

Agenda

Health, Care and Wellbeing Scrutiny Committee

Date: **Monday 24 November 2025**

Time: **2.00 pm**

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:

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If you would like help to understand this document, or would like it in another format or language, please call Henry Merricks-Murgatroyd, Democratic Services Officer on 01432 260239 or e-mail Henry.Merricks-Murgatroyd@herefordshire.gov.uk in advance of the meeting.

Agenda for the Meeting of the Health, Care and Wellbeing Scrutiny Committee

Membership

Chairperson	Councillor Pauline Crockett
Vice-Chairperson	Councillor Kevin Tillett

Councillor Simeon Cole
Councillor Dave Davies
Councillor Mark Dykes
Councillor Richard Thomas
Councillor Rebecca Tully

Agenda

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1. APOLOGIES FOR ABSENCE To receive apologies for absence.	5 - 10
2. NAMED SUBSTITUTES To receive details of any councillor nominated to attend the meeting in place of a member of the committee.	
3. DECLARATIONS OF INTEREST To receive declarations of interest in respect of items on the agenda.	
4. MINUTES To receive the minutes of the meeting held on Monday 27 October 2025.	11 - 14
HOW TO SUBMIT QUESTIONS The deadline for the submission of questions for this meeting is 5.00 pm on Tuesday 18 November 2025. 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 MEMBERS OF THE COUNCIL To receive any written questions from members of the council.	
7. HEALTHWATCH HEREFORDSHIRE To provide the committee with an overview of Healthwatch Herefordshire and its work, Government proposals to abolish Healthwatch England and Local Healthwatch, and principles for future delivery of Healthwatch's functions.	15 - 36
8. WORK PROGRAMME 2025/26 To consider the draft work programme for the Health, Care and Wellbeing Scrutiny Committee until July 2026.	37 - 60
9. DATE OF THE NEXT MEETING Date of the next scheduled meeting: Monday 26 January 2026, 2.00 pm.	

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- 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
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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.

Guide to Health, Care and Wellbeing Scrutiny Committee

Committee membership

Scrutiny is a statutory role fulfilled by councillors who are not members of the cabinet.

The role of the scrutiny committees is to help develop policy, to carry out reviews of council and other local services, and to hold decision makers to account for their actions and decisions.

Council has decided that there will be five scrutiny committees. The committees reflect the balance of political groups on the council.

The Health, Care and Wellbeing Scrutiny Committee consists of 7 councillors.

Councillor	Party
Simeon Cole	Conservative Party
Pauline Crockett (Chairperson)	Independents for Herefordshire
Dave Davies	Conservative Party
Mark Dykes	Liberal Democrats
Richard Thomas	Conservative Party
Kevin Tillet (Vice-Chairperson)	Liberal Democrats
Rebecca Tully	The Green Party

Scrutiny functions

The committees have the power:

- (a) to review, influence policy or scrutinise decisions made, or other action taken, in connection with the discharge of any functions which are the responsibility of the executive,
- (b) to make reports or recommendations to the authority or the executive with respect to the discharge of any functions which are the responsibility of the executive,
- (c) to review or scrutinise decisions made, or other action taken, in connection with the discharge of any functions which are not the responsibility of the executive,
- (d) to make reports or recommendations to council or the cabinet with respect to the discharge of any functions which are not the responsibility of the executive,
- (e) to make reports or recommendations to council or the cabinet on matters which affect the authority's area or the inhabitants of that area,
- (f) to review or scrutinise decisions made, or other action taken, in connection with the discharge by the responsible authorities of their crime and disorder functions and to make reports or recommendations to the council with respect to the discharge of those functions. In this regard crime and disorder functions means:
 - (i) a strategy for the reduction of crime and disorder in the area (including anti-social and other behaviour adversely affecting the local environment); and
 - (ii) a strategy for combatting the misuse of drugs, alcohol and other substances in the area; and
 - (iii) a strategy for the reduction of re-offending in the area

- (g) to review and scrutinise any matter relating to the planning, provision and operation of the health service in its area and make reports and recommendations to a responsible person on any matter it has reviewed or scrutinised or to be consulted by a relevant NHS body or health service provider in accordance with the Regulations (2013/218) as amended. In this regard *health service* includes services designed to secure improvement
 - (i) in the physical and mental health of the people of England, and
 - (ii) in the prevention, diagnosis and treatment of physical and mental illness, and
 - (iii) any services provided in pursuance of arrangements under section 75 in relation to the exercise of health-related functions of a local authority.
- (h) to review and scrutinise the exercise by risk management authorities of flood risk management functions or coastal erosion risk management functions which may affect the local authority's area.
- (i) To track actions and undertake an annual effectiveness review

The remit of Health, Care and Wellbeing Scrutiny Committee

- Adult social care (including adult safeguarding)
- Health and wellbeing board
- Housing
- Adults mental and physical health and wellbeing
- Safe Herefordshire campaign
- Outbreak control plan
- New models of care accommodation
- Talk Communities
- Homelessness
- All ages whole system commissioning strategy
- Independent living services and assistive technology plan
- Adults and communities budget and policy framework
- Statutory health scrutiny powers including the review and scrutiny of any matter relating to the planning provision and operation of health services affecting the area and to make reports and recommendations on these matters

Who attends scrutiny committee meetings?

- Members of the committee, including the chairperson and vice-chairperson.
- Cabinet members, they are not members of the committee but attend principally to answer any questions the committee may have and inform the debate.
- Officers of the council to present reports and give technical advice to the committee.
- People external to the council invited to provide information to the committee.
- Other councillors can attend but can only speak at the discretion of the chairperson.

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 27 October 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:

S Assinder	Associate Chief Operating Officer	Wye Valley NHS Trust
J Bailey	Press and Publicity Officer	Herefordshire Council
Councillor C Gandy	Cabinet Member Adults, Health and Wellbeing	Herefordshire Council
H Hall	Corporate Director Community Wellbeing	Herefordshire Council
H Merricks-Murgatroyd	Democratic Services Officer	Herefordshire Council
S Shingler	Managing Director	Wye Valley NHS Trust
D Thornton	Democratic Services Support Officer	Herefordshire Council
D Webb	Statutory Scrutiny Officer	Herefordshire Council

1. APOLOGIES FOR ABSENCE

Apologies were received from Cllr Mark Dykes.

2. NAMED SUBSTITUTES

There were no named substitutes.

3. DECLARATIONS OF INTEREST

No declarations of interest were made.

4. MINUTES

The minutes of the meeting held on 28 July 2025 were received.

Resolved: That the minutes of the meeting held on 28 July 2025 be confirmed as a correct record.

5. QUESTIONS FROM MEMBERS OF THE PUBLIC

No questions were received from members of the public.

6. QUESTIONS FROM MEMBERS OF THE COUNCIL

No questions were received from councillors.

7. WYE VALLEY TRUST WINTER PLAN 2025/26

The committee received a detailed presentation from Sarah Shingler, Managing Director of Wye Valley NHS Trust, accompanied by Sarah Assinder, Associate Chief Operating Officer, outlining the Trust's Winter Plan for 2025/26.

