

Title of report: Proposed Model for Community Activities and rationalisation of Day Centre Provision

Decision maker: Cabinet Member for Adults, Health and Wellbeing

Decision Date: Thursday 9 July 2026

Report by: Acting Senior Commissioning Manager

Classification

Open

Decision type

Key

This is a key decision because it is likely to result in the council incurring expenditure which is, or the making of savings which are, significant having regard to the council's budget for the service or function concerned. A threshold of £500,000 is regarded as significant.

This is a key decision because it is likely to be significant having regard to: the strategic nature of the decision; and / or whether the outcome will have an impact, for better or worse, on the amenity of the community or quality of service provided by the authority to a significant number of people living or working in the locality (two or more wards) affected.

Notice has been served in accordance with Part 3, Section 9 (Publicity in Connection with Key Decisions) of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012.

Wards affected

(All Wards);

Purpose

This report seeks a decision from the Cabinet Member of Adults, Health and Wellbeing on proposals for change to community activities and day centres for working age and older adults with Care Act eligible needs.

Recommendation(s)

That:

- a) **The council introduce a new model of delivery across all of Adult Social Care Community Activities, through a two year implementation period, as outlined in the Community Activity Strategy 2026 - 2028; and**
- b) **The closure of St Owen's Hub, Hereford is approved.; and**
- c) **The closure of Shaw Healthcare Day Centre provision at Waverley House, Leominster, Orchard House, Withington and Woodside, Ross on Wye, and the linked Woodside crisis accommodation service is approved. ; and**
- d) **All contractual and operational decisions relating to the new Community Activities model and the closure of the above provisions are delegated to the Corporate Director for Community Wellbeing, including decisions on implementation, contract variation and transition planning.**

Alternative options

1. **Option 1: Do nothing.** This option is not recommended as it would leave the current under-utilisation of day centres and community activities unaddressed. It would also fail to provide people with a coherent offer that supports greater flexibility, choice and control, and would continue to represent poor value for money across a number of sites.
2. **Option 2: Remodel the services for older adults by using only the framework to deliver change for both working age adults and older adults.** This option is also not recommended. The council's current Community Activity Framework allows individual call-offs under a user choice contract, for services aimed at individuals mainly of working age with eligible care and support needs. It has been in place for nearing two years and, although it has provided a degree of stability across the market for providers currently delivering services for working age adults, providers have reported that it has not generated the anticipated flow of new participants. The available data and engagement findings, as set out in the Herefordshire Community Activity Strategy 2026-28 indicate that individuals are increasingly choosing to move away from traditional commissioned services and want greater control over how their support is delivered. Wider trends across adult social care suggest that this pattern extends across all adult cohorts. Reopening the framework to include provision for older adults would therefore not deliver the scale of transformation required across the county.
3. **Option 3: Retain the day centres, and only remodel the services for working age adults.** This option is not recommended as it would retain the current under-utilised building-based model for older adults, continue to incur disproportionate fixed estate and staffing costs, and fail to deliver the scale of transformation, flexibility and best value required across the whole system.
4. **Option 4: Remodel services for both working age and older adults while retaining all day centres and the St Owen's Hub.** This option is not recommended as it would not be possible to deliver within the available financial envelope. Continued under-utilisation across building-based services would require a disproportionate level of funding to be retained in fixed estate and staffing costs, limiting the council's ability to redirect resources towards a more flexible, community-based offer that better reflects assessed need, choice and control.
5. **Option 5: Remodel services for both working age and older adults while retaining some day centres at one or more sites as a reduced hub-based offer.** This option is not recommended as the available trend data and engagement findings, set out in the Herefordshire Community Activity Strategy 2026 - 2028 document indicate a sustained move away from traditional building-based

services, with individuals increasingly seeking more flexible, personalised and community-based support. Retaining one or more sites would continue to direct a disproportionate level of funding towards fixed estate and staffing costs for a model that is not aligned with current patterns of demand, limiting the council's ability to invest in an offer that better reflects assessed need, choice and control.

