

**Agenda item no. 6 - Questions from members of the Council**

Question Number	Questioner	Question	Question to
MQ 1	Cllr Hitchiner, Stoney Street	<p>Now that Shropshire Council have cancelled their road project due to cost overruns, lack of funding, and poor value for money, what steps are Herefordshire Council taking to recover LEP money paid to the then Conservative led Shropshire Council by way of a conditional grant, for failure to deliver the road?</p> <p>The Committee that considers this matter is the Marches Joint Committee which has only met once with 4 meetings postponed. A key function of the Committee set out in the Terms of Reference is “Ongoing oversight, monitoring and review of ongoing grants, assets, programmes, or initiatives until such time as they cease or are transferred”.</p> <p>The Terms of Reference also require annual reports to be provided to each Council and for all decisions to be open to scrutiny by each Council. When will these obligations be fulfilled?</p>	Leader
<p><b>Response:</b> Shropshire Council has not cancelled the Oxon Link Road, which is the scheme funded by the Marches LEP. The project they cancelled in February was a different one. Shropshire will bring an update on the Oxon Link Road to the next Marches Joint Committee meeting, where any changes to the funding agreement will be considered. Since the closure of the Marches LEP, no decisions have been required from the Committee, but directors from the three councils continue to meet every two weeks to oversee the remaining legacy projects. The Committee remains committed to publishing an annual report and will do so when there are decisions and developments to report. In the meantime, Shropshire Council as the lead statutory body continues to report operational updates to UK government. While Herefordshire Council has sought to convene the Committee – it must meet in person – not all members have been able attend due to ongoing and understandably important other matters. We look forward to the Committee meeting as soon as possible.</p>			
<p><b>Supplementary Question:</b>            You refer to the Oxon relief road. The LEP recommend a clawback of the finance provided for the Oxon relief road if a contractor was not appointed by May 2024 and work not started by 31st of March 2025. Has a contractor been appointed and has work started given the possibility that clawback should have occurred. How is this likely when the terms of reference of the March's joint committee refer to the need for unanimous decision-making which will mean Shropshire voting in favour of repayment of a loan by them? Does the leader support such an</p>			

arrangement where there are clear conflicts of interest? I anticipate some horse trading between councils. Will the leader please ensure that when decisions are eventually made they will be communicated openly and subject to appropriate scrutiny?

**Response to supplementary question:**

We will make sure that the decision is made openly and transparently. With regard to the Oxon Link Road and the previous meeting that you're referring to, I will get clarification on that point.

*Response to supplementary question provided on 15 April:*

*On the 1<sup>st</sup> April 2025 the former Leader of Shropshire Council (Lezley Picton) wrote to the other members of the Joint Committee (Jonathan Lester and Lee Carter) seeking agreement to bring a deed of variation to request changes to the dates for the delivery of the Oxon Relief Road project subject to LEP funding.*

*The Marches Joint Committee members agreed that a Deed of Variation could be brought to a future meeting for consideration, once Shropshire Council were in a position to finalise their request.*

*The next meeting of the Marches Joint Committee is likely to be the 28<sup>th</sup> May 2026 where a paper will be considered.*

*The Marches Joint Committee is an open and transparent public meeting, with paper published 5 days in advance (in accordance with Herefordshire Council's constitution).*

MQ 2	Cllr Engel, Golden Valley South	I note the council's figure of 3,000 potholes being repaired since January, which equals one and a half pothole for each mile of Herefordshire's highways. Can you tell me how many reported potholes have still not been repaired as of this week? And can you estimate how long it will take to clear the backlog?	Cabinet member roads and regulatory services
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**Response:** As of 3 March, there are 5,774 reported potholes on the network at different stages of their response times. These aren't all immediately due for repair, because defects are prioritised in line with our Highway Maintenance Plan, with response times ranging from 2 hours to 56 days. Crews are currently repairing around 150 defects a day, supported by additional teams and extended working hours. This winter has seen exceptional levels of road damage, caused by prolonged wet and cold weather. This pattern is being seen across the country, not just in Herefordshire, and it has significantly increased the volume and speed of pothole formation.

To tackle this, the Council has committed record levels of investment into road maintenance. Over the past 18 months, we have invested £43 million, nearly double the level of investment made in 2022/23 by the previous administration. This has already delivered 47 miles of resurfacing and 62 miles of surface dressing this year. Last month, Council approved a further £12.3 million of capital funding for 2026/27, enabling improvements to 84 more miles of road. This unprecedented investment, combined with the increased workforce on the ground, is helping us tackle both the ongoing backlog and the new defects caused by severe weather.

