merricks-Murgatroyd**	**26 February 2026**

Objective To explore the drivers of increased demand for adult social care, and the capacity of the local authority and other care providers to meet it.

Objectives	Evidence required	People to speak with	Date
Increased complexity of demand from an ageing population	Site visit – supported housing provider Site visit – third sector organisation working with older adults		Feb-Mar 26
The nature of funding for social care	Briefing on social care funding	Zakia Loughead ASC finance team	Feb-Mar 26
The size and structure of the social care market in Herefordshire	Overview of social care market Meeting with care providers	Zakia Loughead	Feb-Mar 26
Lack of housing growth, and flatlining tax base	• Interview with Cabinet portfolio holders		Feb-Mar 26
GROUP MEETING		**Henry Merricks-Murgatroyd**	**22 April 2026**

Objective To identify strategies and work carried out by Herefordshire Council and partners such as housing associations and other organisations reduce demand for social care services, or to increase revenue to pay for services.

Objectives	Evidence required	People to speak with	Date
Assistive technology	Visit to Technology Enabled Care Services (TECS) Team	TBC	May-Jun 26
Community based universal and targeted services	Meeting with Talk Community Meeting with third sector organisation Contact with, and desktop research on, other community teams in another local authority	Emily Lowe – Talk Community	May-Jun 26

Objectives	Evidence required	People to speak with	Date
Market shaping and support	Meeting – service director Meeting – care providers' network	Commissioning	June 26
Supported living	Meeting – director for housing support Visit to supported housing	Hayley Crane A supported housing provider	June 26
In-house services and the role of Hoople	Case study – Essex Meeting with Hoople		June 26
GROUP MEETING		**Henry Merricks-Murgatroyd**	**17 June 2026**

Objective To make recommendations to the executive on steps that should be taken to reduce service demand and to increase revenue.

Objectives	Evidence required	People to speak with	Date
Write draft report and recommendations	Draft report and recommendations	Task and finish group	August 2026
Agree draft report and recommendations with committee	Draft report and recommendations	Task and finish group	September 2026

Scrutiny Management Board

Committee work programme

Committee Meeting

6 July 2026 report deadline 26 June 2026 member briefing 22 June 2026 pre meeting lines of enquiry planning 30 June 2026

Topic and objective	Evidence required	Attendees
Dedicated Schools Grant High Needs Block Deficit Management Plan • Review the draft management plan	• Management Plan	**Rachael Sanders, Director of Finance** Liz Farr, Service Director, Education, Skills and Learning
Adult Social Care • Scrutinise the recent Care Quality Commission inspection report on adult social care. • Further scrutinise the council's budget and its plan for service transformation in light of budget pressures and the inspection findings.	• Community Wellbeing budget for 2026-27 • Medium-term financial strategy • CQC inspection report and draft action plan • Adult Social Care task and finish group initial findings	**Cabinet members for adult social care** Rachael Sanders, Director of Finance Hilary Hall, Corporate Director, Community Wellbeing
Hoople working group terms of reference • Agree terms of reference for a proposed working group of the committee.	• Terms of reference	**Statutory Scrutiny Officer**
Work programme • Review work programme.	• Draft work programme	**Statutory Scrutiny Officer**

Committee Meeting

October 2026 report deadline TBC 2026 member briefing TBC pre meeting lines of enquiry planning TBC

Topic and objective	Evidence required	Attendees
Inequalities task and finish group final report • Agree final report	• Final report	**Statutory Scrutiny Officer**
Commercialisation task and finish group final report • Agree final report.	• Final report	**Statutory Scrutiny Officer**
Annual review of effectiveness • Agree draft report for submission to Council.	• Scrutiny annual review	**Statutory Scrutiny Officer**
Work programme • Review work programme	• Draft work programme	**Statutory Scrutiny Officer**

Committee Meeting

1 December 2026 report deadline 23 November 2026 member briefing 24 November 2026 pre meeting lines of enquiry planning 27 November 2026

Topic and objective	Evidence required	Attendees
Q2 Budget scrutiny **Q2 Performance monitoring**	• Budget report • Supplementary information as requested by the committee	**Cabinet members** Rachael Sanders Jessica Karia, Head of Corporate Performance and Intelligence
Work programme • Review work programme	• Draft work programme	**Statutory Scrutiny Officer**

Long list of potential topics

- Social Value in procurement
- Working with the voluntary sector and others to help deliver services
- Review of the workforce strategy
- Supplier risk management
- Emergency Planning
- Medium-Term Financial Strategy

Inequality and social mobility task and finish group

Work programme

Guide:

Not completed and overdue	Partially completed and overdue	On track	Completed

Objective To define and understand the different dimensions of inequality (including but not limited to protected characteristics, rurality, socio-economic background and care experience) and social mobility in Herefordshire and the United Kingdom, including Herefordshire Council's understanding of inequality and social mobility.

Objectives	Evidence required	Responsible officer	Date

To define and understand the different dimensions of inequality.	• Briefing on different types of inequality, to include:
	  ○ Wealth/income
	  ○ Health
	  ○ Rurality
	• Briefing on groups affected by inequality
	  ○ Protected characteristics
	  ○ Military families
	• Overview of inequality as defined by other local authority scrutiny
		Danial Webb	Sep-Oct 25

To understand those dimensions that are particularly relevant to Herefordshire.	• Sub-ward indices of deprivation • Joint Strategic Needs Assessment • Economic data	Danial Webb and Charlotte Worthy	Sep-Oct 25
To test Herefordshire Council's understanding of inequality, how it prioritises different elements of inequality, and its priorities to tackle and reduce inequality.	• Herefordshire Council Plan • Meeting with leader and deputy • *(should this be merged with the above?)*	Danial Webb and Charlotte Worthy	Sep-Oct 25

GROUP MEETING	**Danial Webb**	**November 2025**

Objective To measure inequality and social mobility across the county and the different dimensions that impact on inequality and social mobility within the county and between Herefordshire and other parts of the UK.

