

**[7 July 2026] Supplement 1 to the agenda****Health and Wellbeing Board**

Monday 13 July 2026, 2.00 pm

Conference Room 1 - Herefordshire Council, Plough Lane Offices, Hereford, HR4 0LE

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# Title of report: Neighbourhood Health update

**Meeting:** Health and Wellbeing Board

**Meeting date:** 13 July 2026

**Report by** Dr Nigel Fraser, Senior Responsible Officer for Neighbourhood Health

## Classification

Open

## Decision type

This is not an executive decision

## Wards affected

(All Wards)

## Purpose

The purpose of this paper is to provide a summary update on neighbourhood health progress in Herefordshire.

## Recommendation(s)

**That:**

- a) **The Health and Wellbeing Board note local progress in developing neighbourhood health.**

## Key considerations

### Progress in Herefordshire

1. **Claire Fuller visit:** A very positive cluster visit from Claire Fuller took place on Monday 29<sup>th</sup> June. Presentations from Herefordshire, Worcestershire, Warwickshire and Coventry were given updating Claire on the progress of each Neighbourhood Health Programme.

Please see attached Herefordshire's presentation for full detail of slides. In summary of what was covered:

- The governance structure
- The vision statement and agreed principles
- The Herefordshire Model of Care
- Estates strategy
- Cohort identification
- Programme framework including example outcomes for one of the workstreams
- View of initial outcomes for emergency admissions
- Data and analytics build development
- Risks and Opportunities currently identified

The presentation was very well received, and we are awaiting the formal response from the visit.

- 1.2 **Neighbourhood health delivery board:** Continues to meet monthly, bringing stakeholders from across Herefordshire together monitoring the delivery of neighbourhood health workstreams. The board is developing its format, including the reporting of workstream progress with milestones and achievement of deliverables, enabling the programmes outcomes to be realised, whilst also escalating any risks and issues as appropriate.
- 1.3 **Data linkage:** We continue to participate in a national co-design programme to develop neighbourhood health dashboards prototypes.

### **Community impact**

2. A well-functioning Health and Wellbeing Board will have a positive impact on communities by improving the health and wellbeing of Herefordshire residents.

### **Environmental impact**

3. Whilst this is a report concerning the Health and Wellbeing Board ways of working and will have minimal environmental impacts, consideration has been made to minimise waste and resource use in line with the Council's Environmental Policy.

### **Equality duty**

4. The Public Sector Equality Duty applies. The initial equality impact screening checklist indicates a minimal impact at this stage because this report concerns the HWB ways of working rather than direct service change.

### **Resource implications**

5. The Board improvement process requires the time of Health and Wellbeing Board members to engage with the findings of the previous LGA run workshop in February 2026 and attend next workshops. The LGA facilitation is offered free to the Council.

### **Legal implications**

6. The functions of the Health and Wellbeing Board are set out in paragraph 3.5.25 of the Council's constitution.

### **Risk management**

7. None identified.

### **Consultees**

8. None identified.

### **Appendices**

Presentation - Herefordshire Neighbourhood Health, 29 June 2026

### **Background papers**

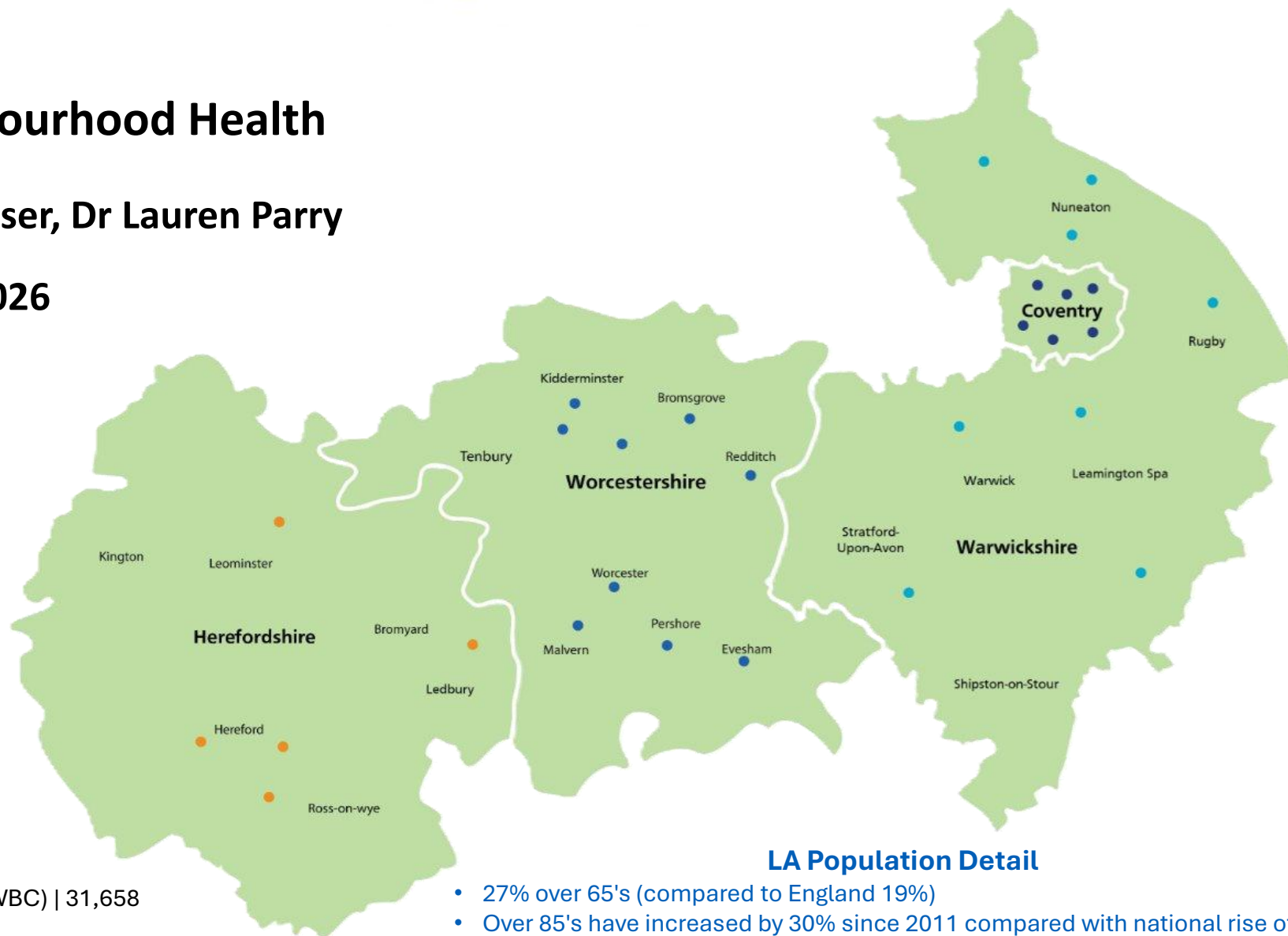
None identified.