**Supplementary question:**

Although it was indeed wet, it was not a cold winter; one of the warmest winters on record. Surely the Councillor has sensed the same feeling in his electoral ward as I have in mine. Residents want safe, even, well- drained, decent, puncture-free, first world roads as the number one priority rather than the southern link road which will have no impact virtually on their lives or anything except the council's debt.

**Response to supplementary question:**

It's a combination of things for potholes, which was the saturation of the roads and the cold weather. And it wasn't a particularly cold weather, I understand. Yes. But it still happens. And we have got many pothole teams out there working hard on our highways. Unfortunately, the potholes have grown exponentially this winter. So, we are working hard and we are aiming to succeed.

MQ 3	Cllr Crockett, Queenswood	<p>Theme 1, item 2 of the Leader's Report states that: 'Re-procurement of Herefordshire Independent Adult Advocacy Services' is due in July 2026.</p> <p>Please would the Cabinet Member explain how this service has been publicised and accessed, and how many residents has it served each year over the last 5 years?</p> <p>What changes, if any, are proposed for the new contract, and how has the use of the service over the past 5 years influenced the proposed contract that is out for tender?</p>	Cabinet member adults, health and wellbeing
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**Response:** Access to the service is needs-led rather than demand-led, and individuals are referred where they meet the statutory criteria for advocacy support — for example, where they have substantial difficulty in being involved in decisions about their care and have no other appropriate person able to support them.

The service is publicised through a range of appropriate channels, including the Talk Community Directory, information provided directly to residents and carers and guidance issued to social care practitioners and partner organisations.

In practice, the majority of referrals come through professional routes such as adult social care teams, NHS partners, safeguarding pathways, and mental health services, in line with statutory guidance. This reflects the fact that statutory advocacy is most often triggered through professional assessment rather than self-referral.

The contract has been delivered by Onside Advocacy for the past five years. Annual activity levels are monitored through the Council's contract management processes, and reflect fluctuations in levels of need, variations in case complexity, and wider system pressures.

Over the past 5 years 7320 people have used the service.

The new contract will continue to deliver all required forms of statutory advocacy, including:

- Care Act Advocacy,
- Mental Capacity Act Advocacy (including Independent Mental Capacity Act service and Deprivation of Liberty Standards/Liberty Protection Safeguards when enacted),
- Independent Mental Health Advocacy, and
- NHS Complaints Advocacy.

The updated service specification has been informed by learning from the current contract, including patterns of demand over the last five years, increasing case complexity, and the need for flexibility and responsiveness to changing system pressures.

Overall, the re-procurement aims to ensure continuity of a high-quality, legally compliant service that is responsive to local need and equipped to meet demand effectively over the life of the new contract.

**Supplementary question:**

I am keen to understand what the year figures were for access to this service. Really, to understand what the trend is and as far as need versus demand is concerned which is referred to in the response. Who is the arbiter where demand is the driver from an individual as regards whether or not there is actual genuine need?

**Response to supplementary question:**

A written response would be provided.

Written response provided on 9 March:

**Figures for independent advocacy September 2021 to August 2025**

	2021/22	2022/23	2023/24	2024/25	
IMCA	231	247	276	202	
RPR	925	991	907	1012	
IMHA	293	317	340	294	
IHCA	86	68	42	15	
Care Act	191	233	221	167	
Community	85	69	38	70	Total
	1811	1925	1824	1760	7320

*There is no single arbitrator who decides whether an individual should receive independent advocacy. Decisions are set out in law and flow from statutory duties (see below), with responsibility resting with the relevant professional or organisation, depending on the type of advocacy involved.*

*Independent advocates do not determine eligibility and do not act as decision-makers. Their role is to provide support once the legal criteria are met, not to decide whether advocacy should be offered.*

*Where there is any disagreement about whether advocacy applies, this is resolved through professional judgement and escalation within statutory frameworks, rather than by referral to an external arbitrator or panel.*

*In short, eligibility for independent advocacy is defined in legislation and is not a discretionary or subjective decision.*

*For **Care Act Advocacy** (Care Act 2014), the decision is made by the local authority practitioner (for example, the social worker) who is carrying out the Care Act assessment, care and support planning, or review.*

*An advocate must be arranged where the practitioner identifies that:*

- the person has substantial difficulty in being involved in the process, and*
- there is no appropriate person (such as a family member or friend) able to support their involvement.*

*This is a statutory test, not an arbitrated decision.*

***An Independent Mental Capacity Advocate (IMCA)** is required under the Mental Capacity Act 2005 in specific situations where a person has been assessed as lacking mental capacity to make a particular decision, including:*

- serious medical treatment decisions, or*
- long-term accommodation decisions,*

and where the person has no appropriate family member or friend to represent them.  
 In these circumstances, the local authority or NHS body has a legal duty to instruct an IMCA. Once the statutory criteria are met, the appointment of an IMCA is mandatory, not discretionary.

