Herefordshire Council

Agenda

Health, Care and Wellbeing Scrutiny Committee

Date: **Monday 14 September 2026**

Time: **2.00 pm**

Place: **Conference Room 2 - 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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Agenda for the meeting of the Health, Care and Wellbeing Scrutiny Committee

Membership

Chairperson	**Councillor Pauline Crockett**
Vice-chairperson	**Councillor Rebecca Tully**
	Councillor Simeon Cole
	Councillor Dave Davies
	Councillor Mark Dykes
	Councillor Richard Thomas
	Councillor Kevin Tillett

Agenda

Pages

1. APOLOGIES FOR ABSENCE

To receive apologies for absence.

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 11 - 18

To receive the minutes of the meeting held on 27 July 2026.

HOW TO SUBMIT QUESTIONS

The deadline for the submission of questions for this meeting is 5.00 pm on Tuesday 8 September.

Questions can be submitted via the Online questions portal Further information and guidance is available at Get involved - Herefordshire Council

Accepted questions and the response to them will be published as a supplement to the agenda papers prior to the meeting.

Full details about asking questions and the deadlines at public meetings can be found here: constitution of the council.

Guidance for questions being submitted for scrutiny can be found here

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. RIGHT CARE, RIGHT PERSON 19 - 24

To provide the committee with an update on the operation of West Mercia Police's "Right Care, Right Person' policy.

APPENDIX 1 TO FOLLOW
Appendix 1: West Mercia Police Situation Report "Right Care Right Place/Most Appropriate Agency

8. MEETING THE DEMAND FOR ADULT SOCIAL CARE TASK AND FINISH GROUP 25 - 36

To provide the committee with the interim report and recommendations of its task and finish group looking into the demand for adult social care in Herefordshire.

9.	**ADULT SOCIAL CARE BUDGET OUTTURN** To scrutinise financial outturn against budget savings plans (verbal update).	
10.	**WORK PROGRAMME** To consider the work programme for the committee.	37 - 74
11.	**DATE OF THE NEXT MEETING** Monday 14 December 2026, 2pm	

The public's rights to information and attendance at meetings

You have a right to:

- 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
- Access to this summary of your rights as members of the public to attend meetings of the council, cabinet, committees and sub-committees and to inspect documents.

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Members of the public are advised that if you do not wish to be filmed or photographed you should let the governance support team know before the meeting starts so that anyone who intends filming or photographing the meeting can be made aware.

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Bus maps are available here: www.herefordshire.gov.uk/downloads/download/78/bus_maps

Herefordshire Council

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 Tillett	Liberal Democrats
Rebecca Tully (Vice-Chairperson)	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 Health, Care and Wellbeing Scrutiny Committee held in Conference Room 1 - Herefordshire Council, Plough Lane Offices, Hereford, HR4 0LE on Monday 27 July 2026 at 2.00 pm

Board members present in person, voting:

Councillor Polly Andrews (substitute member)
Councillor Pauline Crockett (Chairperson)
Councillor Dave Davies
Councillor Richard Thomas
Councillor Rebecca Tully (Vice-Chairperson)

Board members in attendance remotely, non-voting:

Note: Board members in attendance remotely, e.g. through video conference facilities, may not vote on any decisions taken.

Others present in person:

Zoe Clifford	Director of Public Health	Herefordshire Council
Councillor Carole Gandy	Cabinet Member Adults, Health and Wellbeing	
Hilary Hall	Corporate Director Community Wellbeing	Corporate Services
Henry Merricks-Murgatroyd	Democratic Services Officer	
Matthew Millward	Head of PMO and Programme Manager	Herefordshire and Worcestershire Health and Care NHS Trust
Badri Padmanabhan	Consultant in Public Health	Herefordshire Council
Scott Parker	Director of Operations and Transformation	Herefordshire and Worcestershire Health and Care NHS Trust
Danial Webb	Statutory Scrutiny Officer	
Charlotte Worthy	Intelligence Unit Team Leader	

Others in attendance remotely:

21. APOLOGIES FOR ABSENCE

Apologies for absence were received from Cllr Kevin Tillett, and Cllr Mark Dykes.

22. NAMED SUBSTITUTES

Cllr Polly Andrews was present as the named substitute for Cllr Kevin Tillett.

23. DECLARATIONS OF INTEREST

No declarations of interest were made.

24. MINUTES

The minutes of the meeting held on 27 April 2026 were confirmed as a correct record.

Resolved: That the minutes of the meeting held on 27 April 2026 be confirmed as a correct record.

25. QUESTIONS FROM MEMBERS OF THE PUBLIC

No questions were received from members of the public.

26. QUESTIONS FROM MEMBERS OF THE COUNCIL

No questions were received from councillors.

27. ADULT MENTAL HEALTH REHABILITATION REDESIGN - UPDATE

The committee considered a report on the Adult Mental Health Rehabilitation Redesign – Update item.

The principal points of the subsequent discussion are summarised below:

1. The Herefordshire and Worcestershire Health and Care NHS Trust provided an update on its adult mental health rehabilitation service redesign programme. It was noted that the programme had been developed over a two-year period and sought to ensure that people received the right care, in the right place and at the right time.

2. The committee heard that the trust currently operated three inpatient mental health rehabilitation units across Herefordshire and Worcestershire, providing 33 beds in total. Rehabilitation services are intended to support people to develop the skills required to live as independently as possible, with level one rehabilitation focused on daily living and functional skills and level two rehabilitation providing more intensive clinical stabilisation.

3. It was reported that the preferred option is to establish a community rehabilitation team for level one rehabilitation, reduce the number of rehabilitation beds from 33 to 18, and procure level two rehabilitation beds from external providers. The trust considered that this would enable it to support a greater number of people in their own homes and communities, with the proposed community service expected to support up to 135 people.

4. The committee was advised that the option appraisal had involved clinical modelling, expert panels and engagement with staff, local authority and integrated care system colleagues, the voluntary and community sector, public health, and people with lived experience. It was noted that the process had been paused during 2025 to consider new potential providers of bedded facilities, although this had not changed the preferred option.

5. In response to questions about the planned closure of Oak House, the trust clarified that Oak House is a rehabilitation unit rather than a secure unit. It was confirmed that the proposals would not affect the secure mental health bed provision at Stonebow. The trust stated that the resources currently used for Oak House would instead support a community rehabilitation offer, although bedded rehabilitation capacity would remain available in Bromsgrove where required.

6. The committee noted the trust's view that public-health modelling indicated that the proposed model should reduce the need for out-of-area rehabilitation placements. However, concerns were raised regarding access for Herefordshire residents required to attend a Worcestershire-based unit, particularly for people without access to a car and for their families and support networks. The trust acknowledged that detailed transport arrangements had not yet been developed and would require further work.

7. Members also raised concerns about the practical delivery and affordability of community provision in a rural county, including the availability of housing to support discharge and recovery. The trust advised that the proposal is intended to be cost-neutral, with staff from units proposed for closure offered opportunities within the community rehabilitation team. It was added that the trust had experience of a similar model through its hospital-at-home service.

8. The trust explained that a detailed implementation and transition plan would be developed only if the proposal passes the next assurance stage. This would include staff training and redeployment, a phased transition period during which both services could operate, and work with partners to address housing and wider support needs. The committee heard that joint work between Herefordshire Council and the Integrated Care Board under section 117 funding is important in providing appropriate housing and community support for eligible people.

9. In response to questions about level two rehabilitation, the committee heard that there are currently no dedicated level two rehabilitation beds in Herefordshire or Worcestershire. The trust advised that people requiring intensive clinical stabilisation are presently placed out of county or supported through alternative arrangements within acute mental health services. The proposed approach would seek to secure appropriate provision from external providers as close as possible to Herefordshire and Worcestershire.

10. The committee noted that engagement with people with lived experience had influenced the programme. It was reported that feedback had led to a pause in the programme to explore an alternative opportunity and to a revision of the approach used to assess options. Staff feedback had been mixed, reflecting concerns about the proposed changes, but the trust stated that it was maintaining regular communication and engagement with affected staff.

11. The committee emphasised the importance of ensuring that the proposed model was integrated with partners including from within adult social care, as well as voluntary and community sector organisations. The trust confirmed its intention to develop the operating model through partnership working across localities.

12. The Director of Public Health welcomed the involvement of public health teams and people with lived experience in the programme. It was stressed that the next stages of development must avoid widening inequalities in access to services or outcomes, including the wider effect on families and carers.

13. A committee member expressed concern that the proposals could reduce the quality of rehabilitation provision available to Herefordshire residents and be driven primarily by financial considerations. In response, the trust stated that the preferred option was based on national best practice and was intended to improve outcomes and quality, rather than generate savings. It was added that the proposal would be subject to independent clinical scrutiny and, if implemented, monitored through appropriate performance measures and service-user feedback.

14. The committee noted that the next stage would be a visit from the Clinical Senate in August 2026, followed by consideration of its findings by the trust and the Integrated Care Board and an NHS England assurance gateway. Subject to the outcome of these processes, a 12-week public consultation is expected to take place in early 2027.

15. It was agreed that the committee would receive a further update following the public consultation, provisionally in July or August 2027, and that further information arising from the discussion would be provided in advance of the committee's next meeting on this topic.

28. HEREFORDSHIRE'S JOINT STRATEGIC NEEDS ASSESSMENT AND NEIGHBOURHOOD PROFILES

The committee considered a report on Herefordshire's Joint Strategic Needs Assessment and Neighbourhood Profiles.

The principal points of the subsequent discussion are summarised below:

1. The Director of Public Health introduced the item and explained that the Joint Strategic Needs Assessment (JSNA) is a statutory, ongoing assessment of the health, care and wellbeing needs of Herefordshire's population. It was noted that, alongside the countywide summary published on a three-year cycle, the JSNA included themed needs assessments, dashboards and other products to inform strategic planning, commissioning, monitoring and evaluation.

2. The committee heard that the JSNA considers the wider determinants of health and wellbeing, including housing, employment, transport, social connections and the local environment, rather than health services alone. It was noted that health services accounted for only part of the factors influencing health outcomes.

3. The Lead Public Health Intelligence Analyst reported that the neighbourhood profiles had been developed to provide an area-based understanding of need, complementing the countywide and topic-based JSNA products. The profiles are intended to support the national neighbourhood health agenda, with Herefordshire identified as one of the first-wave neighbourhood health sites.