Objectives	**Evidence required**	**People to speak with**	**Date**
Collect and analyse relevant datasets pertaining to Herefordshire	• Sub-ward indices of deprivation • Joint Strategic Needs Assessment • Economic data TBC	Ian Sockett and Charlotte Worthy	Jan-April 2026
GROUP MEETING		**Danial Webb**	**TBC 2026**

Objective To identify the plans, strategies and actions deployed by the council to reduce inequality and improve social mobility, and the degree to which they are likely to or are actually reducing inequality and improving social mobility, and the degree to which they are not.

Objectives	**Evidence required**	**People to speak with**	**Date**
**work yet to be planned			
GROUP MEETING			**TBC**

Objective To make recommendations to the executive on steps that should be taken to meaningfully reduce inequality and improve social mobility across the county.

Objectives	Evidence required	People to speak with	Date
Write draft report and recommendations	Draft report and recommendations	Task and finish group	June 2026
Agree draft report and recommendations with committee	Draft report and recommendations	Task and finish group	July 2026

Commercialisation working group

Terms of reference

Background

Herefordshire Council faces a potential funding gap of £27.3 million for the 2026-27 financial year, and further funding gaps in future years. The executive has already identified commercialisation as key to its transformation programme. The executive has also indicated that commercialisation and income generation will form part of the strategy to address the funding gap.

Commercialisation within local government represents both a financial opportunity and a cultural challenge. Commercialisation could deliver significant cost savings and income-generating opportunities but only as a result of cultural change. For example guidance from the Association For Public Service Excellence emphasises that commercialisation cannot simply be a reaction to budget deficits – it requires an embedded strategy, a commercial mindset within the local authority, clear governance, and a well-developed understanding of risk.

To assist the Cabinet in developing a budget to propose to council Scrutiny Management Board will undertake a working group of members investigating how the council could increase income in the short and medium term alongside greater commercialisation.

Initial recommendations will be provided informally to the Cabinet by the end of November,

Short- and Long-Term Opportunities

Short term: The working group will examine the opportunities of:

- reviewing and adjusting fees and charges,
- maximising income from council assets (such as property leases and car parks), or exploring asset repurposing or disposals.
- benchmarking against neighbouring authorities could identify under-priced services as well as gaining an understanding of work that has already been undertaken in this area and
- other opportunities for income generation

The working group will seek to understand the impact and the risks associated with any short term operations

Longer term: The working group will identify opportunities to increase income and to drive efficiency in future years across the life of the medium-term financial strategy including, but not limited to those opportunities presented by commercialisation.

Given the timescale the working group's recommendations, especially for future years may be quite high level. The working group will deliver the best-founded recommendations it can within the fixed (and tight) timescale.

Overall approach

We propose a three-stage approach

- Herefordshire council is already working on commercialisation and income generation. The working group will consider current plans and arrangements, challenge these and work with officers to identify areas that they may not have considered.
- The working group will also have regard to the impact of their proposals on local people and the risks that may be associated with them.
- If there is time the working group will also investigate the strategic issues relating to commercialization and make recommendations for the cabinet to consider.

The Working Group will also have regard to guidance and experience across the sector in regards to areas such as (not an exhaustive list):

- The purposes of commercial activity, namely the balance between maximising income (for example, through fees, charges, or property ventures), supporting broader social value and strengthening community resilience.
- How the council might operate in markets without distorting competition and maintaining fairness to local businesses-governance and risk management
- The cultural dimension, which cannot be overstated. Officers and members must share a mindset that sees prudent risk-taking as legitimate. Without organisational readiness – training, leadership commitment, and internal capability – commercial ambitions will fail.

The scrutiny process must therefore explore how Herefordshire can build this culture safely, balancing entrepreneurial ambition with its statutory duty to protect public assets. It must also concern itself both with the immediate opportunities to increase income and the longer-term changes required to inculcate greater commercialisation.

HEREFORDSHIRE COUNCIL FORWARD PLAN

This document, known as the Forward Plan, sets out the decisions which are expected to be taken during the period covered by the Plan by either Cabinet as a whole, or by individual Cabinet Members. The Plan is updated regularly and is available on the Herefordshire Council website (www.herefordshire.gov.uk) and from Council Offices. This edition supersedes all previous editions.

The council must give at least 28 days' notice of key decisions to be taken. A key decision is one which results in the council incurring expenditure or making savings of £500,000 or more, and/or is likely to be significant in terms of the strategic nature of the decision or its impact, for better or worse, on the amenity of the community or quality of service provided by the council to a significant number of people living or working in the locality affected.

Current cabinet members are listed below. For more information and links papers for Cabinet meetings please visit https://councillors.herefordshire.gov.uk/mgCommitteeDetails.aspx?ID=251

Councillor Jonathan Lester	Corporate Strategy and Budget (Leader of the Council)
Councillor Elissa Swinglehurst	Culture and Environment (Deputy Leader of the Council)
Councillor Carole Gandy	Adults, Health and Wellbeing
Councillor Ivan Powell	Children and Young People
Councillor Harry Bramer	Community Services and Assets
Councillor Graham Biggs	Economy and Growth
Councillor Pete Stoddart	Finance and Corporate Services
Councillor Barry Durkin	Roads and Regulatory Services
Councillor Philip Price	Transport and Infrastructure
Councillor Dan Hurcomb	Local Engagement & Community Resilience

Documents submitted in relation to each decision will be a formal report, which may include one or more appendices. Reports will usually be made available on the council website at least 5 clear working days before the date of the decision. Occasionally it will be necessary to exempt part or all of a decision report from publication due to the nature of the decision, for example if it relates to the commercial or business affairs of the council. Other documents may be submitted in advance of the decision being taken and will also be published on the website unless exempt.