# Herefordshire Neighbourhood Health

Sarah Shingler, Dr Nigel Fraser, Dr Lauren Parry

29 June 2026



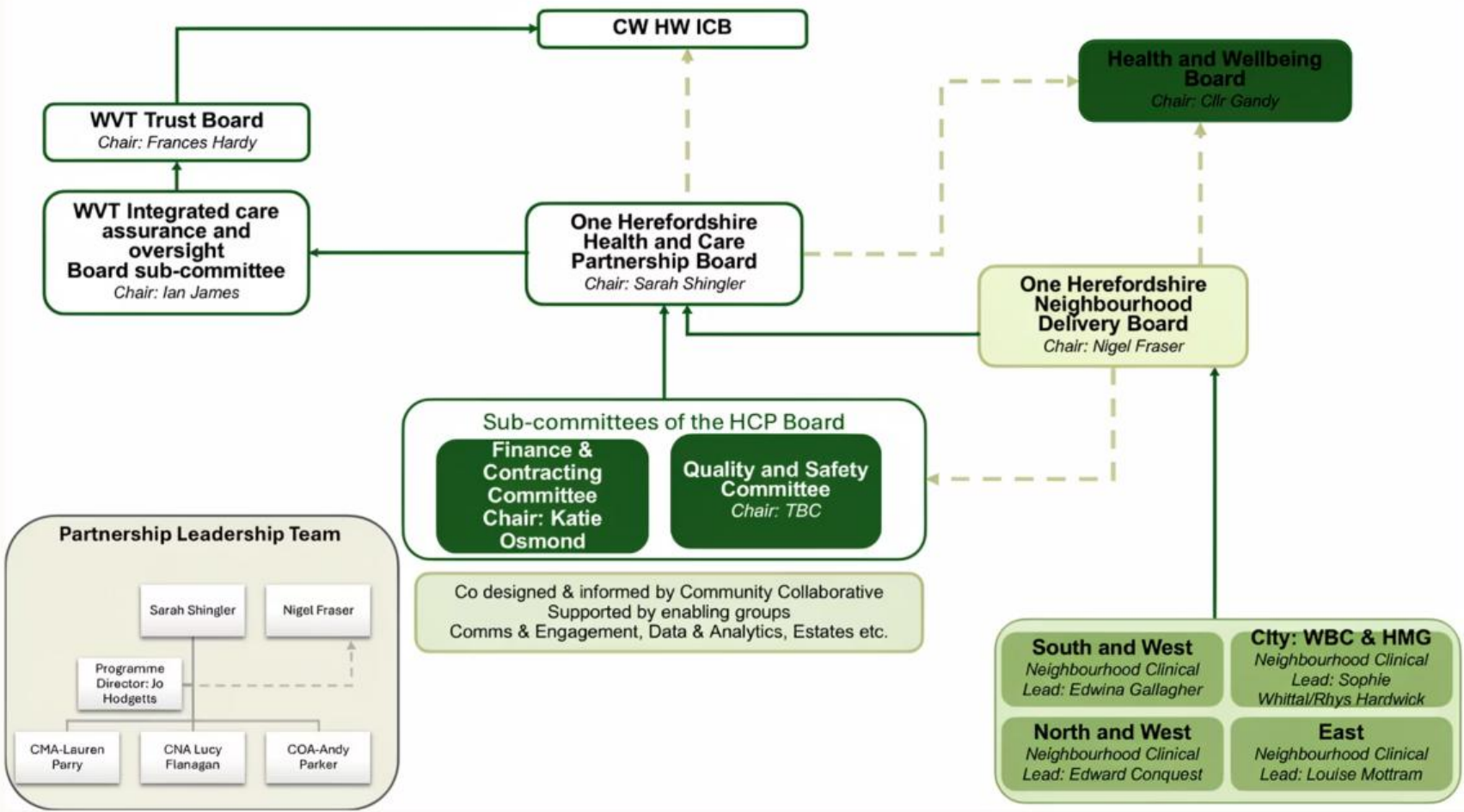
**Herefordshire:**

5 PCNs and 4 INTs

- East | 30,424 pop
- South & West | 43,918 pop
- North & West | 51,719 pop
- City (HMG) | 46,744 pop | City (WBC) | 31,658

**LA Population Detail**

- 27% over 65's (compared to England 19%)
- Over 85's have increased by 30% since 2011 compared with national rise of 18%



# Neighbourhood Health Vision Statement for Herefordshire

"Together we're creating a Herefordshire that is the best place to grow up, thrive, grow older and die well — enabled by Integrated Neighbourhood Teams, empowered communities, where the person's goals or needs are prioritised."

Signed and committed to by our partner organisations:



Prevention

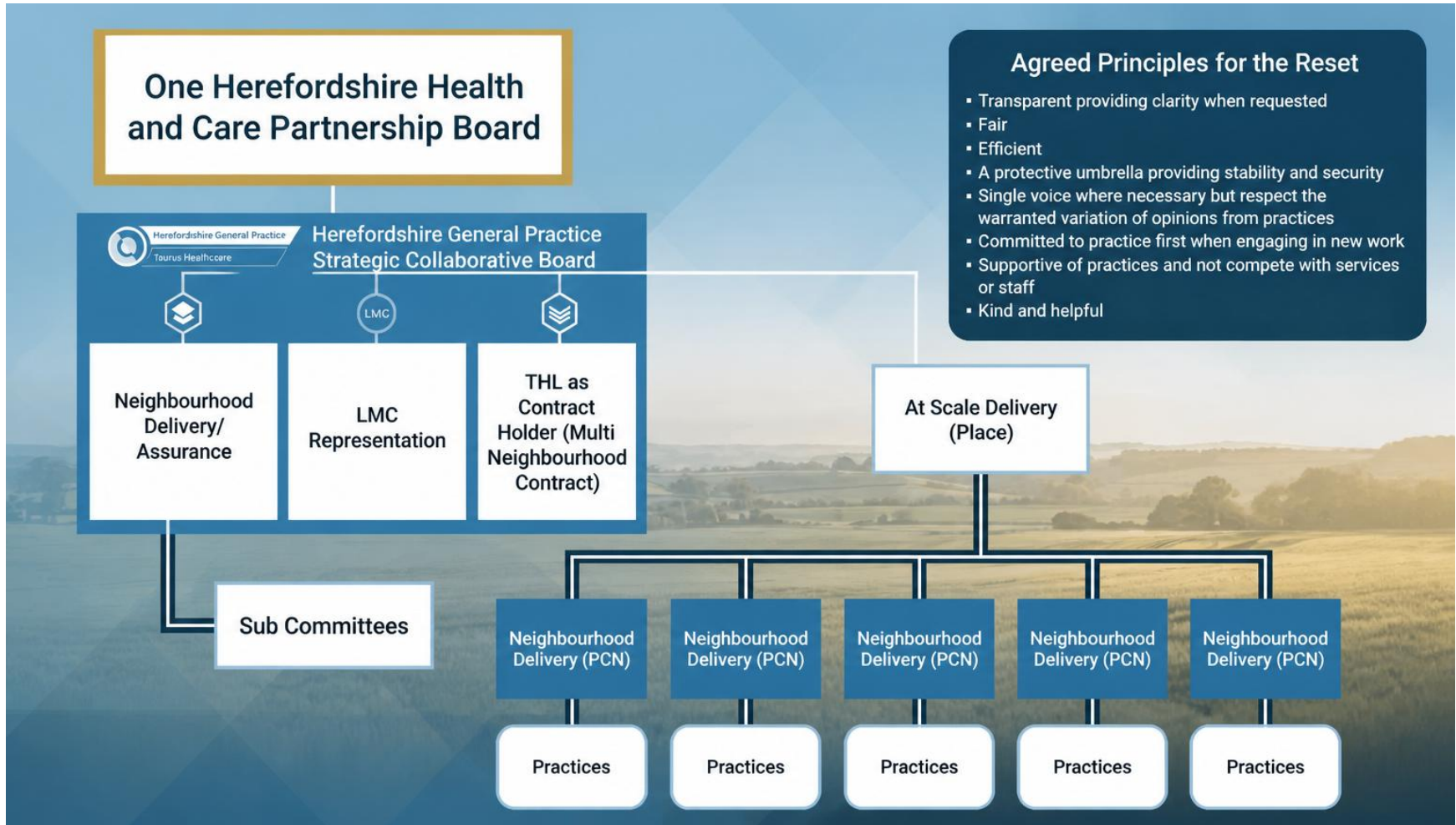
Coordination

Digitally and Data Led

Children & Social Value

Integration

Citizen Voice & Empowerment



# Herefordshire Neighbourhood Model of Care

*Delivering proactive, GP-led care closer to home*

*A clinically led, integrated model shifting care from reactive to proactive, and from hospital to community*



*Working in partnership with our communities through Our Pride of Place Programme – building stronger, healthier, more resilient neighbourhoods.*

# One Herefordshire Neighbourhood Estates Strategy

Delivering integrated, accessible care – closer to home for everyone

**CONTEXT**

Herefordshire is a highly rural county (200,000 population across 2,180 km<sup>2</sup>; 66.5% rural), with limited public transport—particularly between market towns and outside core hours. These constraints make delivering care closer to home essential.

We will develop a distributed, integrated estate model that supports new ways of working while sustaining all 19 GP practices as vital local access points.

**STRATEGIC AIM**

To create a sustainable, integrated neighbourhood health system that:

- Improves population health outcomes and reduces inequality
- Strengthens community resilience
- Enables care closer to home through modernised estate and service models
- Aligns with the national Neighbourhood Health Centre (NHC) framework

