

Minutes of the meeting of the Health, Care and Wellbeing Scrutiny Committee held in Conference Room 1 - Herefordshire Council, Plough Lane Offices, Hereford, HR4 0LE on Monday 28 July 2025 at 2.00 pm

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

Others in attendance:

Z Clifford	Director of Public Health	Herefordshire Council
Councillor C Gandy	Cabinet Member Adults, Health and Wellbeing	Herefordshire Council
D Mehaffey	Executive Director: Strategy, Health Inequalities and Integration	NHS Herefordshire and Worcestershire Integrated Care Board
H Merricks-Murgatroyd	Democratic Services Officer	Herefordshire Council
A Rees-Glinos	Democratic Services Support Officer	Herefordshire Council
S Trickett	Chief Executive	NHS Herefordshire and Worcestershire Integrated Care Board
D Webb	Statutory Scrutiny Officer	Herefordshire Council

63. APOLOGIES FOR ABSENCE

Apologies were received from Cllr Mark Dykes.

64. NAMED SUBSTITUTES

Cllr Polly Andrews was present as the named substitute for Cllr Mark Dykes.

65. DECLARATIONS OF INTEREST

No declarations of interest were made.

66. MINUTES

The minutes of the previous meeting were received.

Resolved: That the minutes of the meeting held on 19 May 2025 be confirmed as a correct record.

67. QUESTIONS FROM MEMBERS OF THE PUBLIC

No questions were received from members of the public.

68. QUESTIONS FROM MEMBERS OF THE COUNCIL

No questions were received from councillors.

69. INTEGRATED CARE BOARD RESET

The committee received a report on the Integrated Care Board (ICB) reset.

Simon Trickett, Chief Executive of NHS Herefordshire and Worcestershire ICB, presented the key elements of the reset, supported by David Mehaffey, Executive Director: Strategy, Health Inequalities and Integration.

The principal points of the discussion are summarised below:

1. The government has introduced a new 10-year plan for the NHS, with a central requirement for ICBs to reduce their running costs by 50%. For Herefordshire and Worcestershire this equates to a 43% cut, amounting to £12m savings by April 2026.
2. This will include a reduction of 150–200 posts, though these will be confined to managerial and back-office functions. Frontline clinical roles will not be affected.
3. An expression of interest has been run in a voluntary redundancy scheme with around 40 expressions of interest received to date. However, Treasury approval for redundancy funding has not yet been finalised. Natural turnover and vacancy management are expected to reduce compulsory redundancies.
4. To deliver efficiencies, Herefordshire and Worcestershire ICB will cluster with Coventry and Warwickshire ICB. The two organisations will remain separate statutory bodies, but a single executive team will operate across both areas. This will stretch capacity but is considered necessary to meet savings targets.
5. Several members expressed concern that Herefordshire, as the smallest partner in the new cluster, could lose influence. In response, the Chief Executive gave reassurance that strong local authority representation would remain, highlighting the active role of Herefordshire Council's Chief Executive on the existing ICB board.
6. Members emphasized that Herefordshire's rural context is very different to urban areas, and questioned whether 'neighbourhood health hubs' designed for populations of 30–50,000 were suitable for market towns and rural communities. In response, the Executive Director: Strategy, Health Inequalities and Integration noted that national policy must be adapted to local geography, with outreach and mobile provision considered.
7. Concern was raised about reliance on digital systems when some residents lack broadband or smartphones. The Executive Director: Strategy, Health Inequalities and Integration confirmed that while digital access would be expanded, face-to-face and outreach services would remain.
8. The committee revisited the ongoing closure of MIUs at Leominster and Ross. Members questioned how new hubs could be developed when services had not been restored. The Chief Executive acknowledged the strength of feeling locally, but explained that staffing shortages, particularly of emergency nurse practitioners, made it difficult to reopen smaller MIUs. It was emphasized that new hubs should provide broader urgent primary care, including minor illness, which could be an improvement on previous MIU provision.
9. Questions were asked about accountability mechanisms. It was noted that oversight and scrutiny arrangements for each local authority would continue, though with a wider geography covered moving forward.

10. Members asked how GP practices would feature in the new arrangements. The Chief Executive highlighted that Herefordshire's GP performance is strong nationally, and primary care networks (PCNs) would also help to form the backbone of neighbourhood health.
11. The Director of Public Health stressed the opportunity to use data to target interventions at high-risk populations, reducing repeat hospital admissions.
12. Concerns were raised about national proposals to abolish Healthwatch by 2027. Members emphasised the importance of retaining independent patient voices and agreed to monitor developments closely.
13. The Executive Director: Strategy, Health Inequalities and Integration noted the Work Well programme. This was highlighted as an example of how the NHS, working with local partners, is helping people with health conditions remain in or return to employment. It was added that the scheme, currently delivered by Taurus Healthcare with three Work and Health Coaches, has supported individuals with health conditions, with referrals available from GPs and through self-referral. Members suggested stronger promotion via parish councils and Talk Community hubs to improve awareness in rural areas.

70. ADULT SOCIAL CARE DEMAND FOR SERVICES TASK AND FINISH GROUP

The committee considered draft terms of reference for a task and finish group to examine rising demand for adult social care. The Scrutiny Statutory Officer presented the item.

The principal points of the discussion are summarised below:

1. Demand pressures continue to rise due to demographic change and increasing complexity of need.
2. The group would comprise up to seven councillors (non-Cabinet) and report back with findings and recommendations.
3. It was noted that a request would be sent out to all members of the council to join the group.

Resolved

That:

- a) **The committee agree to form a task and finish group according to the terms of reference attached as Appendix 1.**

71. UPDATE ON RECOMMENDATIONS MADE BY THE HEALTH, CARE AND WELLBEING SCRUTINY COMMITTEE

The Statutory Scrutiny Officer presented the update on recommendations made by the Health, Care and Wellbeing Scrutiny Committee.

The principal points of the subsequent discussion are summarised below:

1. Some items had been completed and could be closed.

2. The committee discussed the ongoing issue of minor injury units, which had been raised in previous recommendations, and agreed to continue monitoring developments.

Resolved

That the committee:

- a) **Notes the responses to recommendations that have been made by this committee; and**
- b) **Decides any further course of action on any topic for which it has received responses to its recommendations.**

72. WORK PROGRAMME 2025/26

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

Resolved

That:

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

73. DATE OF THE NEXT MEETING

The date of the next meeting is Monday 27 October 2025, 2.00 pm.

The meeting ended at 4.01 pm

Chairperson