Key considerations

6. Community activities and meaningful daytime opportunities promote wellbeing and independence. They help people build relationships, develop skills, maintain physical and mental health, and stay connected to their communities. They also support carers by providing respite, flexibility and reassurance that the person they support is engaged in meaningful activity.
7. Community activities are support arrangements that enable adults with eligible care and support needs to access meaningful opportunities that promote independence, wellbeing and social inclusion. They are typically flexible and personalised, helping people take part in activities, build relationships and receive support in ordinary community settings rather than through fixed building-based services.
8. Day services are more traditional, building-based forms of daytime support in which people attend a specific venue for structured activities, care, supervision and social contact. They have historically provided routine, respite and opportunities for engagement, but are increasingly being reviewed as councils respond to changing demand, more personalised approaches and the need to secure best value from public resources¹.
9. The council currently commissions community activities for working-age adults and older adults with learning disabilities through a framework of approved providers, alongside a separate contract for St Owen's Hub. For older adults, provision consists of day services delivered through the Shaw Healthcare contract and a small number of spot contracts, mainly with care homes, that provide daytime respite. In April 2026, the council commissioned 209 packages of support through community activities and day centres, of which 159 were for working-age adults and 51 were for older adults. The tables below provide further detail.
10. Commissioned services (number of individual placements) for working-age adults and older adults with learning disabilities.

Service Type	Age 18 – 64	Age 65+	Total by age	Primary support need of learning disability	Primary support need of mental health	Primary support need of physical support, personal care	Primary support need of memory and cognition
Framework Provisions	141	22	163	124	11	41	2
St Owen's Hub*	15	2	17	16	0	1	0

* A further 10 individuals access St Owen's through non-council commissioned support: four through direct payments, four through NHS funding and two through neighbouring local authorities.

¹ [ILC-Towards-a-new-vision-for-social-care.pdf](#)

11. Services for older adults (number of placements). This data does not include the individuals listed in the table above.

Service Type	Age 18 – 64	Age 65+	Total by age	Primary support need of learning disability	Primary support need of sensory support	Primary support need of physical support, personal care	Primary support need of memory and cognition
Shaw Healthcare	3	16	19	2	1	15	1
Low Value Agreement	0	10	10	0	0	8	2

12. In addition to commissioned services, the council provides 525 direct payments: 387 to working-age adults and 138 to older adults. Direct payments allow people to direct their own support, and many are likely to use this funding to access meaningful community-based opportunities.
13. Under the Care Act 2014, the council must promote wellbeing and take steps to prevent, reduce or delay the development of needs for care and support. It must meet the eligible needs of individuals and their carers, but it is not required to do so through a fixed model of delivery. The council's responsibility is to ensure that support is provided lawfully and appropriately to meet assessed needs, while also securing best value and exercising proper stewardship of public funds.
14. This transformation aims to deliver a new and improved way of providing community activities for adults or working age and older adults with care and support needs.
15. The public consultation proposed a transformational community-based approach, providing more choice, flexibility and independence. This purpose and approach was developed alongside people with additional support needs, their families and carers, including a co-production workshop involving 80 people.
16. The transformation will support delivery of a wider range of activities, at times to suit people, including evenings and weekends, and include volunteering, supported employment, and independent living skills. Structured support will continue for those who need it.
17. Transformation is also required as more people enjoy flexible, personalised approaches and activities out and about in different community settings – which has led to use of traditional buildings-based day services dropping significantly.
18. The Council has a clear ambition to transform people's lives by providing the choice, control and independence they deserve, and the chance to enjoy everyday activities where they live. The purpose of this work is to support independence, skills development, mental health and wellbeing, and social connection; as well as support carers to have support when they need it.
19. The data shows that use of commissioned traditional day centres has remained low since the pandemic. Shaw Healthcare currently operates four day centres for older adults across the county. Three of these sites, Waverley House in Leominster, Orchard House in Hereford and Woodside in Ross-on-Wye, have particularly low attendance, with only five individuals using services across the three sites and a combined utilisation rate of 6.2% of commissioned capacity. St Owen's is a day centre service for adults with learning disabilities in Hereford. It is operated by Aspire, which also runs the Aspire Hub in the city through the framework. The service contract was established in 2018 for 55 people. Across the average week 27 people attend, with 58 sessions delivered. Most

people use the hub to meet their staff and access activities of their choosing. This equates to just 21% of capacity of the intended contract².

