

# Agenda

## Health and Wellbeing Board

Date: **Monday 18 May 2026**

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Time: **2.00 pm**

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

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Notes: Please note the time, date and venue of the meeting.

For any further information please contact:

**Ben Baugh, Democratic Services**

Tel: 01432 261882

Email: [Ben.Baugh2@herefordshire.gov.uk](mailto:Ben.Baugh2@herefordshire.gov.uk)

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If you would like help to understand this document, or would like it in another format, please call Ben Baugh, Democratic Services on 01432 261882 or e-mail [Ben.Baugh2@herefordshire.gov.uk](mailto:Ben.Baugh2@herefordshire.gov.uk) in advance of the meeting.

# Agenda for the meeting of the Health and Wellbeing Board

## Membership

Chair	Councillor Carole Gandy	Cabinet Member Adults, Health and Wellbeing, Herefordshire Council
Vice-Chair	Sarah Shingler	Managing Director, Wye Valley NHS Trust
Members	Stephen Brewster	Voluntary and community sector representative
	Jon Butlin	Assistant Director (Prevention), Hereford & Worcester Fire and Rescue Service
	Zoe Clifford	Director of Public Health, Herefordshire Council
	Hilary Hall	Corporate Director for Community Wellbeing, Herefordshire Council
	Susan Harris	Director of Strategy, People and Culture, Herefordshire and Worcestershire Health and Care NHS Trust
	John Hobbs	Corporate Director for Economy and Environment, Herefordshire Council
	Councillor Jonathan Lester	Leader of the Council, Herefordshire Council
	David Mehaffey	Executive Director: Strategy, Digital, PHM and Partnerships, NHS Herefordshire and Worcestershire Integrated Care Board
	Superintendent Gareth Morgan	West Mercia Police
	Joanna Newton	Independent Chair, Herefordshire Safeguarding Adults Board
	Dr Lauren Parry	Medical Director, Herefordshire General Practice
	Councillor Ivan Powell	Cabinet Member Children and Young People, Herefordshire Council
	Christine Price	Chief Officer, Healthwatch Herefordshire
	Tina Russell	Corporate Director for Children and Young People, Herefordshire Council
	Simon Trickett *	Chief Executive, NHS Herefordshire and Worcestershire Integrated Care Board

[\* formal appointment of second ICB member is subject to confirmation at Annual Council; there is an item on this agenda to seek the appointment of a third ICB member]

## Agenda

		Pages
1.	<p><b>APOLOGIES FOR ABSENCE</b></p> <p>To receive apologies for absence.</p>	
2.	<p><b>NAMED SUBSTITUTES (IF ANY)</b></p> <p>To receive details of any member nominated to attend the meeting in place of a member of the board.</p>	
3.	<p><b>DECLARATIONS OF INTEREST</b></p> <p>To receive any declarations of interests from members of the board in respect of items on the agenda.</p>	
4.	<p><b>MINUTES</b></p> <p>To approve and sign the minutes of the meeting held on 15 December 2025.</p> <p><b>HOW TO SUBMIT QUESTIONS</b></p> <p>The deadline for the submission of questions for this meeting is 5.00 pm on Tuesday 12 May 2026.</p> <p>Questions must be submitted to <a href="mailto:councillorservices@herefordshire.gov.uk">councillorservices@herefordshire.gov.uk</a></p> <p>Questions sent to any other address may not be accepted.</p> <p>Accepted questions and the responses will be published as a supplement to the agenda papers prior to the meeting. Further information and guidance is available at:</p> <p><a href="http://www.herefordshire.gov.uk/your-council/get-involved/ask-a-public-question/">www.herefordshire.gov.uk/your-council/get-involved/ask-a-public-question/</a></p>	9 - 18
5.	<p><b>QUESTIONS FROM MEMBERS OF THE PUBLIC</b></p> <p>To receive any accepted written questions from members of the public.</p>	
6.	<p><b>QUESTIONS FROM COUNCILLORS</b></p> <p>To receive any accepted written questions from councillors.</p>	
7.	<p><b>HEALTH AND WELLBEING BOARD MEMBERSHIP</b></p> <p>For the Health and Wellbeing Board to confirm the number of seats on the board allocated to NHS Herefordshire and Worcestershire Integrated Care Board, for recommendation to full Council.</p>	19 - 22
8.	<p><b>NEIGHBOURHOOD HEALTH UPDATE</b></p> <p>To receive a presentation on Neighbourhood Health developments.</p>	To Follow
9.	<p><b>HEALTH AND WELLBEING BOARD DEVELOPMENT WORK</b></p> <p>The Local Government Association (LGA) provides tailored support to leadership for health and care through the Partners in Care and Health Programme (ADASS &amp; LGA), which is funded by the Department of Health and Social Care (DHSC) and provided free of charge to councils. Herefordshire Health and Wellbeing Board invited the LGA in to review ways of working at the board through conducting one-to-one interviews with system leaders and a board workshop in February 2026. This report captures a high-level summary from this work.</p>	23 - 26

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|---|---------|
| <b>10. HEALTH AND WORK – WORKWELL</b>   | 27 - 34 |
| To brief the Health and Wellbeing Board members on the progress of the Health and Work Strategy, Government direction, and the progress of WorkWell.  |         |
| <b>11. INTEGRATED CARE STRATEGY DELIVERY UPDATES</b>  | 35 - 42 |
| To provide the Health and Wellbeing Board members with an update on delivery of the shared commitments, priorities and outcomes described within the Herefordshire and Worcestershire (HW) Integrated Care Strategy during 2025/26. |         |
| <b>12. WYE VALLEY NHS TRUST FIVE TO TEN YEAR STRATEGY</b>   | 43 - 48 |
| To brief the Health and Wellbeing Board members on the key features of the Wye Valley NHS Trust's Five to Ten Year Strategy.  |         |
| <b>13. BETTER CARE FUND (BCF) QUARTER 3 REPORT 2025-26</b>  | 49 - 64 |
| To note the Better Care Fund (BCF) quarter 3 performance template 2025-26, as circulated to board members on 25 February 2026.  |         |
| <b>14. WORK PROGRAMME</b>   | 65 - 66 |
| To consider any items for inclusion in the work programme for the board.  |         |
| <b>15. DATE OF NEXT MEETING</b>   |         |
| Date of the next scheduled meeting: <a href="#">Monday 13 July 2026, 2.00 pm.</a>   |         |

## **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.



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- Attend all council, cabinet, committee and sub-committee meetings unless the business to be transacted would disclose 'confidential' or 'exempt' information.
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- 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.
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- 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](http://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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## Minutes of the meeting of Health and Wellbeing Board held in Conference Room 1 - Herefordshire Council, Plough Lane Offices, Hereford, HR4 0LE on Monday 15 December 2025 at 2.00 pm

### Board members present in person, voting:

Stephen Brewster	Voluntary and Community Sector representative
Zoe Clifford	Director of Public Health, Herefordshire Council
Councillor Carole Gandy (Chairperson)	Cabinet Member Adults, Health and Wellbeing, Herefordshire Council
Hilary Hall	Corporate Director for Community Wellbeing, Herefordshire Council
Hilary Jones	Head of Additional Needs, Herefordshire Council
Councillor Jonathan Lester	Leader of the Council, Herefordshire Council
David Mehaffey	Executive Director of Strategy and Integration, NHS Herefordshire and Worcestershire Integrated Care Board
Sarah Shingler (Vice- Chairperson)	Managing Director, Wye Valley NHS Trust

### Board members in attendance remotely, non-voting:

Jon Butlin	Assistant Director (Prevention), Hereford & Worcester Fire and Rescue Service
Christine Price	Chief Officer, Healthwatch Herefordshire

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

### Others present in person:

Ben Baugh	Democratic Services Officer	Herefordshire Council
Steve Bedser		Partners in Care and Health Programme
David Collyer	Acting Consultant in Public Health: General Practitioner	Herefordshire Council
Rob Davies	Consultant in Public Health	Herefordshire Council
Joanne Hodgetts	Associate Director, Neighbourhood Health	NHS Herefordshire and Worcestershire Integrated Care Board
Councillor Ed O'Driscoll	Chairperson Connected Communities Scrutiny Committee	Herefordshire Council
Kayte Thompson-Dixon	Head of Resilient Communities	Herefordshire Council
Donna Thornton	Democratic Services Support Officer	Herefordshire Council

### Others in attendance remotely:

Mohamed Essoussi	Public Health Programme Officer (Strategy and Partnerships)	Herefordshire Council
Marie Gallagher	Transformation and Improvement Lead	Herefordshire Council

### 31. APOLOGIES FOR ABSENCE

Apologies for absence had been received from board members: Kevin Crompton (Independent Chair, Herefordshire Safeguarding Adults Board); Sue Harris (Director of Strategy and Partnerships, Herefordshire and Worcestershire Health and Care NHS

Trust); Simon Trickett (Chief Executive, NHS Herefordshire and Worcestershire Integrated Care Board); and Tina Russell (Corporate Director for Children and Young People, Herefordshire Council). Apologies had also been received from Liz Farr (Service Director Education, Skills and Learning, Herefordshire Council) and Councillor Pauline Crockett (Chair of the Health, Care and Wellbeing Scrutiny Committee).

