

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 April 2026 at 2.00 pm

Committee members present in person and voting: Councillors: Simeon Cole, Pauline Crockett (Chairperson), Dave Davies, Richard Thomas and Kevin Tillet (Vice-Chairperson)

Others in attendance:

J Burgess	Commissioning Manager	Herefordshire Council
Z Clifford	Director of Public Health	Herefordshire Council
M Evans	Democratic Services Officer	Herefordshire Council
Councillor C Gandy	Cabinet Member Adults, Health and Wellbeing	Herefordshire Council
J Jeffery	Director of Midwifery	Wye Valley NHS Trust
H Merricks-Murgatroyd	Democratic Services Officer	Herefordshire Council
S Nicholls	Chair	Carers' Partnership Board
S Shingler	Managing Director	Wye Valley NHS Trust
Councillor R Tully		Herefordshire Council
D Webb	Statutory Scrutiny Officer	Herefordshire Council

10. APOLOGIES FOR ABSENCE

Apologies for absence were received from Cllr Mark Dykes.

11. NAMED SUBSTITUTES

There were no named substitutes.

12. DECLARATIONS OF INTEREST

The Chairperson noted that she is a member of the Carers' Partnership Board.

13. MINUTES

The minutes of the previous meeting were received.

Resolved: That the minutes of the meeting held on 11 February 2026 be confirmed as a correct record and be signed by the Chairperson.

14. QUESTIONS FROM MEMBERS OF THE PUBLIC

A document containing a question received from a member of the public and the response given was included in Supplement 2 to the agenda.

15. QUESTIONS FROM MEMBERS OF THE COUNCIL

No questions were received from councillors.

16. CARERS' PARTNERSHIP BOARD ANNUAL REPORT 2025

The committee considered a report on the Carers' Partnership Board Annual Report 2025 item.

The principal points of the subsequent discussion are summarised below:

1. The Commissioning Manager explained that the unpaid carers strategy for Herefordshire was published in July 2024 and that one of its first key aims was to establish a Carers' Partnership Board, with the first official meeting taking place in January 2025.
2. It was noted that the annual report was the first report to scrutiny on the work of the board and highlighted progress made over the previous year against the action plan.
3. The committee heard that one of the main areas of progress had been carers' assessments in adult social care, which are now required to be completed as standalone assessments through the Mosaic IT system rather than being combined with the assessment of the cared-for person. It was added that this would enable unpaid carers to speak privately about their circumstances and would also improve the council's ability to identify unpaid carers and maintain better data on the support they may need.
4. The Commissioning Manager reported that work was also taking place with children's services on a "no wrong door" approach for young carers, including use of a screening tool and an intended launch around possibly September.
5. The Chair of the Carers' Partnership Board emphasised the importance of hearing directly from carers with lived experience and noted that more carers were now contributing to the board, despite the difficulties many carers face in leaving the person they care for in order to attend meetings. It was also noted that events had been held to bring together carers, the board and the wider public in order to identify what support was missing and how life for carers could be improved.
6. It was noted that there is a subgroup for young carers, known as the Young Carer Support Squad, which aims to raise awareness of young and young adult carers, strengthen relationships with schools, coordinate awareness activity, and support national campaigns such as Young Carers Action Day.
7. In response to a question about membership of the board, the committee was advised that work had been undertaken to confirm membership reflects those people who wish to attend and do attend. It was noted that carers with lived experience are offered pre-meetings in advance of board meetings so that they can raise issues and feel more confident in contributing.
8. In response to a question about Healthwatch representation, it was noted that the future national position remained unclear, but that the board would continue to seek an independent voice able to work across health and social care and act as a critical friend.
9. The Chair of the Carers' Partnership Board added that if Healthwatch ceases to be involved there would be a need for stronger NHS links within the board, as carers' issues span health, social care and wider day-to-day support needs.

10. It was noted that transport remains a significant barrier for some young carers in attending groups and events, particularly for those living outside Hereford or the market towns, although online support continues alongside in-person provision.
11. The committee also heard that work was continuing on identification cards for carers and young carers, including options for production, funding and practical use, and that related work was also taking place on an emergency card for adults.
12. It was noted that identification cards could be useful in settings such as schools and pharmacies and may also provide wider practical benefits, although further development work was still required.
13. In response to a question about legal support, the Commissioning Manager noted that a future board meeting in July would include a speaker on lasting power of attorney so that information and advice could be shared more widely.
14. Committee members commented on the importance of improving public awareness so that more people recognise themselves as carers and understand that support is available.
15. The Cabinet Member Adults, Health and Wellbeing suggested that parish councils could be used more to help publicise support available to carers, including through parish council reports, parish magazines and noticeboards, and that councillors could assist in sharing key contact details and information locally.
16. The Commissioning Manager noted that the strategy and action plan included work to support Herefordshire Council to become a carer-friendly organisation. It was added that the recent staff survey had included a question on caring responsibilities and that 20% of respondents had identified themselves as carers, with further work potentially needed on updating policies, procedures, manager training and wider support.

Resolved

1. **To support the introduction of a carers' card for all carers.**

17. HOME BIRTH SERVICES

The committee considered a report on the Home Birth Services item.

The principal points of the subsequent discussion are summarised below:

1. The committee considered the item following concerns raised by residents regarding the suspension of the home birth service.
2. In introducing the item, the chairperson noted that a trust can suspend a home birth service where it concluded that the service could not be provided safely and that patient choice had to be balanced with patient safety, staffing levels and clinical governance.
3. The Director of Midwifery Wye Valley Trust explained that the review of the service had followed a high-profile case in Manchester and the publication of a prevention of future deaths notice, which identified key areas of concern including

the absence of national guidance, issues relating to training and competence, and variation in service models.