4. The committee was advised that the profiles were designed to be accessible to a wide range of users, including primary care networks, commissioners, council and partnership services, voluntary-sector organisations and other stakeholders. Their purpose is to identify opportunities for prevention and reducing inequalities.

5. It was explained that four neighbourhood areas had been defined using existing localities and primary care network footprints: Hereford City, East, South and West, and North and West. The two Hereford City primary care networks had been combined because their registered populations overlapped, while the profiles would also enable analysis of differences within each wider neighbourhood area.

6. The committee heard that the profiles had been developed as narrative and graphic products, interpreting and triangulating available evidence rather than presenting a comprehensive list of data points. A full North and West profile and draft summary profiles for all four areas had been included in the agenda papers, with members invited to comment on whether the profiles accurately reflected the story of each area.

7. In relation to Hereford City, it was noted that the area has the highest population density and contains both some of the most and least deprived areas in the

county. Significant inequalities exist within the city, including a difference of around five years in male life expectancy between some areas, alongside higher smoking rates and avoidable mortality than elsewhere in Herefordshire.

8. The East neighbourhood was reported to have generally positive outcomes, including higher life expectancy, healthier lifestyles and strong communities. However, members heard that area-wide outcomes could mask local need, with Bromyard Central and Ledbury Central identified as areas experiencing deprivation and higher emergency hospital admissions.

9. It was noted that South and West is geographically diverse, encompassing better-connected locations such as Ross-on-Wye as well as remote rural areas including the Golden Valley and the Black Mountains. While health outcomes were generally positive, the profile identified barriers to physical and digital access to services, housing-related issues including fuel poverty and excess cold, and particular health challenges in parts of Ross-on-Wye.

10. The committee heard that North and West also contained significant internal variation. Particular communities in Leominster appeared repeatedly across measures of need affecting children, families and working-age residents, while Ridgemoor and Grange were identified as the two most deprived local areas in Herefordshire, with Ridgemoor among the 10% most deprived areas nationally. It was also noted that six of the county's ten areas with the greatest geographical barriers to services were located in North and West.

11. The Cabinet Member Adults, Health and Wellbeing highlighted the limitations of national deprivation measures in rural areas, particularly where car ownership could be essential because of limited public transport. It was suggested that this could obscure the financial pressures experienced by residents who needed to maintain a vehicle in order to access employment, services and everyday necessities.

12. It was emphasised that the purpose of the profiles is not to compare neighbourhoods against one another but to understand each area in its own context. It was noted that variation within the four neighbourhood areas, including urban-rural differences and concentrated pockets of need, is often more significant than the difference between neighbourhoods.

13. The committee considered an example concerning digital exclusion in Leominster Grange. The area had been identified as being at high risk of digital exclusion, principally because of skills and confidence rather than broadband availability; analysis of deprivation, working-age need and social and private rented housing had helped identify opportunities for targeted action.

14. The Consultant in Public Health explained that the profiles would provide an evidence base for partners to identify local priorities and develop appropriate interventions. The profiles remained in draft and would be developed further, shared with wider stakeholders and updated as further intelligence became available, including local analysis relating to falls.

15. In response to a question about changes since the last JSNA, it was noted that life expectancy has stalled in comparison with the national position, healthy life expectancy has declined, health inequalities remain significant, and the prevalence of multiple long-term conditions is increasing. Officers identified smoking, immunisation uptake and falls prevention as three immediate countywide prevention priorities, to be considered further at neighbourhood level.

16. Members discussed the importance of sustained smoking cessation support, including reducing inequalities in smoking prevalence, and welcomed the focus on falls prevention. The committee heard that smoking prevalence was around 10% and that Herefordshire was on track towards the target of reducing this to below 5% by 2030. A newly established Falls Network, jointly chaired by adult social care and public health representatives, was reported to be considering partnership work on falls prevention.

17. In response to questions about the geography used for the profiles, officers explained that the four areas followed existing primary care network footprints and had been selected pragmatically to support neighbourhood health planning. It was acknowledged that the profiles must continue to distinguish between the differing needs of market towns, rural areas and smaller communities within each neighbourhood.

18. The committee highlighted the potential value of the profiles in informing discussion on transport, access to services and neighbourhood health planning. Officers confirmed that the profiles are intended to begin conversations at primary care network level about local priorities and service design.

19. It was also agreed that officers would provide further information on the One Herefordshire Partnership.

20. A committee member identified the need for targeted health information and prevention activity for communities with different language needs, particularly in relation to smoking. Obesity and late dementia diagnosis were also raised as important issues. Officers confirmed that, while these were not among the three initial neighbourhood health prevention priorities, both remained significant longer-term priorities for the county.

21. The committee discussed the interpretation of deprivation data. It was explained that the Index of Multiple Deprivation used nationally produced measures across seven domains. It was noted that the profiles would first be shared through primary care networks but should subsequently be made available to a wider range of partners.

29. 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 Corporate Director Community Wellbeing reported that the 2025/26 revenue budget outturn for Community Wellbeing was a net overspend of £3.7 million, after applying a contribution from the budget resilience reserve. This included £0.9 million of undelivered savings, while the principal amount of the overspend was increased demand across domiciliary care, residential care and nursing care, including increased need among people leaving hospital.

2. It was noted that demand for formal care and support had increased significantly during the first half of 2025/26 and had only partly reduced during the second half of the year. The committee heard that early indications for 2026/27 were more positive, with weekly demand broadly in line with the budget provision and below the levels experienced during the previous year.

3. The Corporate Director Community Wellbeing advised that there is an increased focus on supporting people at home and through supported living, where appropriate, rather than relying on residential and nursing care. It was also

reported that delivery of the 2026/27 savings programme was underway, with first-quarter savings profiled for delivery having been achieved, and the value of undelivered savings from the previous year reduced by £300,000.

4. The committee was advised that the directorate has established structured process for budget oversight, savings delivery and challenge. These included dedicated workstreams and monthly meetings involving the directorate leadership team, finance colleagues and the Cabinet Member.

5. In response to a question about whether expenditure is achieving better outcomes, the Corporate Director Community Wellbeing stated that the service sought to support people in their own homes or supported living settings where this best met their needs. It was noted that feedback was collected through the People's Voice survey following assessment and support-planning interactions, and that this information was used to identify both improvement opportunities and positive outcomes.

6. In response to a question on the quality of domiciliary care, the committee heard that feedback was sought from people receiving care and that the council's quality and review team undertook spot checks and spoke to providers and residents. Where safeguarding concerns arose, work was undertaken by safeguarding and quality teams to address concerns relating to individuals and providers in a timely manner.

7. The committee discussed the cost of people who had previously funded their own care falling below the capital threshold and becoming eligible for council support. The Corporate Director Community Wellbeing advised that this normally created a cost pressure of around £0.5 million, which was considered during budget-setting. It was reported that work was underway to improve the offer to self-funders, enabling earlier engagement, more timely assessment and better planning for continuity of care.

8. The Cabinet Member Adults, Health and Wellbeing noted work to increase awareness of technology-enabled care through stands at community hospitals. It was reported that events had been held at Leominster and Bromyard, with further events planned. The purpose was to help residents, families and staff understand how technology could support people to remain safe and independent at home for longer.

9. The committee considered how the outcomes of technology-enabled care would be monitored. It was advised that referral forms recorded how individuals had heard about the service. It was noted that this information could help establish whether technology had reduced or delayed the need for formal adult social care support and build an evidence base for its effectiveness for particular cohorts and conditions.

30. WORK PROGRAMME 2026-7

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

It was agreed that the arrangements for completing the task and finish group report would be discussed further in a separate meeting.

31. DATE OF THE NEXT MEETING

The date of the next meeting is Monday 14 September 2026, 2.00 pm.

The meeting ended at 4.30 pm **Chairperson**

Herefordshire Council

Title: Right Care, Right Person

Meeting: **Health, Care and Wellbeing Scrutiny Committee**

Meeting date: **Monday 14 September 2026**

Report by: **Statutory Scrutiny Officer**

Classification

Open

Report purpose

To provide the committee with an update on the operation of West Mercia Police's "Right Care, Right Person' policy.

Background

1. The Health, Care and Wellbeing Scrutiny Committee received a presentation on work to implement the "Right Care, Right Person" policy at its committee meeting on 17 February 2025. At this meeting the committee recognised that although the policy was in place, its implementation was by nature complex and nuanced, particularly in a rural setting. It would therefore take time until established processes were embedded into working practices. The committee therefore requested a later update once the policy had been in operation for a longer period of time.

Meeting objectives

2. To receive an update on the operation of West Mercia Police's "Right Care, Right Person' (RCRP) policy.

3. To ensure that working relationships between West Mercia Police, Herefordshire Council, and the National Health Service are sufficiently developed to ensure the policy operates effectively.

Report information

4. Right Care, Right Person is an approach designed to ensure that people of all ages, who have health and/or social care needs, are responded to by the right person, with the right skills, training, and experience to best meet their needs.

5. At the centre of the RCRP approach is a threshold to assist police in making decisions about when it is appropriate for them to respond to incidents, including those which relate to people with mental health needs. The threshold for a police response to a mental health-related incident is:
    a. to investigate a crime that has occurred or is occurring; or

b. to protect people, when there is a real and immediate risk to the life of a person, or of a person being subject to or at risk of serious harm

6. The approach involves consistent use of the RCRP threshold to determine whether the police are the appropriate agency to respond at the point at which the public or other professionals report a mental health-related incident (e.g. via a call made to the police). It is important to distinguish this from the police's powers under the Mental Health Act 1983 (MHA), e.g. section 136. While the decision to attend an incident is determined by assessing that the incident meets the RCRP threshold, the decision to use powers under the Mental Health Act, is made by an officer at the scene of an incident. Partnership arrangements governing police involvement at pre-planned interventions will continue to be managed at a local level, e.g., police attendance at section 135 MHA warrants. The police will always have the discretion to deploy to incident

7. The RCRP threshold should be used in a way that is responsive to dynamic and changeable situations. For example, there may be occasions where a call handler initially judges that there is no clear and immediate risk of serious harm, but the situation escalates. As with all other types of incidents, the police will apply a continuous risk assessment approach, and respond as required to any change in risk, taking into account any information provided by local partners. Likewise, when the police have responded to an incident, but the threshold is no longer reached, there should be a timely transfer of support to mental health or other suitable services, with local areas working towards handovers taking place within one hour as specified in local plans (unless mutually agreed in relation to a particular incident on a case-by-case basis).