The principal points of the discussion are summarised below:

1. The committee welcomed the development of the National Neighbourhood Health Programme pilot and requested that a future update be provided on the progress and delivery of the programme.
2. In relation to the Discharge to Assess (D2A) process, it was noted that the entire pathway is currently under review to ensure the system operates as efficiently as possible. It was added that as the existing D2A process has been in place for a considerable time, it is appropriate to reassess it and implement a model that remains effective and sustainable for the future.
3. It was acknowledged that national targets continue to be set, and regardless of current performance, the Trust is required to establish recovery trajectories outlining how it will achieve the target thresholds. At present, Wye Valley has submitted plans addressing handover times and the Emergency Access Standard (EAS). While the Trust is committed to improving outcomes for the local population, some challenges lie beyond its control, such as delays in Powys, which have hindered progress toward EAS improvements. Discussions are ongoing with national teams regarding the EAS, and revised trajectories have now been agreed upon and are being achieved.
4. It was noted that, in relation to demand and attendances at the Emergency Department (ED), the majority of patients brought in by ambulance are appropriate for that pathway. It was also highlighted that a new process is being introduced to address patients directed to ED via NHS 111. Currently, many of these patients are automatically referred to ED, even when it may not be necessary. To improve this, a pilot pathway is being tested whereby 111 calls are diverted to the Single Point of Access (SPA) within the community. Clinicians within the SPA can then assess and direct patients to more suitable providers where appropriate.
5. In relation to partnership working with Powys County Council, it was noted that while 20% of admissions originate from Powys, these account for approximately 50% of discharge delays. The plans outlined in the presentation represent Powys' own initiatives, rather than those of Wye Valley, and demonstrate how Powys intends to help reduce demand and expedite discharges. It was also noted that the Powys management team has become more receptive to learning from Wye Valley Trust's approaches and exploring how these methods can be tested and supported collaboratively.
6. In response to a question regarding the need for additional capacity during the winter months and the potential purchase of empty care beds from the private sector, it was noted that when Hillside and other Discharge to Assess (D2A) capacity are at full occupancy, the Trust is required to procure additional beds from the market to maintain patient flow. However, it was acknowledged that this approach is costly, and efforts are ongoing to reduce reliance on such external capacity.
7. In response to a question regarding staffing levels, it was noted that the Trust's overall staffing position remains strong. From a nursing perspective, the Trust is

now fully staffed. Within Accident and Emergency (A&E), the consultant team has expanded from six to ten, with all ten expected to be in post by the end of the winter period. Recruitment across several specialty areas has also been successful, further strengthening the workforce.

8. 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.

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 monthly 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.**

9. DATE OF THE NEXT MEETING

The date of the next meeting is Monday 24 November 2025, 2.00 pm.

The meeting ended at 3.54 pm

Chairperson



Title of report: Healthwatch Herefordshire

Meeting: Health, Care and Wellbeing Scrutiny Committee

Meeting date: Monday 24 November 2025

Report by: Chief Executive, Community Power

Classification

Open

Decision type

This is not an executive decision

Wards affected

All wards

Purpose

To provide the committee with an overview of Healthwatch Herefordshire and its work, Government proposals to abolish Healthwatch England and Local Healthwatch, and principles for future delivery of Healthwatch's functions.

Recommendation(s)

That the committee:

- a) **Notes the report and**
- b) **Prepares questions for Healthwatch Herefordshire based on this report.**

Alternative options

- 1. As the committee has asked for this report to be presented to the committee, no alternative options are presented.

Key considerations

- 2. The secretary of state for health & social care Wes Streeting MP announced in July that there would be health system reforms, including the abolition of Healthwatch England and Local Healthwatch. This was a recommendation of the DASH review of patient safety, to simplify the landscape of patient experience feedback.

3. At its work planning meetings, the Health, Care and Wellbeing Scrutiny Committee has noted the plans to abolish Healthwatch and has raised concerns that Healthwatch's role in advocating for patients may be lost in any subsequent reorganisation.
4. The committee has invited Healthwatch Herefordshire to attend this meeting to discuss the proposed changes, and to identify principles for future arrangements for the work currently carried out by Healthwatch.
5. Healthwatch Herefordshire have prepared a report for the committee, covering their work to date, the proposed legislative changes, and principles for a local champion for people using health and social care services.

Community impact

6. The scrutiny function supports community development by holding the executive and its partners to account and making evidence-based recommendations that it believes will strengthen policy and practice in Herefordshire.

Environmental impact

7. Herefordshire Council provides and purchases a wide range of services for the people of Herefordshire. Together with partner organisations in the private, public and voluntary sectors we share a strong commitment to improving our environmental sustainability, achieving carbon neutrality and to protect and enhance Herefordshire's outstanding natural environment.
8. All reports to scrutiny committees, as with all council committees, include appraisals of the impact of the report content on climate change. Scrutiny committee work programmes directly link to the council plan priorities, including the key priority to 'Protect and enhance our environment and ensure that Herefordshire is a great place to live'.
9. Whilst this is a report on back office functions and will have minimal environmental impacts, consideration has been made to minimise waste and resource use in line with the council's Environmental Policy. Examples include:
 - a. Creation of an online-only briefing programme, eliminating the need to travel to Hereford for a single meeting.
 - b. Paper-free briefings and informal meetings, eliminating the need for printed paper.

Equality duty

10. Under section 149 of the Equality Act 2010, a public authority must, in the exercise of its functions, have due regard to the need to:
 - a. eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this act;
 - b. advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - c. foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
11. The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services. As this report is primarily for information, we do not believe that accepting (or rejecting) this report will have an impact on our equality duty.

Resource implications

12. Effective scrutiny produces evidence-based recommendations. These can be informed by learning from best practice and an understanding of 'what works' at other similar local authorities, as well as developing a robust picture of what the situation is locally based on data, intelligence and insights. Where adopted, recommendations can help with the efficiency and effectiveness of services that can be delivered differently, as well as informing the development of current and new policies.
13. As this report is primarily for information, there are no direct resource implications arising from this report.

Risk management

14. Effective scrutiny is a feature of the council's governance arrangements, where the council is operating executive arrangements. There are a range of factors that could result in risks to council of not doing scrutiny effectively. These include the failure to:
 - a. challenge and hold decision makers to account
 - b. link scrutiny work to the delivery of the council's priorities and risk management
 - c. carry out thorough and appropriate research to make evidence-based recommendations
 - d. engage partners and providers
 - e. ensure that structures and models of operation are fit for purpose and match ambition and available resources
 - f. ensure that scrutiny can operate as the voice of communities and
 - g. draw on member knowledge and experience to inform policy development.
15. To mitigate, tolerate or eradicate these risks, enablers for effective scrutiny include:
 - a. operating in an apolitical manner
 - b. clarity of vision and purpose
 - c. scrutiny support availability, capability and capacity
 - d. effective engagement and commitment by members and officers at all levels, including cabinet, opposition leaders, scrutiny chairs and senior officers who play a central role in setting the tone and direction
 - e. robust work programming and prioritisation of topics with clear objectives and expected impacts
 - f. ensuring that scrutiny work will add value to the council and communities e.g. through strong links between work programme topics and the integrated strategic plans that set out the actions and timescales to deliver the priorities in the County Plan
 - g. access to and availability of robust data and intelligence and
 - h. good relationships with partners and providers.