To request a copy of a decision report or related documents please contact governancesupportteam@herefordshire.gov.uk or telephone 01432 261699.

Report title and purpose	Decision Maker and Due date	Lead officer and lead cabinet member	Directorate	Notice of decision first published / ID	Issue Type and exemptions

FORWARD PLAN FOR 26 June 2026 ONWARDS

The following information is provided for each entry in the Forward Plan:

Heading	Contains
Report title and purpose	A summary of the proposal
Decision Maker and Due date	Who will take the decision and the date the decision is expected to be made
Lead cabinet member and officer contact(s)	The cabinet member with responsibility for this decision and the officers producing the decision report.
Directorate	The directorate of the council responsible for the decision.
Date uploaded onto plan	The date the decision was first uploaded and the notice period started for key decisions.
Decision type, exemptions and urgency	Whether the decision is a Key or Non-Key decision, if the report is expected to be fully open, partly exempt or fully exempt and if urgency procedures are being followed.

Decisions to be taken by Cabinet at a formal meeting are listed first, ordered by date, and include both Key and Non-Key decisions. Decisions to be taken by individual Cabinet Members are then listed, grouped by portfolio area and sorted by date. These include Key and Non-Key decisions.

Report title and purpose	Decision Maker and Due date	Lead cabinet member and officer contact(s)	Directorate	Date uploaded onto plan	Decision Type, exemptions and urgency
Cabinet decisions by date (Key and Non-key listed)					
Big Economic Plan Delivery Plan (previously known as the Big Economic Plan) To consider and approve the Big Economic Delivery Plan	Cabinet 30 July 2026	Cabinet member economy and growth Nadine Kinsey, Economic Development Manager nkinsey@herefordshire.gov.uk	Economy and Environment	19 June 2026	**KEY** Open
Children's Services Statutory Direction The Secretary of State issued Herefordshire Council with a statutory direction and appointed a Commissioner for Children's Services following the inadequate judgement of its children's services in July 22. Following the inspection of children's services in November 25 which saw a judgement of Good in all areas with Outstanding in leadership the commissioner has now completed their final report. That report makes a recommendation to the Secretary of State that the statutory direction is lifted.	Cabinet 30 July 2026	Cabinet member children and young people Diane Kennett, Executive Assistant To Management Board Diane.Kennett@herefordshire.gov.uk Tel: 01432 383744	Children and Young People	19 June 2026	**Non Key** Open

Report title and purpose	Decision Maker and Due date	Lead cabinet member and officer contact(s)	Directorate	Date uploaded onto plan	Decision Type, exemptions and urgency
Corporate Peer Challenge Progress Review To receive the report on the outcome of the Local Government Association Corporate Peer Challenge Progress Review, held on 28 May 2026, and to endorse the continued delivery of the council's action plan in response to the original recommendations.	Cabinet 30 July 2026	Cabinet member corporate strategy and budget Hilary Hall, Corporate Director Community Wellbeing, Caroline Marshall, Executive Support Officer Hilary.Hall@herefordshire.gov.uk, caroline.marshall3@herefordshire.gov.uk Tel: 01432 260249	Corporate Support Centre	NEW ITEM	**Non Key** Open
CQC Assessment report and Improvement plan The purpose of this report is to present Cabinet with the outcome of the Care Quality Commission (CQC) Assessment and to approve Herefordshire's CQC Assurance improvement plan 2026-27	Cabinet 30 July 2026	Cabinet member adults, health and wellbeing Emma Evans, Head of Service Transformation & Improvement, Hilary Hall, Corporate Director Community Wellbeing Emma.Evans@herefordshire.gov.uk, Hilary.Hall@herefordshire.gov.uk Tel: 01432 260460,	Community Wellbeing	19 June 2026	**KEY** Open

Report title and purpose	Decision Maker and Due date	Lead cabinet member and officer contact(s)	Directorate	Date uploaded onto plan	Decision Type, exemptions and urgency
Food Waste Collection Implementation To approve the implementation of the food waste collection scheme	Cabinet 30 July 2026	Cabinet member culture and Environment Sabrina Entwistle, Project Manager- Waster Services, Nicola Percival, Waste Services Manager sabrina.entwistle@herefordshire.gov.uk, npercival@herefordshire.gov.uk Tel: 01432 260991	Economy and Environment	NEW ITEM	**KEY** Part exempt
Herefordshire County Business Improvement District (HCBID) - Second Term Ballot To agree to vote in favour of the Herefordshire County Business Improvement District (HCBID) for the second, five year term (2026 – 2031).	Cabinet 30 July 2026	Cabinet member economy and growth Nadine Kinsey, Economic Development Manager nkinsey@herefordshire.gov.uk	Economy and Environment	19 June 2026	**KEY** Open

Report title and purpose	Decision Maker and Due date	Lead cabinet member and officer contact(s)	Directorate	Date uploaded onto plan	Decision Type, exemptions and urgency
Herefordshire Parking Strategy 2026 - 2041 The purpose of this report is to seek Cabinet approval for the adoption of a new Parking Strategy for Herefordshire. This report presents the new Parking Strategy, which sets out the Council's long-term vision, principles and priorities for parking across Herefordshire. The strategy is intended to guide decision-making, investment, and operational practice for both on-street and off-street parking, ensuring that parking plays a supportive role within the wider transport network rather than operating in isolation. The strategy has been developed to align with the Local Transport Plan, the Council Plan and other relevant corporate and place-based priorities. It recognises the role parking plays in supporting town centres, tourism, freight and servicing, enabling access for disabled users and residents, and creating safe and attractive public spaces. It also reflects the increasing importance of integrating parking with sustainable travel choices, technological innovation, and efficient asset management.	Cabinet 30 July 2026	Cabinet member roads and regulatory services Ffion Horton, Transport Planning Services Manager ffion.horton@herefordshire.gov.uk	Economy and Environment	19 June 2026	**Non Key** Open