### 32. NAMED SUBSTITUTES

The following substitutes were noted: Hilary Jones (Head of Additional Needs) was present as the substitute for Tina Russell (Corporate Director for Children and Young People).

### 33. DECLARATIONS OF INTEREST

No declarations of interest were identified.

### 34. MINUTES

The minutes of the previous meeting were received.

**Resolved: That the minutes of the meeting held on 15 September 2025 be confirmed as a correct record and be signed by the Chairperson**

### 35. QUESTIONS FROM MEMBERS OF THE PUBLIC

No questions had been received from members of the public.

### 36. QUESTIONS FROM COUNCILLORS

No questions had been received from councillors.

[Note: For the efficient transaction of business, the item 'Local Government Association Offer' was considered before the item 'Tackling Domestic Abuse Strategy Update', but the original agenda order is maintained in these minutes for ease of reference]

### 37. TACKLING DOMESTIC ABUSE STRATEGY UPDATE

The Chairperson explained that full Council ([minute 25 of Council, 10 October 2025, refers \(link\)](#)) had invited the board to re-consider the title of the strategy to highlight prevention, hence the updated title 'Tackling Domestic Abuse Strategy'.

Kayte Thompson-Dixon presented the slides '[Tackling Domestic Abuse Strategy 2025-2028 \(link\)](#)', under the headings: *Introduction; Vision; Definition of domestic abuse; Understanding domestic abuse; Voices of lived experience; Priorities; Links to HWB priorities: best start in life for children; Links to HWB priorities: good mental wellbeing throughout life; Links to other priorities; and Governance and measuring progress.*

The principal points of the discussion included:

1. The importance of listening to people with lived experience was recognised and it was noted that the Lived Experience Advisory Network was a primary method of engagement.
2. Training and development opportunities for operational staff was a key feature of the delivery plan.
3. References were made to the White Ribbon network and to the IRIS programme; the latter offered specialist training and support for GP practices.

4. It was noted that health and care partners, as anchor organisations, had an important role to play in raising awareness and promoting pathways into support.
5. It was confirmed that the children and young people directorate was represented at the local partnership board and work was being undertaken proactively; for example, an event was to be held in early 2026 for teachers around the promotion of healthy relationships, early identification and prevention, and access to support services.
6. An attendee commented on child victims of domestic abuse, the need for training for police and Crown Prosecution Service staff, and potential linkages between the strategy and the neighbourhood health agenda.
7. Challenges around data collection across services were outlined, including the local picture in terms of child and adolescent to parent violence and abuse. The Chairperson, referencing the 'Demographic and Composition Population Features of Victim / Survivors in Herefordshire' section of the strategy, noted that one of the recommendations of the strategy acknowledged that 'More accurate data recording is required in the future to provide more meaningful insights'. It was reported that a briefing paper on child and adolescent to parent violence and abuse had been circulated within the children and young people directorate to support staff to identify issues and related matters were highlighted in workshops.
8. The Chairperson, referencing the 'Demographic and Composition Population Features of Victim / Survivors in Herefordshire' section of the strategy, noted that one of the recommendations of the strategy acknowledged that 'More accurate data recording is required in the future to provide more meaningful insights'.
9. Overviews were provided of work undertaken with: housing providers, including on emergency housing, safe accommodation, and enabling victims to remain safely in their own homes; [West Mercia Women's Aid](#), including helplines, refuge, support services, and educational programmes; and [Cranstoun](#) in terms of the male victims service.
10. Attention was drawn to the statement 'Between April 2022 and March 2023, 42 men attended the Men and Masculinities programme in Herefordshire, with 20 completing the programme', and a question was asked about the reasons for non-completion by some participants.

The Chairperson commended the report and the strategy.

**Resolved:**

**That the response to Domestic Abuse within Herefordshire be noted.**

Action:

Further details be provided about the outcomes of the Men and Masculinities programme, including reasons for non-completion of the programme by some participants.

**38. NEIGHBOURHOOD HEALTH UPDATE**

Implementation of the Neighbourhood Health Framework

Joanne Hodgetts briefed the board on recent developments, the main points included:

- i. Publication was awaited of the neighbourhood health guidelines.
- ii. There was a requirement to produce an Interim Strategic Neighbourhood Health Plan by April 2026 and an underpinning interim Operational Plan by September 2026, with attention drawn to the key considerations for each plan.
- iii. 'Fit for the future: 10 Year Health Plan for England' included an ambition of 'establishing a Neighbourhood Health Centre in every community across the country' and, whilst the archetype was under development nationally, this would support the discussion around current assets and services, such as the future of minor injury units.
- iv. Further guidance was expected on Better Care Fund reform.
- v. An overview was provided of a review into the governance structure, functions and form of One Herefordshire Partnership, resulting in the establishment of two boards: One Herefordshire Health and Care Partnership Board; and One Herefordshire Neighbourhood Health Delivery Board.
- vi. It was proposed that a time-limited multi-agency task and finish group, involving members of the Health and Wellbeing Board, would be convened to support the development of the neighbourhood health plans for Herefordshire.
- vii. Work with the National Neighbourhood Implementation Programme team was outlined, including activities with stakeholders.

The principal points of the discussion included:

1. The Chairperson expressed a view that the framework and potential operational footprints were suited to urban rather than rural areas, and highlighted the need for flexibility to address the needs of local communities. Joanne Hodgetts commented on the benefits of collaborating with the national team and with other rural local authorities.
2. The Leader of the Council noted that Herefordshire identified localities (e.g. market town and rural hinterland), rather than neighbourhoods.
3. Zoe Clifford commented on the need to build upon what was already in place and to think creatively about addressing the priorities of local populations.
4. Stephen Brewster welcomed the engagement with the voluntary and community sector and the approach to co-production.
5. The Chairperson commented on a recent visit to Herefordshire by the Chief Medical Officer, acknowledging the challenges in the county but also the significance of good community spirit. The Vice-Chairperson added that strong partnership working was another defining feature locally.

### Prevention

David Collyer presented the slides ['Neighbourhood Health - How can this new approach drive prevention?' \(link\)](#), under the headings: *Why prevention is important?; Return on investment; Why choose cardiovascular disease? (CVD); Premature mortality from stroke, Herefordshire / Premature mortality from cardiovascular disease across England; 9 modifiable risk factors are responsible for 90% of the cases; Understanding CVD need at Neighbourhood level; CVD mortality; CVD admissions; Significantly higher mortality and admissions (hot spots); Tertiary prevention; Secondary prevention; Primary prevention; Tobacco breaks hearts; Smoking cessation – cross-cutting prevention;*

*There are opportunities for prevention at every stage of the CVD 'pathway'; and Questions?*

Board members made the following points:

- a David Mehaffey commented on the potential benefits of pre-operative smoking cessation and weight loss on post-operative outcomes.
- b Stephen Brewster noted the importance of physical activity and commented on opportunities to amplify messaging around neighbourhood health through the voluntary and community sector.
- c The Vice-Chairperson suggested that leaders within One Herefordshire could consider smoking cessation targets within their own organisations.
- d The Leader of the Council commended the presentation, noted the success of smoking cessation interventions, and commented on the need for emphasis on the crucial role of nutrition in health outcomes.
- e There was a brief discussion about vaping, acknowledging that it could be an effective tool to quit smoking but vapes were not recommended for non-smokers.
- f Zoe Clifford noted that the neighbourhood health programme provided opportunities to explore prevention more broadly, including the roles of health and care partners as anchor organisations.