20. Engagement undertaken over the last year, alongside a review of best practice from across the UK, indicates that different delivery models are needed to achieve better outcomes for people with Care Act eligible needs. As outlined in the Strategy document, people told us they want choice, flexibility and meaningful opportunities in their local communities, including social connections, independent living skills, and routes into volunteering, learning and employment. Carers highlighted the importance of flexible support, including evenings and weekends. Providers also reported changes in referral patterns and levels of need, with more people choosing to direct their own support. Together, this suggests that static service models need to evolve towards more personalised approaches rather than relying on building-based services or fixed menus of activities. Despite the strengths of some existing services, many people still face barriers to everyday community participation, including transport, cost, limited local options and services that mainly operate during weekdays.
21. The current model also relies heavily on building-based, sessional services. While these services are valued, they do not always provide the variety, flexibility or ordinary life opportunities people are asking for, and providers have told us this model limits innovation. Without change, there is a risk of increased isolation and greater long-term dependence on higher-cost support.
22. The costs to the council of maintaining these four buildings are high. Decommissioning the four services would allow resources to be redirected into adult social care to address the increase in demand, complexity and cost pressures across the service, and allow a more personalised, community-based approach across community activity delivery.
23. This review informed the proposals set out in this recommendation report, which seek to provide:

A Herefordshire in which people with care and support needs can say, "I can live a meaningful life and be part of my community." This means valuing people as individuals, supporting independence, widening access to ordinary community spaces, and recognising carers as partners who also need support.

Introduction of a new model of delivery across all of Adult Social Care Community Activities

24. The proposed vehicle for change is a clear four-tier model, which recognises that people need different levels of support at different times during their life, and that needs can change over time. The proposed new approach reflects national guidelines from central Government such as the Transforming Care framework, and best practice identified by organisations including the Association of Directors of Adult Social Services, the Care Quality Commission, Local Government Association, and Skills for Care. The four tiers are preventative, enablement, personalised and specialist.
 - i. Preventative support: Will enable people to stay connected, active and independent through ordinary community life, with minimal or no formal support. It is typically aimed at people who are independent or need only light touch background support.
 - ii. Enablement support: Will consist of short, outcome focused time limited support that helps people gain skills, confidence and/or connections. It is typically for people whose independence is at risk and would benefit from structured support to meet focused outcomes.

² Modelled on contract intent (full capacity 55x5 sessions per week)

- iii. Personalised support: Will offer ongoing, flexible, person centred support for people with continuous needs that require regular, structured input. It is typically for people with mid-level or fluctuating needs requiring regular support to sustain outcomes, provide carer respite and manage risk.
 - iv. Specialist support: Will offer high quality, specialist support for people with complex needs, including intensive long term or condition specific support. Typically for people with higher or complex support needs, including behaviours that challenge, significant health needs or progressive conditions (e.g. dementia), where safety and outcomes require specialist environments and/or equipment.
25. The strategy was shaped with people currently using Adult Social Care community activities who are eligible for support under the Care Act. It recognises people want more flexibility, and activities in various community settings. It proposes personalised approaches and reflects that people need different levels of support at different times in their lives, which change over time. The model incorporates four tiers of support:
26. The focus is on prevention and enablement wherever possible, by building skills early, increasing confidence, and reducing the need for more intensive support. Building-based services remain important for people with higher or more complex needs, but the overall ambition is for everyone, at every level, to have access to community life.
27. The new model will enable people to take part in everyday activities in their local communities, supporting independence, skills development, mental health and wellbeing, and social connectivity - rather than relying on traditional Day Centre services. This model will shift the focus away from buildings and set activities, enabling individuals, providers and social care colleagues to concentrate on the outcomes people want to achieve and to tailor support accordingly.
28. A key enabler of the strategy, alongside the Framework and direct payments, will be the introduction of Individual Service Funds (ISFs). An ISF is one way of deploying a personal budget in which the funding is held by a provider on the person's behalf, but used flexibly in line with their agreed outcomes and support plan. This gives the person greater choice and control over how support is arranged, without requiring them to manage the money directly or take on the responsibilities of an employer, as can be the case with a direct payment. Instead, the provider works with the person, and where appropriate their family or advocate, to design and adapt support in a more personalised and responsive way. ISFs were developed as part of the wider shift towards personalisation and self-directed support and were introduced in England through the Care Act 2014 framework for personal budgets. Since then, they have been adopted and tested in a number of areas across the UK as a practical way of offering people a middle ground between traditionally commissioned services and direct payments.
29. The proposal does not require a new procurement exercise at this stage. Provision will continue to be accessed through existing commissioned arrangements, including framework providers and direct payments. Soft market engagement in relation to Individual Service Funds is planned alongside a controlled pilot. This will inform future commissioning intentions and provide evidence on the most appropriate route for developing this model within the local market.