Report title and purpose	Decision Maker and Due date	Lead cabinet member and officer contact(s)	Directorate	Date uploaded onto plan	Decision Type, exemptions and urgency
Hereford Bypass Phase One – Assessment Report To seek approval from Cabinet to award the construction contract to the preferred bidder and authorise spending against the capital budget to construct Phase One of the Hereford Bypass.	Cabinet 10 September 2026	Cabinet member transport and infrastructure Scott Tompkins, Delivery Director - Infrastructure scott.tompkins@herefordshire.gov.uk	Economy and Environment	19 June 2026	**KEY** Open
To re-commission the home care framework in Herefordshire To approve the re-commissioning of the council's home care framework, called Services In Your Home (SIYH), in Herefordshire. The new SIYH framework needs to be operational by 1 May 2027.	Cabinet 24 September 2026	Cabinet member adults, health and wellbeing Sharon Amery, Senior Commissioning Officer sharon.amery2@herefordshire.gov.uk Tel: 01432 383734	Community Wellbeing	19 June 2026	**KEY** Open
Travel Plan Strategy The purpose of this report is to seek Cabinet approval for an updated Travel Plan process for Herefordshire. The updated approach sets out a clearer, more consistent and outcome-focused process for the development, implementation and monitoring of travel plans across new developments, existing organisations and key trip-generating sites.	Cabinet 24 September 2026	Cabinet member transport and infrastructure Ffion Horton, Transport Planning Services Manager ffion.horton@herefordshire.gov.uk	Economy and Environment	19 June 2026	**KEY** Open

Report title and purpose	Decision Maker and Due date	Lead cabinet member and officer contact(s)	Directorate	Date uploaded onto plan	Decision Type, exemptions and urgency
Update on the Phase 2 Phosphate Mitigation Schemes To provide Cabinet with an update regarding the Phosphate Mitigation Wetland schemes	Cabinet 24 September 2026	Cabinet member culture and Environment Roger Allonby, Service Director Economy and Growth, Gemma Dando, Chief Operating Officer, Scott Tompkins, Delivery Director - Infrastructure, Susan White, Programme Manager Roger.Allonby@herefordshire.gov.uk, gemma.dando@herefordshire.gov.uk, scott.tompkins@herefordshire.gov.uk, Susan.White2@herefordshire.gov.uk Tel: 01432 260330, , , Tel: 01432 260070	Economy and Environment	19 June 2026	**Non Key** Open
Recommissioning of Drugs & Alcohol Recovery Services To obtain approval to recommission drug and alcohol recovery services in Herefordshire for an initial five-year period (2028–2033), with the option to extend the contract by a further two years. (2033–2035).	Cabinet 17 December 2026	Cabinet member adults, health and wellbeing Natalie Johnson-Stanley, Public Health Lead - Substance Misuse / Tobacco Natalie.Johnson-Stanley@herefordshire.gov.uk Tel: 01432 383230	Community Wellbeing	19 June 2026	**KEY** Open

Report title and purpose	Decision Maker and Due date	Lead cabinet member and officer contact(s)	Directorate	Date uploaded onto plan	Decision Type, exemptions and urgency
Cabinet Member Decisions (Key and Non Key decisions)					
Portfolio: adults, health and wellbeing					
Proposed Model for Community Activities and rationalisation of Day Centre Provision To approve the Herefordshire Community Activity Strategy 2026–2028, which sets out a new approach to delivering community activities and day opportunities for people with care and support needs. The strategy introduces a tiered model of delivery, enabling support to be better tailored to differing levels of need while promoting independence, flexibility, and improved access to a wider range of community-based opportunities.	Cabinet member adults, health and wellbeing 9 July 2026	Cabinet member adults, health and wellbeing Hannah Offord, Commissioning Manager hannah.offord@herefordshire.gov.uk Tel: 01432 260180	Community Wellbeing	19 June 2026	**KEY** Part exempt
To extend the council's current commissioned home care framework To approve an extension to the council's current commissioned home care framework for up to six months from 31 October 2026 to 30 April 2027.	Cabinet member adults, health and wellbeing 10 July 2026	Cabinet member adults, health and wellbeing Helen Davies, Commissioning Manager helen.davies3@herefordshire.gov.uk	Community Wellbeing	19 June 2026	**KEY** Open

Report title and purpose	Decision Maker and Due date	Lead cabinet member and officer contact(s)	Directorate	Date uploaded onto plan	Decision Type, exemptions and urgency
Herefordshire Adult Social Care Prevention Strategy The purpose of the report is to approve the 2026-2036 Herefordshire Adult Social Care Prevention Strategy	Cabinet member adults, health and wellbeing July 2026	Cabinet member adults, health and wellbeing David Collyer, Acting Consultant in Public Health: General Practitioner david.collyer2@herefordshire.gov.uk	Community Wellbeing	19 June 2026	**KEY** Open
Domestic Abuse Commissioning - 2026 To approve the recommissioning of domestic abuse services, via a competitive tendering process, commencing.	Cabinet member adults, health and wellbeing 31 July 2026	Cabinet member adults, health and wellbeing Wendy Dyer, Commissioning Officer Communities Wendy.Dyer@herefordshire.gov.uk Tel: 01432 261673	Community Wellbeing	19 June 2026	**KEY** Open