8. Importantly, RCRP may be used in conjunction with appropriate joint-working models that are set up between the police and health agencies locally.

Local partnership working to implement Right Care, Right Person

9. It is crucial that at the heart of planning and implementing RCRP for people with mental health needs, there is a focus on ensuring patient safety is maintained and people in mental health crisis are not left without support. This means the approach to RCRP implementation for people with mental health needs should be planned and developed jointly through cross-agency partnerships before changes to responses are introduced. While police forces will ultimately determine the timeframe for implementing the RCRP approach locally, it should be established following engagement with health, social care and other relevant partners. Once implemented, locally developed arrangements should be monitored and reviewed over time.

10. Implementation should be designed with due regard to the public sector equality duty and the NHS England Patient and Carer Race Equality Framework. In particular, implementation should help support the reduction of people from ethnic minorities in the urgent mental health pathway, who disproportionately experience restrictive interventions and are more likely to access mental health care via the criminal justice system. Consideration should also be given to ensuring that the way that each incident is risk assessed against the RCRP threshold is appropriate for individual needs, for example in relation to children and young people, older adults, people with a learning disability and people who are neurodiverse, including autistic people.

11. The signatories of this agreement intend that the cross-agency partnerships set up in each area to implement the RCRP approach for people with mental health needs work together on achieving the following:
    a. Agreeing a joint multi-agency governance structure for developing, implementing, and monitoring the RCRP approach locally. People with lived experience of the urgent mental health pathway, including those from ethnic

minorities, should form part of the governance structure and be actively engaged in considering how RCRP is implemented. In addition, from a health system perspective, Integrated Care Boards will play a key role in coordinating the approach to supporting the implementation of RCRP.

b. Reaching a shared understanding of the aims of implementing RCRP locally and the roles and responsibilities of each agency in responding to people with mental health needs. Given that 'mental health needs' covers people with a broad spectrum of needs, this should include agreeing what is the remit of health services (primary care and secondary mental health services), local authority services (including social care and substance misuse services), and voluntary, community and social enterprise organisations.

c. Enabling universal access to 24/7 advice, assessment, and treatment from mental health professionals for the public (via the NHS111 mental health option), as well as access to advice for multi-agency professionals, including the police, which can help to determine the appropriate response for people with mental health needs. Plans should be put in place to communicate the availability of this advice to the public and other organisations/professionals locally, who may otherwise call the police as their first point of contact.

d. Putting in place arrangements to work towards ending police involvement in the following situations, where the RCRP threshold is not met:
    i. initial response to people experiencing mental health crisis.
    ii. responding to concerns for welfare of people with mental health needs (i.e., undertaking welfare checks), where the person is already in contact with a mental health service or other service commissioned to provide mental health support.
    iii. instances of missing persons from mental health facilities, and walkouts of people with mental health needs from other health facilities (e.g., the Emergency Department).
    iv. conveyance in police vehicles.

e. Embedding multi-agency ways of working that can support decision-making about which service or services are most appropriate to respond to an incident reported to the emergency services (e.g., whether it is police, ambulance, or mental health services, or a joint agency response). For example, health-led, integrated multi-agency triage of 999 calls that enables shared decision-making has been shown to be effective in reducing avoidable police deployment, use of section 136 MHA and police conveyance.

f. Ensuring arrangements are in place to minimise delays to handovers of care between the police and mental health services. Currently, there can be significant delays in accessing appropriate mental health expertise and facilities, particularly at evenings and weekends, and when someone is detained under section 135 or 136 of the MHA. These delays are detrimental to the person with urgent mental health needs and the family or friends supporting them and impacts on police capacity to fulfil wider duties. Systems should look to reduce these delays as far as is safe to do so, working towards a timeframe of one hour as specified in local plans (unless mutually agreed in relation to a particular incident on a case-by-case basis).

g. Developing an approach for police and health systems to work together to quickly and efficiently identify the best place to take a person detained under section 136 of the MHA, to reduce time spent on conveyance.

h. Developing local escalation protocols for situations including: significant system delays that result in people being inappropriately under the care of the police when they should be accessing mental health support; detentions in custody (all areas should be ending the practice of detaining people with mental health needs in police cells); and reoccurring situations where health partners feel the RCRP threshold is met but a police response is not provided. Protocols should include information on how to escalate urgent issues that cannot be resolved locally and processes for identifying reoccurring issues that indicate a system change is required.

i. Establishing effective mechanisms to support data collection and sharing across agencies, to inform the development and implementation of RCRP, including any changes required to ways of working and wider-system resourcing. The data should enable an understanding of local urgent and emergency mental health need, current levels of police involvement in mental health related pathways, and the impact of the changes introduced under RCRP, both operationally and in terms of the experiences and outcomes of people requiring urgent mental health support. This includes monitoring the impact for people from ethnic minorities, and other groups with specific needs, such as children and young people, and autistic people, and taking action where inequitable impact is identified.

j. Developing multi-agency training to support decision making and understanding of roles and responsibilities in relation to RCRP, as well as the Mental Health Act.

Initial implementation in West Mercia/Herefordshire

12. It is worth noting that West Mercia's approach to RCRP predates the national RCRP programme and is based on the principle of 'Most Appropriate Agency' (MAA) with the overarching objective of ensuring people receive the correct service from the agency best placed, trained and legally empowered to provide it. The policy is explicit that it was not introduced to reduce demand on policing, but rather to improve outcomes for vulnerable people by ensuring services are delivered by the agency with primary statutory responsibility.

13. West Mercia Police's Most Appropriate Agency (MAA) policy is founded on the principle that individuals should receive the right support from the agency with the most appropriate statutory responsibility, professional expertise, and legal powers to meet their needs. The policy was not introduced to reduce demand on policing but to improve outcomes for vulnerable people and ensure that police resources remain available for those incidents involving a clear policing purpose.

14. All requests for service are assessed through a structured triage process considering two key questions: 'Is there a statutory policing role?' and 'Are we the most appropriate agency?'

15. The policy also places significant emphasis on joint decision-making through safeguarding arrangements, rather than simply declining requests. Where cases require multi-agency involvement, the policy promotes structured partnership decision-making through Multi-Agency Safeguarding Hubs (MASH) and strategy meetings, enabling agencies to jointly assess risk, agree ownership and coordinate responses around the needs of the individual.

16. Whilst the policy provides a clear framework for determining agency responsibility, operational discretion remains available. Where circumstances require, senior police commanders retain authority to approve attendance even where a policing purpose is not immediately apparent.

17. A central principle of the policy is that vulnerable individuals should be supported by practitioners who possess the specialist skills, qualifications, information, and statutory powers necessary to assess and manage their needs effectively.

18. The governance section within the policy is largely the original 2023 implementation governance, comprising a bi-monthly review panel chaired by the Head of Public Contact and thematic reporting through partnership structures. However, this has since matured and strengthened since implementation.

19. Mercia Police's approach has been delivered through its Most Appropriate Agency (MAA) policy since 2023. The policy is based on ensuring that people receive the right support from the agency best placed to meet their needs, with all requests for service assessed against two key questions: whether there is a statutory policing role and whether the police are the most appropriate agency to respond. The approach places a strong emphasis on safeguarding, partnership working and multi-agency decision making through established safeguarding arrangements, ensuring vulnerable people receive support from those with the appropriate expertise, powers and statutory responsibilities whilst maintaining police availability for core policing functions.

Scrutiny of RCRP/MAA by the Health, Care and Wellbeing Scrutiny Committee

20. At its meeting on 17 February 2025, the committee heard from West Mercia Police about the proposed governance of RCRP. This would consist of an overarching Strategic Steering group and an operational tactical scrutiny board.

21. The Strategic Steering Group would:

    a. agree escalation processes
    b. determine and oversee local scrutiny processes
    c. monitor delivery and address issues
    d. collaboratively identify and address gaps in service provision and
    e. develop a range of RCRP examples: including where it is police, other agencies or more nuanced, to aid debate

22. The tactical scrutiny board would be operationally focused, seeking to:

    a. discuss and highlight RCRP cases
    b. follow escalation processes
    c. highlight learning and any concerns in service for escalation
    d. identify and escalate gaps in service provision
    e. identify common trends and requirement for MOU
    f. monitor delivery and address issues and
    g. report back to the Strategic Steering Group

23. The committee raised a publicly-held concern, that RCRP’s primary motive was to reduce demands for policing. West Mercia Police assured the committee that the police will still have an involvement in mental health and concern for welfare cases where it is needed.

24. In response to a question about what challenges may arise in the alignment of priorities and capabilities between partners under RCRP, it was noted that challenges in Herefordshire, as well as nationally, may include limited mental health resources, for example. Where there are gaps in service provision, collaboration with third-sector partners for lower-level interventions could prevent requests being escalated to the police and other front-line services.

25. In addition, it was noted that prevention plays a critical role in enhancing the effectiveness of RCRP by reducing the need for escalation and ensuring that individuals receive appropriate support before their situations potentially deteriorate into crises requiring police or emergency intervention. Such an upstream approach helps support the principles of RCRP by ensuring the 'right care' by the 'right person' at the earliest stage possible.

Current governance in West Mercia/Herefordshire

26. Strategic leadership is provided by the Superintendent First Contact, who acts as the Force Strategic Lead and maintains direct links with both the Adult Protection and Child Protection governance boards, ensuring that RCRP considerations are embedded within wider safeguarding arrangements. Strategic oversight is further strengthened through representation at the Deputy Police and Crime Commissioner chaired RCRP Strategic Steering Group, bringing together key partners to review performance, risks, opportunities, and system-wide issues

27. At a tactical level, two Chief Inspectors provide local leadership across the force area, with one lead responsible for Shropshire and Telford and the other for Herefordshire and Worcestershire. Both tactical leads are integrated into their respective local multi-agency partnership structures, ensuring effective local governance, stakeholder engagement, and problem-solving.

28. Coordination between local, regional, and strategic arrangements is facilitated through the RCRP Coordinator, a Chief Inspector who is connected to regional partnership forums and provides a structured reporting pathway into the Strategic Lead, ensuring alignment of priorities, consistent governance, and effective oversight across all levels of the programme.

29. This structure ensures clear accountability, strong safeguarding oversight, effective partnership engagement, and a consistent mechanism for escalating operational learning through case studies, performance issues, and strategic risks across the organisation and its partner agencies.