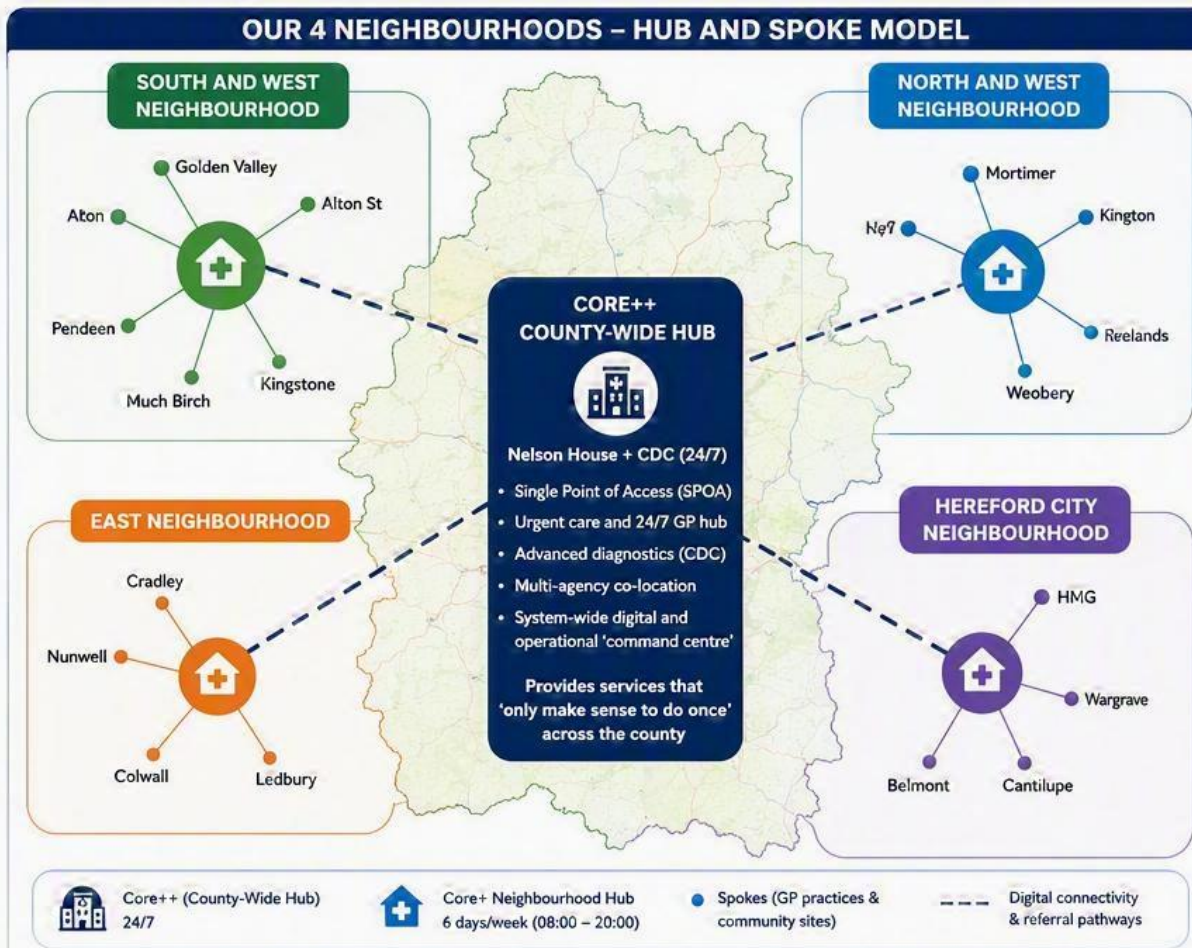
**IN PARTNERSHIP WITH**

**Our Pride of Place**

A 10 year regeneration initiative focused on community leadership, tackling deprivation, improving infrastructure, and strengthening local identity.

**CORE PRINCIPLES**

- Rural & Transport Equity**  
Hub-and-spoke model ensuring strong local spokes alongside hubs to maintain equitable access
- Integrated Neighbourhood Working**  
Co-location, shared digital systems, and flexible estate to enable MDTs
- Provider Commitment**  
Capital investment aligned to provider revenue commitment and utilisation
- Practice Sustainability**  
Development must support – not destabilise – general practice
- Data-Driven Outcomes**  
Success measured through improvements in population health and community resilience



**KEY FEATURES ACROSS THE SYSTEM**

- Hub-and-spoke architecture aligned to national model
- Integrated Neighbourhood Teams co-located within hubs
- Flexible, shared estate targeting ≥80% utilisation
- Reuse and upgrade of existing estate (practices, community hospitals)
- Digital integration with shared booking and real-time data
- Community anchoring, aligned to Pride of Place regeneration

**GAP ANALYSIS & PRIORITIES**

- Strengthening voluntary sector presence in all hubs
- Ensuring digital parity across spokes
- Securing provider revenue commitment for shared estate use
- Demonstrating high utilisation modelling (≥80%)
- Expanding family hub integration in all neighbourhoods

**OUR ESTATE MODEL**

**1 CORE++ (COUNTY-WIDE HUB) NELSON HOUSE + CDC (YEAR 1–2)**

- 24/7 county-wide Neighbourhood Health Centre
- Single Point of Access (SPOA)
- Urgent care and 24/7 GP hub
- Advanced diagnostics (via CDC)
- Multi-agency co-location
- System-wide digital & operational 'command centre'

**2 CORE+ NEIGHBOURHOOD HEALTH CENTRES (YEARS 1–4)**

- Located in North & West, South & West, East and Hereford City
- Operate 6 days/week (08:00–20:00)
- Deliver MDT, preventative and population health-based services
- Flexible GP access alongside community, mental health & voluntary services
- Support group clinics (frailty, LTCs, children & families)

Act as local anchors for integrated care and community engagement.

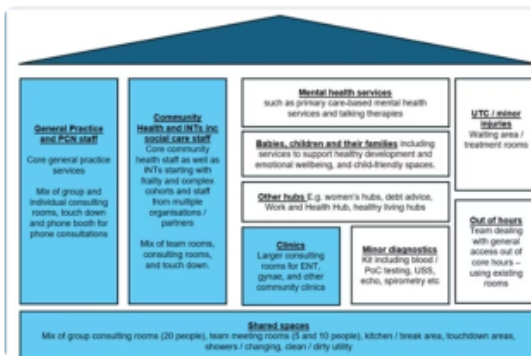
**3 SPOKES (PRACTICES & COMMUNITY SITES)**

- GP practices and community venues provide local "core" services
- Enhanced with:
  - Flexible rooms for visiting staff
  - Group consultation spaces
  - Digital connectivity to hubs
- Serve as:
  - First point of access
  - Base for Integrated Neighbourhood Team (INT) activity
  - Gateway into wider system services

Critical in maintaining accessibility in rural communities.

**STRATEGIC IMPACT**

- Deliver care closer to home despite rurality challenges
- Enable integrated, multidisciplinary working at scale
- Strengthen General Practice resilience
- Improve health outcomes and reduce inequalities
- Embed health services within community-led regeneration



## Nelson House Community Hub

- 1,393 sqm (set over two floors)
- Top floor Corporate / office
- Lower floor clinical / training / meeting rooms

### Clinical facility includes:

- 7 x standard clinical rooms
- 2 x minor ops rooms (20m<sup>2</sup>)
- 4 x therapy/interview rooms
- 1 x mental health suite

## Services

- GP Out-of-Hours (OOHs)
- Falls Response Service
- Overnight Nursing
- Talk WellBeing Services: NHS Health Checks, Workplace Health Checks, WorkWell Health Coaching, Vaccinations & Immunisations
- ADHD Assessment & Review Service
- Community Referral Hub (SPA)
- Urgent Community Response
- Herefordshire Remote Health
- Infectious Disease Outbreak Management
- Special Allocation Service
- Diabetic Retinopathy Screening
- Cataract Surgery

NATIONAL EXPECTATION: 1.5%

## Part 1: Proactive, Planned & Personalised Care

- 3% of 65+ population with severe frailty or likely in last year of life
- Multiple long-term conditions
- Rising risk of acute deterioration

## Part 2: Prevention in Priority Neighbourhoods

- People of all ages in LSOAs with disproportionately high avoidable emergency admissions
- Greater deprivation and unmet health and social needs

**Total Cohort: 16,284** — 1.95% of registered population (Oct 2025)

### Cohort Size by Area (Oct 2025 / Apr 2025)

Area	Patients 65+	Part 1: 3% of 65+	Part 2: 1.2%	Total Cohort	% of Reg Pop
H&W	200,741	6,023	10,261	16,284	1.95%
Herefordshire	55,236	1,658	2,679	4,337	2.1%

## Part 1 Delivery Model

### PCN-Led Integration

PCNs lead an INT Forum to coordinate MDT-delivered integrated care.