Report title and purpose	Decision Maker and Due date	Lead cabinet member and officer contact(s)	Directorate	Date uploaded onto plan	Decision Type, exemptions and urgency
Herefordshire Care Home Partnerships Framework To approve the procurement of a new multi provider partnership framework for the provision of care home placements and related services. The Council is looking to formalise partnership arrangements for a minimum of 500-550 placements across all providers. Estimated value of up to £320m across the framework term (maximum of 8 years).	Cabinet member adults, health and wellbeing Before 31 July 2026	Cabinet member adults, health and wellbeing Ros Murphy, Commissioning Manager, Community Wellbeing ros.murphy@herefordshire.gov.uk	Community Wellbeing	19 June 2026	**KEY** Open
Procurement of Sensory Impairment Service To approve the re-procurement of the Sensory Impairment Service for Herefordshire	Cabinet member adults, health and wellbeing 14 August 2026	Cabinet member adults, health and wellbeing John Burgess, Senior Commissioning Officer John.Burgess3@herefordshire.gov.uk	Community Wellbeing	19 June 2026	**KEY** Open
Portfolio: children and young people					

Report title and purpose	Decision Maker and Due date	Lead cabinet member and officer contact(s)	Directorate	Date uploaded onto plan	Decision Type, exemptions and urgency
Recommissioning of Children's Rights & Advocacy and Independent Visitors Services To approve the decision to recommissioning of Children's Rights & Advocacy and Independent Visitors Services	Cabinet member children and young people Before 31 July 2026	Cabinet member children and young people Ellie Jenkins, Commissioning Officer, All Age Mental Health / Wellbeing, Karen Stanton, Corporate Grant Lead - Corporate Support ellie.jenkins@herefordshire.gov.uk, kstanton@herefordshire.gov.uk Tel: 01432 260463	Children and Young People	19 June 2026	**KEY** Open
Portfolio: community services and assets					
Establish a new Alternative Provision Centre capital spend To approve the spend of the capital allocation to establish a new Alternative Provision Centre	Cabinet member community services and assets 16 July 2026	Cabinet member community services and assets Quentin Mee, Head of Educational Development Quentin.Mee@herefordshire.gov.uk	Children and Young People	19 June 2026	**KEY** Open

Report title and purpose	Decision Maker and Due date	Lead cabinet member and officer contact(s)	Directorate	Date uploaded onto plan	Decision Type, exemptions and urgency
Relocation of Herefordshire Pupil Referral Units Capital Spend To approve the spend of the capital allocation to relocate Herefordshire Pupil Referral Units onto a single site.	Cabinet member community services and assets 16 July 2026	Cabinet member community services and assets Quentin Mee, Head of Educational Development Quentin.Mee@herefordshire.gov.uk	Children and Young People	19 June 2026	**KEY** Open
Portfolio: economy and growth					
Portfolio: environment					
Adoption of Herefordshire Local Nature Recovery Strategy To formally adopt the Herefordshire Local Nature Recovery Strategy and accept associated government grant for delivery.	Cabinet member culture and Environment 31 July 2026	Cabinet member culture and Environment Mandy Neill, Senior Landscape Officer, Richard Vaughan, Sustainability and Climate Change Manager mandy.neill@herefordshire.gov.uk, Richard.Vaughan@herefordshire.gov.uk Tel: 01432 260192	Economy and Environment	19 June 2026	**KEY** Open

Report title and purpose	Decision Maker and Due date	Lead cabinet member and officer contact(s)	Directorate	Date uploaded onto plan	Decision Type, exemptions and urgency
Portfolio: finance and corporate services					
Public Notices To approve a contract via a direct award process for the placing of public notices in newspapers circulating within Herefordshire.	Cabinet member finance and corporate services 29 July 2026	Cabinet member finance and corporate services Ed Bradford, Major Contracts Programme Director Edward.Bradford@herefordshire.gov.uk Tel: 01432 260786	Economy and Environment	19 June 2026	**KEY** Open
Portfolio: local engagement and community resilience					
Portfolio: roads and regulatory services					
National Parking Platform (NPP) To agree to join the NPP to provide multiple options of cashless parking providers for all council pay and display car parks and on-street.	Cabinet member roads and regulatory services Before 6 July 2026	Cabinet member roads and regulatory services Michael Barnes, Parking Services Manager michael.barnes@herefordshire.gov.uk	Economy and Environment	19 June 2026	**KEY** Open

Report title and purpose	Decision Maker and Due date	Lead cabinet member and officer contact(s)	Directorate	Date uploaded onto plan	Decision Type, exemptions and urgency
Portfolio: transport and infrastructure					
Active Travel Capital Fund 2026/27 This report is to confirm the work that will be delivered with the Active Travel Capital Fund that Herefordshire Council have received for 2026/27 financial year	Cabinet member transport and infrastructure 1 July 2026	Cabinet member transport and infrastructure Ffion Horton, Transport Planning Services Manager ffion.horton@herefordshire.gov.uk	Economy and Environment	19 June 2026	**Non Key** Open
Capability and Ambition Fund 2025/26 allocation The purpose of the report is to confirm what Herefordshire Council will deliver with the Capability and Ambition Fund grant	Cabinet member transport and infrastructure 17 July 2026	Cabinet member transport and infrastructure Ffion Horton, Transport Planning Services Manager, Scott Tompkins, Delivery Director - Infrastructure, Richard Vaughan, Sustainability and Climate Change Manager ffion.horton@herefordshire.gov.uk, scott.tompkins@herefordshire.gov.uk, Richard.Vaughan@herefordshire.gov.uk Tel: 01432 260192	Economy and Environment	19 June 2026	**Non Key** Open

Herefordshire Council

Appendix 3: Recommendations made by Scrutiny Management Board in 2025 and 2026

Date of recommendation	Topic	Recommendation	Response
Tue 14-Jan-25	2025/26 Draft Capital Investment Budget and Capital Strategy Update	That Herefordshire Council provide a report to Scrutiny Management Board on the planned improvements around adult social care, an assessment of the likely impact they will have on mitigating future budget pressures in the medium-term financial strategy, and any analysis of the future demands on the service.	A report will be prepared as requested.
Tue 14-Jan-25	2025/26 Draft Capital Investment Budget and Capital Strategy Update	That the council's capital programme be reprofiled over the lifetime of the programme.	For capital projects recommended for addition to the council's approved Capital Programme, the profile of investment is based on estimated delivery as per the relevant Outline Strategic Business Case. Expenditure is profiled over the expected lifetime of each individual project and therefore no further action is required to progress this recommendation. Delivery of the approved Capital Programme is monitored through the financial year and reported quarterly to Cabinet. The quarterly reports include a forecast of planned spend, per project, against approved budget. In line with recommendations from the council's external auditors, the reprofiling of capital budgets is carried out in Quarter 2 in each year and reported to Cabinet; this was last reported at Quarter 2 2024/25 at the meeting of Cabinet on 28 November 2024.