Consultees

16. None

Appendices

Appendix 1 Healthwatch Herefordshire *The Value of Local Healthwatch*

Background papers

None

Report Reviewers Used for appraising this report:

Governance	Danial Webb	Date 14/11/2025
Finance		Date
Legal		Date
Communications		Date
Equality Duty		Date
Procurement		Date
Risk		Date

Approved by	Date
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The value of Local Healthwatch



healthwatch
Herefordshire

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About Local Healthwatch

Who We Are:

Local Healthwatch are champions for people using health and social care services. There are over 150 local Healthwatch across the country. We make sure NHS leaders and other decision-makers listen to what people say and use that feedback to improve care. We also help the public find clear, reliable information and advice about health and care. Our goal is simple – to make health and care better for everyone.

What We Do:

- Support the public through advice and signposting.
- Gather real-time insight into public needs, experiences, and concerns.
- Share public feedback and evidence-based insights to improve planning, commissioning, and services.

Why We're Unique:

- **Community-led:** We listen directly to local people and make sure their experiences shape the way services are designed and delivered.
- **Partnership Working:** We work closely with the NHS, local councils, and voluntary organisations to make joined-up care a reality.
- **Insight-driven:** Our recommendations are based on real stories and data from our community engagement and research.
- **Rooted in the community:** Local Healthwatch are locally informed, so we understand the unique challenges and strengths of our areas.
- **Voice for all:** We make sure everyone, especially those who are seldom heard, have a say in shaping health and care.
- **Connected and consistent:** We're part of a national Healthwatch network, giving local voices influence at both local and national levels.

Our Impact

- We identify inequalities in health and social care and highlight how to address them.
- We provide the Integrated Care System (ICS) with meaningful public feedback to shape better services.
- We strengthen accountability and transparency across health and care organisations.
- We help partners meet their statutory duties around public engagement and consultation.

Legislative Background

NHS Reorganisation Act

1974

- Created Community Health Councils (CHCs).
- Marked the beginning of independent statutory services.
- Set a 51-year precedent for public involvement.

Local Government & Public Involvement in Health Act

2007

- Created Local Involvement Networks (LINKs).
- LINKs gathered views, influenced commissioning, and reported feedback.
- NHS complaints support outsourced to Carers Federation – costly and ineffective.

1

2

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Health & Social Care Act Changes

2001

- Introduced Patient and Public Independent Forums (PPIFs).
- Established Commission for Patient & Public Involvement in Health (CPPIH).
- Separated independent complaints services from PPI structure.

Health & Social Care Act

2012

- Replaced LINKs with Healthwatch.
- Healthwatch became the independent consumer champion for health and social care.
- Established Healthwatch England under the Care Quality Commission (CQC).
- Expanded statutory functions: enter and view services, represent local views, make recommendations, and support Independent NHS Complaints Advocacy

Organisational Background

Structure of Local Healthwatch

There are currently 153 local Healthwatch (LHW) in every area of England. They were introduced as part of the 2012 Health and Social Care Act.

Although some Healthwatch organisations are required to be social enterprises, there is no nationally mandated model for Local Healthwatch — creating a flexibility in terms of organisational arrangements.

Some local Healthwatch are jointly commissioned, with contracts and grants to deliver across two or more local authority areas.

- **Around 50% of LHW are individual ‘free-standing’ organisations** that solely or primarily deliver their Healthwatch contract. The other approximately 50% are referred to as ‘hosted’ Healthwatch, where the contract is held by another named organisation that also delivers other things.
- **Of that 50% that are hosted**, around a third are hosted by an organisation that only holds that single Healthwatch contract. The other two-thirds of contracts are held by organisations that hold two or more Healthwatch contracts to deliver in different areas. A few examples of organisations that hold a larger number of contracts are The Advocacy People, People First Cumbria, or The Care Forum. Some local Healthwatch organisations have transitioned from being ‘free-standing’ organisations to establishing themselves as CICs, allowing them to deliver other work in their area.
- **Around 85% of local Healthwatch organisations receive additional funding** from Local Authorities, Integrated Care Boards (ICBs), Public Health, and third-party bodies to support activities beyond their statutory duties. However, the proportion of this additional funding varies widely. For many, it represents a relatively small share of their overall budget, while for a few, it exceeds 50% of their total funding.

The functional scope of each local Healthwatch is shaped by the specific demands of its area. According to King’s College London’s 2022 ethnographic study of local Healthwatch:

- **56.3%** of LHW engage with only one Integrated Care Board.
- **82.3%** of LHW engage with only one Mental Health Trust.
- **62.5%** of LHW engage with only one Community Health Trust.
- **59.4%** of LHW engage with more than one Acute Hospital Trust.

Funding Overview

Funding Sources

1. **Local Reform and Community Voices Grant:** Department of Health & Social Care
2. **Local Government Finance Settlement:** Ministry of Housing, Communities & Local Government

(Neither funding source is ringfenced, allocation is determined by local authorities)

3. **Additional Funding Opportunities:** Local Healthwatch can also secure funding through commissioned work from Integrated Care Boards, Public Health, local authorities, and other third-party organisations.

(This funding can support work beyond statutory duties, provided it aligns with Healthwatch's remit and functions)

Funding Mechanism

Funding is distributed via the Adult Social Care Relative Needs Formula which supports local authorities in delivering the statutory functions of local Healthwatch, NHS Complaints Advocacy, and Deprivation of Liberty Safeguards.

Since 2014–15, Healthwatch England has tracked funding through annual surveys. Real-terms funding has declined by over £10 million since 2013–14.

- Healthwatch England is part of the Care Quality Commission (CQC), but local Healthwatch are independent.
- Local Healthwatch funding flows directly from the Department of Health & Social Care to local authorities.

Local Reform and Community Voices Grant Breakdown

- Deprivation of Liberty Safeguards in hospitals: £5.15 million
- Local Healthwatch funding: £14.15 million
- Independent complaints advisory services: £15.11 million

Key Considerations



Funding for local Healthwatch is small for the scope of its functions and support across England.



Healthwatch's extensive volunteer network enables outreach, data collection, public engagement, visits, and representation at no cost to taxpayer, all the while inputting a diverse range of perspectives.



Without local Healthwatch structures, thousands of hours of unpaid labour would be lost. This would increase the financial burden on other organisations that would need to replicate this work.

Core Duties of Local Healthwatch

The following duties are carried out by all local Healthwatch, either as part of their remit, or as part of their statutory functions as written in the Health and Social Care Act 2012.

Support the Public

- Help people find and access local services.
- Provide clear advice and information for informed care decisions.
- Offer accessibility support for people accessing health and care services.
- Operate physical hubs and drop-ins for advice and support.