01

Identify Target Cohort

02

Clinical Validation

03

Direct Care Delivery

04

Wrap-Around Provider Support

### Direct Care Includes

- Frailty Assessment (Rockwood)
- Palliative Care Register
- End of Life care planning
- Advance Care Planning
- Holistic Assessments incl. CGAs
- Medication Reviews
- Named Care Coordinator
- Social Prescribing referral
- Post-ED/admission review
- Extended appointments

PROACTIVE, PERSONALISED & PLANNED CARE

Expectations: Jun 2026–Jun 2027

4.5k

Frailty Assessments

250

CGAs

250

ReSPECT/ACPs

### Target Cohort Summary

Metric	H&W	Herefordshire
Part 1: 3% of 65+	6,023	1,658
Part 2: 1.2% weighted pop	10,261	2,679
<b>Total Cohort (Part 1 &amp; 2)</b>	<b>16,284</b>	<b>4,337</b>
<b>% of Registered Pop</b>	<b>1.95%</b>	<b>2.1%</b>



## Case Study – INT Hereford City Neighbourhood



Complex multimorbidity, self-neglect poor housing environment, high risk of admission, has capacity



ETOH, Dementia, epilepsy, hemiparesis COPD, poor mobility, severely frail, chronic pain.



**What matters to him:** staying in environment with his pets



**Challenges:** Dismissed carers, taken to court re housing, making unwise decisions and then high use of services



**MDT discussion:** GP, ASC, OAMH, WVT Therapies, WVT District Nursing, WVT LTC ACPs, Social Prescriber, Care Coordinator



**Outcome:** only positive relationship is DNs – assign DN as care coordinator, core competencies, joint visit with ASC and MH



**Learning:** extension of roles and remit required for complex patients, extension of visit time enables efficiencies as a whole system

## Herefordshire Neighbourhood Health Workstreams 2025/26

1. Urgent Neighbourhood Services

2. Standardising Community Services

3. National Neighbourhood Health Improvement Programme

4. Modern General Practice

5. Integrated Neighbourhood Teams

6. Integrated Intermediate Care

7. Primary & Secondary Interface

8. Left Shift / Outpatient Transformation

9. Partnership with Community & VCSE

10. Palliative Care

11. Prevention & Health Inequalities

Enabling Workstreams  
Estates  
Digital and Data  
Finance and Contracting





# Data and Analytics

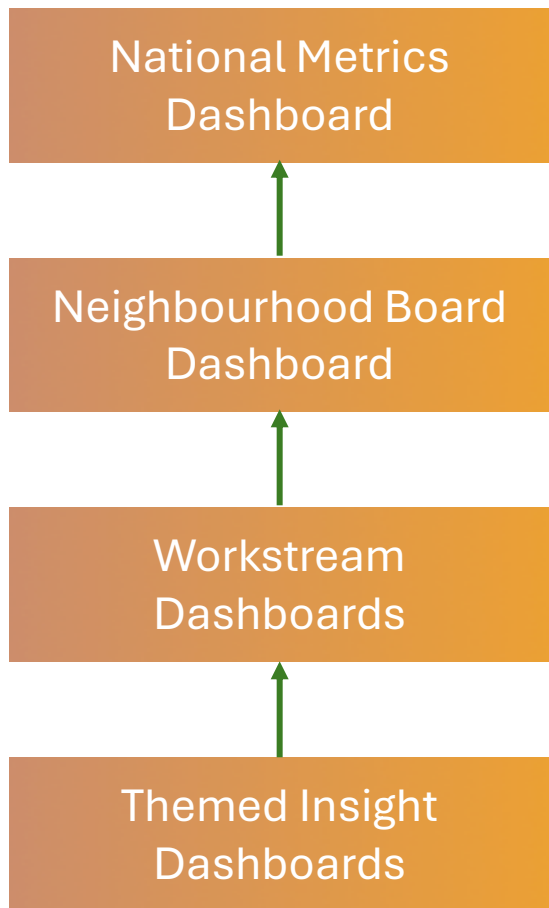
Two main areas of work

## Integrated dataset development

*Ambition:* Working across partners to develop the tools to fully understand the needs, priorities and journeys of our local population.

## Dashboarding to reflect what has happened

*Ambition:* to provide full oversight; providing assurance to Delivery Board of the changes in the big metrics, and the detail needed for workstreams to understand the headline metrics and the levers needed to drive them.



High level visibility of the measures articulated in the NHF.

Measures identified by Workstream SROs as being the key outcomes

Measures of progress in workstreams, balancing outcomes and outputs

Increased details on metrics, enabling drill-down and a deeper understanding of the performance

Connection to our PHM+ tool



# Risks and Opportunities

## ⚠ Risks

- Neighbourhood Health infrastructure/ GP at Scale infrastructure
- Optics of repurposing existing GP contract resource
- Further and Faster but ahead of contracting safeguards
- Powys
- Ability to double run left shift

## ✦ Opportunities

- To drive digital and data capability
- Neighbourhood Health Centre increased capacity
- Community Diagnostic Centre
- Improve Care and make our health system sustainable
- Neighbourhood Health Investment Fund
- 24/7 Single Point of Access Hub

# Best Start in Life: Good level of development

## The Critical Six for 2026

 Reduce Infant Mortality	 Increase Good Level of Development at Reception Age	 Reduce Smoking Prevalence
 Reduce Preventable Cardiovascular Disease	 Address the Mental Health Needs of Young People	 Reduce Tuberculosis Incidence



# Early Years Foundation Stage Profile (EYFSP)

The **Early Years Foundation Stage Profile (EYFSP)** is a statutory assessment completed for all children at the end of the **Reception year** (usually aged 5). It provides a national picture of each child's development and learning, drawing together practitioner judgements based on ongoing observation and assessment throughout the EYFS.