Tue 14-Jan-25	2025/26 Draft Capital Investment Budget and Capital Strategy Update	That the council's budget include a more realistic estimate of the interest likely to be received through treasury management.	The council's Treasury Management Strategy (TMS) 2025/26 notes that the objective of the council's investment activity is to balance optimum performance of the council's resources with effective management of risks, ensuring prudence is applied. To ensure responsible stewardship of the council's financial resources, the approach is informed, above all, by consideration of security, liquidity and yield. The council employs external advisors to provide advice and guidance on treasury management activity, including interest rate forecasts. For 2025/26, the TMS highlights that the UK economy remains a fiscal challenge following a prolonged period of high interest rates and sticky inflation, caused by the global pandemic and the subsequent cost of living crisis, and notes that interest rates are expected to fall throughout 2025/26. A review of interest receivable earnt in the financial years from 2020/21 to 2023/24 highlights the variability in levels of income from this source. In 2020/21, an interest receivable budget of £200k was approved in the Revenue Budget. In 2020/21, actual interest earnt was £165k, £35k less than the budgeted amount. From 2021/22 to 2023/24, the revenue budget did not include a budget for interest receivable and any interest receivable achieved in the year was used to manage the council's overall financial position. In each of the financial years noted, interest receivable income has been recognised as it is achieved and reported at the end of each quarter. In the 2024/25 financial year, interest receivable income of £1.6 million has been achieved to date against a budget of £0.5 million, as reported in the Quarter 2 2024/25 Budget Report. Accounting standard IAS 18 Revenue Recognition

			requires that income is recognised when it meets the following criteria: · it is probable that any future economic benefit will flow to the entity; and · the amount of revenue can be measured reliably. Responsible and prudent management of the council's resources requires that funds must be available to meet the council's day to day cash flow obligations ahead of taking advantage of investment opportunities; available balances are identified as part of cash flow forecasting and daily treasury management activity. Ahead of each financial year, it is not possible to reliably estimate the council's surplus funds with any degree of certainty to inform a forecast of interest receivable for the full financial year. If the actual interest received earnt in a financial year is less than the budgeted amount, any shortfall would be required to be made up from reserves or other resources. A prudent estimate is assumed as part of budget setting for 2025/26 and income achieved above the budgeted value will be reported once the flow of economic benefit to the council is probable, i.e. at each quarter end, as in previous years. The council's proposed Revenue Budget for 2025/26 includes a budget for interest receivable of £0.6 million. This is considered a prudent and realistic estimate of potential interest on treasury management activity for the year

			ending 31 March 2026.

Tue 14-Jan-25	2025/26 Draft Capital Investment Budget and Capital Strategy Update	Restating the Scrutiny Management Board recommendation from 2024 future draft budgets should be accompanied by a draft delivery plan.	Cabinet notes that the Scrutiny Management Board (SMB) approved the terms of reference for the Herefordshire Council Plan Delivery Plan working group at its meeting on 16 December 2024. At this meeting, the Board agreed to review progress in producing the 2025/26 Delivery Plan. Cabinet welcomes this engagement and will consider the resulting recommendations when they are presented, as agreed, at the meeting of SMB in March 2025. Whilst the 2025/26 Delivery Plan has not been finalised, the development of the Revenue Budget and Capital Programme for 2025/26 has considered the priorities of the Council Plan to ensure that Directorate budgets and planned capital investments are sufficient to support Delivery Plan objectives.
Tue 14-Jan-25	2025/26 Draft Capital Investment Budget and Capital Strategy Update	The capital strategy should be developed to show more clearly how the capital programme will deliver council plan priorities.	The Outline Strategic Business Cases included at Appendix E to the 2025/26 Capital Investment Budget and Capital Strategy Update item on this Agenda identify the Council Plan priority for each of the proposed additions to the Capital Programme. The Capital Programme is aligned to the priorities of the Council Plan at an individual project level. The Capital Strategy is supported by and aligned to the Strategic Asset Management Plan, Local Transport Plan, Schools' Capital Investment Strategy, Digital Strategy, Medium Term Financial Strategy and Treasury Management Strategy.

Wed 26-Mar-25	Digital, Data and Technology	Agrees an action plan to address digital exclusion in the county encompassing digital literacy, cost, infrastructure and other factors	Through several projects across the Digital and IT Programme and through business intelligence activities undertaken by the council, we have identified the need to address digital exclusion and have already begun scoping solutions as part of our planning. Digital literacy and training: we are currently exploring opportunities and will seek input as part of our customer engagement activities planned for summer 2025, to support customers as part of the customer programme – identifying suitable locations such as libraries and Talk Community Hubs to deliver training, assist with accessing My Account and accessing online forms, supported through volunteer and social value mechanisms. Although customer redesign will be a digital first model, we are committed to ensuring equitable access for all customers with a high-quality telephone and face to face customer offer. We will also ensure we act upon and participate in opportunities as they emerge from the Government's Digital Inclusion Action Plan and will seek engagement with neighbours both regionally and nationally as opportunities arise. Digital infrastructure – see below
Wed 26-Mar-25	Digital, Data and Technology	Requests an update on work to enhance broadband provision across the county	The Fastershire project is now in contract close-down phase, and national government are administering a scheme delivered via BDUK. Coverage across Herefordshire has gone from 0.6% in 2011 to 97.6% Superfast in 2025 (the UK figure is 98.3%) however, we are aware there are some descoped properties still in need of a solution. We are therefore looking at opportunities to use gainshare funding to implement a grant scheme and to employ a fixed term Digital Infrastructure Officer (job title to be agreed), focussing specifically on hard to reach and rural areas, and to