Listening & Engagement

- Community engagement in everyday spaces, such as foodbanks, churches, and community groups.
- Provide online and in-person feedback channels regarding health and social care experiences.
- Attend community projects and forums.
- Co-produce services with the public and professionals.
- Liaise with voluntary organisations, local council and NHS boards (e.g. Health and Wellbeing Board), and other relevant groups regarding referrals, safeguarding, tackling health inequalities, and supporting individuals.

Advocacy & Complaints

- Support people and provide advice for individuals making complaints about health or care services.

Service Evaluation & Improvement

- 'Enter and View' visits are carried out in health and care settings such as care homes, GP practices, and hospitals. During these visits, Healthwatch staff and volunteers observe the quality of services and gather feedback from service users, their relatives, and carers about their experiences. The findings, along with any recommendations, are shared with service providers, Healthwatch England, regulators, and NHS & local authorities to improve these services.
- Publish reports by gathering public feedback themes and sharing them with commissioners and providers of health & care services and people responsible for managing or scrutinising local care services.
- Provide Healthwatch England with intelligence and insight, in order for it to run effectively and represent national trends.

Outreach & Awareness

- Run outreach and social media campaigns to gather feedback and local insight about health and care services.
- Inform and share through various platforms to the public about local health and social care information.

Additional Duties of Local Healthwatch

The following duties are not essential to the core delivery of local Healthwatch services. They are undertaken either due to specific local demands, variations in organisational structures, or differences in funding sources.

Advocacy & Complaints

- Provide independent NHS complaints advocacy (role is statutory, but providers of this service are determined by local authorities).
- Provide advocacy for people who may find it difficult to navigate services, e.g. due to a mental health condition (IMHA).

Service Evaluation & Improvement

- Independent service reviews for local public health or third-party organisations.
- Bespoke training for health and social care professionals.

Outreach & Awareness

- Create and share easy-to-understand public information guides.
- Host forums and multi-disciplinary teams, connecting and educating professionals across health and social care sector.

Examples of Commissioned Projects delivered across the Local Healthwatch Network

- Delivered non-clinical support to improve care and reduce attendances of high intensity users of emergency departments, as part of a cost-avoidance programme.
- Designed and implemented licensing frameworks enabling individuals in prison to access community dentistry services, improving health equity and continuity of care.
- Delivered system programmes to tackle health inequalities by gathering the lived-experience of young parents facing mental health challenges.
- Designed and delivered smoke-free campaigns in collaboration with public health and other organisations.
- Designed and delivered a hospital discharge project which informed resources like Pam's Story, the Move to Improve sheet, and the Working Together guide, helping patients stay active and involved in their care.
- Established Community Health Ambassador programmes which reach under-represented communities to share vital information, support innovative projects such as Safe Surgeries audit, and recruit a wide network of ambassadors.

The Value of Healthwatch



Advocacy & Support

- Mitigate concerns and reduce complaints by facilitating resolution meetings.
- Provide independent advocacy (not part of the Trust or commissioning bodies, like PALS).
- Support those unable to advocate for themselves or others.
- Offer exemplary success in NHS complaints advocacy.



Statutory Powers & Responsiveness

- Can request NHS responses within 20 days (often faster due to strong relationships) and can rapidly respond to identified issues.
- Use statutory powers to Enter & View health and care providers.



Navigation & Signposting

- Help people access the right care at the right time and place.
- Follow up to ensure successful referrals and outcomes.
- Focus on prevention by identifying unmet needs early and promoting timely access to care, improving public safety.



Community Engagement

- Deep engagement across communities to hear diverse voices.
- Outreach days in local areas to share knowledge and learn from services.
- Attend forums and events to strengthen collaboration.
- Meet social value standards by supporting vulnerable people, promoting sustainability, and helping providers deliver equitable, person-centred care across our communities.



Presence & Accessibility

- Weekly presence and drop-in support in public places across the community to support and signposts individuals.
- Work with Patient Participation Groups in GP practices.



Strategic Influence

- Represent public voice at: Health & Wellbeing Boards, Place Boards, Primary Care Boards, Mental Health Crisis Care Concordats, Quality Boards (Trusts & Local Authority), Safeguarding Boards, Transforming Care Boards, health overview groups and scrutiny committees.



Partnerships & Inclusion

- Strong relationships with health and care leaders, frontline staff, and groups within VCFSE.
- Champion the voice of unpaid carers.

Summary

Local Healthwatch supports all people.

Navigating health and social care is difficult; people sometimes need a little extra help. We are accessible with in-person, online, on the phone support, and we will go the extra mile to ensure that everyone gets help in the right place at the right time. Without our help and guidance, a large section of the community will be without their first point of contact in terms of finding the care that suits them.

Local Healthwatch are responsive and make changes happen.

Through our deep local knowledge, we deliver public feedback to better influence the planning, commissioning, and delivery of services. We take on new challenges, and our independence allows us to quickly pivot and be able to flex to local need.

We seek information and challenge assumptions.

It is vital that the voice of the public remains independent. Given our statutory roles, we have the unique ability to challenge bias, question decisions, and hold services accountable. Without local Healthwatch, decision makers might miss the real-world impact of their choices, and the health and care system could close lose vital transparency and accountability.

We bring services and community groups together.

We work service-to-service to ensure that professionals are informed about changes and support available. We offer training, host forums, attend community events, and directly engage with other services to help bridge the gap between services.

Powered by people who live, work and use services in their areas

Local Healthwatch staff teams and volunteers live, work and use local health and care services and the organisation buys local resources to support the local economy, as well as connecting and creating relationships with local groups.

Focus on prevention

Through signposting and support, we help connect individuals to the right care, at the right time, in the right place, improving access, safety, and wellbeing and addressing inequalities across our communities: all helping to relieve the burden on stretched services. Our goal is to empower people's choices today to prevent problems in the future.

National Position on proposed legislative changes

The secretary of state for health & social care Wes Streeting MP announced in July that there would be health system reforms, including the abolition of Healthwatch England and Local Healthwatch.

This was a recommendation of the DASH review of patient safety, to simplify the landscape of patient experience feedback.

What we know so far

- Any changes will require a new act of legislation to go through Parliament, until this occurs Local Healthwatch remain a statutory function.
- The function for gathering patient experience will be transferred separately to Local Authorities and Integrated Care Boards locally, and nationally there will be a directorate of patient experience set up within the department of Health & social Care.
- There have been no details released yet outlining the scope of these functions.
- DHSC have indicated that local authorities and ICB's would be able to work together to commission out the new function, but there has been no detail about the permissive nature and scope of the specification.
- There has been no clarification from DHSC whether the c. £25 million that currently funds Healthwatch England and all Local Healthwatch will remain for the replacement functions and how this would be allocated.
- There has been no clarification to confirm whether TUPE of staff will apply to local Healthwatch.
- There has been no timeline or plans released for the transition of the functions.
- It is expected that there will be a white paper outlining the reforms including the future of Healthwatch in the new year-Easter 2026, and that an act of parliament would normally take about 12 months from this point.
- The Local Healthwatch Network are currently assuming the transfer will happen early in 2027.
- There is currently a review being undertaken by The Kingsfund to influence the future functions of the replacement to local & national Healthwatch.