Consultees

30. None

Appendices

Appendix 1: West Mercia Police Situation Report "Right Care Right Place/Most Appropriate Agency

Background papers and resources

None identified.

Herefordshire Council

Title: Adult Social Care Demand task and finish group - interim report

Meeting: **Health, Care and Wellbeing Scrutiny Committee**

Meeting date: **Monday 14 September 2026**

Report by: **Statutory Scrutiny Officer**

Classification

Open

Report purpose

To provide the committee with the interim report and recommendations of its task and finish group looking into the demand for adult social care in Herefordshire.

Background

1. The Health, Care and Wellbeing Scrutiny Committee agreed in October 2025 to commission a task and finish group to look into the growing demand for adult social care in Herefordshire. The group had the following objectives:
    a. To understand what is causing the extend of demand for adult social care services provided or commissioned by Hereford.
    b. To explore the drivers of increased demand for adult social care, and the capacity of the local authority to fund it.
    c. To identify strategies and work carried out by other local authorities to reduce demand, or to increase revenue to pay for services.
    d. To make recommendations to the executive on steps that should be taken to reduce service demand and to increase revenue.

2. To support scrutiny by Scrutiny Management Board in light of the recent Care Quality Commission inspection of adult social care services in Herefordshire, the task and finish group chair produced an interim report of the group's findings and recommendations. An updated version of this report is attached as Appendix 1 to this report.

3. A final report from the task and finish group will be presented to the committee at its next meeting, which take place on 14 December 2026.

Meeting objectives

4. To note the chair's group interim report and its key themes.

5. To agree the task and finish group's recommendations arising from its inquiry.

Further information on the subject of this report is available from
Danial Webb, Statutory Scrutiny Officer, email: Danial.Webb@herefordshire.gov.uk

Report information

6. The interim report is attached as Appendix 1 to this covering report.

Consultees

7. None

Appendices

Appendix 1: Adult Social Care Demand Task and Finish Group – Chair's Interim Report and Recommendations

Background papers and resources

None identified.

Herefordshire Council

Appendix 1: Adult Social Care Demand Task and Finish Group

Chair's Interim Report and Recommendations

August 2026

This interim report of the task and finish group:

- outlines the aims of the group
- presents key findings from its work
- provides recommendations to the Executive and
- raises questions it intends to discuss in its final report to the committee

Group objectives

The initial aims of the Task and Finish Group:

- To understand what is causing the extend of demand for adult social care services provided or commissioned by Hereford.
- To explore the drivers of increased demand for adult social care, and the capacity of the local authority to fund it.
- To identify strategies and work carried out by other local authorities to reduce demand, or to increase revenue to pay for services.
- To make recommendations to the executive on steps that should be taken to reduce service demand and to increase revenue.

Timeline

- Started December 2025
- Draft Recommendations July/August 2026
- Interim report to Health and Wellbeing Scrutiny Committee September 2026
- Final report December 2026

To produce the finding of this interim report the group:

- met with Herefordshire Council officers and other social care providers in Herefordshire;
- gathered both internal and external data;
- held conversations with others experienced in the sector; and
- held review meetings to analyse its findings.

Further questions for officers, and gaps in knowledge are highlighted throughout the report.

Herefordshire Council

Key findings

Between 2022/23 and 2024/25, **the number of people receiving long-term adult social care support in Herefordshire rose by 10%** — from 2,030 to 2,239 — and has continued to climb. Over the same period, total spend rose by **29%,** from £32m to £41.2m. Demand is growing but spend is growing nearly three times faster.

The sharpest area of growth is working-age adults with physical disabilities. This group grew from 340 people in 2022/23 to 495 by 2024/25 — a 46% increase in two years — and the associated spend rose from £25.2m to £33.3m over the same period. This is the fastest-growing and most expensive cohort in the system, and it is not yet clear what is driving that growth or whether current commissioning is well-matched to it.

Question: What is driving the increase in working-age adults with physical disabilities entering long-term support? Is this increased need, increased identification, changes in eligibility practice, or a combination? And is the current commissioning offer, including re-ablement, fit for purpose for this group in particular?

The front door is resolving more contacts without referral to formal support - 78% in 2024/25, up from 66% in 2022/23. That is a positive, but it raises an important question. We do not currently have a clear picture of what happens to the people resolved - whether their needs were met, whether they will return, and whether earlier or different intervention would change their trajectory.

Question: How do we realistically monitor people who contact the front door and do not proceed to formal support? What work has been done to monitor repeat callers, for example? Without this, we cannot know whether prevention is working or whether we are simply deferring demand.

Reablement is in transition. Around 68% of new referrals now access reablement, up from 52% in 2022/23, and approximately three-quarters of those who go through it are not in long-term care three months later. However, there are questions about whether reablement is consistently well-targeted. The commissioning model for reablement is changing, moving towards outcomes-based measurement, which may give a clearer picture in future.

Question: As reablement moves to an outcomes-based model, what will "success" look like and how will we know whether the right people are accessing it?

Assessment waits have doubled. The average wait for an assessment has risen from 53 days in 2022/23 to 106 days in 2025/26. This is a visible symptom of system pressure and carries risk both for individuals whose needs escalate, and for the council's costs when delays lead to higher needs.

Questions: Which actions since the Care Quality Commission inspection – workforce, demand, process – are expected to be most effective at reducing assessment waits? How will we know which have succeeded?

Herefordshire Council

Many services that could reduce or delay demand are being delivered by others — and we cannot currently measure their impact. Talk Community and the voluntary and community sector are all doing work that may be preventing people from reaching formal care. But these services operate with minimal resources, sit outside Herefordshire Council's direct data systems, and have no consistent outcome framework attached to them. As a result, we cannot demonstrate their value, cannot make informed decisions about investing in them further, and risk losing them to funding pressures without ever knowing what we have lost.

The voluntary sector in Herefordshire is under serious financial pressure. A 2024 State of the Sector report commissioned by Herefordshire Council found that the sector's estimated economic contribution has fallen from £278m to £188m in three years. There are fewer organisations than in 2021, fewer volunteers, and 60% of organisations identify risks to their continued existence. The unmet needs that VCS organisations report — loneliness and isolation, transport to services, difficulty accessing GPs and mental health support, neurodiversity, and cost-of-living pressures - are well-established precursors to escalating social care need. Partnership working between VCS organisations has also declined - not because of unwillingness, but because organisations no longer have the capacity for anything beyond their core day-to-day functions.

Question: The 2024 *State of the Sector* report was commissioned by Herefordshire Council. What has been done with its findings? Is there a plan to address the sustainability of the organisations whose work most directly reduces demand on adult social care?

There is no collective understanding about what exists, what it does, and who is responsible for it. Over the course of this group's work, we have encountered a landscape of agencies, partnerships and initiatives whose relationships to each other – and to adult social care – remain unclear. One Herefordshire, Community Anchors, HVOSS, the Herefordshire Community Partnership, Goal 17, Talk Community, Falls Prevention through Wye Valley Trust, the Integrated Care System, these appear variously as new initiatives, renamed predecessors, or networks that have quietly disappeared. Goal 17, for example, appears to be a new volunteer brokerage in the county, but its relationship to existing infrastructure is not clear. The potential for a publicly accessible description of what exists, what its purpose is, and how the pieces connect could be transformational.

Question: Who is best placed to produce an accurate and current map of the prevention and delay support landscape in Herefordshire? If this map does not exist, should producing it be an urgent priority?

Question: Would knowing more about the prevention landscape, and improving its efficiency, save Herefordshire Council money? We know it would help outcomes, but we also are tasked in this group with addressing funding capacity.

Key data is not currently collected or analysed. Some metrics the group requested were either unavailable, unpublished, or not currently collected. We do not have waiting times for residential or nursing beds once a need is identified. We are unsure how many self-funders fall below the capital threshold each year. We do not know what proportion of support plans use non-directly-funded

solutions. There are still questions therefore over where the system is under pressure and where money is being spent.

Question: Which of these data gaps can be closed, and by when?

Hoople sits at the centre of several potential connections - community equipment, IT infrastructure across multiple agencies, care delivery, and potentially transport. It could play a bigger integration role, but it the council and its partners are not clear enough about what they need from it to make that happen.

The pressures Herefordshire is experiencing are not purely local. A sequence of national decisions has transferred responsibility to councils without equivalent resource. The closure of the Independent Living Fund in 2016 moved significant cost onto local authorities. Repeated delays and dilutions to social care charging reform - promised since the Dilnot Review in 2011, legislated and then effectively shelved = have left councils absorbing risk that was supposed to be shared. National Living Wage increases, right in principle, have increased provider costs without additional council funding to match. Post-Brexit workforce shortages have driven up agency costs across the sector. And the shift toward community-based mental health and long-term conditions management, while clinically sound, has transferred cost from NHS budgets to council ones without formal acknowledgement or compensation. Herefordshire is managing a local manifestation of a national funding failure.

What Is Already Happening in Herefordshire

There is already a significant amount of good work underway - across the council, its partners, and the voluntary and community sector. The opportunity is to join things up, make them visible, and build on what is already working.

Three major commissioning changes are already in progress.

- Services in Your Home will require care providers to commit to incorporating the voluntary and community sector, focusing on outcomes and organising more by area.
- The move from reactive spot-purchasing towards longer-term arrangements with residential providers should reduce the cost premium the council currently pays.
- Working Age Adults: Independence and Choice First is shifting the default away from institutional models towards neighbourhood-based support.

Question: how are the voluntary sector being informed of and engaged with these changes, and how are they being incorporated into the Neighbourhood Health plans?

There is already evidence that community-based early intervention prevents escalation into statutory care — but it is not being systematically captured. Talk Community's 2025 annual report documents a resident supported by hub volunteers with meals, home help and medication management who, without that intervention, was at real risk of entering statutory services.

Herefordshire Council

Community Connectors, launched in late 2025, received 64 referrals in their first two weeks — including direct referrals from Adult Social Care — with loneliness, isolation and access to activities as the dominant themes. The Homelessness Prevention service supported 526 households in its first two years, with 81% no longer at risk. These activities are operating at exactly the point where early action reduces later cost. But none of them currently feed into a shared outcomes framework that would allow the council to quantify what they are preventing.

Question: Is there an intention to bring all activity that reduces demand into a shared outcomes framework? Without this, the case for prevention investment cannot be made.