#### Minor Injury Units

At the discretion of the Chairperson, Councillor Ed O'Driscoll was invited to speak. Councillor O'Driscoll provided an overview on his own experience of a medical emergency, including: personal decisions about transport to hospital due to wait times for an ambulance and leaving too soon due to pressures in the Emergency Department; diagnosis of a heart attack through a GP surgery; waiting for a bed for a number of days; a surgical procedure in Worcester; and rehabilitation in Ross-on-Wye. Councillor O'Driscoll commented on discussions with health professionals and considered that pressures could be reduced dramatically if minor injury units (MIUs) were reinstated. Comments were also made about: the significant uplift in housing growth in the county; people being advised to travel to facilities in other areas but many lacking access to transport; the strength of public feeling about MIUs, demonstrated by a petition in Ross-on-Wye; and questions in relation to the robustness of the data which influenced decisions to close the MIUs at Leominster and Ross-on-Wye. Councillor O'Driscoll urged board members to look carefully at how MIUs could be brought into use back across the county.

Sarah Shingler said that: having spoken to colleagues since joining Wye Valley NHS Trust in September 2025, it was understood that demand at the Leominster and Ross-on-Wye MIUs was around one patient per hour at the point the decision was taken to close the MIUs temporarily; senior health professionals had been relocated into the Emergency Department; non-admitted performance (i.e. seeing and treating Emergency Department patients within four hours) was described as very good, although challenges remained around admitted performance due to bed flow issues; and the neighbourhood health model sought to move more services into community settings.

In response to questions from Councillor O'Driscoll:

- Sarah Shingler said that, in comparison to Herefordshire, Worcestershire struggled with non-admitted performance, hence the variation in commissioning decisions; and
- David Mehaffey clarified that the reference to ‘one patient per hour’ was based on an average of six to eight patients being seen each day within a unit open for eight hours. It was reported that, since 2019, more appointments were being offered through GP practices, enhanced access hubs, and remote health services. It was noted that neighbourhood health would provide opportunities to explore the best use of health and community facilities around the county, and how to provide care close to or in people’s own homes.

There was a brief discussion about level of public awareness about the range of services available within Primary Care Network areas.

Councillor O’Driscoll requested further details about admission figures.

Councillor O’Driscoll, referencing the full Council motion on MIUs ([minute 62 of 7 March 2025 refers \(link\)](#)) and support via social media, emphasised the extent of local concern and re-iterated a view that the reinstatement of the MIUs could alleviate pressures on the County Hospital. Councillor O’Driscoll added that any permanent closure of a facility should be subject to public consultation.

Sarah Singler reported that a strategic review of community hospitals was being commissioned, in line with the neighbourhood health programme.

The following resolution was agreed by the board.

**Resolved: That**

- a) the new requirements set out in the draft National Neighbourhood Health Framework, including the requirement to produce an Interim Strategic Neighbourhood Health Plan by April 2026 and an underpinning interim Operational Plan by September 2026, be noted;**
- b) the proposed approach to develop these plans in partnership and review the membership be endorsed;**
- c) Health and Wellbeing Board members be identified to lead and attend the task and finish group for strategic plan development;**
- d) the progress to date with the National Neighbourhood Health Implementation Programme (NNHIP) be noted;**
- e) further progress updates be provided at future Health and Wellbeing Board meetings, enabling the provision of strategic direction as required; and**
- f) the proposed change in One Herefordshire Partnership governance structure, functions and form be endorsed and the establishment of the Herefordshire Health and Care Partnership Board and the Herefordshire Neighbourhood Health Delivery Board be noted.**

**39. LOCAL GOVERNMENT ASSOCIATION OFFER**

Zoe Clifford reported that, given developments in terms of neighbourhood health and the intention of the board to refresh the Health and Wellbeing Strategy ([minute 24 of 15](#)

[September 2025 refers \(link\)](#)), the Local Government Association (LGA) had provided an offer of support for the board to review its ways of working.

Steve Bedser, a contractor working with the Partners in Care and Health Programme commissioned by the LGA, was invited to speak. The main points included: the programme supported health and wellbeing boards across the country, at no cost to the host organisation; the work would be tailored to the local place; a sample of stakeholders would be consulted to understand relative strengths and weaknesses; a workshop with board members would be facilitated; and support would be available for the rest of the municipal year.

Board members considered the review to be timely and welcomed the offer of support.

**Resolved:**

**That the offer of support from the Local Government Association to review ways of working, in preparation for the Health and Wellbeing Strategy refresh later in 2026, be accepted.**

**40. ANNUAL REPORT OF THE HEREFORDSHIRE ADULTS SAFEGUARDING BOARD (HSAB) 2024 TO 2025**

Hilary Hall introduced the annual report of the Herefordshire Adults Safeguarding Board (HSAB), the main points included:

- i. There was a statutory requirement to send the annual report to the chair of the local health and wellbeing board.
- ii. The annual report had been approved by HSAB in October 2025.
- iii. The core duties of the HSAB included the publication of a strategic plan, the publication of the annual report, and conducting safeguarding adult reviews.
- iv. 16 referrals for potential reviews had been received in 2024/25, compared to 5 in 2023/24. 5 referrals had met the criteria for review and were in progress or complete, with one published.
- v. Data indicated that the proportion of people who use services who feel safe remained higher in Herefordshire in comparison to the West Midlands average and all England average.
- vi. The number of safeguarding enquiries had fallen but this may reflect changes in triage process.
- vii. The majority of individuals involved in safeguarding concerns were female (58%), and the most common location where abuse occurred was in a person's own home (54%).
- viii. Challenges related to the staffing capacity of partner agencies were noted.
- ix. Priorities were being reviewed for the next strategic plan cycle to start in April 2026.

Noting that the term of the current Independent Chair of HSAB would end in March 2026, the Chairperson requested that the thanks of the Health and Wellbeing Board for the excellent work undertaken by Kevin Crompton be put on record.

**Resolved:**

**The HSAB Annual Report 2024/25 and the effectiveness of the arrangements for safeguarding adults in Herefordshire be noted.**

#### **41. 2025 HEALTH PROTECTION ANNUAL REPORT**

Rob Davies presented the slides '[Health Protection Assurance Forum Annual Report 2025](#)' ([link](#)), under the headings: *Report overview; Key achievements; Example: 'what good looks like' audit; Challenges and risks; Future focus; and Questions.*

The Chairperson drew attention to the following:

- i. Referring to the future focus 'to secure a new breast screening site in Hereford City', it was noted that an assurance had been sought about the intention to recall people that may have missed appointments during the temporary interruption in service provision in Hereford ([minute 6 of 9 June 2025 refers \(link\)](#)).
- ii. A potential error was identified in the annual report sentence 'In 2024-2025 Turning Point received 956 referrals into service, this is 16% more than the previous year (153 in 2023-24)'.

[Note: it was confirmed subsequently that this should read 'In 2024-2025, Turning Point received 1,121 referrals, representing a 5% increase compared with 2023–2024, when the service received 1,065 referrals (a rise of 56 referrals).']

There was a brief discussion about workforce cohorts eligible for the seasonal flu vaccination.

**Resolved:**

**That the health protection system performance, achievements, and risks for 2025, as well as areas of focus for 2026 be noted.**

#### **42. BETTER CARE FUND (BCF) QUARTER 2 REPORT 2025-26**

Hilary Hall updated the board on the Better Care Fund (BCF) quarter 2 performance template 2025/26, the main points included:

- i. As per national requirements, the quarter 2 performance template had been submitted on 11 November 2025, and retrospective approval was sought from the board.
- ii. The BCF Delivery Plan had been approved by the National Team which incorporated a revised Discharge to Assess (D2A) Model.
- iii. Data showed that the system was on track to meet the goals for the national metrics 'Emergency admissions to hospital for people aged over 65 per 100,000 population' and 'Long-term admissions to residential care homes and nursing homes for people aged 65 and over per 100,000 population'. The system was not on track to meet the goal for the metric 'Average length of discharge delay for all acute adult patients' and an overview was provided of the D2A Action Plan.
- iv. It was reported that the BCF was overspent by £0.901m at quarter 2, due to overspending on services facilitating hospital discharge (£0.714m) and services for Deprivation of Liberty standards and Approved Mental Health Professionals (£0.206m), offset by small amounts of underspending in other services. It was noted that savings and mitigation plans were in place but there were rising demand-led pressures.