The closure of St Owen's Hub, Hereford

30. St Owen's Hub in Hereford is a traditional day service for adults with learning disabilities and complex support needs. The service operates from a Council owned, accessible ground floor building on Symonds Street and provides structured daytime support, therapeutic input, and social and skills-based activities.

31. Aspire Living was awarded the contract in May 2018 following a competitive tender process and has continued to deliver the service under subsequent contractual arrangements. The building is leased from Herefordshire Council on a peppercorn basis, with the provider responsible for maintenance costs, which have been identified as a concern given the age and condition of the site.
32. The original model anticipated support for up to 55 people per week, but current utilisation is significantly lower, with 27 people currently accessing the service for an average 58 sessions per week, equating to 21% of capacity of the intended contract value . Funding is agreed on a spot-purchase basis, with placements funded by Herefordshire Council, Herefordshire and Worcestershire ICB, Monmouthshire County Council and Powys County Council, with an additional top-up payment provided by Herefordshire Council due to the underutilisation of the contract, which amounts to £83,835 per annum.
33. Over the last five years, the service has adapted its delivery model. Although it still operates within a traditional 9.30am to 3.00pm structure, the building now functions mainly as a base from which people access support and specialist equipment. Many activities, including swimming, bowling and community-based support, now take place off site, and some individuals receive support without attending the building at all. The review found that this approach is increasingly similar to the support available through the framework, which provides a range of provision across the city and county, including Aspire's Canal Road Hub.
34. Of the current attendees, Five also use other commissioned services and 10 access support through a direct payment. All individuals who use the service have been consulted on the proposal and will be offered a reassessment, by the relevant authority with oversight for their care, to ensure suitable alternative provision is arranged in line with the Care Act 2014.
35. Staff at St Owen's will be redeployed by Aspire following closure of the service and will continue their employment at Aspire Hub on Canal Road, enabling Aspire to continue enhancing the specialist services provided in a single Hereford city centre location and ensuring continuity to anyone who chooses to attend this service as an alternative.
36. Adult Social Care staff from Herefordshire Council, Herefordshire and Worcestershire Integrated Care Board (ICB), and the service provider Aspire, have already started discussions with service users at St Owen's on potential alternative options. These include continuing to attend an Aspire centre, at the Hub; one-to-one support at home; and taking part in wider activities at varied community locations delivered by other specialist providers; and personalised care and support programmes

The closure of Shaw Healthcare Day Centre provision at Waverley House, Leominster, Orchard House, Withington and Woodside, Ross on Wye, and the linked Woodside crisis accommodation service

37. The Shaw Healthcare contract commenced on 1 August 2004 and is due to expire on 31 July 2034. It includes residential care, nursing care, extra care, day centres and crisis accommodation delivered across multiple council-owned sites.
38. The day centres were originally designed to support vulnerable older people, carers and their families. The service was designed to work closely with service users to enhance their lives through enablement, encouraging them to regain some of the skills they may have lost through illness, social isolation or early-stage dementia, to provide an opportunity for carers to receive a break for the day and reduce admissions to residential care.

39. The contract structure and financial model established when the service began limit the council's ability to redesign provision in line with modern commissioning practice. Day service utilisation has been reviewed throughout the life of the contract, with under-utilisation identified through analysis and engagement between 2015 and 2017. In January 2017, a Key Decision approved a mid-term variation to Shaw Healthcare Day Centres, reducing provision from seven to five days per week in response to under-utilisation and financial pressures. Despite these changes, utilisation has continued to decline, reinforcing the case for more fundamental service redesign. Taken together, these decisions reflect a consistent strategic direction to modernise day services and reduce reliance on traditional building-based provision.

40. Current capacity and funding arrangement:

Day Centre	Number of places	Number of Service Users Accessing	Number of staff in post	% utilisation of available sessions weekly	Cost per annum	HC Cost per session
Woodside	15	2	3	6.67%	£231,396.90	£1285
Waverley House	20	1	1	1%	£308,529.20	£4820
Orchard House	10	2	2	16%	£60,440	£157
Total / average	45	5	6	6.22% weekly utilisation	£600,366	£893

41. Current utilisation of Shaw day services is extremely low, with a small number of individuals (x 5) accessing provision across three sites. This results in a high cost per user and does not represent best value for the council.

42. The existing model no longer reflects current demand, is not aligned with strengths-based and personalised approaches and does not support efficient use of resources. The Council is therefore moving towards a more flexible, community-based model that promotes independence, choice and improved outcomes. For older adults, this will include a broader range of approaches, such as shared days, use of community outreach venues, and close work with individuals and their carers to identify options that best meet their assessed needs.