What is important to consider in future arrangements

Based on the experience across the Healthwatch network since Healthwatch was established in 2013, Healthwatch England have advised Government that any new system be based on five tried and tested principles.

- 1. Be locally driven:** National policymakers will get the full picture only by ensuring the consistent collection of people's experiences on the ground and having the infrastructure in place for this insight to reach them via the NHS and local councils.
- 2. Reach out to communities:** Many people don't trust formal feedback routes and won't talk to organisations unless they are seen as independent and impartial. To hear diverse views and identify inequalities, local and national governments must work hard to reach out to communities and demonstrate that they are listening. Our experience has involved ensuring staff have the right skills to engage communities, working with local groups and harnessing volunteers that local people trust.
- 3. Value qualitative evidence:** Data only tells part of the story. Collecting and analysing people's experiences is essential to understanding the impact of good or poor care, the existing blind spots, gaps in provision, unmet need, and the solutions.
- 4. Make patient experience central to decision-making:** Hardwire links between the NHS, councils and the new Directorate of Patient Experience and ensure that patient experience staff have a strong presence at every policymaking level.
- 5. Be transparent and show you are listening:** The system, from the national Government down, must be transparent about people's top concerns, open to getting views on "difficult" issues, and demonstrate that sharing feedback leads to change. It's also important that the public understands how NHS and social care services can be held to account when they don't listen.

Healthwatch Herefordshire

Background



Healthwatch Herefordshire has been through 3 iterations since 2013:

2013–2016 Healthwatch Herefordshire was a contract held by hvoss and Herefordshire Carers support, delivered as a project within their organisations for the value of £140,000 per year.

2016–2024 when hvoss handed back the contract to the Local Authority at the end of 2015 the team set up a limited company called Healthwatch Herefordshire, with some administrative support from Healthwatch Worcestershire, to operate as a stand-alone organisation. In October 2020 we were awarded a new contract for 5 years +1 +1 to the value of £140,000 per year.

2024 Healthwatch Herefordshire set up a charitable Incorporated organisation called Community Power, and the Healthwatch contract was novated from Healthwatch Herefordshire Limited to Community Power from 1 April 2025. At this point all the assets and staff were transferred to the charity Community Power and we are in the process of closing the dormant limited company.

Since 2016 The Healthwatch team have adapted to the rising inflationary costs, and static value Healthwatch contract since 2013, by taking on additional commissioned projects to bring in revenue. Currently the Healthwatch Contract is approximately 50–60% of the charity's income.

Community Power

In addition to the local Healthwatch contract, the charity is currently delivering a range of additional work funded through charitable grants, fundraising, NIHR, University of Worcester, NHS England, ICB, and occasional projects for Public Health and General Practice.



Healthwatch Herefordshire

Impact



The real value of our local work is in how we *apply* the Healthwatch principles, not just *what* we do, but *how* we do it

Crude public feedback on its own can be meaningless. Our expertise leads us to structure each piece of work, so it genuinely reflects the voice of particular communities, of interest or geography. We pride ourselves in adapting our methods thoughtfully so that every project is personalised and methodical. We do not take a one-size-fits-all approach.

For example, we worked for a year alongside the Gypsy, Roma and Traveler community, helping them clear their site as a first step to building trust, showing a practical empathy that no standard engagement exercise could replicate. As a result, the richness of the information obtained was far greater and the relationships achieved far more long-lived than could be achieved through conventional consultation methods.

The team have countless examples of tailored and thoughtful engagement, such as work to understand cultural differences to health access for Ukrainian communities leading to resources to overcome barriers and misunderstanding. Our work with learning-disability groups demonstrates how we actively seek out the voices that are least likely to come forward putting them at the centre of designing video resources for other people to encourage learning disability health checks in general practice.

This thoughtful and flexible approach is rooted in our strong local networks and genuine local insight. It allows projects to uncover deeper, more meaningful findings, often achieving better value for money and richer results than an external communication and engagement consultancy could deliver.

Just as important is the quality of what we produce. The way we design, and frame engagement means the data and narratives we gather form a rich, multi-coloured picture of what is actually happening. It is not adequate to funnel people into expected answers about transactional episodes of care, we leave space for the unexpected in what matters to the public. Often this isn't about the service in front of someone, it is about the gaps and the join up between services and integration.

Our "chatty van" is a perfect example of how we disarm people and make the process of speaking up more accessible rather than intimidating. We have a track record, built up over 12 years working in Herefordshire communities, reaching off the beaten track and beyond traditional methods.

Some Healthwatch services have adopted a combative stance when communicating with local public-sector partners. The unique nature and strength of Herefordshire is in collaboration and partnerships. We have always taken a constructive and mature approach, championing the voice of the public while also recognising the operational pressures and resource constraints providers face. That balance ensures that our insights land better, strengthen trust, and are more likely to lead to improvement rather than defensiveness.



How we go beyond listening

As an organisation, our evolution into a charity has been driven by a commitment to work with communities and act on what we hear, ensuring lived experience shapes the design, delivery and improvement of health, care and community services. We pride ourselves on our deep expertise in cross-sector working, our ability to convene diverse partners, and our understanding of the whole health and social care continuum — from statutory services to the voluntary sector and the lived realities of individuals.

The complementary relationship between Healthwatch Herefordshire and Community Power's wider projects delivers exceptional value for money. Every pound invested generates additional social value, strengthened community capacity, and increased reach into groups who do not typically access statutory engagement routes. This integrated model ensures that insight is not simply gathered—it is acted upon, translated into improvement, and embedded within system change.

We have provided consistent **leadership and facilitation of collaborative partnerships** that deliver practical impact:

Herefordshire Homelessness Forum

Chaired by Healthwatch, this multi-agency forum brings together statutory partners, housing providers, frontline organisations and faith groups to reduce and prevent homelessness. Under our leadership, the Forum co-produced and launched the Herefordshire Homeless Charter, creating a shared countywide framework that centres dignity, safety, and choice for people experiencing homelessness.

Herefordshire Health Inequalities Collaborative

For over three years, Healthwatch has chaired this multiagency partnership of ICS, Council, NHS and VCSE leaders. The group uses shared insights, lived experience and population data to design collective action on inequalities, culminating in a countywide Health Inequalities Strategy that aligns efforts across the system.

Herefordshire Community Partnership

In 2021, in response to the development of Integrated Care Systems, Healthwatch led the co-production of a countywide VCSE-ICS partnership forum. This platform strengthens the strategic voice of community organisations, improves cross-sector collaboration, and ensures the VCSE has meaningful influence in ICS decision-making, prevention planning and service redesign.

