

Minutes of the meeting of the Health, Care and Wellbeing Scrutiny Committee held in Conference Room 1 - Herefordshire Council, Plough Lane Offices, Hereford, HR4 0LE on Monday 24 November 2025 at 2.00 pm

Committee members present in person and voting:

Councillors: Simeon Cole, Pauline Crockett (Chairperson), Dave Davies, Richard Thomas, Kevin Tillett (Vice-Chairperson) and Rebecca Tully

Others in attendance:

Z Clifford	Director of Public Health	Herefordshire Council
H Hall	Corporate Director Community Wellbeing	Herefordshire Council
H Merricks-Murgatroyd	Democratic Services Officer	Herefordshire Council
C Price	Chief Officer	Healthwatch Herefordshire
D Thornton	Democratic Services Support Officer	Herefordshire Council
D Webb	Statutory Scrutiny Officer	Herefordshire Council

10. APOLOGIES FOR ABSENCE

No apologies for absence were received.

11. NAMED SUBSTITUTES

There were no named substitutes.

12. DECLARATIONS OF INTEREST

No declarations of interest were made.

13. MINUTES

The minutes of the meeting held on 27 October 2025 were confirmed as a correct record.

Resolved: That the minutes of the meeting held on 27 October 2025 be confirmed as a correct record.

14. QUESTIONS FROM MEMBERS OF THE PUBLIC

No questions were received from members of the public.

15. QUESTIONS FROM MEMBERS OF THE COUNCIL

No questions were received from councillors.

16. HEALTHWATCH HEREFORDSHIRE

The committee received an overview from Christine Price, Chief Officer of Healthwatch Herefordshire, covering the organisation's statutory role, current areas of work, and the national proposals arising from the Dash review.

The principal points of the discussion are summarised below:

1. The report included in the agenda papers provides background information on Healthwatch since its establishment in 2013, along with an overview of its statutory duties.
2. There are Government proposals to abolish Healthwatch England and local Healthwatch bodies, replacing them with a national 'patient experience' function and locally assigned duties for ICBs and local authorities.
3. A forthcoming white paper is expected to provide further detail in the new year. It would take approximately a year for this to progress into legislation, during which time Herefordshire Council will remain responsible for commissioning Healthwatch in its current form. A transition period is also anticipated ahead of any potential changes set out in an eventual Act of Parliament.
4. There is uncertainty over a number of areas, including funding arrangements, staffing implications, and clarity on the scope of future functions until there is more detail from the Government.
5. Healthwatch England's development of five principles for future patient voice models, with concerns raised about potential loss of independence, in particular.
6. Key Local Healthwatch activities include:
 - a. Targeted engagement with individuals with serious mental illness.
 - b. A&E demand project involving Emergency Department (ED) attenders to understand drivers of attendance.
 - c. Work with neurodiverse residents to audit sensory experiences in public spaces and receive suggestions for improvement.
 - d. Ongoing development of Patient Participation Group (PPG) networks and a countywide PPG toolkit.
 - e. Operation of Lee's Place as a support hub, which also provides valuable insights into barriers experienced by vulnerable groups.
7. The council continues to monitor developments closely, despite the uncertainty surrounding future arrangements. As a general principle, the council remains committed to supporting whatever structure is needed to ensure residents' voices are heard.
8. Alongside the role of Healthwatch, many parts of the health and care system involve people and groups who engage with service users and patients in different ways. Currently, the collective insight from these sources is not being fully utilised, which presents an opportunity for the future model to bring this feedback together.
9. In relation to the development of Patient Participation Groups (PPGs) across the county, particular reference was made to Hereford Medical Group (HMG), where the PPG is now operating as an autonomous body rather than one managed by

the practice. This was highlighted as a positive example demonstrating how independent patient voice can support constructive collaboration with a General Practice (GP). Committee members noted that this could provide a template for other practices seeking to enhance the effectiveness of their PPGs.

10. In response to a question about using Enter and View powers to visit care homes, it was noted that securing a care home's participation can be bureaucratic and that the process is still often perceived as inspectorial, despite the intention being to engage with residents and families. It was further commented that the visits are highly managed, with care homes presenting themselves in a particular way, and that the significant time and resource required often yields limited tangible feedback.
11. Committee members discussed the importance of safeguarding independence in any future model, risks to community intelligence if statutory functions are fragmented, and the need for strong local mechanisms to ensure patient voice influences decision-making.
12. The Director of Public Health noted that connecting quantitative data across the system remains a significant challenge, even within a single organisation, and even more so across multiple ones. It was further highlighted that integrating qualitative data is even more complex, given the varied ways it is collected, the different platforms used, and the difficulty of bringing it together cohesively. The aspiration is to develop a Joint Strategic Needs Assessment that incorporates both quantitative and qualitative data, using this combined insight to better understand patient experiences and inform what matters most for communities.
13. In response to a question about whether there are plans for a joint local plan between the ICB, the council, and Healthwatch that outlines transition protections for the next twelve months, it was noted that no such plan exists at this stage, as there is still limited information about what will be happening.
14. In response to a question about what would be lost if Healthwatch were abolished, it was noted that Healthwatch provides a valuable "helicopter view," offering independent information and advice to individuals, particularly those who may feel overwhelmed. This broad perspective helps address a range of issues that span both health and social care. It was added that work is also carried out with specific communities, where trust is built over long periods of time to understand their unique challenges, often relating to inequalities affecting different groups, including the learning disability community.
15. The committee agreed that the Chairperson should write to the Secretary of State for Health and Social Care, emphasising that any future proposals should be centred on the five principles set out by Healthwatch in their report.

17. WORK PROGRAMME 2025/26

The Statutory Scrutiny Officer presented the draft work programme for the Health, Care and Wellbeing Scrutiny Committee for the municipal year 2025/26.

The committee considered the updated work programme and noted capacity constraints. It was agreed that a revised programme reflecting a quarterly meeting cycle will be presented at the next meeting.

Resolved

That:

- a) The committee agree the draft work programme for Health, Care and Wellbeing Scrutiny Committee contained in the work programme report attached as appendix 1, which will be subject to regular review, as the basis of their primary focus for the remainder of the municipal year.
- b) The committee note the forward plan attached as appendix 2 and identify any opportunities for collaboration or alignment of work.

18. DATE OF THE NEXT MEETING

The date of the next meeting is Monday 26 January 2026, 2.00 pm.

The meeting ended at 4.10 pm

Chairperson