43. Funding for the services being decommissioned will be reinvested within the Shaw contract, through a contract variation, to increase residential and nursing care capacity across the county. This will increase the council's commissioned capacity at the agreed funding rate and help reduce future reliance on more expensive spot-purchased provision.

44. The Woodside site also includes two self-contained flats originally commissioned as crisis accommodation. Following a prolonged period of vacancy, these units were let by Shaw in 2024 under assured shorthold tenancy arrangements. The current position has been reviewed with Adult Social Care and Housing, and the two residents have been consulted directly. A supported pathway is being taken to identify suitable alternative accommodation within the local area, with Housing and Adult Social Care working jointly to ensure any move is planned lawfully, is appropriately supported, and reflects everyone's assessed needs and circumstances. The current cost to Adult Social Care of these flats is £69,701.67 per annum. It is therefore proposed that the crisis accommodation units are decommissioned as part of the wider closure of the Woodside site,

with the associated funding reinvested within the Shaw contract. Decommissioning of the flats would only proceed once appropriate alternative arrangements are in place.

45. The proposal does not require a new procurement exercise for the services being decommissioned. Alternative provision will continue to be accessed through existing commissioned arrangements, including Shared Lives, framework providers, direct payments and individual service funds.
46. Shaw has confirmed that six staff members would be affected and subject to HR consultation if the decision is approved. The estimated costs of this have been included in the contract reduction figures provided by Shaw, and outlined below in the costings table.

Conclusion

47. The proposed direction of travel is consistent with national and regional adult social care practice, with councils increasingly moving away from traditional building-based day services towards community-based models, personalised support and flexible provision aligned to assessed need.
 - community-based activity models
 - personalised support arrangements
 - flexible provision aligned to assessed need
48. This strategy implementation will be delivered through two of the council's Big Four commissioning programmes: Working Age Adults, which is focused on promoting independence and choice, supporting people to live well in their communities and closer to home; and Carers Matter. Oversight and assurance will be provided through the Community Wellbeing Directorate Transformation Board and the council's CQC improvement plan. Delivery will be phased over the proposed two-year implementation period, with key milestones covering provider engagement, individual reassessment and transition planning, market development, and implementation of the new model. Progress will be monitored through appropriate governance arrangements, with a continued focus on provider readiness, clear communication with people who use services, carers and stakeholders, and review of whether the intended benefits of greater flexibility, improved alignment to assessed need and better use of resources are being realised.

Community impact

49. The proposals support the council's corporate priorities by promoting independence, prevention and stronger communities, and by making better use of public resources.
50. The strategic direction of the Community Activity Strategy 2026 - 2028 aligns with Herefordshire Council Plan 2024-2028, The Herefordshire Learning Disability Strategy 2018-2028, Herefordshire all-age Carers Strategy 2024-29 and the Herefordshire and Worcestershire All Age Autism Strategy 2024 -29.
51. The Working Age Adults and Carers Matter commissioning programmes are consistent with the Care Act 2014 emphasis on wellbeing, choice, control and prevention. The proposals also support the wider health and wellbeing agenda by seeking to reduce social isolation, improve access to meaningful community participation, and provide more flexible forms of respite and support for carers.
52. The evidence base for these proposals includes service utilisation and trend data, direct payment data, financial analysis, stakeholder engagement, public consultation findings, and review of relevant practice from other areas of the UK. This evidence has been considered alongside local

needs and demographic pressures reflected in Understanding Herefordshire, including increasing complexity of need, demand for more personalised support, and the importance of community-based approaches that promote independence and reduce reliance on higher-cost forms of care.

53. Partnership considerations are central to delivery. Implementation will require continued work with providers, Herefordshire and Worcestershire Integrated Care Board, neighbouring local authorities, carers' organisations, and the voluntary and community sector to support transitions and develop a broader and more flexible local offer.
54. The recommended decisions are not expected to have a direct impact on children in care, care leavers, or care experienced children and young people, as the proposals relate to adult social care community activities and day services for adults with Care Act eligible needs. However, the council's wider corporate parenting responsibilities have been considered, and young people have been consulted with through this review, as well as future trend data considered through transition protocols. Where young people in transition to adulthood, including care experienced young people, may be affected indirectly through future adult social care pathways, assessments and support planning will continue to be undertaken in line with statutory duties, with the aim of promoting independence, wellbeing and continuity of support.