Question: How is Talk Community's contribution to social care prevention currently being measured and valued within the council's overall approach? And is there a shared understanding across housing, health, and social care of what Talk Community is actually carrying, and whether it should be being carried by agencies other than the council?

Cross-departmental working is already generating results. The Empty Property Officer has worked successfully with tracing agents this year to support property sales for people who have moved into care, unlocking equity for individuals and generating both council tax revenue and reduced self-funder risk for the council. This is exactly the kind of cross-departmental overlap - housing knowledge, social care context, financial awareness - that has the most potential, and it deserves to be recognised as a model rather than a one-off.

Herefordshire and Worcestershire Health and Care NHS Trust (H+W H+C) is making progress on reducing out-of-area placements and length of stay for people with learning disabilities and mental health needs. Worcestershire's model of embedding social workers within inpatient pathways is showing results, and senior officers from both organisations are already in conversation about applying similar approaches here.

Question: H+W H+C's examples from Worcestershire of embedded social workers appears to work - but would mainly benefit the budget of H+W H+C. Is there a knock-on benefit for Herefordshire Council, and can this be quantified?

Herefordshire is one of 43 sites nationally in the first wave of the National Neighbourhood Health Implementation Programme — and the governance structures to deliver it are being redesigned right now. One Herefordshire Partnership is being restructured into two new boards: a Health and Care Partnership Board and a Neighbourhood Health Delivery Board, with an interim Strategic Neighbourhood Health Plan required by April 2026 and an Operational Plan by September 2026. The framework explicitly requires VCSE partners to be part of neighbourhood health planning, and prevention is named as a priority. However, the confirmed focus for 2026/27 is the innermost layer of need - frailty, care homes, end of life.

Question: The neighbourhood health planning process is already underway. How do we ensure that VCS infrastructure and adult social care demand reduction are explicitly named

priorities within both the Strategic and Operational Plans — before those plans are finalised?

Question: With two separate boards emerging from the previous “One Herefordshire” partnership, and "health and care" explicitly distinct from "neighbourhood health" — and with our findings suggesting that how other agencies manage the health part has a direct impact on the cost of council services — what is being put in place to ensure these boards use their overlaps wisely, and who is accountable when they don't?

Herefordshire Council

Recommendations for Discussion

1. Agree what data needs to be measured across agencies; then find the most efficient means to measure it

What: Convene a cross-agency agreement on a minimum dataset for adult social care demand reduction, covering prevention activity, referral pathways, outcomes and spend. Task Hoople IT with building the infrastructure to hold, share and report it. Connect this to the neighbourhood health operational plan, which already requires a resource and capability audit across partners.
Why now: Data gaps are undermining almost every other recommendation. The neighbourhood health planning process creates a time-bound mechanism to act.
Who: Hoople IT, Adult Social Care, Performance Team, Public Health, Wye Valley Trust, H+W H&C.

Questions still to be answered:

- **What data does Hoople currently hold across agencies, and what are the current barriers to sharing it?**
- **What would a minimum dataset need to include to be useful to both Adult Social Care commissioners and the neighbourhood health boards in measuring and improving adult social care demand?**
- **Who has the authority to convene the cross-agency agreement — and is the neighbourhood health planning process the right vehicle?**
- **Can this streamlining of data collection help us identify the characteristics / features of those individuals whose cost to HC is above £3k / week, for example?**

2. Assess the viability of a self-funder brokerage service and a proactive "moving in-time" campaign

What: Create an advice and brokerage service for current self-funders — helping them make better value choices, access equity, and plan ahead. Pair this with a public communications campaign aimed at residents aged 60+ about housing options, care costs, and acting before crisis. Explore Extra Care and supported housing supply as part of the same work.
Why now: 19 self-funders created a £750k pressure this year. Most people encounter social care only in crisis. Earlier engagement changes both outcomes and costs.
Who: Adult Social Care, Strategic Housing, Commissioning leads, Communications.

Questions still to be answered:

Herefordshire Council

- **Is there existing national guidance or models for self-funder brokerage services that could be adapted locally?**
- **Is there currently anyone tasked with tracking self-funders approaching the capital threshold? If not, where should that sit?**
- **What channels would most effectively reach residents aged over 60 before they reach crisis point?**
- **There seems to be a historic example in Shropshire of something similar – is there any institutional knowledge or memory of how this might have worked in other areas? How could the asset of Talk Community make this more effective and enable a strong smooth start? Perhaps this might be a way of funding Talk Community, through 'innovation' funding?**

3. Ensure housing and social care works as a single system

What: Create a single 'long term care prevention' pathway connecting the Home Improvement Agency, housing adaptation teams, homelessness prevention, community equipment, Empty Homes Officer. Close the circle – for example when major adaptions have been made after a long wait, re-assess and remove the short-term care and adaptions where possible.
Why now: Rural logistical challenges and multi-agency overlaps are presenting opportunities
Who: Strategic Housing, Adult Social Care, Hoople Care, Talk Community, Commissioning leads.

Questions still to be answered:

- **What would a single housing-and-care prevention pathway look like in practice, and which existing structures could host it? How could it overlap with the current Front Door?**
- **What is the current pipeline for Extra Care housing development in Herefordshire?**

4. Make a multi-year commitment to Talk Community and Community Connectors — with evaluation built in from the start

What: Commit to Talk Community and Community Connectors as core infrastructure, not discretionary spend. Fund the work and its evaluation together. Use the Connector referral data, already flowing from Adult Social Care, as the foundation for a shared outcomes framework.
Why now: The sector is contracting. The Connectors are new and showing immediate demand. This is the moment to build evaluation in.
Who: Adult Social Care, Talk Community, Public Health, Commissioning leads.

Herefordshire Council

Questions still to be answered:

- **What would a multi-year funding agreement for Talk Community require in terms of governance and accountability?**
- **What outcome measures would officers and directors find credible as evidence of demand reduction?**
- **Is the Connector referral data currently being captured in a way that could support an outcomes framework?**

5. Replace short-term commissioning cycles for VCS prevention work with long-term delivery relationships

What: Move to multi-year funding agreements for VCS organisations delivering prevention and early intervention, with light-touch contract management and rigorous outcome evaluation. Use the neighbourhood health operational plan's VCSE capability audit as the starting point.
Why now: The 2024 State of the Sector report shows the VCS is contracting because it cannot absorb constant re-tendering on minimal margins. The organisations most at risk are those meeting the unmet needs- loneliness, transport, financial resilience- that precede social care demand.
Who: Commissioning leads, Talk Community, Adult Social Care, Public Health.

Questions still to be answered:

- **What can we learn from the work already done for the 'Care in Your Home' programme in order to support efficient, area-based joint VCS working?**
- **How would outcome evaluation be designed so that it is meaningful without being burdensome for smaller organisations?**

6. Be explicit with partners about what they are expected to deliver — and establish accountability for it

What: Name clearly, in neighbourhood health plans and in bilateral relationships with NHS partners, what Herefordshire Council expects other agencies to deliver. Quantify the cost to the council when partners do not deliver. Use the new Health and Care Partnership Board as the governance mechanism for shared commitments.

Why now: The current restructuring of governance to support neighbourhood health outcomes creates a formal moment to establish accountability. Hospital discharge, length of stay, and out-of-area placements are potentially costing the council money that better partner performance would reduce.
Who: Adult Social Care, H+W H&C, Wye Valley Trust, One Herefordshire Partnership boards, Legal.

Questions still to be answered:

- **Can the savings from the Worcestershire embedded social workers model be disaggregated by agency — and if so, what does the Herefordshire equivalent look like?**
- **What legal or contractual mechanisms are currently available to the council to hold NHS partners to shared commitments?**
- **What would the council need to bring to the new partnership boards to make this conversation productive rather than adversarial?**

7. Add Herefordshire's voice to national campaigns for social care reform

What: Use existing memberships and networks- including the Local Government Association and West Midlands ADASS -to formally add Herefordshire's evidence to national campaigns for adequate and sustainable social care funding. Share this report's findings where they strengthen the national case.
Why now: The local data in this report -particularly the gap between demand growth and spend growth, and the impact of unfunded national policy decisions- is exactly the kind of evidence that national bodies need from individual councils.
Who: Leader, Cabinet Member for Health and Adult Social Care, Chief Executive.

Questions still to be answered:

- **Are there current national campaigns or consultations where this report's evidence could be submitted?**
- **Would the task and finish group wish to write directly to the relevant minister?**

Herefordshire Council

Title: Work Programme 2026-27

Meeting: **Health, Care and Wellbeing Scrutiny Committee**

Meeting date: **Monday 14 September 2026**

Report by: **Statutory Scrutiny Officer**

Classification

Open

Report purpose

The report:

- Provides the committee with a draft work programme for the committee, for approval.
- Provides the committee with a copy of the council's forward plan of key decisions to assist the committee in deciding its programme of work.
- Lists the recommendations made by the committee since January 2025, and any responses to these recommendations.

Background

1. 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.

Meeting objectives

2. To agree the committee's work programme.

3. To note the work programmes of Herefordshire Council's other scrutiny committees.

Report information

4. The most recent work programme was published September 2026 and is attached as Appendix 1.

5. Attached as Appendix 2 to this report is the council's most recently published forward plan of key decisions.

Further information on the subject of this report is available from
Danial Webb, Statutory Scrutiny Officer, email: danial.webb@herefordshire.gov.uk

6. Appendix 3 is a list of all recommendations made by the committee in 2025 and 2026.

Consultees

7. To prepare this work programme, the committee chairs have met with officers of the council to identify potential priority areas of work for the committee. These priority areas 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, alongside committee chairs, for further comment and refinement.

Appendices

Appendix 1 – Scrutiny Work Programme September 2026
Appendix 2 – Herefordshire Council Forward Plan 26 August 2026
Appendix 3 – Recommendations made by Health, Care and Wellbeing Scrutiny Committee in 2025 and 2026.

Background papers and resources

None

Herefordshire Council

SCRUTINY WORK PROGRAMME

September 2026 – March 2027

Below are the work programmes of Herefordshire Council's five scrutiny committees and their six task and finish groups.

Work programmes are subject to change, with revised programmes agreed at the end of formal committee meetings.

Please note that no meetings will be scheduled after March 2027 until after the 2027 Council elections have concluded.