The future for Community Power and Healthwatch



Here are some of the additional projects and initiatives Community Power provide:

- Commissioned community engagement & consultation services
- Service evaluation work
- Lee's Place Homeless hot food and support hub in Hereford 7 evenings a week
- Cancer Prevention Projects Herefordshire & Worcestershire
- Community Health Champion volunteer project
- Worcestershire VCSE Alliance
- Wellbeing peer support courses for long term conditions
- Herefordshire Homeless Forum
- Herefordshire Health Inequalities group
- Herefordshire Community Partnership
- Research Engagement Networks National project
- Gypsy Roma Traveler connector project
- Herefordshire & Worcestershire cancer connector project

Whilst it will be challenging, Community Power plans to continue its other work without the local Healthwatch contract when the transition happens.

We do not know if TUPE will apply to Healthwatch staff yet, and we do not know if there is a role for our expertise in the new arrangements that will be made by Local Authorities and Integrated Care boards.

We may need to undertake a review of the operating model of Community Power when we know more, and this could have redundancy implications for some of the team.



Community Power's Offer to the Local Authority & ICB

When statutory Healthwatch functions end, **Community Power** is uniquely placed to continue providing **independent, community-rooted insight and engagement** that ensures local voices still shape health and care decisions.

Our Unique Strengths

Locally rooted independence: We are a Herefordshire-based charity with deep connections across neighbourhoods, voluntary groups, and seldom-heard communities. Our staff and volunteers live and work locally, giving us authenticity and trust.

Evidence-driven listening: We collect qualitative insight and lived-experience stories that explain the “why” behind data—helping commissioners understand barriers, inequalities, and solutions in real people’s terms.

Bridge between people and systems: We translate community experience into practical recommendations for system partners, ensuring accountability and transparency are retained even after Healthwatch ends.

Our Expertise

Patient & public engagement: Twelve years’ experience running Healthwatch in Herefordshire has built strong relationships with GP practices, hospitals, social care providers and the VCSE sector.

Community research and co-production: We design and deliver projects on cancer prevention, health inequalities, homelessness, and long-term conditions—demonstrating skill in mobilising local voice into measurable outcomes.

Volunteer development: Our Community Champion and Connector models train trusted residents to gather feedback and promote screening, prevention and wellbeing across diverse communities. We have a proven track record of harnessing the value in communities with Lee’s Place with over 70 volunteers.

What We Can Offer

Independent local insight service to support statutory duties for engagement, equality and transparency.

Commissioned community engagement programmes focused on tackling inequalities, early diagnosis, and prevention.

Continuous qualitative intelligence to inform ICS priorities, quality boards, and Health & Wellbeing Strategies.

Partnership convening across VCSE, health, and community groups to ensure inclusion and shared accountability.

Why It Matters

We would strongly urge our Local Authority and ICB leaders to come together to commission the future function Jointly to create independence and join up across health & social care for the residents of Herefordshire.

Without an independent voice, local systems risk losing authentic feedback and early warnings about gaps in care. Community Power offers a ready, trusted, locally embedded infrastructure to keep public experience at the heart of decision-making—ensuring that Herefordshire’s communities continue to be heard, respected, and represented.



Title of report: Work programme 2025/6

Meeting: Health, Care and Wellbeing Scrutiny Committee

Meeting date: Monday 24 November 2025

Report by: Statutory Scrutiny Officer

Classification

Open

Decision type

This is not an executive decision

Wards affected

All Wards

Purpose

To consider the draft work programme for the Health, Care and Wellbeing Scrutiny Committee until July 2026.

Recommendation(s)

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 monthly 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.**

Alternative options

- 1. The committee could decline to agree a work programme for its future committee meetings. This would likely result in unstructured and purposeless meetings.
- 2. The committee could also decline to identify areas of potential collaboration or alignment of work with other committees. This could result in duplication or overlap of work.

Key considerations

3. 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.
4. To prepare this work programme, the committee chair meets regularly with the relevant corporate director and with officers of the council to identify potential priority areas of work for the committee. These priority areas are agreed by the committee and 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, for further comment and refinement.
5. Herefordshire Council has undertaken a review of its scrutiny function, resulting in a number of recommendations to develop the service. Fundamental to the review was a recommendation that committees reconsider their work programmes, considering different ways of carrying out their work in addition to formal committee meetings. It is proposed to bring a fresh work programme for the 2025-2026 municipal year to the next meeting of the committee.
6. Attached as Appendix 2 to this report is the council's most recently published forward plan of key decisions.

Community impact

7. Effective scrutiny enables the committee to reflect community concern, one of the four purposes of scrutiny as outlined by the Centre for Governance and Scrutiny.

Environmental impact

8. This report contains no direct environmental impacts. However the work that the committee will undertake resulting from agreeing this work programme may have direct impacts. Reports arising from or supporting this work will outline their potential environmental impact.

Equality duty

9. The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services. This report contains no direct equality impacts. However the reports and issues that the committee will consider may have direct impacts. Reports arising from or supporting this work will outline the any associated equality impacts for committee consideration.

Resource implications

10. This report constitutes part of the typical function of this committee. Similarly, a programme of work undertaken by committee is an integral part of the council's 'business as usual'. There is no resource implication in setting or agreeing a work programme. However agreed topics in the

work programme, in particular any requests for bespoke research or the involvement of outside experts or community groups, may incur resource costs. These will be contained in any reporting or planning of agreed topics within this work programme.

Legal implications

11. The remit of the scrutiny committee is set out in part 3 section 4 of the constitution and the role of the scrutiny committee is set out in part 2 article 6 of the constitution.
12. The Local Government Act 2000 requires the council to deliver the scrutiny function.

Risk management

13. There are no risks identified in the committee agreeing an effective and timely programme of work. However there is a risk to the council's reputation if committees fail to set a work programme, or set a programme of work that does not address local authority, partnership or community priorities.

Consultees

14. In drafting this work programme, consideration has been given to:
 - a. The recent review of the scrutiny function at Herefordshire Council;
 - b. The previous work of scrutiny committees;
 - c. Priorities suggested by members of the committee; and
 - d. Work with Herefordshire Council officers to develop topics and agree optimum timings to bring items for consideration.
15. This work programme is subject to ongoing review, which may involve additional consultees.