4. It was noted that NHS England had formally asked the trust to undertake a review of its home birth provision, including the operational model, care planning and risk assessment, and the governance and oversight of the service.
5. The review, which began early in 2026, identified a decline in the home birth rate and, as a consequence, reduced exposure to home birth practice for some newer and longer-standing members of staff, creating concerns about maintaining competence.
6. It was also noted that changes to neonatal life support (NLS) guidance had also highlighted the need for additional equipment to support neonatal resuscitation while awaiting the arrival of paramedic colleagues.
7. The trust had completed the review and had taken action to increase staff exposure to intrapartum care, order the required equipment, begin training in its use, and strengthen operating procedures to support women in making informed choices about place of birth.
8. The Director of Midwifery Wye Valley Trust explained that the remaining step before recommending reinstatement of the service to the board was completion of training in neonatal resuscitation, although the timing remained dependent in part on the arrival of nationally sourced equipment.
9. In response to a question on timescales, the committee was advised that some of the required equipment had already been received and that a small number of midwives would be trained once the remaining equipment arrived, with the trust indicating that the process should take a number of weeks rather than months.
10. The Managing Director Wye Valley Trust advised that, once the equipment was available, training can begin and a recommendation would then be made to the board to reconvene the service, although a definitive date could not be given because the timing of equipment supply was outside the trust's control.
11. It was noted that women considering a home birth were encouraged to contact the trust directly so that individual advice and support could be provided.
12. In response to questions about information for expectant mothers, the committee was advised that discussions about place of birth begin at the booking appointment and continue throughout the maternity pathway, with risks, benefits and alternatives considered as part of birth planning. It was also noted that information for families is now largely provided electronically, which enables written guidance and leaflets to be updated more easily.
13. The Director of Midwifery Wye Valley Trust added that work had been commissioned across the foundation group to develop a framework to support women to have personalised care.
14. In response to questions about future equipment availability, the committee heard that the trust intended to hold three emergency bags across the county, with spare equipment included, so that the necessary equipment would be available for home births.

15. The committee was advised that approximately 25 staff would require training and that this would be delivered in small groups so that the programme could be implemented promptly while maintaining community maternity services.
16. In relation to risk, the Director of Midwifery Wye Valley Trust explained that, where a woman had experienced a straightforward pregnancy and previous birth, it was statistically safer to have a second baby at home, whereas a first birth carried greater risk.
17. The Chairperson asked the trust to keep the committee updated on progress towards resuming the service.

18. ADULT SOCIAL CARE BUDGET OUTTURN

The committee received a verbal update on the Adult Social Care budget outturn item.

The principal points of the subsequent discussion are summarised below:

1. The Cabinet Member Adults, Health and Wellbeing noted that the quarter three reports, which had been considered by Cabinet and Scrutiny Management Board, showed a forecast overspend of £5.9 million across the Community Wellbeing directorate. It was noted that £2.8 million of this would be allocated from the budget resilience reserve, leaving a projected overspend of £3.1 million.
2. It was identified that the cause of the overspend is increased demand in adult social care, both in terms of the number of people requiring support and the complexity of their care needs. The committee heard that there were approximately 185 households in temporary accommodation and that this represented a significant cost pressure.
3. It was reported that year-end close-down processes for 2025/26 are in process now and that early indications suggested the overspend position was likely to remain broadly in line with that reported at quarter three, although the final outturn position would not be available until after quarter four reporting in mid-May.
4. The Cabinet Member Adults, Health and Wellbeing also noted that Community Wellbeing had a savings target of £3.9 million for 2025/26 and that early indications have suggested this target would be achieved, subject to final confirmation. It was also noted that some measures being introduced to deliver savings in 2026/27 were already contributing towards savings in 2025/26.
5. In response to the budget pressures experienced during 2025/26, significant work was said to be underway to strengthen the adult social care front door so that people contacting the service could be signposted more effectively, including where their needs did not meet adult social care criteria.
6. The committee heard that further work was also being undertaken around prevention and the transformation of care commissioning, including reducing reliance on spot purchasing at short notice.
7. A suggestion was also raised that technology enabled care should be promoted more actively, including through displays in community hospital reception areas, in order to help residents and families understand what support might be available to keep people safe at home for longer.

8. The Director of Public Health noted that demand for adult social care is returning towards pre-Covid levels and that the complexity of care needs had also increased, requiring a range of responses including prevention, cost control, income generation and efficiencies.
9. In relation to prevention, the Director of Public Health added that this included both upstream public health activity, such as health checks and identifying hypertension early, and work at the adult social care front door to address lower-level needs before they escalated.
10. It was added that there was potential for a neighbourhood health approach to support closer working across services, although this work remained at an early stage.
11. The Chairperson identified a number of outstanding questions for future consideration, including the final outturn compared with the approved budget, the size of any overspend in cash and percentage terms, comparisons with the previous year, the point at which the overspend became clear, and whether any one-off items, reserve movements or accounting changes had affected the final position.

19. WORK PROGRAMME 2026-7

The Statutory Scrutiny Officer presented the draft work programme for the Health, Care and Wellbeing Scrutiny Committee.

20. DATE OF THE NEXT MEETING

The date of the next meeting is Monday 27 July 2026, 2.00 pm.

The meeting ended at 3.49 pm

Chairperson