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Children and Young People Scrutiny Committee

Committee work programme

Committee Meeting

6 October 2026 report deadline 28 September 2026 pre meeting lines of enquiry planning 2 October 2026

Topic and Objectives	Evidence required	Attendees*
Alternative provision • Review of capital programme relating to alternative provision. • Overview of existing provision.	• Officer report	• **Liz Farr** • Louise Tanner, Head of Learning and Achievement • Hilary Jones, Head of Additional Needs • Jane Morse - Commissioning
Children and Young People NEET • Impact of data updates on NEET average figures. • Overview of focussed service action plan with milestones.	• Officer report	• **Liz Farr** • Alexia Heath • Louise Tanner, Head of Learning and Achievement
Work programme • Review work programme	• Draft work programme	• **Statutory Scrutiny Officer**

10 December 2026 report deadline 2 December 2026 pre meeting lines of enquiry planning TBC December 2026

Topic and Objectives	Evidence required	Attendees*
Youth Strategy	• Draft strategy	• **Tina Russell** • **Hereford Rural Media** • **Will Lindsey HVOSS** • **Lindsay McHardy**

11 March 2027 report deadline 3 March 2027 pre meeting lines of enquiry planning TBC March 2027

Topic and Objectives	Evidence required	Attendees*
Fostering • Objectives to be agreed	• To be agreed	• **Tori Lynch** • Natasha Newton
Participation strategy • Objectives to be agreed	• To be agreed	• **Suzanne Sims** • Andrea Busk

Connected Communities Scrutiny Committee

Committee work programme

Committee Meeting
22 September 2026 report deadline 14 September 2026 pre meeting lines of enquiry planning TBC 2026

Topic and Objectives	Evidence required	Attendees*
UK Shared Prosperity Fund • Review of projects funded • Examine future funding opportunities	• Overview of funded projects	• **Service Director, Economy and Growth**
Public participation in planning task and finish group • Review final report • Agree report recommendations	• Final report	• **Statutory Scrutiny Officer**
Work programme • Review work programme	• Draft work programme	• **Statutory Scrutiny Officer**

Committee Meeting
27 January 2027 report deadline 19 January 2027 pre meeting lines of enquiry planning TBC

Topic and Objectives	Evidence required	Attendees*
Year of delivery – capital projects • End of year review of capital projects taking place in 2026.	• Council capital programme • Individual programme progress reports	• **To be determined**

*The Corporate Director, Economy and Environment, Cabinet Member, Economy and Growth, Cabinet Member, Community Services and Assets, Cabinet Member, Roads and Regulatory Services, and Cabinet Member, Transport and Infrastructure, all have a standing invitation to the meeting.

Environment and Sustainability Scrutiny Committee

Committee work programme

Committee Meeting
21 September 2026 report deadline 11 September 2026 pre meeting lines of enquiry planning 17 September 2026

Topic and Objectives	Evidence required	Attendees*
Transformation of the economy and environment directorate • Understand the transformed leadership structure and how it is performing currently, in particular where responsibility for delivering on the council's environmental priorities and targets, including net zero. • Has embedding a commercial mindset impacted on the delivery of these environmental priorities and targets. • Has transformation impacted on the overall resource dedicated to the environmental side of the directorate. • Explore the case for a more distinct operational area for environmental matters under the Corporate Director.	• Officer report • List of environmental projects currently undertaken by Herefordshire Council.	• **John Hobbs, Corporate Director Environment and Economy**
Buses and passenger services task and finish group • To receive the final report from the group and consider their recommendations, including testing the evidence on which they are based. • To agree a set of recommendations to go forward from the committee to the executive.	• Final report	• **Cllr Justine Peberdy, Chair - buses and passenger services task and finish group**
Flooding spotlight review – terms of reference • To agree the terms of reference for a proposed spotlight review to scrutinise flood risk management and flood emergency responses.	• Spotlight review terms of reference	• **Statutory Scrutiny Officer**

*The Corporate Director, Economy and Environment and Cabinet Member, Environment, both have a standing invitation to the meeting.

Committee Meeting

2 December 2026 report deadline 24 November 2026 pre meeting lines of enquiry planning 27 November 2026

Topic and Objectives	Evidence required	Attendees*

Carbon Management in Herefordshire
• Identify progress in carbon emission reduction within:
  ○ The council and
  ○ Herefordshire more widely.
• Scrutinise quantitative and qualitative evidence to demonstrate progress.
• Review the cost of carbon management programmes within the council and across the county.
	• Fourth Carbon Management Plan
	• Cabinet paper (if available)
		• **Richard Vaughan**
		• Daniel Lenain
		• NFU representative
		• Country Land and Business Association

Rail Strategy • To test the ambition of the rail strategy • To establish progress to restore the Hereford-Ross-Gloucester rail link. • To seek assurance that the policy supports the objectives of the Local Transport Plan 5. • To establish how the strategy supports potential coordination of bus and rail services.	• Rail strategy • Buses task and finish group report • (any West Midlands rail strategy)	• John Hobbs • **Ffion Horton** • David Land

Prospective spotlight review

February/March 2027

Topic and Objectives	Evidence required	Attendees*
Flooding and flood risk management • Terms of reference to be agreed.	• Evidence to be agreed	• John Hobbs • Other TBC

Health Care and Wellbeing Scrutiny Committee

Committee work programme

Committee Meeting
14 September 2026 report deadline 4 September 2026 pre meeting lines of enquiry planning 10 September 2026

Topic and Objectives	Evidence required	Attendees*
Right Care Right Person • Update on work to deliver acute community mental health support in Herefordshire.	• Evidence to be agreed	**Gareth Morris, West Mercia Police** **Zoe Clifford, Director of Public Health**
Meeting the demand for adult social care task and finish group • Agree interim report and recommendations	• Final task and finish group report	**Chair, task and finish group**
Adult Social Care budget outturn • Scrutinise financial outturn against budget savings plans	• Quarterly budget outturn and performance monitoring	**Hilary Hall, Corporate Director, Community Wellbeing**
Work programme • Review work programme	• Draft work programme	**Statutory Scrutiny Officer**

Committee Meeting
14 December 2026 report deadline 4 December 2026 pre meeting lines of enquiry planning December 2026

Topic and Objectives	• **Evidence required**	Attendees*
Shaping neighbourhood health • Analyse how the health partnership identifies health needs in communities.	• 2Neighbourhood health bid • Taurus Out of Hours GP service • Worcestershire Council papers	**Zoe Clifford, Director of Public Health**

• Scrutinise provision of current and future neighbourhood health services.		
Adult Social Care budget outturn • Scrutinise financial outturn against budget savings plans	• Quarterly budget outturn and performance monitoring	**Hilary Hall, Corporate Director, Community Wellbeing**
Work programme • Review work programme	• Draft work programme	**Statutory Scrutiny Officer**

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

Scrutiny Management Board

Committee work programme

Committee Meeting

12 October 2026 report deadline 02 October 2026 pre meeting lines of enquiry planning TBC

Topic and objective	Evidence required	Attendees
Temporary accommodation • Provide assurance that the council understands and is actively managing the growing demand and financial pressures associated with temporary accommodation, • Examine whether temporary accommodation services are meeting the needs of homeless households • Assess the effectiveness of prevention and support activity. • Identify the wider causes of homelessness and prolonged stays in temporary accommodation, including housing supply, demand trends and policy influences.	• Demand trends, causes of homelessness, turnover and household profiles. • Temporary accommodation costs, funding sources, capital investment and future financial pressures. • Resident experiences, prevention outcomes, housing supply constraints and options for reducing demand and length of stay.	**Head of Supported Housing**
Inequalities task and finish group final report • Agree final report	• Final report	**Statutory Scrutiny Officer**
Commercialisation task and finish group final report • Agree final report	• Final report	**Statutory Scrutiny Officer**
Annual review of effectiveness • Agree final report	• Scrutiny annual review	**Statutory Scrutiny Officer**

Hoople spotlight review terms of reference • Agree terms of reference	• Terms of reference	**Statutory Scrutiny Officer**
Work programme • Review work programme	• Draft work programme	**Statutory Scrutiny Officer**

Committee Meeting

1 December 2026 report deadline 23 November 2026 member briefing 24 November 2026 pre meeting lines of enquiry planning 27 November 2026

Topic and objective	Evidence required	Attendees
Hoople spotlight review report • Agree findings and recommendations of the Hoople spotlight review.	• Terms of reference	**Statutory Scrutiny Officer**
The voluntary and community sector (to be confirmed)	•	
Work programme • Review work programme.	• Draft work programme	**Statutory Scrutiny Officer**

Committee Meeting

January 2027 (date TBC) report deadline TBC January 2026 pre meeting lines of enquiry planning TBC January 2026

Topic and objective	Evidence required	Attendees
Budget 2027/2028 • To understand the executive's proposed revenue and capital budgets and its medium-term financial strategy. • To make recommendations for the executive to consider before proposing the budget to Council.	• 2027/2028 revenue budget report • 2027/2028 capital budget report • 2027-28-2030/31 medium-term financial strategy report • Supplementary information as requested by the committee.	Cabinet members Directors

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	Culture and 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