**Resolved: That**

- a) the Better Care Fund (BCF) 2025/26 quarter 2 report at Appendix 1, as submitted to NHS England, be approved retrospectively; and
- b) the ongoing work to support integrated health and care provision that is funded via the BCF be noted.

**43. DATES OF FUTURE MEETINGS AND WORK PROGRAMME**

The dates of future formal meetings in public were identified, as follows:

Monday 9 March 2026 [note: a board development workshop was held on this date, in place of a meeting in public]

[Monday 18 May 2026, 2.00 pm](#)

[Monday 13 July 2026, 2.00 pm](#)

[Monday 26 October 2026, 2.00 pm](#)

[Monday 25 January 2027, 2.00 pm](#)

[Monday 24 May 2027, 2.00 pm](#)

It was noted that board members would also meet informally for workshops / board learning and development sessions.

**Resolved:**

**That the dates of future meetings be confirmed and the updated work programme be agreed.**

The meeting ended at 4.37 pm

**Chairperson**





# Title of report: Health and Wellbeing Board membership

**Meeting:** Health and Wellbeing Board

**Meeting date:** Monday 18 May 2026

**Report by:** Democratic Services

## Classification

Open

## Decision type

This is not an executive decision

## Wards affected

(All Wards)

## Purpose

For the Health and Wellbeing Board to confirm the number of seats on the board allocated to NHS Herefordshire and Worcestershire Integrated Care Board, for recommendation to full Council.

## Recommendation(s)

**That the following change to Herefordshire Council's constitution be recommended to full Council:**

- a) Paragraph 2.8.9, bullet point 8 be amended to read 'Three nominated representatives from the Integrated Care Board'.

## Alternative options

1. The current composition of the Health and Wellbeing Board could remain unchanged but this would not address the request from the NHS Herefordshire and Worcestershire Integrated Care Board, as referenced in paragraph 4 below.

## Key considerations

### **NHS Herefordshire and Worcestershire Integrated Care Board nominations**

2. The Health and Wellbeing Board considered a report on board membership on 15 September 2025 and resolved to recommend to full Council that Herefordshire Council's constitution be amended to make provision for two representatives from the NHS Herefordshire and

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Further information on the subject of this report is available from  
Ben Baugh, ben.baugh2@herefordshire.gov.uk

Worcestershire Integrated Care Board, and to clarify arrangements for the appointment of the vice-chairperson; [link to minute 23 of 2025/26](#). These changes are due to be considered at the Annual Meeting of Council on 22 May 2026, along with other updates and amendments to the constitution.

3. In April 2026, NHS Herefordshire and Worcestershire Integrated Care Board (ICB) requested that it be permitted to nominate three representatives to the Health and Wellbeing Board (HWB). This is to provide greater flexibility and to ensure that the ICB is represented adequately at HWB meetings, particularly in circumstances where its Chief Executive is unable to attend in person.
4. If this change is recommended by the HWB and agreed by Council, the ICB has indicated that its intention to nominate Vicky Morris, Non-Executive Member with a Focus upon Quality and Delivery; [link to the profiles of ICB board members](#).

### **Future board membership options**

5. In view of developments arising from the [Neighbourhood Health Framework \(link\)](#) and [Fit for the future: towards population health delivery models \(link\)](#), the HWB may wish to explore further membership options as part of future board development sessions in order to reflect new partnerships and collaborations.

### **Community impact**

6. The Code of Corporate Governance encourages better informed longer-term decision making using resources efficiently and being open to scrutiny with a view to improving performance and managing risk. The principles which underpin governance include ensuring openness and comprehensive stakeholder engagement, and implementing good practices in transparency, reporting and audit to deliver effective accountability. Ensuring that the Health and Wellbeing Board membership includes appropriate representation from partners across the health and care system supports the council in meeting these principles.

### **Environmental impact**

7. Herefordshire Council provides and purchases a wide range of services for the people of Herefordshire. Together with partner organisations in the private, public and voluntary sectors we share a strong commitment to improving our environmental sustainability, achieving carbon neutrality and to protect and enhance Herefordshire's outstanding natural environment.
8. Whilst this is a report on constitutional arrangements and will have minimal environmental impacts, consideration has been made to minimise waste and resource use in line with the council's Environmental Policy (e.g. agenda documents are made available to board members electronically, minimising the use of paper and other consumables).

### **Equality duty**

9. The Public Sector Equality Duty requires the council to consider how it can contribute positively to the advancement of equality and good relations, and demonstrate that it is paying 'due regard' in our decision making in the design of policies and in the delivery of services.
10. As this report concerns the technical composition of the board, it is not considered that it will have an impact on the equality duty.

### **Resource implications**

11. The constitution is regularly reviewed and updated, so there are no additional resource implications for the council arising from this report.

## Legal implications

12. The Health and Social Care Act 2012 (as amended by the Health and Care Act 2022), paragraph 194 (2) identifies that:
- ‘The Health and Wellbeing Board is to consist of—
- (a) ... at least one councillor of the local authority...
  - (b) the director of adult social services for the local authority,
  - (c) the director of children's services for the local authority,
  - (d) the director of public health for the local authority,
  - (e) a representative of the Local Healthwatch organisation for the area of the local authority,
  - (f) a representative of each relevant integrated care board, and
  - (g) such other persons, or representatives of such other persons, as the local authority thinks appropriate.’
13. Paragraph 194 (8) states that ‘The Health and Wellbeing Board may appoint such additional persons to be members of the Board as it thinks appropriate.’
14. The Health and Wellbeing Board is a committee of Council under s102 of the Local Government Act 1972. Although it has been granted the right to make additional appointments itself, its procedural requirements are subject to Council approval.

## Risk management

15. There is a reputational risk to the council and health and care system partners if the Health and Wellbeing Board does not operate effectively and transparently. The regular review of governance arrangements, including board membership, should help to mitigate this risk.

## Consultees

16. None.

## Appendices

None.

## Background papers

None identified.





# Title of report: Health and Wellbeing Board development work

**Meeting:** Health and Wellbeing Board

**Meeting date:** Monday 18 May 2026

**Report by:** Director of Public Health

## Classification

Open

## Decision type

This is not an executive decision

## Wards affected

(All Wards)

## Purpose

The Local Government Association (LGA) provides tailored support to leadership for health and care through the Partners in Care and Health Programme (ADASS & LGA), which is funded by the Department of Health and Social Care (DHSC) and provided free of charge to councils. Herefordshire Health and Wellbeing Board invited the LGA in to review ways of working at the board through conducting one-to-one interviews with system leaders and a board workshop in February 2026. This report captures a high-level summary from this work.

## Recommendation(s)

That:

- a) **The Health and Wellbeing Board note the findings of the LGA facilitated work with the HWB; and**
- b) **Agree next steps for the board development work.**

## Alternative options

1. To do nothing. This would not support improving the work of the HWB.

## Key considerations

2. In March 2026, the UK government published a new Neighbourhood Health Framework, positioning Health and Wellbeing Boards (HWBs) as central to the delivery of community-based health services. This sets out how HWBs are responsible for shaping Neighbourhood Health Plans that align with their Joint Strategic Needs Assessment (JSNA)
3. In anticipation of the publication of the Neighbourhood Health Framework, the HWB recognised the importance of reviewing ways of working as a board.
4. The LGA provides tailored support to leadership for health and care through the Partners in Care and Health Programme (ADASS & LGA), which is funded by the Department of Health and Social Care (DHSC) and provided free of charge to councils. Herefordshire HWB invited the LGA to undertake a review of the board through conducting one-to-one interviews with a sample of board members, followed by a development session workshop in February 2026.
5. The purpose of this work is to ensure that the Herefordshire HWB remains an effective and influential strategic partnership — one that provides democratic legitimacy, aligns system priorities with community needs, drives collective action on the wider determinants and is well positioned to shape local neighbourhood health plans.
6. The workshop contained a mixture of presentations and interactive exercises to meet the workshop objectives. These included:
  - Sharing best practice and top tips from other Health and Wellbeing Boards across England
  - Supporting the HWB to explore and gain clarity on the role of the board as a strategic partnership, with clarity on statutory role as well as its specific added value
  - Providing clarity on the role and purpose of the HWB in relation to the wider determinants of health and neighbourhood health within the local and strategic context
  - Test the potential for different ways of working based on examples of what works and learning from elsewhere.
  - Explore shared priority areas for action.
7. The LGA outlined what good looks like for a modern Health and Wellbeing Board:
  - A clear and purposeful strategic partnership with shared ownership of priorities and outcomes.
  - A strategic, inclusive, and action-oriented forum aligning NHS, local government, and community ambitions.
  - A body that champions community voice, uses evidence to drive decisions, and delivers visible improvements in wellbeing.
  - A clear accountability for delivering on priorities.