Environmental impact

55. The proposal supports the council's environmental commitments by reducing reliance on under-used building-based services and expanding more flexible, community-based support. This may reduce energy use across the council estate and lower carbon emissions associated with operating multiple day service buildings. It also plans to enable more people to access support closer to home where suitable local options are available, reducing the need for longer journeys.
56. The proposal is not expected to have a direct material impact on flood resilience, phosphate pollution, housing energy efficiency or new-build standards. Its main environmental relevance is in reducing the council's carbon emissions, working with providers and community partners to support lower-carbon delivery models, improving local air quality where travel demand is reduced, and increasing opportunities for short local journeys by walking, public transport and other sustainable modes where community-based provision is available. Any negative effects arising from changes to individual travel patterns will be considered through implementation and transition planning, with an emphasis on local provision and avoiding unnecessary travel where possible.
57. Herefordshire Council provides and commissions a wide range of services for residents. Together with partners across the public, private and voluntary sectors, the council is committed to improving environmental sustainability, achieving carbon neutrality, and protecting and enhancing Herefordshire's natural environment.
58. Implementation of the proposal will seek to minimise environmental impacts by making best use of local community provision, reducing unnecessary travel where possible, and considering sustainable and active travel options as part of support planning and service design. The council will also continue to work with providers and partners to promote efficient use of buildings and resources and delivery models that support its wider carbon reduction ambitions.

Equality duty

59. The Public Sector Equality Duty requires the Council to consider how it can positively contribute to the advancement of equality and good relations, and demonstrate that it is paying 'due regard' in our decision making in the design of policies and in the delivery of services.

60. The mandatory equality impact screening checklist has been completed for this decision and it has been found to have high impact for equality.
61. Due to the scope of this decision and its potential impact on certain protected characteristics, an Equality Impact Assessment (EIA) is attached as an appendix to this report.
62. In summary, this decision impacts on protected characteristics as follows:
 - a. Improved choice, control and personalisation for disabled people and older people
 - b. Better alignment with unmet needs for autistic people and people with learning disabilities
 - c. More inclusive and diverse activity options
 - d. Strengthening community-based options reduces barriers related to age and disability
63. The following actions will be embedded within the implementation phase to mitigate negative impact that could materialised for individuals with protected characteristics :
 - a. We will offer participation opportunities within our co-production approach, through a range of methods, including online and face-to-face engagement, easy read materials, alternative formats, and advocacy support where required, to reduce barriers to participation and ensure engagement is inclusive.
 - b. Individual reassessment will be carried out where appropriate, with accessible communication and advocacy support made available if required. Any transition will be phased, and no one will move from existing arrangements until suitable alternative support is identified and in place.
 - c. Transport impacts will be considered as part of implementation planning and individual reviews. Where barriers are identified, these will inform commissioning, care planning and transition arrangements so that access to suitable support is maintained as far as possible.

Resource implications

64. Individuals who access care and support in this new model will continue to have their needs assessed against the Care Act, with their individual support plans outlining identified outcomes and appropriate spend against this. Funding allocations will follow current approval processes in line with the council internal governance routes utilising the Resource Allocation System (RAS) or approved by exception at a Quality Panel. It is not anticipated that delivery via this new model will cost any more than services that are currently delivered via the framework or a direct payment.
65. Any new services as a result of the strategy implementation will be financially modelled in advance and predicted spend signed off via a commissioning approval pathway with both commissioning and operational sign off.
66. Financial assurance will be supported through phased implementation, clear approval routes, monitoring of provider readiness and delivery milestones, and ongoing review of whether the anticipated financial and service benefits are being realised over the implementation period.
67. The buildings at Woodside, Ross-on-Wye, and Symonds Street, Hereford, will be returned to the council's estates team. Any future decisions about their use will be made by the Corporate Property Board.
68. The Shaw contract variation, will cost £125,000 to implement. External legal resource will be secured to undertake this complex task and these costs will be off set against the financial benefit of moving away from the block contract underutilisation.

69. The table below outlines the savings that have been identified through the decommissioning of the four day centres. As highlighted previously, the Shaw funding will not be released from the contract, it will be reconfigured to provide further capacity within the residential and nursing beds available.