Appendices

Appendix 1 – Health, Care and Wellbeing Scrutiny Committee work programme 2025-2026
 Appendix 2 – Herefordshire Council Forward Plan November 2025

Background papers

None



Health Care and Wellbeing Scrutiny Committee

Committee work programme

Committee Meeting

24 November 2025 **report deadline 13 November 2025**

Topic and Objectives	Evidence required	Attendees*
Healthwatch <ul style="list-style-type: none"> Update on proposals for Healthwatch The role of Patient Participation groups 		Healthwatch Herefordshire
Work programme <ul style="list-style-type: none"> Review work programme 	<ul style="list-style-type: none"> Draft work programme 	<ul style="list-style-type: none"> Statutory Scrutiny Officer

Committee Briefing

25 November 2025

Topic and Objectives	Evidence required	Attendees*
Community activities services provision <ul style="list-style-type: none"> Meeting with service providers 	<ul style="list-style-type: none"> Site visit 	<ul style="list-style-type: none"> Service providers

Committee Briefing
9 December 2025 (TBC)

Topic and Objectives	Evidence required	Attendees*
Wye Valley Trust food patient survey <ul style="list-style-type: none"> Meeting with WVT officers on overview of food quality at the trust 	<ul style="list-style-type: none"> Overview by Wye Valley Trust 	<ul style="list-style-type: none"> Attendees to be agreed

Committee Meeting
26 January 2026 report deadline 15 January 2026

Topic and Objectives	Evidence required	Attendees*
Herefordshire and Worcestershire Health and Care NHS Trust strategy <ul style="list-style-type: none"> Consider an update on progress to address the recommendations from the CQC inspection of the trust Scrutinise development of the new Trust strategy Consider work underway to develop neighbourhood health services 	<ul style="list-style-type: none"> Trust strategy update 	Director of Strategy and Partnerships, Herefordshire and Worcestershire Health and Care NHS Trust
CQC Inspection of adult social care services <ul style="list-style-type: none"> Examine findings of the recent CQC inspection of adult social care services. Scrutinise any action plan arising from the inspection findings. 	<ul style="list-style-type: none"> CQC inspection findings Post-inspection action plan 	
Work programme <ul style="list-style-type: none"> Review work programme 	<ul style="list-style-type: none"> Draft work programme 	<ul style="list-style-type: none"> Statutory Scrutiny Officer

Committee Meeting**March 2026 report deadline March 2026**

Topic and Objectives	Evidence required	Attendees*
Shaping neighbourhood health <ul style="list-style-type: none"> Analyse how the health partnership identifies health needs in communities. Scrutinise provision of current and future neighbourhood health services. 	<ul style="list-style-type: none"> Neighbourhood health bid Taurus Out of Hours GP service Worcestershire Council papers 	<ul style="list-style-type: none"> Attendees to be agreed
Work programme <ul style="list-style-type: none"> Review work programme 	<ul style="list-style-type: none"> Draft work programme 	<ul style="list-style-type: none"> Statutory Scrutiny Officer

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

Committee Briefing**April 2026 (TBC)**

Topic and Objectives	Evidence required	Attendees*
Herefordshire Safeguarding Adults Board Annual Report <ul style="list-style-type: none"> Review the work of the Herefordshire Safeguarding Adults Partnership. 	<ul style="list-style-type: none"> Safeguarding Adults Board Annual Report 	<ul style="list-style-type: none"> Kevin Crompton, Independent Scrutineer, Safeguarding Boards

Committee Meeting

May 2026 **report deadline May 2026**

Topic and Objectives	Evidence required	Attendees*
Joint Strategic Needs Assessment <ul style="list-style-type: none"> Review work to develop a new joint strategic needs assessment for Herefordshire. 	<ul style="list-style-type: none"> Joint Strategic Needs Assessment 	<ul style="list-style-type: none"> Director of Public Health
Health and Wellbeing Strategy <ul style="list-style-type: none"> Objectives to be agreed 	<ul style="list-style-type: none"> Evidence to be agreed 	<ul style="list-style-type: none"> Attendees to be agreed

Q2 Better Care Fund outcomes (if CQC inspection item not ready)

Committee Meeting

July 2026 **report deadline July 2026**

Topic and Objectives	Evidence required	Attendees*
Right Care Right Place <ul style="list-style-type: none"> Update on work to deliver acute community mental health support in Herefordshire. 	<ul style="list-style-type: none"> Evidence to be agreed 	<ul style="list-style-type: none"> Attendees to be agreed
Q2 Better Care Fund outcomes	<ul style="list-style-type: none"> Evidence to be agreed 	<ul style="list-style-type: none"> Attendees to be agreed

Health Care and Wellbeing Scrutiny Committee

Meeting the Demand for Adult Social Care Task and Finish Group

Work programme

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 <ul style="list-style-type: none"> • <i>Understanding Herefordshire</i> demographic data • <i>Future population of Herefordshire</i> report • Joint Strategic Needs Assessment report 	Charlotte Worthy/Herefordshire Research team	Dec 25-Jan 26
Understand the demand for adult social care in Herefordshire	<ul style="list-style-type: none"> • Current rates of demand for adult social care <ul style="list-style-type: none"> ○ Type of demand (domiciliary, residential, nursing) ○ Duration ○ Change over time 	Zakia Loughhead	Dec 25-Jan 26
Compare demographic change and demand for adult social care compared to other local authorities	<ul style="list-style-type: none"> • Desktop research comparison with 'statistical neighbours' 	Danial Webb/Henry Merricks-Murgatroyd	Dec 25-Jan 26
GROUP MEETING		Henry Merricks-Murgatroyd	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
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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	<ul style="list-style-type: none"> Interview with Cabinet portfolio holders 		Feb-Mar 26
GROUP MEETING		Henry Merricks-Murgatroyd	April 2026

Objective To identify strategies and work carried out by Herefordshire Council and other local authorities to reduce demand, 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 Meeting with other community team in another local authority	Emily Lowe – Talk Community	May-Jun 26
Market shaping and support	Meeting – service director Meeting – care providers’ network	Commissioning	May-Jun 26
Supported living	Meeting – director for housing support Visit to supported housing	Hayley Crane A supported housing provider	May-Jun 26

In-house services and the role of Hoople	Case study – Essex Meeting with Hoople		May-Jun 26
GROUP MEETING		Henry Merricks-Murgatroyd	July 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	October 2026

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	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
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FORWARD PLAN FOR 7 November 2025 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
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Cabinet decisions by date (Key and Non-key listed)

Local Transport Plan 5	Cabinet 20 November 2025		Economy and Environment	31 October 2025	KEY
Local Walking and Cycling Plan adoption To seek Cabinet approval for the adoption of the Local Walking and Cycling Plan	Cabinet 20 November 2025	Cabinet member transport and infrastructure Ffion Horton, Transport Planning Services Manager <small>ffion.horton@herefordshire.gov.uk</small>	Economy and Environment	31 October 2025	KEY Open
Q2 2025/26 Budget Report To report the forecast position for 2025/26 at Quarter 2 (June 2025), including explanation and analysis of the drivers for the material budget variances, and to outline current and planned recovery activity to reduce the forecast overspend	Cabinet 20 November 2025	Cabinet member finance and corporate services Rachael Sanders, Director of Finance <small>Rachael.sanders@herefordshire.gov.uk</small> <small>Tel: 01432 383775</small>	Corporate Support Centre	31 October 2025	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
Q2 Performance Report To provide an update on the progress against the delivery plan and key KPIs as of end of Q2.	Cabinet 20 November 2025	Cabinet member finance and corporate services Jessica Karia, Head of Corporate Performance and Intelligence <small>jessica.karia@herefordshire.gov.uk</small> <small>Tel: 01432 260976</small>	Corporate Support Centre	31 October 2025	Non Key Open
Risk Management Update Quarter 2 2025-26 To provide an update on the status of corporate risks at the end of Quarter 2 2025/26 (June 2025) and provide assurance that risks are being managed effectively across the council.	Cabinet 20 November 2025	Cabinet member finance and corporate services Rachael Sanders, Director of Finance <small>Rachael.sanders@herefordshire.gov.uk</small> <small>Tel: 01432 383775</small>	Corporate Support Centre	31 October 2025	Non Key Open
Hereford Western Bypass Phase One Land Acquisition CPO Resolution by cabinet to acquire land for the construction of the Hereford Western Bypass Phase one project through a compulsory purchase order.	Cabinet 18 December 2025	Cabinet member transport and infrastructure Scott Tompkins, Delivery Director - Infrastructure <small>scott.tompkins@herefordshire.gov.uk</small>	Economy and Environment	31 October 2025	KEY Part exempt