Similar aspirations were highlighted during one-to-one interviews with members of the HWB.
8. The development workshop involved discussions on how the HWB should focus on broader upstream population health approaches and clearly define its role within the partnership arena.
9. Below summarises the key themes and suggestions from the workshop of principles for ways of working for the HWB:
  - a) ***Strong connections from leadership to organisations*** – strengthening how board members take actions back into their respective organisations

- b) **Strategic deep dives** – providing an opportunity to explore an aspect of a priority in more detail and understand where the HWB is required in order to achieve greater system impact
  - c) **Focus on where the HWB can have the most impact** – recognising the wide range of system partnership focusing on specific areas of health and wellbeing, so utilising the HWB to really focus on where it can provide a new perspective
  - d) **Ensuring a clear interface between HWB & One Herefordshire Health and Care Partnership Board**
  - e) **Focus on truly system wide, population health and wellbeing issues** – Avoiding agenda items which require a single agency response. Ensuring HWB agenda items are not purely for information but provide the opportunity for multiagency discussion and cross organisational responsibility
  - f) **Addressing health inequalities** – this should be evident through all agenda items for the HWB
  - g) **A commitment to workshop development sessions** – recognising the value of development session and ensuring there are at least two of these each year
  - h) **A commitment to in-person meetings**
  - i) **Ensuring that lived experience is heard by the HWB to inform decisions**
  - j) **Allowing time for meaningful HWB discussion** – ensuring fewer agenda items, with brief papers or presentations and allowing ample time for discussion and decisions
  - k) **Prevention focused** – looking across the whole spectrum of prevention but always considering how we focus further upstream
  - l) **Sponsor to be identified for each priority** - strengthening HWB member responsibilities and accountability.
10. During the development session, there was also consideration to refining the role of the HWB in terms of whether it is driving, sponsoring or observing:
- **Drive:** these are the core priorities that the HWB actively leads and invests its energy in. Limited to two or three strategic issues, these are the areas where the board sets direction, coordinates action and tracks delivery. Driving means the HWB is directly involved in shaping outcomes, aligning partners and monitoring progress. These priorities define the board's identity and focus.
  - **Sponsor:** these are important areas where the HWB holds a level of strategic oversight or assurance, but the delivery is led elsewhere - often by other partnerships or groups. The HWB may be required to endorse decisions, receive updates or provide authority, but it does not manage day-to-day operations. Reporting is light-touch, typically limited to annual summaries or escalations when strategic input is needed.
  - **Observe:** these are relevant but peripheral issues that the HWB acknowledges but does not actively engage with unless there is a significant concern. These areas are managed entirely by other bodies and the board does not require routine updates. Observation is passive unless performance deteriorates to a level that demands strategic intervention.

**11. Next steps:**

- Refine and agree the principles for ways of working
- Further develop each of these principles
- Develop a schedule of workshop development sessions with the recommendation to start with a workshop in September focusing on how lived experience is heard by the HWB

**Community impact**

12. 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**

13. 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**

14. 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**

15. 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**

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

**Risk management**

17. None identified

**Consultees**

18. None identified

**Appendices**

None

**Background papers**

None identified

**Glossary of terms, abbreviations and acronyms used in this report**

ADASS - Association of Directors of Adult Social Services  
 DHSC - Department of Health and Social Care  
 HWB – Health and Wellbeing Board  
 LGA - Local Government Association



Herefordshire  
and Worcestershire

## Health and Work – WorkWell

**Meeting:** Health and Wellbeing Board

**Meeting date:** Monday 18 May 2026

**Report by:** Judy Gibbs, Joint Programme Director: Health and Work -  
NHS Herefordshire and Worcestershire Integrated Care  
Board

### Decision type

This is not an executive decision

### Wards affected

(All Wards)

### Purpose

To brief the Health and Wellbeing Board members on the progress of the Health and Work Strategy, Government direction, and the progress of WorkWell.

### Recommendation(s)

**The Health and Wellbeing Board is asked to note the contents of this report and consider where the board can support the implementation and delivery of the Work and Health Herefordshire Operations Group.**

### Alternative options

No alternative options identified.

### Key considerations

#### Introduction

1. In 2024, NHS Herefordshire and Worcestershire Integrated Care Board (the ICB) was selected as one of 15 areas in the country to pilot the Government's WorkWell programme. Alongside setting up a new set of services to support people to overcome health-related barriers to employment, there was also the requirement to work with partners to create a Health and Work Strategy across the two counties.
2. The strategy brings together the work of the ICB, Local Authority Public Health and Economic Development teams across the ICB area, local Department for Work and Pensions (DWP) and other partners such as the Chamber of Commerce and VCSE.

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Further information on the subject of this report is available from David Mehaffey, Executive Director: Strategy, Health Inequalities and Integration - NHS Herefordshire and Worcestershire Integrated Care Board

3. The Herefordshire and Worcestershire Health and Work Strategy 2025–2030 was approved in Autumn 2025 and sets out a system wide approach to improving employment outcomes by recognising the strong, two way relationship between health and work.
4. While overall employment rates in both counties are high, a significant proportion of residents are economically inactive due to long term health conditions or disability. The strategy responds to this challenge by aligning health, employment, skills, and business support partners around a shared ambition to create inclusive, healthy and productive workplaces, reduce avoidable sickness absence and improve access to good work for people who can and want to work.
5. The strategy is structured around four strategic ambitions:
  - a. Creating inclusive and healthy work environments
  - b. Providing clear pathways and support into employment
  - c. Intervening early to prevent people leaving work due to ill health
  - d. Strengthening collaboration across local stakeholders.
6. Delivery is rooted in a place based, prevention led approach that simplifies access to support through a ‘no wrong door’ philosophy and makes better use of NHS, local authority, DWP, voluntary sector and employer capabilities. Success will be measured through improved employment and disability employment rates, reduced health related inactivity and sickness absence, increased numbers of disability confident employers and stronger system coordination that embeds health and work as a core driver of long term economic and wellbeing outcomes.

## Links to Wider Government Strategies

### Get Britain Working

7. **Get Britain Working** is HM Government’s flagship labour market reform programme, set out in the Get Britain Working White Paper (published November 2024), with the core aim of raising the employment rate to 80 percent and reversing the sharp rise in economic inactivity driven largely by long term sickness and disability. The White Paper makes clear that improving health and reducing avoidable sickness absence are now central to economic growth, not a separate policy area. Key reforms include integration of Jobcentres and careers support, a stronger focus on early intervention and prevention to stop people falling out of work due to ill health, expansion of evidence-based programmes and greater local leadership to join up health, skills and employment systems around place-based need. Government expects local systems to align activity, simplify access for individuals and employers and shift from welfare administration towards sustained progression into good work.

### Keep Britain Working

8. **Keep Britain Working** is an independent, employer led review commissioned by HM Government to address the rapid rise in economic inactivity caused by ill health and disability, with the aim of keeping more people in work and supporting faster, sustainable returns to work. The review concludes that ill health has become one of the biggest drags on productivity and growth, and that the current system relies too heavily on individuals and the NHS while offering fragmented and inconsistent support to employers. It calls for a fundamental shift to a shared responsibility model, where employers lead on prevention and early intervention, supported by clearer standards such as a healthy working lifecycle, better access to workplace health and occupational health provision, and stronger coordination between employment, health services and government. The core ambition is to reduce avoidable job loss, narrow the disability employment gap and embed healthier, more inclusive workplaces as business as usual, delivering benefits for individuals, employers and the wider economy.