			work alongside BDUK to advocate for and support Herefordshire.
Wed 26-Mar-25	Digital, Data and Technology	Provides assurance that the refreshed Customer Services Strategy will drive a review of the digital, data and technology underpinning customer services, to ensure it is enabling residents to get the service they require	There are underpinning digital, and technology principles and activities which will support the delivery of customer services. We are implementing the new content management system and telephony platform; once these are implemented and business continuity achieved, we will start to exploit the new features, whilst also exploring additional opportunities to support customers (such as AI Virtual Telephone Assistant). We must also ensure that existing operational systems can support streamlined and efficient customer journeys across the organisation, especially in terms of feedback loops, and that where existing systems cannot perform as required, that these requirements are addressed through re-procurement activities. We are completing comprehensive analysis to understand customer needs and utilising existing service data to inform an iterative programme of customer journey and to identify 'quick wins'. We will measure the success in terms of customers receiving the services they require through a refreshed set of KPIs and by improving feedback mechanisms and making them visible to customers through a refreshed customer insights webpage (e.g. You said, we did).
Wed 26-Mar-25	Quarter 3 Financial Monitoring	Undertakes a risk assessment regarding the major cumulative risks facing the council including the Dedicated Schools Grant and SEND transport, and the steps being taken to mitigate these risks	
Wed 26-Mar-25	Quarter 3 Financial Monitoring	Engages all members regarding the major cumulative risks including the	

		Dedicated Schools Grant and SEND transport, and the steps being taken to mitigate these risks	
Wed 26-Mar-25	Quarter 3 Financial Monitoring	Ensures that the council's risk register is shared with scrutiny committees as part of their work programme planning	This is now taking place
Wed 26-Mar-25	Update on recommendations made by Scrutiny Management Board	Ensures that the statutory scrutiny officer drafts a cross-scrutiny committee protocol, to ensure timely responses with faster escalation as required to outstanding recommendations	This has been produced
Wed 26-Mar-25	Update on recommendations made by Scrutiny Management Board	Asks the executive to explain the failure to respond to outstanding recommendations	This will form part of the 2025-2025 member development programme
Wed 26-Mar-25	Update on recommendations made by Scrutiny Management Board	Provides training on producing recommendations to all members of scrutiny committees	This will form part of the new elected member induction programme.
Tue 1-Jul-25	Q4 2024/25 Budget Outturn	To provide Scrutiny Management Board with the delivery plans for all undelivered 2024-25 savings that have been built into the Council's 2025-26 base budget, and the savings to be delivered in the 2025-26 budget.	As confirmed in the Q4 2024/25 Budget Report to Cabinet on 5 June 2025, where savings have not been delivered recurrently in 2024/25, a focused review of the original proposals and planned activity has been undertaken and revised savings plans have been developed, where appropriate, to confirm activity to deliver savings in 2025/26. The revised savings plans will be approved as part of Directorate Savings Boards and Budget Boards in 2025/26 and delivery will be monitored robustly against approved targets as part of monthly routine budget monitoring arrangements. A schedule of savings not delivered recurrently in 2024/25 which have been carried forward for delivery in 2025/26 was included in Appendix D (Annex 2) to

			the Quarter 1 Budget Report presented to Cabinet on 25 September 2025.
Tue 1-Jul-25	Q4 2024/25 Budget Outturn	The executive should model the necessary capital investment to increase the supply of affordable housing such that it will significantly reduce the number of people becoming homeless.	In July 2024, full Council approved the addition of £5m to the capital programme for housing provision. In March 2025, Cabinet committed to exploring the development of a Herefordshire Council owned housing development company to meet some of the council's critical housing need and this work is currently in progress. The council continues to investigate opportunities to acquire and develop further housing provision to respond to demand and reduce temporary accommodation cost pressures. Any proposals for additions to the capital programme will be considered as part of work to develop the capital programme and revenue budget for 2026/27.
Tue 1-Jul-25	Q4 2024/25 Budget Outturn	The existing financial facility to enable the council to accelerate the delivery of S106 funded infrastructure be actively used by this administration.	The use of developer contributions in advance of receipt is detailed in the Capital Strategy approved annually at Full Council during budget setting. Once the S106 is completed, planning permission granted and the development commenced then the Council can internally borrow to fund the S106 works to start. This has been used in 2025/26 to distribute an education grant to a school carrying out work that is

			funded from S106 which is expected to be received in the future.
Tue 1-Jul-25	Q4 2024/25 Budget Outturn	The executive should ensure there is no further delay in delivering the Planning and Regulatory Services software capital project by urgently appointing a new provider to deliver the necessary software solution.	This has already been actioned. The Planning and Regulatory Services software contract was signed on 15/07/2025 and the purchase order has been raised. This will start implementation by the Services from September 2025, with a plan to go live with building control and planning by December 2026, other services will complete the following year.
Tue 1-Jul-25	Q4 2024/25 Budget Outturn	The executive provides clarity on the difference between the Financial Resilience Reserve and Budget Resilience Reserve, or the two reserves are combined and the scope and use of the resulting reserve is clearly stated.	A verbal explanation was provided to Scrutiny Management Board Members in the meeting and reference made to the Earmarked Reserves and General Balances Policy Statement. The Earmarked Reserves and General Balances Policy Statement 2025/26 reported to Cabinet 23 January 2025 explains the purpose of each reserve: Budget Resilience Reserve: This reserve is held to mitigate the risk to the revenue budget of excessive cost pressures and volatility in demand across social care budgets. Financial Resilience Reserve: This reserve is held to manage financial risks across the council. This recommendation was actioned in the meeting.
Mon 8-Dec-25	Q2 2025/26 Budget Report	Given the council faces the largest savings requirement in its history, approximately £30 million, the Scrutiny Management Board	