Where a person is subject to a deprivation of liberty, a **Relevant Person’s Representative (RPR)** is appointed to support and represent the person on an ongoing basis, helping them to understand their rights, maintain contact with services, and challenge the deprivation of liberty if appropriate, including by accessing IMCA support where required.

**Independent Mental Health Advocate (IMHA)**

An IMHA works only with people who are:

- detained in hospital under the Mental Health Act, or
- subject to a Community Treatment Order (CTO).

IMHA eligibility is set out in the Mental Health Act 1983 (as amended). Individuals who meet the criteria are legally entitled to IMHA support.

In Herefordshire, IMHA operates on an opt-out basis, meaning eligible individuals are proactively offered advocacy and can choose whether or not to engage. The advocate does not decide eligibility; it is determined by the person’s legal status under the Act.

**NHS Complaints Advocacy** is available to people who are eligible under NHS complaints regulations. Individuals can self-refer, or be referred by professionals. Eligibility is again determined by statutory guidance rather than arbitration.

MQ 4	Cllr Harvey, Ledbury North	<p>The last budget report relates to the council’s finances back in September 2025. It showed ‘at risk’ £1.4m of undelivered recurrent savings carried in from the previous financial year.</p> <p>During the budgeting process for next financial year, these undelivered and at risk savings were not made visible and Scrutiny recommended that – given the point in the financial year when the budget is approved - the administration should make some effort to forecast the amount of undelivered ‘at risk’ savings likely to be carried into the coming financial year.</p> <p>Will the Leader place on the public record as to where the money is coming from to plug the £1.4m hole in this year’s budget and what undelivered recurrent savings are likely to be carried into next financial year in addition to the £30m of savings proposed to balance next year’s budget.</p>	Leader
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**Response:** The 2026/27 Revenue Budget report considered by Cabinet on 20 January 2026 and 5 February 2026 and Scrutiny Management Board at its meeting on 23 January 2026 included information in respect of the delivery of approved savings for 2025/26 and savings brought

forward from previous financial years. This information is explicit in paragraphs 103 to 105 of the 2026/27 Revenue Budget Report and paragraphs 15 to 17 of the Q2 2025/26 Budget Report and Annex 2 of Appendix D: Status of delivery of brought forward savings at 30 September 2025 (Quarter 2).

Of the £11.9m of savings brought forward from 2024/25, £10.5m are forecast to be delivered or on track for delivery. The remaining £1.4m is reported as 'at risk' for 2025/26. This £1.4m relates to the 2024/25 saving target S6, which aimed to reduce the Hoople SLA contract value and deliver workforce related savings. Of that target, £480k has been achieved, but £1,420k has not been delivered and is therefore recorded as 'at risk' at Quarter 2.

Activity to deliver or mitigate 'at risk' savings will continue over the remainder of the financial year as part of the robust financial management arrangements. Any savings not delivered recurrently in 2025/26 will be carried forward to be managed and monitored alongside the £20.0m approved savings target for 2026/27.

The status of savings at Quarter 3 (December 2025) will be reported to Cabinet on 26 March 2026.

**Supplementary question:**

The question wasn't actually answered. Again, there seems to be a trend here. I'm heartened to hear his commitment to openness and transparency. I'd like to see it evidenced in the way that written questions from the public and from Councillors are actually being answered by his administration. We're three weeks away from the end of the financial year. It is simply not acceptable to come to this council with the answer to a written question saying we'll tell you about how we saw things at the end of December with the Q3 report when we meet with cabinet in two weeks time when it should be clearly possible for the leader to state where this 1.4 million pounds is going to come from to plug this hole in our in-ear budget and in the budget for the coming year.

**Response to supplementary question:**

I have answered the question. It's before you and with regard to delivering the savings, we will report on that at the next cabinet meeting.