- The EYFSP assesses children against **17 Early Learning Goals (ELGs)** across seven areas of learning.

These judgements are used to:

- Support transition into Key Stage 1
- Inform parents and carers about their child's development
- Provide local and national data about children's outcomes at the end of the EYFS

**Reception Baseline Assessment (RBA)** - completed within the **first 6 weeks of Reception**

## Good Level of Development (GLD)

A child is said to have achieved a **Good Level of Development (GLD)** if they meet the expected standard in **all of the following areas**:

- Personal, Social and Emotional Development
- Physical Development
- Communication and Language
- Literacy
- Mathematics

GLD is a key national indicator used to understand how well children are prepared for learning at Key Stage 1. While GLD is not a statutory expectation for individual children, it is an important measure for evaluating the effectiveness of early years provision at local and national level.

## Good Level of Development (GLD)



- By 2028, the Government want **75%** (a record proportion) of children to reach a good level of development by the end of reception.
- That's up from around **68%** today, meaning **40,000 to 45,000 more children each year will be better prepared for school and life**
- Only **51.5%** of children who qualify for free school meals reach a good level of development at age five, compared to **72%** of children not eligible for free school meals.
- And only **19.7%** of children with any special educational needs (SEN) reach this benchmark, compared to **75.6%** of children without SEN.



## Good Level of Development (GLD)

In the academic year 2024-2025, **Herefordshire** had **72%** of children, overall, achieve a good level of development by the end of Reception. **England** had **68.3%** of children reach a good level of development by the end of Reception

**Our Statutory target is 80% by 2028.**

**Herefordshire** had **51.7%** of children eligible for free school meals achieve a good level of development.

**England** had **51.3%** of children eligible for free school meals achieve a good level of development by the end of Reception

**Our Statutory target is 57.2% by 2028.**

Academic year	Actual percentage GLD
2022/23	70.4%
2023/24	71.0%
2024/25	72.0%

# How The 2.5yr and 3yr Child Readiness Review Supports GLD

## The 2.5yr Integrated Review

- Assess speech, language and communication development
  - Monitor Physical growth & development
- Early Identification social, emotional & behavioral concerns
  - Promote healthy eating, physical activity & oral health
  - Sign post families to early support service where needed



## The 3yr Child/School Readiness Review

- On going monitoring of development before school entry
- Review of pre identified Early Identification social, emotional & behavioral concerns
  - Preparation for nursery/school transitions
  - Targeted support to improve school readiness
    - Reinforcement of key health messages



# GLD Can have a significant impact on adult life

## Children who do well at school are more to..



- Gain qualifications & skilled valued by employers & Access a wider range of career opportunities
- Have higher earning potential over their lifetime & Experience lower rates if unemployment
- Better physical & mental health
- Greater health literacy & Healthier lifestyle choices
- Greater financial stability & Improved self confidence & self esteem
- Resilience & adaptability

### Increased risk.

Those with poor speech and language at age 5 have increased risks:

- 4 x** Risk of reading difficulties in adulthood
- 3 x** Risk of poor mental health in later life
- 2 x** Risk of unemployment at age 34

Nationally, approximately 10% of children and young people have long term speech, language and communication needs which cause them significant difficulties with communication or learning in everyday life.



### Return on investment<sup>2</sup>



£1 invested in quality early care and education saves taxpayers up to £13 in future costs.



For every £1 spent on early years education, £7 has to be spent to have the same impact in adolescence.



Targeted parenting programmes to prevent conduct disorders pay back £8 over six years for every £1 invested with savings to the NHS, education and criminal justice system.



One additional home learning activity per day has the cost benefit of £1,434 per child. Two additional home learning activities per day has the cost benefit of £2,868 per child.

Estimated lifetime cost of poor speech and language is £3,379 per person.<sup>3</sup>

# Herefordshire Case Study: Solihull Approach – Supporting Parents and Strengthening Inclusion



- Implemented a county-wide **Solihull Approach** to create consistent support and guidance for parents, practitioners and families.
- Trained a multi-agency workforce and expanded access to parenting programmes, **with 2,700+ courses completed** and over **90% positive feedback**.
- Introduced a whole-system SEND approach focused on **early identification, practitioner development and improved inclusion support**.
- Increased the proportion of children with EHCPs known to services before starting school from **under 50% (2020) to 100% (2022/23)**.
- Established a multi-agency **'While You Wait'** offer, providing advice and reassurance to families awaiting specialist support.
- Strengthened transitions into mainstream school, with **significantly more children with EHCPs successfully moving into mainstream provision**.
- **Impact: improved outcomes for children, greater parental confidence, stronger practitioner collaboration, and a more joined-up system response.**

# Disadvantaged Gap



- Introduction of **Early Years/Key Stage 1 Improvement Adviser for SEND** supporting schools.
- Delivery of the Neuroinclusive Education Network (NEN) **training programme**, including bespoke Early Years packages. **90** delegates already trained across early years in schools. **61% leadership/SENCo participation**, supporting whole-school implementation and receiving outstanding feedback so far.
- **EYFSP assessment support sessions** with a focus on building practitioner confidence and securing consistent, fair and inclusive EYFSP judgements through structured professional dialogue
- Delivery of the **Child Readiness Project**.
- Enhanced **transition support offer**.
- Regular **Early Years School Network Meetings** with strong engagement from schools.
- Only 1 of 170 settings across Herefordshire falls below expected.
- Universal Portage worker.

# Good level of development: Call to action

*Interventions to reduce inequalities in speech and language in children. and reduce need for one-to- one speech and language therapy*

## Improve Home Learning Environment

Parents with education up to 16: Doing two of these activities a day: reading, playing with letters or singing songs. 6-9 books in home at 6 months



## Increase use of quality childcare in families with parents educated below degree level

Parents with education up to 16: Three years of good quality childcare for more than 10 -20 hours a week



## Intervene with group programme once issue has been identified

Group intervention with parents of 2-3 year olds with expressive language delays.



Enough to lift at risk 3 year olds out of the vulnerable language skills group <sup>(1)</sup>.

