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.