Revenue budget implications	2026/2027
Waverley House Day Service	-£308,529.20
Orchard House Day Service	-£60,440.80
Woodside Day Service	-£231,396.90
Woodside Crisis Accommodation Service	-£69,701.67
Cost for contract variation	£125,000
Shaw Total Contract Reconfiguration – to be reinvested into residential and nursing capacity	-£670,068.57
St Owen’s Hub (service top up spend only)	-£55,890.00
Total current spend to be released as a result of this decision.	- £725,958.57

70. Increasing residential and nursing bed capacity within the Shaw Healthcare contract will help the Council manage future expenditure by reducing reliance on more costly spot-purchased provision.

Legal implications

71. The changing of service delivery is considered to be significant based upon the savings and possible impacts (for better or worse) on services provided to a significant number of people within locality. Accordingly, this decision is considered as a key decision under the Council’s constitution.
72. The Council has consulted with relevant residents and service users in relation to the service change and the feedback received from that exercise is summarised in this report. This was done at a formative stage and contained the reasoning for the change to service delivery so the consultees could give informed responses.
73. The responses provided are summarised in Appendix 2 and has been consciously taken into account to inform the recommendations to this report.
74. The recommendation is informed by the public sector equality duty under s149 of the Equality Act 2010. Paragraphs 53 to 57 provides the information underpinning the recommendation which is a

consideration of impacts. These impacts must be considered with the Council's duty under the Act to have regard to the need to:

- a. Eliminate discrimination, harassment, victimisation and other conduct that the Equality Act prevents; and
- b. Advance equality of opportunity and foster good relations between those individuals who share a relevant protected characteristic and those that do not.

75. There is clearly a strong public interest grounds to justify the changes recommended in this report. These include better outcomes for users but also a better and targeted use of financial resources so it matches demand.

76. The relevant legal provisions for this decision can be found in the council's constitution, www.herefordshire.gov.uk/constitution.

Risk management

Risk/ opportunity	Mitigation
<p>Do nothing - The current model remains under-utilised and continues to direct a disproportionate level of funding into buildings and fixed staffing costs. This would limit the council's ability to respond to rising demand, complexity and cost pressures elsewhere in adult social care.</p>	<p>Implementation of the proposed model will be supported through reassessment, transition planning, co-production and continued work with providers and partners. This will help ensure support remains lawful, person-centred and aligned to assessed need, while enabling resources to be redirected to more flexible and sustainable forms of provision.</p>
<p>Limited interest/ support from the market in innovating their offer.</p>	<p>This risk will be mitigated through soft market engagement, phased implementation and continued co-production with providers, people with lived experience and carers. Existing commissioned arrangements, including the framework, direct payments and Shared Lives, will continue to be used to maintain continuity of support while the market develops. Targeted provider support and a controlled pilot of Individual Service Funds will help test the model, build confidence and inform any future commissioning approach.</p>

Individuals unable to be accommodated in alternative services.	This risk will be mitigated through individual reassessment, person-centred transition planning and close work with individuals, families and providers to identify suitable alternative support. Existing commissioned arrangements, including the framework, direct payments, Shared Lives and specialist provision, will continue to be used to maintain continuity and ensure support is matched to assessed need. Implementation will be phased, and no individual will transition until appropriate alternative arrangements are in place.
Insufficient workforce skill to deliver new model.	This risk will be mitigated through phased implementation, targeted provider development and ongoing co-production with people with lived experience, carers and delivery partners. Workforce support will focus on building the skills, confidence and practice needed to move away from traditional activity-based delivery towards more flexible, personalised and outcomes-focused approaches. Learning from the Individual Service Fund pilot and wider implementation activity will be used to inform workforce development and future commissioning expectations.
Change in need, policy or national priorities.	This risk will be mitigated through ongoing review of need, demand, policy and national guidance as part of implementation. Oversight through the Community Wellbeing Directorate Transformation Board and the council's CQC improvement plan will support timely identification of any required changes. The phased approach to delivery, together with delegated operational decision-making, will allow the model to be adjusted in response to changing local need, provider capacity or national policy direction.

77. The risks associated with these proposals will be managed through service and directorate governance arrangements, with escalation to corporate oversight where required. Relevant risks will be recorded and monitored through the appropriate service and directorate risk registers as implementation progresses, with oversight provided through the directorate transformation board.
78. Implementation assurance will be maintained through phased delivery, defined milestones, oversight of provider readiness, clear communication with affected individuals and stakeholders, and ongoing monitoring of whether the intended benefits of the new model are being achieved.

Consultees

79. The transformation plans and delivery model was developed alongside people with care and support needs families and carers, including a co-production workshop involving 80 people.
80. The co-produced model was formally consulted on between Thursday 23 April and Tuesday 2 June 2026 through online and paper surveys. During this period, 10 in-person drop-in events were held, and the proposals were also presented again at the Hear Our Voices event to reflect views gathered the previous year.

