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.

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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?

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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.

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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?

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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:

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- **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.

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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?**