		recommends that Cabinet prioritises capital investment and officer capacity toward projects that deliver the greatest and most immediate relief to the revenue budget.	
Mon 8-Dec-25	Q2 2025/26 Budget Report	Cabinet adopt a bolder approach to borrowing to deliver capital projects that will relieve pressure on the revenue budget.	
Mon 8-Dec-25	Q2 2025/26 Budget Report	Council should maximise its relationship with partners to explore the use of property assets when determining its medium-term financial strategy.	
Mon 8-Dec-25	Q2 2025/26 Budget Report	Cabinet should enable commercialisation in services by focusing on outcomes rather than activity in its performance reporting.	
Mon 8-Dec-25	Q2 2025/26 Budget Report	There should be more transparency on the RAG status in the performance plan and how that flows through to underlying risks of slippage in the Capital Programme.	
Mon 8-Dec-25	Q2 2025/26 Budget Report	The executive should intensify its efforts at a strategic level with the Integrated Care Board to ensure that cost pressures on the board are not transferred to the council.	
Fri 23-Jan-26	2026-2027 Draft Revenue and Capital Investment Budget	The executive should conclude an exercise to identify recurrent savings for the medium-term financial strategy period by the end of September 2026.	Activity planned to address the estimated funding gap in future years is identified at para 3.4 of the Medium-Term Financial Strategy (MTFS). Cabinet will work to resolve the funding gap with immediate focus from April 2026 and will continue to develop proposals to balance the 2027/28 Revenue Budget over the budget setting period to recommend a balanced budget to Council in February 2027.

Fri 23-Jan-26	2026-2027 Draft Revenue and Capital Investment Budget	Medium-term financial strategy risks should reflect the most current financial information known to the executive at the time of publication and should include savings known to be at risk.	The Medium-Term Financial Strategy includes the risk of potential overspend and non-delivery of savings required to balance the budget and identifies the mitigations in place to manage this risk. The Draft Revenue Budget presented to Cabinet at its meeting on 23 January and 5 February includes an update on the delivery of savings at Quarter 2 of 2025/26 in paras 105 to 107. This represents the most current financial position reported to Cabinet.
Fri 23-Jan-26	2026-2027 Draft Revenue and Capital Investment Budget	The medium-term financial strategy should report what scenario planning has been undertaken and highlight the key sensitivities in the medium-term position.	The Medium-Term Financial Strategy includes sensitivity analysis at para 6.2 and quantifies the potential full year impact of 1% movement in assumptions for council tax, employee related costs, inflation, demand and interest on borrowing. The Strategy has been reviewed by External Audit as part of their Value for Money work and no weaknesses in arrangements for financial planning have been identified. The Budget Report notes that the MTFS will be updated to reflect the impact for the council of the multi-year Settlement and in-year funding allocations as further information is released and proposals to mitigate the funding gap are developed.
Fri 23-Jan-26	2026-2027 Draft Revenue and Capital Investment Budget	The executive should report separately savings, initiatives funded from reserves and grants, and planned additional income.	Appendix B: Savings Proposals including detailed activity plans identifies saving E3 within the Economy & Environment Proposed Savings as funded from reserves. “Reallocation of directorate reserves: to maintain expenditure for Public Rights of Way (£250k), Drainage (£445k) and Lengthsman Scheme (£250k) added to base budget in 2024/25 on receipt of additional funding at Final Local Government Settlement.” Following additional government funding in the 2024/25 Final Settlement, additional expenditure for Public Rights of Way (£250k), Drainage (£445k) and

			Lengthsman Scheme (£250k) was approved by Council. In 2025/26, the council's funding allocation did not include these additional amounts. Despite this, Cabinet committed to maintain expenditure to support these priorities in the 2025/26 revenue budget. In 2026/27, it is proposed that expenditure will be maintained for a further year, funded from the reallocation of Directorate reserve balances. This is a one-off measure to support one-off expenditure in 2026/27. Commitments in future years will be subject to a growth bid as part of the budget setting process to be considered in the context of future funding and strategic priorities.
Fri 23-Jan-26	2026-2027 Draft Revenue and Capital Investment Budget	The executive should report income and expenditure at sub-directorate level in the Directorate Budget Position Statements.	The Directorate Budget Statements present the gross expenditure, income and earmarked reserves by Service for 2026/27 (Appendix A included in each of the individual Appendix C Directorate Budget Position Statements). Cabinet will continue to develop the Directorate Budget Position Statements throughout 2026/27 as part of continuous improvements in the budget setting process. Revisions to the statements will be made to add value to users.
Mon 13-Apr-26	Q3 2025/26 Budget Report	Review the method by which the council counts the number of people sleeping rough, to take into account local factors.	
Mon 13-Apr-26	Q3 2025/26 Budget Report	Urgently review the application of the RAG status to reassure themselves it is a realistic picture of the current position on Delivery Plan items. In doing so, they should also develop guidance for senior responsible officers (SROs) and service leads in line with the outcome of this review.	
Mon 13-Apr-26	Q3 2025/26 Budget Report	Ensure that delivery reports display RAG ratings for each quarter (Q1–	

		Q4), to provide a transparent record of progress and to highlight risks or declining performance as they occur.	
Mon 13-Apr-26	Q3 2025/26 Budget Report	Develop an action plan to support and increase the number of private landlords in the county.	