45% improvement in school readiness <sup>(2)</sup>

50 percent improvement in pre reading. <sup>(3)</sup> Pre reading is closely associated with development of SLC skills. Other studies show quality preschool attendance is associated with children's language and literacy outcomes <sup>(4)</sup>

By age 3, 75% of the children in the intervention group showed normal expressive language abilities in contrast to 44% in the waiting group. Halved numbers needing individual therapy. <sup>(5)</sup>

## Your Role

- Support Employees Who Are Parents and Carers
- Invest in Early Years Workforce Development
- Partner with Early Years Providers and Schools
- Provide Financial and In-Kind Support
- Champion Family Hubs and Community Services
- Promote Inclusive Recruitment and Local Employment
- Advocate for the Early Years Agenda
- Improve Workplace Equality and Reduce Poverty
- Encourage Volunteering and Mentoring

What can  
**YOU** do?

# Gambling Harms

29

**Health and Wellbeing Board**  
**13/07/2026**

AGENDA ITEM 9

# Gambling Harms

## What is Gambling?

"Gambling is betting, gaming or participating in a lottery, where gaming means playing a game of chance for a prize and a prize is defined as money or 'money's worth'"  
- The Gambling Act 2005.

The DHSC estimates that gambling costs the Government and society between **£1.05 billion and £1.77 billion a year.**

## Gambling-Related Harms

**Resources:** Work and employment, money and debt, crime, housing

**Relationships:** impact upon partners, families, community, domestic violence, community

**Health:** physical health, mental health, wellbeing

## Types of Gambling

**Online-** sports betting, online casino/slots/bingo, national lottery, poker, loot boxes and skin betting (in-game)

**In-Person-** betting shops, casinos, horse racing, gaming machines, national lottery and scratchcards

## Industry Tactics

Lobbying and political party donations, aggressive marketing and advertising, self-regulation and corporate responsibilities

## The Gambling Levy

The statutory gambling levy in the UK is a mandatory charge applied to licensed gambling operators to fund research, prevention, and treatment of gambling-related harms

**There is £33,000 funding for the first year in Herefordshire**

# Predictors of Gambling Participation and Harm

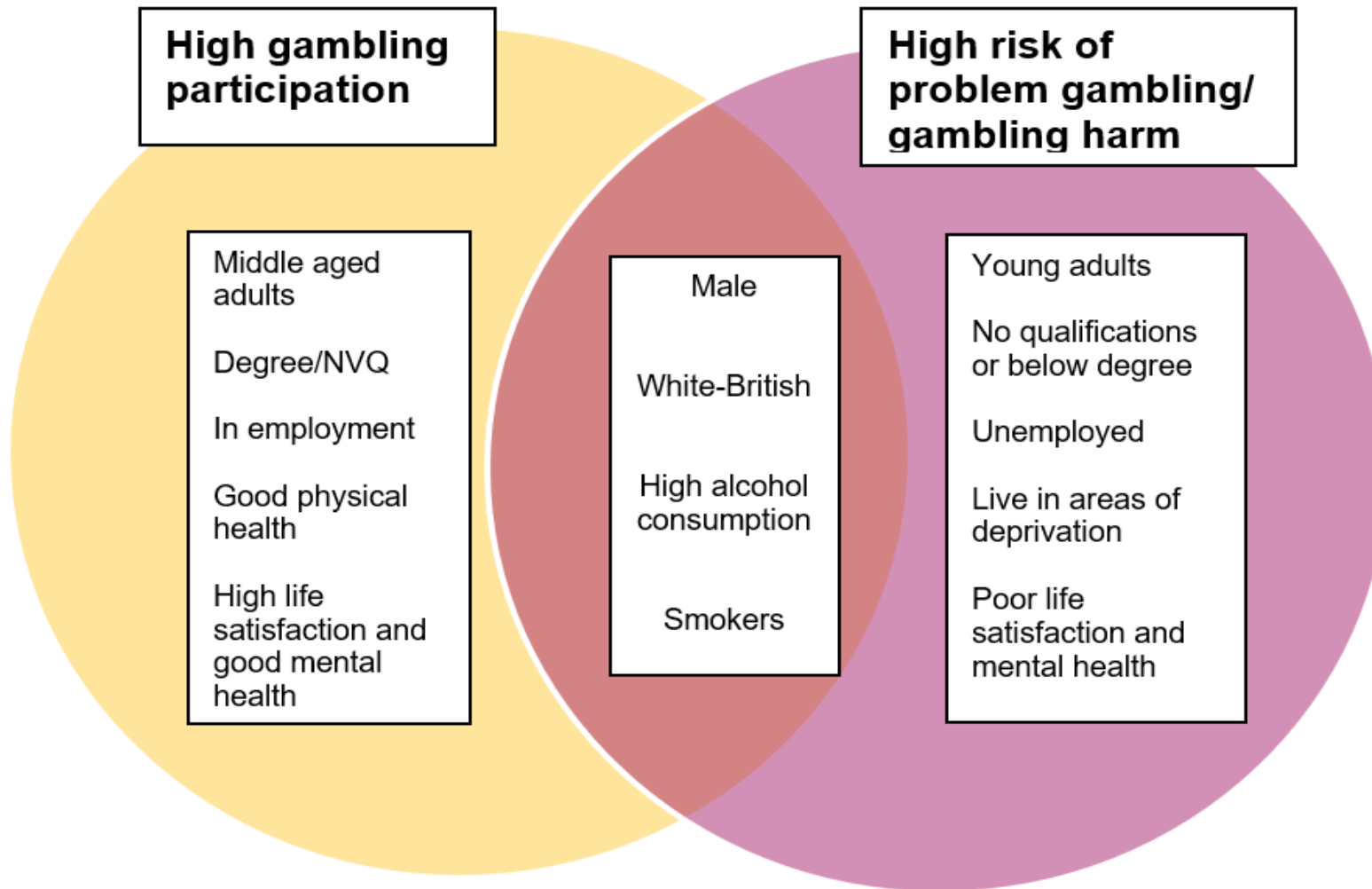
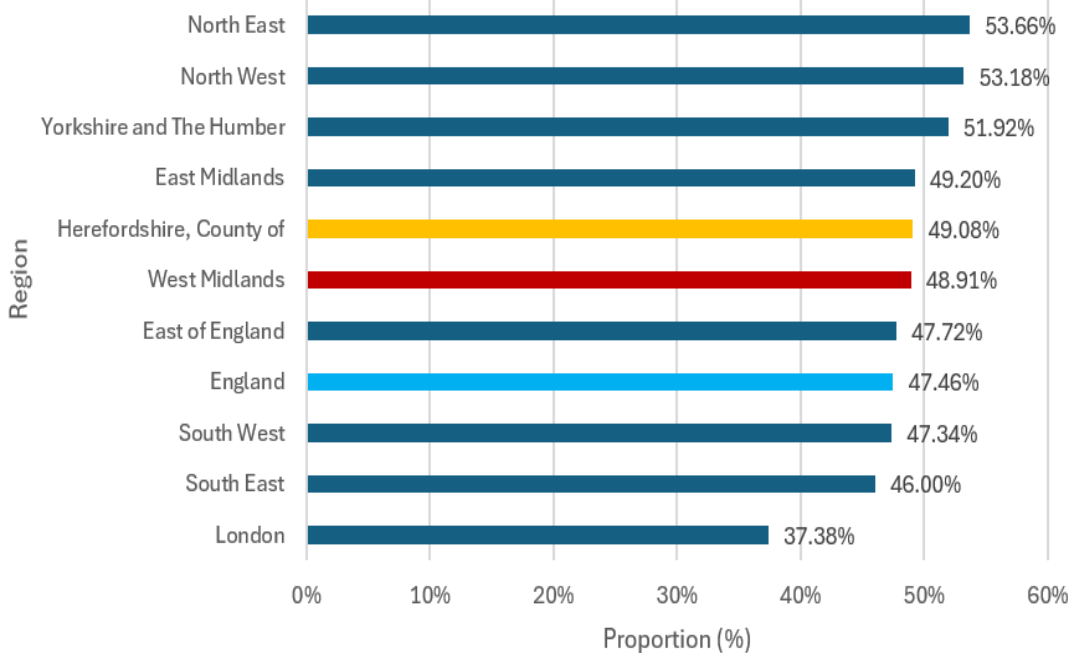