FORWARD PLAN FOR 26 AUGUST 2026 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
Cabinet decisions by date (Key and Non-key listed)					
Hereford Bypass Phase One – Assessment Report Bypass update and next actions	Cabinet 10 September 2026	Cabinet member transport and infrastructure Scott Tompkins, Delivery Director - Infrastructure scott.tompkins@herefordshire.gov.uk	Economy and Environment	21 August 2026	**KEY** Open Urgent
Herefordshire's 2026-27 Section 75 agreement To approve Herefordshire's section 75 agreement for 2026-27 with the Herefordshire and Worcestershire Integrated Commissioning Board (ICB) for up to five years in relation to the Better Care Fund.	Cabinet 24 September 2026	Cabinet member adults, health and wellbeing Nicola Williams, Service Manager D2A and BCF nicola.williams6@herefordshire.gov.uk Tel: 01432 383879	Community Wellbeing	21 August 2026	**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
Q1 2026/27 Budget Report To report the forecast position for 2026/27 at Quarter 1 (June 2026), 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. To provide assurance that progress has been made towards delivery of the agreed revenue budget and service delivery targets, and that the reasons for major variances are understood and are being addressed to the cabinet's satisfaction.	Cabinet 24 September 2026	Cabinet member finance and corporate services Stacey Carter, Head of Strategic Finance (Deputy S151), Rachael Sanders, Director of Finance stacey.carter@herefordshire.gov.uk, Rachael.sanders@herefordshire.gov.uk Tel: 01432 383095, Tel: 01432 383775	Corporate Support Centre	21 August 2026	**Non Key** Open
Q1 Performance Report To review performance for Quarter 1 (Q1) 2026/27 and to report the performance position across the council for this period.	Cabinet 24 September 2026	Cabinet member finance and corporate services Jessica Karia, Head of Corporate Performance and Intelligence jessica.karia@herefordshire.gov.uk Tel: 01432 260976	Corporate Support Centre	21 August 2026	**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
Risk Management Update Q1 2026/27 To provide an update on the status of corporate risks at the end of Quarter 1 2026/27 (June 2026) and provide assurance that risks are being managed effectively across the council.	Cabinet 24 September 2026	Cabinet member finance and corporate services Stacey Carter, Head of Strategic Finance (Deputy S151), Rachael Sanders, Director of Finance stacey.carter@herefordshire.gov.uk, Rachael.sanders@herefordshire.gov.uk Tel: 01432 383095, Tel: 01432 383775	Corporate Support Centre	21 August 2026	**Non Key** Open
Travel Plan Strategy The purpose of this report is to seek Cabinet approval for an updated Travel Plan process for Herefordshire. The updated approach sets out a clearer, more consistent and outcome-focused process for the development, implementation and monitoring of travel plans across new developments, existing organisations and key trip-generating sites.	Cabinet 24 September 2026	Cabinet member transport and infrastructure Ffion Horton, Transport Planning Services Manager ffion.horton@herefordshire.gov.uk	Economy and Environment	21 August 2026	**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
Update on the Phase 2 Phosphate Mitigation Schemes To provide Cabinet with an update regarding the Phosphate Mitigation Wetland schemes	Cabinet 24 September 2026	Cabinet member culture and Environment Roger Allonby, Service Director Economy and Growth, Gemma Dando, Chief Operating Officer, Scott Tompkins, Delivery Director - Infrastructure, Susan White, Programme Manager Roger.Allonby@herefordshire.gov.uk, gemma.dando@herefordshire.gov.uk, scott.tompkins@herefordshire.gov.uk, Susan.White2@herefordshire.gov.uk Tel: 01432 260330, , , Tel: 01432 260070	Economy and Environment	21 August 2026	**Non Key** Open
Early Help Task and Finish Group - final report To provide Cabinet with the final report of the Children and Young People Scrutiny Committee's Early Help task and group, looking at the provision of early help in Herefordshire.	Cabinet 22 October 2026	Cabinet member children and young people Danial Webb, Statutory Scrutiny Officer Danial.Webb@herefordshire.gov.uk Tel: 01432 260659	Children and Young People	NEW ITEM	**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 2026/27 Budget Report To report the forecast position for 2026/27 at Quarter 2 (September 2026), 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. To provide assurance that progress has been made towards delivery of the agreed revenue budget and service delivery targets, and that the reasons for major variances are understood and are being addressed to the cabinet's satisfaction.	Cabinet 26 November 2026	Cabinet member finance and corporate services Stacey Carter, Head of Strategic Finance (Deputy S151), Rachael Sanders, Director of Finance stacey.carter@herefordshire.gov.uk, Rachael.sanders@herefordshire.gov.uk Tel: 01432 383095, Tel: 01432 383775	Corporate Support Centre	21 August 2026	**Non Key** Open
Risk Management Update Q2 2026/27 To provide an update on the status of corporate risks at the end of Quarter 2 2026/27 (September 2026) and provide assurance that risks are being managed effectively across the council.	Cabinet 26 November 2026	Cabinet member finance and corporate services Stacey Carter, Head of Strategic Finance (Deputy S151), Rachael Sanders, Director of Finance stacey.carter@herefordshire.gov.uk, Rachael.sanders@herefordshire.gov.uk Tel: 01432 383095, Tel: 01432 383775	Corporate Support Centre	21 August 2026	**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
Recommissioning of Drugs & Alcohol Recovery Services To obtain approval to recommission drug and alcohol recovery services in Herefordshire for an initial five-year period (2028–2033), with the option to extend the contract by a further two years. (2033–2035).	Cabinet 17 December 2026	Cabinet member adults, health and wellbeing Natalie Johnson-Stanley, Public Health Lead - Substance Misuse / Tobacco Natalie.Johnson-Stanley@herefordshire.gov.uk Tel: 01432 383230	Community Wellbeing	21 August 2026	**KEY** Open
Cabinet Member Decisions (Key and Non Key decisions)					
Portfolio: adults, health and wellbeing					

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
To extend the council's current commissioned home care frameworks To approve an extension of the existing commissioned home care frameworks until 30 April 2027, with an option for the council to extend for up to a further four months, until 31 August 2027. This will ensure continuity of care to those with assessed eligible needs, maintaining stability in a pressured provider market, and enable transition to a new and different commissioning approach (Care in Your Home). This will provide a stronger framework and service, that is fit and robust for Herefordshire's future ageing population needs. The new approach will be set out and approval sought through council governance (see point 5) and the programme is progressing in line with the target timescales.	Cabinet member adults, health and wellbeing 1 September 2026	Cabinet member adults, health and wellbeing Sharon Amery, Senior Commissioning Officer sharon.amery2@herefordshire.gov.uk Tel: 01432 383734	Community Wellbeing	21 August 2026	**KEY** Open
Herefordshire Care Home Partnerships Framework To approve the procurement of a new multi provider partnership framework for the provision of care home placements and related services. The Council is looking to formalise partnership arrangements for a minimum of 500-550 placements across all providers. Estimated value of up to £320m across the framework term (maximum of 8 years).	Cabinet member adults, health and wellbeing Before 9 September 2026	Cabinet member adults, health and wellbeing Ros Murphy, Commissioning Manager, Community Wellbeing ros.murphy@herefordshire.gov.uk	Community Wellbeing	21 August 2026	**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
Procurement of Sensory Impairment Service To approve the re-procurement of the Sensory Impairment Service for Herefordshire	Cabinet member adults, health and wellbeing 9 September 2026	Cabinet member adults, health and wellbeing John Burgess, Senior Commissioning Officer John.Burgess3@herefordshire.gov.uk	Community Wellbeing	21 August 2026	**KEY** Open
Renewal of Access Group contract for Mosaic, Synergy and associated systems To seek approval to enter into a new contractual arrangement with The Access Group for the continued provision of Mosaic, Synergy, Core+ and associated systems, including transition to Access' cloud-hosted (SaaS) service, following expiry of the current contract's available extensions in September 2026.	Cabinet member adults, health and wellbeing 25 September 2026	Cabinet member adults, health and wellbeing Hilary Hall, Corporate Director Community Wellbeing Hilary.Hall@herefordshire.gov.uk	Community Wellbeing	21 August 2026	**KEY** Open
To re-commission the home care framework in Herefordshire To approve the re-commissioning of the council's home care framework, called Services In Your Home (SIYH), in Herefordshire. The new SIYH framework needs to be operational by 1 May 2027.	Cabinet member adults, health and wellbeing 21 October 2026	Cabinet member adults, health and wellbeing Sharon Amery, Senior Commissioning Officer sharon.amery2@herefordshire.gov.uk Tel: 01432 383734	Community Wellbeing	21 August 2026	**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
Herefordshire Adult Social Care Prevention Strategy The purpose of the report is to approve the 2026-2036 Herefordshire Adult Social Care Prevention Strategy	Cabinet member adults, health and wellbeing 30 November 2026	Cabinet member adults, health and wellbeing David Collyer, Acting Consultant in Public Health: General Practitioner david.collyer2@herefordshire.gov.uk	Community Wellbeing	21 August 2026	**KEY** Open
Portfolio: children and young people					
Award of contract for the provision of overnight short breaks and outreach service for children and young people To approve the awarding of a contract to develop and deliver an overnight short breaks with outreach support service, for children and young people with disabilities from a property secured by the council.	Cabinet member children and young people 25 August 2026	Cabinet member children and young people Sandra Griffiths, Commissioning officer sgriffiths3@herefordshire.gov.uk Tel: 01432 383141	Children and Young People	21 August 2026	**KEY** Open Urgent

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
Recommissioning of Children's Rights & Advocacy and Independent Visitors Services This report seeks approval to undertake an open procurement in accordance with the Procurement Act 2023 and the Council's Contract Procedure Rules (CPRs) under the Light Touch Regime for the Children's Rights and Advocacy Service and Independent Visitor Service. The procurement will ensure the council continues to meet its statutory duties by providing independent advocacy, representation and trusted adult support to vulnerable children and young people across Herefordshire. It will also support the transition of the Children's Rights and Advocacy Service from an in-house model to an externally commissioned service, strengthening the independence of advocacy in line with national guidance and recognised best practice, while maintaining continuity of support for children and young people.	Cabinet member children and young people 28 August 2026	Cabinet member children and young people Ellie Jenkins, Commissioning Officer, All Age Mental Health / Wellbeing, Karen Stanton, Corporate Grant Lead - Corporate Support ellie.jenkins@herefordshire.gov.uk, kstanton@herefordshire.gov.uk Tel: 01432 260463	Children and Young People	21 August 2026	**KEY** Open
Recommissioning of Family Help Service This report seeks approval to recommission the Family Help Service through an open procurement process. The existing contract is due to end on 31 March 2027 and a recommissioned service is required to support the council's Family Help offer, deliver early intervention and prevention services, and improve outcomes for children, young people and families	Cabinet member children and young people 7 September 2026	Cabinet member children and young people Sandra Griffiths, Commissioning officer sgriffiths3@herefordshire.gov.uk Tel: 01432 383141	Children and Young People	21 August 2026	**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
Schools, Central School Services and Early Years Budget 2027/28 To approve School Forum's recommended budget proposals for school budgets, central school services and early years within the Dedicated Schools Grant (DSG) for 2027/28.	Cabinet member children and young people 27 January 2027	Cabinet member children and young people Stacey Carter, Head of Strategic Finance (Deputy S151) stacey.carter@herefordshire.gov.uk Tel: 01432 383095	Corporate Support Centre	21 August 2026	**KEY** Open
High Needs Budget 2027/28 To propose the High Needs Budget for 2027/28 to the Cabinet Member Children and Young People.	Cabinet member children and young people 29 March 2027	Cabinet member children and young people Stacey Carter, Head of Strategic Finance (Deputy S151) stacey.carter@herefordshire.gov.uk Tel: 01432 383095	Corporate Support Centre	21 August 2026	**KEY** Open
Portfolio: community services and assets					