9. The Herefordshire and Worcestershire Health and Work Strategy 2025–2030 provides the local delivery framework for the national ambitions set out in Get Britain Working and Keep Britain Working, translating system level reform into practical, place based action. All three share a clear diagnosis: economic inactivity is being driven increasingly by ill health and disability, and traditional, fragmented approaches are no longer sufficient. Where Get Britain Working focuses on reforming employment support, joining up health, skills and work systems and increasing local leadership, the local strategy responds directly by committing partners across the NHS, local authorities including public health, economic development and skills and employment teams, the local Department for Work and Pensions and other partners including the voluntary sector and employability sector to work as a single system, simplify pathways and adopt a ‘no wrong door’ approach for residents and employers alike.
10. Keep Britain Working reinforces this direction by highlighting the need to prevent avoidable job loss through early intervention, healthier workplaces and stronger employer capability. The Herefordshire and Worcestershire strategy mirrors this expectation by prioritising inclusive workplaces, reduced sickness absence and better retention, embedding support through the WorkWell programme and providing clearer routes back into work for those with health conditions who can and want to work. In doing so, the strategy positions the area to meet HM Government’s expectations that local systems will move beyond short term programmes, support employers to take a more active role in prevention and retention and embed health and work as a shared responsibility that underpins productivity, economic growth and population wellbeing over the long term.

#### **What does this look like in Herefordshire?**

11. The Health and Work Operations Board in Herefordshire has made strong and tangible progress in a relatively short period, particularly in building the foundations needed for effective system delivery. A major early success has been the creation of a genuinely multi partner operational group, bringing together Herefordshire Council, Public Health, NHS partners, DWP, the Growth Hub and others into a single forum focused on delivery rather than discussion. This has enabled shared ownership of the Health and Work agenda, clearer accountability and a much stronger alignment between health, employment and economic development activity. The Board has also helped elevate health and work as a recognised priority beyond county boundaries, with the development and sign off of the “Get the Marches Working” approach with Shropshire Council, embedding health and work as a strategic regional concern.
12. Alongside this system building work, the Board’s members have seen a number of practical delivery successes that are already benefiting residents and employers. These include the launch of Connect to Work by Herefordshire Council, providing direct support to residents with health related barriers to employment, and the conversations to align Connect to Work and the ICB WorkWell programme within the Youth Hub, improving coherence and accessibility for young people. The introduction of a Fit Note pilot in 1 Herefordshire primary care network (PCN) is a further positive step, testing more effective conversations about work and health at an earlier stage. On the employer side, progress has been made through the Growth Hub developing a dedicated Health and Work presence on its website, and through Herefordshire Council establishing a Cornerstone Network to support the development of more inclusive programmes and employment practices. Collectively, these achievements demonstrate a clear shift from strategy to action, with the Operations Board playing a critical role in turning national and ICS ambitions into meaningful local delivery.

#### **Collaboration around Events to increase awareness – the programme to date**

13. Collaboration around events has been a clear strength of the Health and Work activity in Herefordshire and Worcestershire, helping to move the strategy from intent into visible, practical action. Partners across the two counties have worked together to co design and co deliver events, ensuring that messaging is consistent and audiences are not duplicated or confused.

This collaborative approach has enabled health, employment and business perspectives to sit alongside each other, reinforcing the shared responsibility for keeping people well and in work.

14. The events delivered to date have been well received and have started to build momentum. They have provided a valuable platform for employers, practitioners and frontline staff to engage in open conversations about health, work, reasonable adjustments and early intervention, while also showcasing available local support. Importantly, these events have helped to test messaging, strengthen relationships between partners and identify gaps or opportunities for future activity. Collectively, they demonstrate growing confidence in joint delivery and provide a solid foundation for a more coordinated programme of Health and Work engagement events going forward.
15. Events held to date include:
  - a. Introducing the Health and Work Strategy – March 2025, 40 attendees, held in Herefordshire Cyber Centre
  - b. Harnessing your neurodiverse talent – September 2025 , 65 attendees, held at the Abbey Hotel, Great Malvern
  - c. Leading with Mental Health in Mind - January 2026 , 80 attendees, held at the Abbey Hotel, Great Malvern
16. Planned Events include:
  - a. Leading for Wellness – Supporting Musculoskeletal Health – May 2026, currently have around 45 attendees booked on, held at the Abbey Hotel, Great Malvern
  - b. Having the Conversations That Matter: Health and Wellbeing at Work – October 2026, held at the Abbey Hotel, Great Malvern

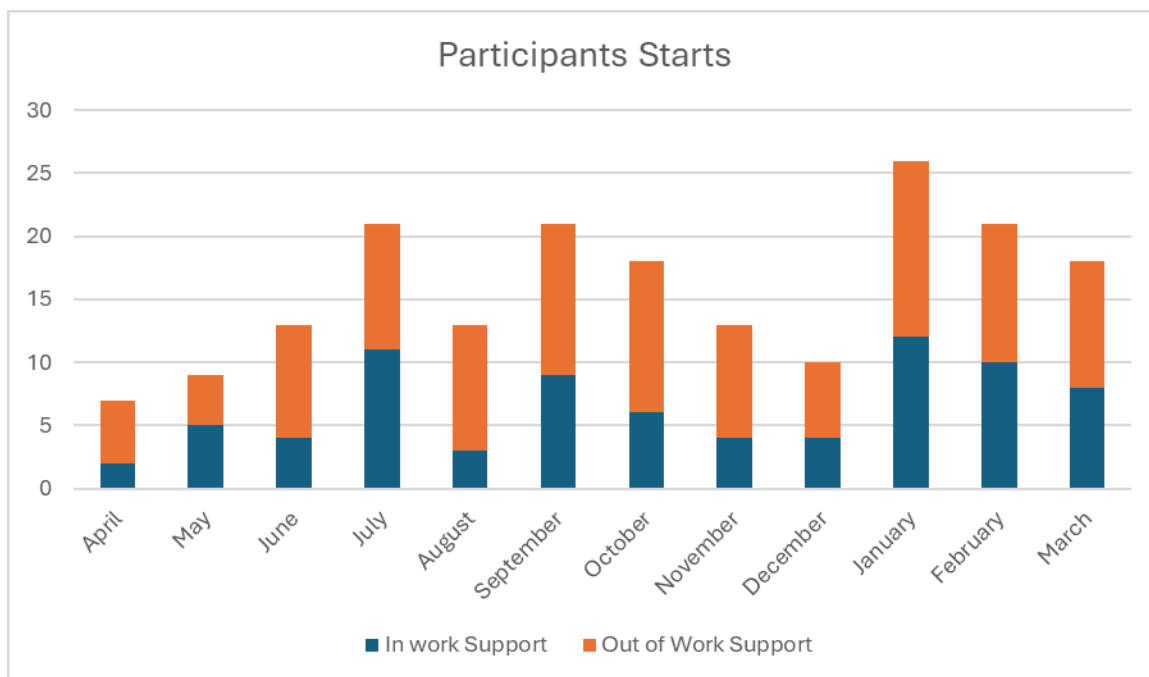
### **Keep Herefordshire and Worcestershire Working Conference**

17. On 8 July, the partnership will deliver an employer facing conference designed to prompt early consideration of how organisations are likely to be impacted by the Government’s Keep Britain Working agenda and forthcoming changes to legislation. The event is intended to help employers get ahead of emerging expectations rather than respond reactively.
18. The conference has been shaped as a practical, employer focused response to the growing challenges of workforce health, retention and productivity across Herefordshire and Worcestershire. Its purpose is to help employers understand why health and work is now a critical business issue, connect the national Keep Britain Working direction to local labour market realities and showcase the range of support already available across the two counties. By bringing together the NHS, Growth Hubs, the Chamber of Commerce and specialist partners, the event creates a single, coherent space for employers to engage with health and work as a core productivity and resilience issue, not a standalone wellbeing topic.
19. For employers, the conference offers clear and tangible value. Attendees will gain insight into national policy direction, practical tools to reduce avoidable sickness absence and real world approaches to retaining skilled staff and supporting employees with health conditions. Through expert speakers, workshops and peer exchange, employers will leave with a stronger understanding of the healthy working lifecycle, early intervention, reasonable adjustments and how to access local support such as WorkWell and public health initiatives. The event is designed to equip employers with knowledge, connections and actionable steps they can take back into their organisations to build healthier, more resilient and more productive workplaces.