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
The New Public Realm Service This report seeks approval to award the council's Public Realm Service contract.	Cabinet 18 December 2025	Cabinet member local engagement and community resilience Ed Bradford, Head of Highways and Traffic Edward.Bradford@herefordshire.gov.uk Tel: 01432 260786	Economy and Environment	31 October 2025	KEY Open
Cabinet Member Decisions (Key and Non Key decisions)					
Portfolio: adults, health and wellbeing					
Reprocurement of Herefordshire Independent Adult Advocacy Services To approve the reprocurement of Herefordshire Independant Adult Advocacy Services, bhy way of an open tender process.	Cabinet member adults, health and wellbeing 28 November 2025	Cabinet member adults, health and wellbeing John Burgess, Senior Commissioning Officer John.Burgess3@herefordshire.gov.uk	Community Wellbeing	31 October 2025	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
<p>Children's Emergency Out of Hours Duty Team (EDT) Service</p> <p>To agree to the direct award, by exemption, of this contract to the incumbent service provider.</p> <p>The Emergency Duty Team (EDT) Service exists to provide an emergency responsive service for children and young people up to the age of 18, but in line with the Leaving Care Act 2000 the service is available to any care experienced young person aged up to 25.</p> <p>The service is provided when a child or young person is believed to be at risk of significant harm, and from whom delay until the next working day would be detrimental to their welfare and safety. The service ensures that they continue to be safeguarded in the immediate term.</p> <p>There is a statutory duty for local authorities to safeguard and promote the welfare of children within their area who are in need. This is Section 17(1) of the Children Act 1989.</p>	<p>Cabinet member children and young people</p> <p>10 November 2025</p>	<p>Cabinet member children and young people</p> <p>Sam Westwood, Commissioning Officer, All Age Disability, Community Wellbeing</p> <p>Sam.Westwood@herefordshire.gov.uk Tel: 01432 383097</p>	<p>Community Wellbeing</p>	<p>31 October 2025</p>	<p>KEY</p> <p>Open</p>

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
The provision of a staffed and managed overnight short breaks and outreach service children for children and young people 0-18 To approve the option to commission a single Supplier, through a competitive tender exercise, to develop and deliver registered overnight short breaks service from a property owned by the council, that will incorporate an outreach service to deliver support within in the child's family home and or in the community	Cabinet member children and young people 21 November 2025	Cabinet member children and young people Sandra Griffiths, Commissioning officer <small>sgriffiths3@herefordshire.gov.uk Tel: 01432 383141</small>	Children and Young People	31 October 2025	KEY Open
Portfolio: community services and assets					
Retaining of the swimming pool at Peterchurch Primary School To approve the retention of and structural improvements to the swimming pool at Peterchurch Primary School	Cabinet member community services and assets 26 November 2025	Cabinet member community services and assets Quentin Mee, Head of Educational Development <small>Quentin.Mee@herefordshire.gov.uk</small>	Children and Young People	31 October 2025	Non Key Open
Portfolio: economy and growth					
Portfolio: environment					

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
Allocating the Climate and Nature Reserve Phase 2 To Allocate the balance of the Climate and Nature Reserve for the delivery of projects which will positively impact the climate and natural environment of Herefordshire to the benefit of all who reside in the county.	Cabinet member environment 20 November 2025	Cabinet member environment Richard Vaughan, Acting Head of Environment <small>Richard.Vaughan@herefordshire.gov.uk Tel: 01432 260192</small>	Economy and Environment	31 October 2025	KEY Open
Herefordshire Tree, Hedgerow and Woodland Strategy (H-THAWS). To consider and endorse the new countywide Herefordshire Tree, Hedgerow and Woodland Strategy (H-THAWS).	Cabinet member environment 28 November 2025	Cabinet member environment Mandy Neill, Senior Landscape Officer <small>mandy.neill@herefordshire.gov.uk</small>	Economy and Environment	31 October 2025	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
Solar Car Ports at Plough Lane To approve the scoping and construction of solar car ports at Plough Lane	Cabinet member environment 12 December 2025	Cabinet member environment Katie Ainsworth, Senior Project Manager, Richard Vaughan, Acting Head of Environment, Rosanna Willmott, Sustainability and Climate Change Officer <small>katie.ainsworth2@herefordshire.gov.uk, Richard.Vaughan@herefordshire.gov.uk, rosanna.willmott@herefordshire.gov.uk</small> <small>Tel: 01432 260192, Tel: 01432 261749</small>	Economy and Environment	31 October 2025	KEY Open
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 environment 17 April 2026	Cabinet member environment Mandy Neill, Senior Landscape Officer, Richard Vaughan, Acting Head of Environment <small>mandy.neill@herefordshire.gov.uk, Richard.Vaughan@herefordshire.gov.uk</small> <small>Tel: 01432 260192</small>	Economy and Environment	31 October 2025	KEY Open
Portfolio: finance and corporate services					

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: local engagement and community resilience					
The New Public Realm Service - Fleet This report seeks approval to procure the internal fleet required to deliver the New Public Realm Service from 1 June 2026.	Cabinet member local engagement and community resilience 11 November 2025	Cabinet member local engagement and community resilience Ed Bradford, Head of Highways and Traffic <small>Edward.Bradford@herefordshire.gov.uk Tel: 01432 260786</small>	Economy and Environment	31 October 2025	KEY Open
The New Public Realm Service – Depot Facilities This report seeks approval to procure and undertake any necessary works to depot and other facilities as required to deliver the New Public Realm Service from 1 June 2026.	Cabinet member local engagement and community resilience 23 January 2026	Cabinet member local engagement and community resilience Ed Bradford, Head of Highways and Traffic <small>Edward.Bradford@herefordshire.gov.uk Tel: 01432 260786</small>	Economy and Environment	31 October 2025	KEY Open
Portfolio: roads and regulatory services					
Portfolio: transport and infrastructure					

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
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 20 November 2025	Cabinet member transport and infrastructure Ffion Horton, Transport Planning Services Manager, Scott Tompkins, Delivery Director - Infrastructure, Richard Vaughan, Acting Head of Environment <small>ffion.horton@herefordshire.gov.uk, scott.tompkins@herefordshire.gov.uk, Richard.Vaughan@herefordshire.gov.uk Tel: 01432 260192</small>	Economy and Environment	31 October 2025	Non Key Open