81. The survey for people attending community activities or day services received 43 responses, and the stakeholder survey received 47. Across the 10 events, Adult Social Care and Commissioning Officers spoke to 12 people who attend services, 17 parent and/or carers, and six wider stakeholders, including staff and volunteers. Some of these individuals also completed a survey, so care has been taken to avoid double counting.
82. This model represents a significant shift in approach across the system, and this was reflected in the responses received during public consultation. Many respondents agreed with the need for change and supported a move towards more person-centred, flexible support.
83. At the same time, respondents raised concerns about how changes would be implemented in practice, particularly in relation to continuity of support, the availability of suitable alternatives, transport, and the need for careful, person-centred transition planning. Consultation responses also highlighted a clear need for additional change-management support across the system, reflecting a disconnect between support for greater flexibility in principle and how this can be achieved in practice amongst providers. This includes support to help providers move away from more traditional, activity-focused models of delivery towards approaches that are more flexible, personalised and outcomes-focused.
84. Consultation feedback has helped refine the implementation plan within the strategy. Responses broadly supported the direction of travel, while stressing that implementation should be carefully paced, person-centred and developed with people who use services, carers and providers. As set out in the strategy, delivery will therefore be shaped over the next two years through ongoing co-production approach with people with lived experience, carers and delivery partners. This will help ensure the new approach reflects what matters to people, builds trust and shared ownership, strengthens system capacity, and maintains stability for those already receiving services.
85. All individuals directly affected by a day centre building closure have been consulted individually. A number of families raised concerns about changes to building-based provision and whether continuity of support would be maintained, although some also saw opportunities in exploring alternative approaches. Adult Social Care colleagues will continue to work with individuals and their families through individual reassessment and person-centred support planning to identify suitable alternative arrangements in line with assessed need. This will include accessible communication, advocacy where required, consideration of transport and carers' impacts, and a phased transition approach. No individual will move from their current arrangement until suitable alternative support is in place.
86. All Ward Members of directly affected day centre building closures were offered a briefing during the consultation phase.
87. Political group consultation was held, with members providing constructive scrutiny of the proposals, seeking assurance that the rationale for change is evidence-based, clearly justified and delivers best value while improving outcomes. Members focused on the impact on individuals and families, including continuity of support, clear communication, involvement in reassessment and transition, and assurance that suitable alternatives would be in place before any changes.
88. Members also questioned how the outcome-focused, tiered model would operate in practice, including how outcomes, consistency and quality would be monitored across providers. Assurance was sought on oversight, safeguarding and financial governance, particularly for Direct Payments and Individual Service Funds, to ensure clear accountability and safe, appropriate use of public funds.
89. Members highlighted equitable access across the county, especially in rural areas, including transport and availability of suitable local community-based options. Workforce implications, including redeployment and possible redundancies were raised, and emphasised partnership working with local organisations and the voluntary and community sector.

90. Potential reputational risks was also recognised and members stressed the need for clear, proactive communication and engagement to support stakeholders and manage public concern.
91. It was agreed that periodic updates on the implementation of the model would be provided to the Health, Care and Wellbeing Scrutiny Committee throughout the 2 year implementation phase.
92. Consultation feedback has directly informed the forward approach to implementation. In particular, it has reinforced the need for a phased and carefully managed transition, continued individual reassessment and support planning, and ongoing co-production with people who use services, carers and providers. It has also highlighted the importance of strengthening communication, providing greater clarity about alternative provision, and supporting the market to develop more flexible and personalised offers. These themes have been reflected in the proposed two-year implementation period and the emphasis on person-centred transition planning, provider engagement and iterative development of the new model.

Appendices

93. Appendix 1 Consultation Response Report Overview
94. Appendix 2 Herefordshire Community Activity Strategy 2026-2028
95. Appendix 3 Herefordshire Community Activity Strategy 2026 -2028 Easy Read
96. Appendix 4 EIA for Community Activities Model and rationalisation of ay Centre Provision

Please include a glossary of terms, abbreviations and acronyms used in this report.

CQC – Care Quality Commission

UK – United Kingdom

ISF / ISFs – Individual Service Fund / Individual Service Funds

ICB – Integrated Care Board

NHS – National Health Service

EIA – Equality Impact Assessment

RAS – Resource Allocation System