## WorkWell – The latest Performance

20. WorkWell is a locally delivered, early intervention employment and health support programme designed to help people stay in, or return to, work when health issues begin to create barriers. It supports both employed residents who are at risk of falling out of work due to ill health and unemployed people with health related challenges who want support to move into employment. In Herefordshire, WorkWell is well established as a core component of the Health and Work Strategy, with robust system alignment across the NHS, local authority, DWP and the Growth Hub.
21. Delivered countywide by Taurus Healthcare, the programme provides personalised, flexible support by coordinating access to health advice, employment support and practical workplace solutions, and works closely with employers to enable early intervention and reasonable adjustments. Operating on a 'no wrong door' basis, WorkWell simplifies access for residents and employers, reduces fragmentation and supports improved engagement, with early indications showing it is successfully reaching both employed and unemployed residents who need health related employment support.
22. From an individual's perspective, WorkWell offers personalised health and work coaching tailored to their specific needs and circumstances. Individuals are supported through a series of one to one coaching sessions, typically between six and twelve, during which they work with a dedicated Health and Work Coach to develop and agree a practical action plan. This plan focuses on improving health, confidence and work readiness, supporting people to remain in work or return to employment where possible. Coaches provide ongoing encouragement and guidance throughout the journey, adapting support as needs change. Individuals are supported to progress at their own pace, with planned discharge when appropriate or onward referral to additional health, employment or community services where further support would be beneficial.
23. Programme performance continues to show positive trajectory, with steady growth in engagement and delivery:
  - From 1 October 2024 to 31 March 2026 the programme has seen 220 participants.
  - This is currently averaging 21 participants per month.
  - Peak delivery reached 26 starts in January 2026.
  - Approximately 58% of participants are out of work at the point of referral, highlighting that we need to work closer with individual issuing Fit Notes and employers.
  - Primary care remains the main referral route (~55–75%), demonstrating strong PCN engagement.
  - Conversion rates have improved, reaching ~70% in recent months.
  - Around 16% of participants remain in or return to work following support.
  - Approximately 13% secure new employment.
  - Around 5% of participants have completed plan but been referred onwards for further employment or health support.

For Herefordshire, WorkWell is delivered through Taurus Healthcare and monthly participant starts are as follows:



24. This reflects the programme's dual focus on both job retention and re-entry to the labour market.
25. In 2025, the WorkWell programme secured additional funding to deliver a Fit Note pilot in Herefordshire, aimed at shifting conversations away from sickness absence and towards health, capacity and returning to work. The pilot supports earlier and more constructive discussions between clinicians and residents, with clearer routes into the WorkWell programme to help reduce repeated fit note issuance. It also promotes more joined up conversations with employers about what work may be possible with the right support or reasonable adjustments, rather than defaulting to time away from work. This approach aligns strongly with the Health and Work Strategy and national Keep Britain Working expectations around prevention and retention. While full outcome data is not yet available, the pilot has been positively received by partners and is already strengthening links between primary care, employment support and workplace health.
26. Overall, both WorkWell and the Fit Note pilot are contributing to a growing shift in Herefordshire towards earlier intervention, better coordination and a shared responsibility for keeping people well and working. As monitoring and reporting mature, the inclusion of employment status breakdowns and outcome data will further strengthen the evidence base and support decisions on future scaling and integration.

### Environmental impact

27. No specific environmental impacts.

### Equality duty

28. Delivery of the Health and Work strategy will be governed by the NHS Equality Duties, and these will be factored into delivery plans and the various Impact Assessments that will be undertaken relating to any decisions that would be made under the remit of the plan.

### Resource implications

29. There are no direct financial implications for the Health and Wellbeing Board at this stage. However, capacity and resource remain a challenge in Herefordshire in terms of fully embedding and scaling this programme of work. Consideration could be given, at a future Board meeting, to whether additional resource should be made available to strengthen support for employers in creating more inclusive and healthy workplaces. Increased capacity in this area would help

create the conditions for residents to sustain and progress in work, support earlier intervention and prevention and contribute to improved employment outcomes. Over time, this would also support wider system priorities, including reducing health related economic inactivity and addressing health inequalities across the county.

### **Legal implications**

30. No specific legal implications.

### **Risk management**

31. There are no specific risks to highlight in relation to this briefing paper.

### **Consultees**

32. Not applicable to this briefing paper.

### **Appendices**

No appendices

### **Background papers**

There are no background papers, as per the Local Government (Access to Information) Act 1985, but links are provided below to published works.

A full copy of the Health and Work Strategy can be accessed here:

[Health and Work Strategy](#)

A full copy of Get Britain Working can be accessed here :

[Get Britain Working White Paper - GOV.UK](#)

A full copy of Keep Britain Working can be found here :

[Keep Britain Working: Final report - GOV.UK](#)





# Integrated Care Strategy Delivery Updates

**Meeting:** Health and Wellbeing Board

**Meeting date:** Monday 18 May 2026

**Report by:** David Mehaffey, Executive Director: Strategy, Digital, PHM and Partnerships – Coventry, Warwickshire, Herefordshire, Worcestershire Integrated Care Board Cluster

## Decision type

This is not an executive decision

## Wards affected

(All Wards)

## Purpose

To provide the Health and Wellbeing Board members with an update on delivery of the shared commitments, priorities and outcomes described within the Herefordshire and Worcestershire (HW) Integrated Care Strategy during 2025/26.

## Recommendation

**The Health and Wellbeing Board is asked to note the contents of this report.**

## Alternative options

This is a briefing paper, no alternative options identified.

## Key considerations

### Introduction

1. The Herefordshire and Worcestershire (H&W) Integrated Care Strategy was developed following extensive engagement with partners and approved by the Herefordshire & Worcestershire Integrated Care Partnership Assembly (ICPA) in April 2023.
2. The Integrated Care Strategy sets out the shared priorities, underpinned by the two Joint Strategic Needs Assessments and Joint Local Health and Wellbeing Strategies in Herefordshire & Worcestershire. It also includes 8 commitments, that drive action towards integrated health, care and wellbeing outcomes.

3. The Herefordshire & Worcestershire ICPA was created in 2022 to oversee the development and delivery of the Integrated Care Strategy across Herefordshire and Worcestershire. As the strategy is now in its third year, the assembly's role is focused on overseeing delivery.
4. Following changing national policy, outlined the NHS 10 Year Plan, Fit for the future. It was agreed by the Chairs of the Health and Wellbeing Boards in Herefordshire & Worcestershire, the Joint Chairs of the ICPA that going forward the annual reporting function will be undertaken through the two Health and Wellbeing Boards, keeping local stakeholders and partners engaged and updated on delivery.
5. This report provides an overview of delivery of the Integrated Care Strategy for 2025/26, organised into two main sections:

**Part 1:** The contribution made by delivery of the Herefordshire & Worcestershire - NHS Joint Forward Plan.

**Part 2:** The delivery of the Herefordshire Joint Local Health and Wellbeing Strategy. These updates provide highlights from programmes delivered by a broad range of partners working across Health, Local Authority, the broader public sector and the Voluntary and Community Sector.

### **Delivering integrated care through the 8 commitments**

#### **Commitment 3: Enhancing health and wellbeing by taking an integrated approach to areas such as housing, jobs, leisure and environment.**

6. WorkWell is a health and employment service that provides integrated holistic early help for people with health-related barriers to work. The Department of Work and pensions has extended the programme for a further three years. During 2025/26 the service has supported over 918 participants; delivered via GP practices, PCNs, employers, and self-referral, underpinned by a jointly developed Work and Health Strategy.
7. A project was delivered in Herefordshire tackling issues around mould and damp in homes where children were presenting in emergency care with asthma exacerbations. A Herefordshire and Worcestershire approach was taken to the development of a pathway to ensure best support to families including early assessment of housing and additional social care needs. The pathway was launched at an event aimed at healthcare providers and other services who regularly visit homes, supporting early intervention and prevention.
8. A school asthma guidance document was coproduced and shared across schools in Herefordshire and Worcestershire. The guidance document was complemented by training developed by asthma specialists and has led to development of asthma policies and asthma champions in schools.