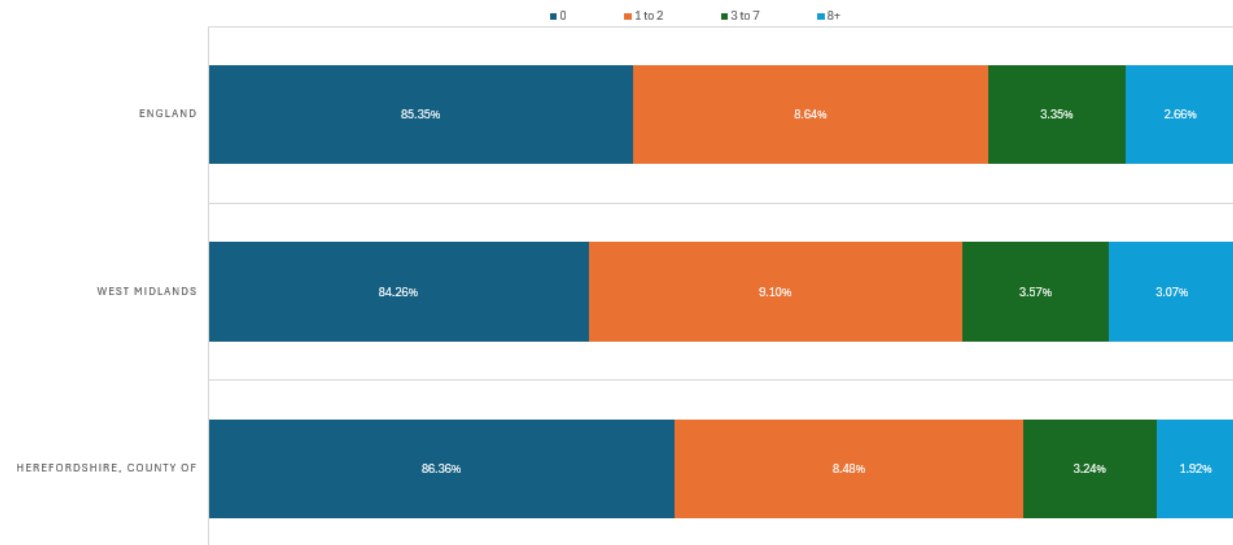
Figure made combining information from: [Gambling-related harms evidence review: quantitative analysis of gambling involvement and gambling-related harms among the general population in England](#); [Nottingham City Gambling health needs assessment full report.pdf](#); [Gambling-Rapid-Health-Needs-Assessment.pdf](#); [Gambling-related harms evidence review: quantitative analysis of gambling involvement and gambling-related harms among the general population in England](#)

# Local Insights – OHID Estimates

The proportion of adults (18 years or over) spending money on any gambling activity in the past 4-weeks (OHID estimates, developed by NIHR)



THE PROPORTION OF ADULTS (18 YEARS OR OVER) IN EACH OF THE FOLLOWING FOUR GROUPS BASED ON PROBLEM GAMBLING SEVERITY INDEX (PGSI) SCORES: 0, 1-2, 3-7 AND 8+



Score	Risk Category	Interpretation
0	<b>Non-problem gambler</b>	No negative consequences, though the individual may gamble heavily.
1-2	<b>Low-risk gambler</b>	Unlikely to have suffered adverse consequences but at risk of developing issues.
3-7	<b>Moderate risk gambler</b>	Shows signs of problematic behaviour and may have experienced some negative consequences.
8+	<b>Problem gambler</b>	Experiences significant adverse consequences, loss of control, and potential financial/personal harm.

PGSI 8+ is 1.92% = >3000 residents

PGSI 1-7 is 11.72% = >18,000 residents

# Local Gambling Provision

- Gamblers Anonymous
- NHS Gambling Clinic
- Aquarius
- Dudley Rehabilitation Centre
- GamCare East Midlands



OHID report that only 35 of 153 upper-tier local authorities in England had a treatment provider physically located in the area

Image from Midlands Gambling Needs Assessment

# Next Steps:

We are conducting a Gambling Harms Needs Assessment.

We hope that this will help us to:

- Identify vulnerable people already in contact with services
- Strengthen local data and insights into gambling harms
- Identify what services are available locally and what is missing
- Develop stronger partnership working (primary care, mental health, housing and homelessness, police, employers, VCSE, schools, banks)
- Embed gambling harms awareness and support into existing services