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
High Needs Capital Spend To approve the spend of the High Needs Provision Capital Grant and Special and Alternative Provision Free School Alternative Places Grant to extend our inclusion offer in mainstream schools, increase places for children with Special Educational Needs and Disabilities (SEND) and to improve Alternative Provision (AP) education arrangements.	Cabinet member local engagement and community resilience 27 August 2026	Cabinet member community services and assets Quentin Mee, Head of Educational Development Quentin.Mee@herefordshire.gov.uk	Children and Young People	21 August 2026	**KEY** Open
Establish a new Alternative Provision Centre capital spend To approve the spend of the capital allocation to establish a new Alternative Provision Centre	Cabinet member community services and assets 14 September 2026	Cabinet member community services and assets Quentin Mee, Head of Educational Development Quentin.Mee@herefordshire.gov.uk	Children and Young People	21 August 2026	**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
Relocation of Herefordshire Pupil Referral Units Capital Spend To approve the spend of the capital allocation to relocate Herefordshire Pupil Referral Units onto a single site.	Cabinet member community services and assets 14 September 2026	Cabinet member community services and assets Quentin Mee, Head of Educational Development Quentin.Mee@herefordshire.gov.uk	Children and Young People	21 August 2026	**KEY** Open
South Bank Close and Ivy Close Lease Arrangements To approve Midland Hearts request to rescind their lease of South Bank Close and Ivy Close. To approve the procurement of a new lease holder for these properties.	Cabinet member community services and assets Before 30 September 2026	Cabinet member community services and assets Hannah McSherry, Housing Strategy Officer Hannah.McSherry2@herefordshire.gov.uk Tel: 01432 383061	Economy and Environment	21 August 2026	**KEY** Open
Portfolio: economy and growth					

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
Connect to Work Programme To approve the procurement of the Connect to Work Individual Placement and Support (IPS) Programme in Herefordshire using the Open Procedure in accordance with the Procurement Act 2023. The programme is fully funded through a grant provided by the Department for Work and Pensions (DWP). To approve the award of a contract to the bidder achieving the highest overall score against the published evaluation criteria for a period of up to three years and six months, commencing in October 2026, with a total contract value of up to £1.22 million. To delegate operational responsibility for the delivery of the Connect to Work programme in Herefordshire to the Service Directors for Economy and Growth and Education, Skills and Learning, acting in consultation with the Cabinet Member for Economy and Growth.	Cabinet member economy and growth 10 September 2026	Cabinet member economy and growth Alexia Heath, Post 16 Senior Advisor aheath1@herefordshire.gov.uk Tel: 01432383416	Economy and Environment	21 August 2026	**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
Skills Bootcamps Herefordshire 2027/2028 Financial Year To approve the submission of a delivery plan to the Department for Work and Pensions (DWP) for Skills Bootcamps funding of £1.5 million for the 2027/28 financial year. To agree that Herefordshire Council will act as the accountable body for the management, administration and commissioning of the funding, once approved by DWP, including any subsequent Skills Bootcamps allocations awarded to the council. To delegate to the Service Director for Economy and Growth and Service Director for Education, Skills and Learning, all operational decisions necessary to implement and deliver the programme, including the appointment of training provider(s) and the management of associated funding and contractual arrangements.	Cabinet member economy and growth 30 September 2026	Cabinet member economy and growth Alexia Heath, Post 16 Senior Advisor aheath1@herefordshire.gov.uk Tel: 01432383416	Economy and Environment	21 August 2026	**KEY** Open
Portfolio: environment					
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
Public Notices To approve a contract via a direct award process for the placing of public notices in newspapers circulating within Herefordshire.	Cabinet member finance and corporate services 25 September 2026	Cabinet member finance and corporate services Ed Bradford, Major Contracts Programme Director Edward.Bradford@herefordshire.gov.uk Tel: 01432 260786	Economy and Environment	21 August 2026	**KEY** Open
Portfolio: local engagement and community resilience					
Portfolio: roads and regulatory services					
Portfolio: transport and infrastructure					
Active Travel Capital Fund 2026/27 To present the proposed allocation and planned expenditure of the 2026/27 Active Travel Grant and set out how the funding will be used to deliver Herefordshire Council's priority integrated transport policies and strategies. The report outlines selected project for capital investment and seeks formal approval from the Chief Operating Officer and the Cabinet Member for Transport and Infrastructure to proceed.	Cabinet member transport and infrastructure 1 September 2026	Cabinet member transport and infrastructure Ffion Horton, Transport Planning Services Manager ffion.horton@herefordshire.gov.uk	Economy and Environment	21 August 2026	**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
Passenger Transport Open Framework To seek approval for the establishment and implementation of a new Open Framework for Passenger Transport Services. The framework will provide a compliant, flexible and efficient procurement route for the commissioning of passenger transport services, including home-to-school transport, SEN transport and public transport.	Cabinet member transport and infrastructure 24 September 2026	Cabinet member transport and infrastructure David Land, Head of Transport and Access Services, Sarah Morris, Programme Coordinator david.land@herefordshire.gov.uk, Sarah.Morris2@herefordshire.gov.uk Tel: 01432 383484, Tel: 01432 383698	Economy and Environment	21 August 2026	**KEY** Open

Herefordshire Council

APPENDIX 2

Recommendations made by Health, Care and Wellbeing Scrutiny Committee in 2025 and 2026

Monday 27 January 2025			
Dental services in Herefordshire			
No.	**Recommendation**	**Accepted/Rejected**	**Response**
1	That Herefordshire Council work with governing bodies of schools to encourage those not participating in the Time to Smile scheme to do so.	Accepted	Item was raised when presenting sign up of Herefordshire's Supervised Toothbrushing Scheme, it was noted that some schools in more deprived areas are not taking part in the initiative. The board suggested working with governing bodies of schools to encourage those not participating in the Supervised Toothbrushing Scheme.

Monday 17 February 2025			
Supported housing for working age adults with additional needs			
No.	**Recommendation**	**Accepted/Rejected**	**Response**
1	That Herefordshire Council brings forward an Accommodation with Care Strategy to aid the reduction in cost pressures in the Health and Wellbeing Directorate.	Accepted	ASC and Housing are currently working on a number of strategies looking at accommodation needs especially for the vulnerable client cohorts.

Monday 31 March 2025			
Health and Wellbeing Strategy			
No.	**Recommendation**	**Accepted/Rejected**	**Response**
1	That Herefordshire Council demonstrates in its delivery plans how the work public health undertakes relates to the strategic vision and four ambitions of the Health and Wellbeing Strategy.	Accepted	Accepted The Herefordshire Council Plan 2024-2028, was approved in May 2024 and sets out four priorities for the council: people, place, growth and transformation. The Delivery Plan 2025-2026 outlines how the council's priorities and objectives will be achieved and what will be delivered in the next 12 months. The Delivery Plan is reviewed annually and progress is reported on a regular basis. Public Health leads on key deliverables within the plan, particularly in relation to the 'people' priority and reports on these quarterly.

			The Herefordshire Joint Local Health and Wellbeing Strategy 2023-33 sets out the vision of achieving 'Good health and wellbeing for everyone'. This is supported by four ambitions. Herefordshire Council demonstrates in the Delivery Plan how the work public health undertakes relates to the strategic vision and four ambitions of the Health and Wellbeing Strategy with the following examples: [see further document] The Health and Wellbeing Strategy identifies two core priorities: • Best Start in Life: ensuring every child has the best start in life. • Good Mental Health: promoting good mental health across the lifetime. Detailed implementation plans relating to these two core priorities are being taken forward by the public health team with wider partnership organisations enabling a whole system approach to achieving positive outcomes for our population. Herefordshire Council demonstrates through the Council Delivery Plan how the work of Public Health contributes to the delivery of the Health and Wellbeing Strategy vision and ambitions. Achieving these ambitions requires the collective effort of all partner organisations across our system. The Health and Wellbeing Board recognises the vital contributions that all member organisations make to improving the health and wellbeing of Herefordshire residents.
Community Activity - Day Provision			
No.	**Recommendation**	**Accepted/Rejected**	**Response**
1	That Herefordshire Council organises a briefing for councillors on the community activity services available in Herefordshire.	Accepted	Agreed

Monday 19 May 2025			
Supported housing for working age adults with additional needs			
No.	**Recommendation**	**Accepted/Rejected**	**Response**
1	That the Herefordshire and Worcestershire Health and Care NHS Trust should set out the pros and cons of each of the three redesign options against the six "and we" criteria in the NHS Commissioner Guidance for adult mental health rehabilitation inpatient services.	Accepted	The Herefordshire and Worcestershire Health and Care Trust agree with the recommendation, this will be evidenced and fully described within the options appraisal process, in addition this will form part of the pre-consultation business case as part of the NHSE Major Change Process.

Monday 11 February 2026			
Supported housing for working age adults with additional needs			
No.	**Recommendation**	**Accepted/Rejected**	**Response**
1	That the Trust provides the committee with an annual update of its strategic priorities, including: • Workforce capacity • Recruitment and retention • Training compliance • Staff survey results • Freedom to speak up activity With any actions taken where performance was identified as requiring improvement.	Accepted	The Trust will attend scrutiny to present its annual report at a mutually convenient time.
2	Provide the committee with the findings of the national workforce survey when available, with detail pertaining to Herefordshire where possible.	Accepted	The Trust will attend scrutiny to present its annual report at a mutually convenient time.

Monday 27 April 2026			
Carers' Partnership Board Annual Report 2025			
No.	**Recommendation**	**Accepted/Rejected**	**Response**
1	To support the introduction of a carers' card for all carers.	Partially Accepted	Members of the Carers Partnership Board have considered different approaches to the introduction of a carers' identification card. At the most recent Partnership Board meeting, it was agreed that, rather than developing a Herefordshire-specific carers' ID card, the focus should be on supporting the introduction and promotion of the nationally recognised Carers Card UK scheme. The Carers Card UK scheme provides a form of identification for carers and includes access to a range of discounts across national retailers. There is a small cost associated with the card (£8.00 for a two-year period). In addition to promoting the national offer, there is an opportunity to explore how local businesses and organisations within Herefordshire could be encouraged to recognise the card and offer local discounts and benefits.