#### **Commitment 5: Co-producing solutions with individuals, carers our communities and Voluntary Sector organisations as equal partners with collective responsibility.**

9. The Melo service (delivered by ONSIDE) was introduced in April 2025 as the early intervention and preventative mental health service to meet mental health outcomes early on by providing a needs-led, flexible service for children and young people aged 0-25. Inclusive Access: It provides a "welcoming front door" with no clinical threshold. Referrals can be made via WhatsApp, phone, or community drop-ins, supporting those who might struggle with formal systems. Reducing Geographic Barriers: By offering support in community hubs and via digital platforms, Melo ensures that young people in rural parts of Herefordshire and Worcestershire are not disadvantaged by their location.

10. The Core20PLUS Community Connector Programme successfully engaged Gypsy, Roma & Traveller (GRT) communities and South Asian women through trusted, culturally sensitive approaches; established Community Health Champions; ran targeted events and one-to-one support; improved awareness and uptake of cancer screening and preventative services; strengthened NHS and VCSE partnerships. Addressing health inequalities by understanding barriers to care and enabling prevention and early intervention.

**Commitment 8: Using digital to make services more accessible and effective but never forgetting the risks of digital exclusion.**

11. NHS Herefordshire & Worcestershire has promoted the rollout of the national Reasonable Adjustment Digital Flag across all partners. Materials to support this, and widespread understanding of reasonable adjustments, have been developed by people with a lived experience of learning disability. Continuing its Expert by Experience-led programme of reviewing NHS establishments so they provide sensory-friendly and reasonably adjusted spaces for patients; 2/3rds of GP practices have been reviewed and a further 13 NHS secondary care units, including areas within Acute Hospitals.
12. The Health Information video library has grown with new videos being produced for topics including vaccinations, falls prevention, anticipatory medicines and endometriosis. It contains thousands of bite-sized videos across a wide range of health conditions, designed to support people to prepare for appointments and surgery, self-management of their conditions and much more. It is a resource that is helping us address health inequalities through ensuring people have access to health information that is easy to understand and utilise to make decisions about health.

**Part 1: NHS Joint Forward Plan – Progress in 2025/26**

13. The H&W NHS Joint Forward Plan (JFP) was developed in Spring 2023 alongside the Integrated Care Strategy, and was published in July 2023, and has been updated annually. The JFP outlines how NHS Partners will contribute to the delivery of the Integrated Care Strategy and the Joint Local Health and Wellbeing Strategies. The JFP also outlines how NHS Partners plan to meet mandatory national requirements in the NHS Long Term Plan and any other operational priorities determined which are determined annually by NHS England.

**Providing the best start in life**

14. The Change Partnership Programme, which Herefordshire and Worcestershire both participated in, has piloted innovative approaches to inclusion in mainstream schools. Health service involvement in PINS (Partnership for Neurodiversity in Schools), ELSEC (Early Language Support for Every Child) and other pilots are demonstrating positive outcomes, and these approaches will become part of the SEND reform plans locally, supporting children, young people and families.
15. A psychology service was delivered for children and young people with epilepsy. This was a shared service between Worcestershire Acute and Wye Valley Trust. The service supported a need identified in the system to support the mental health needs of children and young people with epilepsy through effective screening and provision of signposting and targeted interventions. The team also developed 'easy read' screening tools to improve access for children and young people with learning disabilities.
16. Neighbourhood Health Models - In line with the 10-year plan, there has been a Children and Young People's Neighbourhood Model Partnership established to drive forward implementation of neighbourhood models across the system. System partners are actively engaged, demonstrating a strong willingness to work in new and more collaborative ways. Further work will be undertaken during 26/27 to design, develop and implement models moving care closer to home.

### **Living, ageing and dying well**

17. The timeliness of urgent and emergency care improved during the second half 2025/26, as more people attending an Emergency Department were seen within 4 hours, ambulance handovers delays reduced. The coordinated work across the system contributed to ensuring that people were seen and treated in the most appropriate place, with seven days working in place. This included early intervention and the prevention of ill-health, as evident by the level of flu and covid vaccinations that remained high for a further year and the increase in identification and planning for people living with frailty, led by the Neighbourhood Teams.
18. As part of the new Palliative and End of Life Care strategy (launched December 2025) extensive engagement took place with patients, carers and staff. Focusing on increased and timely identification of those people likely to be in the last year of life, within enhanced communication and integration, timely personalised care, equitable access, a 24/7 single point of access offering timely support to patients, families, carers and health and care professionals.

### **Reducing ill health and premature deaths from avoidable causes**

19. Increased access to cancer screening and early diagnosis and targeted interventions included easy-read bowel screening pathways for people with learning disabilities, breast screening health equity audit, low-uptake PCN cervical screening initiatives, and a primary care cervical screening toolkit. Community awareness improved via the Cancer Hub, Cancer Collaborative Group, Cancer Champion training.
20. Tobacco Dependency Treatment has expanded from inpatient model to pre-surgery, children and young people, community mental health, and emergency department cohorts; Level 1 accreditation achieved for Worcestershire NHS Acute Hospitals Trust and Wye Valley NHS Trust; mandated recording of inpatient smoking status; automated referral pathways initiated. 1,078 community pharmacy smoking cessation consultations delivered year to date via secondary care referral pathway (2nd highest nationally). Stopping smoking reduces the longer-term risks of cancer, lung disease, heart disease and stroke will be significantly reduced.

### **Part 2: The delivery of the Herefordshire Joint Local Health and Wellbeing Strategy**

21. Three years have now passed since the publication of the Herefordshire Health and Wellbeing Strategy (HWS) for 2023 to 2033. This sets out two strategic priorities:
  - Best start in life for children; and
  - Good mental wellbeing throughout life

Action plans have been co-produced for both priorities with partners, communities and those with lived experience. There are excellent examples of delivery against the action plans and outcomes are monitored through a HWS dashboard.

#### **Best Start in Life**

##### **Good Level of Development at the end of reception**

22. The government has a national drive to improve educational outcomes for children at the end of Reception and to increase the number of children achieving an overall good level of development (GLD) at age 5.
23. In the academic year 2024/25, 72% of Herefordshire's 5-year-olds achieved a good level of development at the end of Reception. Herefordshire has a statutory target to increase this to 80% by 2028. In addition, 51.7% of children eligible for free school meals achieved a good level of development by the end of Reception, against a new government target of 57.2% by 2028.

24. Work is underway with multi-agency partners through the Best Start in Life Development Plan and the Family Hubs Initiative to improve outcomes for children in Herefordshire.

### **Healthy Tots**

25. The Healthy Tots programme (part of the wider Healthy Schools initiative) supports schools and early years settings to promote healthy eating, oral health, positive lifestyle choices, and physical activity for children under 5. Six early years settings in Herefordshire have achieved the full Healthy Tots award, and 53 settings are currently signed up and working towards it. A Healthy Tots accreditation formally recognises early years providers or schools that meet standards supporting children's physical, mental, and social wellbeing.

### **Best Start Family Hubs**

26. Best Start Family Hubs were launched in Herefordshire on 31 March 2026, with Widemarsh Family Hub in Hereford opening as the first site. A further five to six hubs are planned to be rolled out over the next six months, alongside a wider network of affiliated and branded sites, including libraries. From May 2026, libraries will offer stay and play sessions, together with a "first library card" offer for two- and three-year-olds starting nursery.
27. The hubs, which were previously children's centres, are located in or near areas where some children experience poorer outcomes compared with their peers. Analysis undertaken in 2025 confirmed these priority areas, based on four key indicators: children in need; early help; eligibility for free school meals; and children with special educational needs and disabilities.
28. Additional capacity within the 0–19 Public Health Service is supporting the delivery of stay and play sessions within the hubs. Early identification and support are being provided through a new universal outreach portage post for children who do not currently meet the threshold for portage. An online booking system for parents has been established, and a range of partners have confirmed future sessions to be delivered from the hubs. A strong focus on parenting and the home learning environment will be taken forward during 2026/27, particularly for three- and four-year-olds, to support good level of development outcome targets.
29. Leadership and governance arrangements have been set up and although the funding is for three years, a strategic goal is to ensure legacy and sustainability are built-in to developments.

### **Living, ageing and dying well**

#### **Neighbourhood Health**

30. Neighbourhood Health in Herefordshire has progressed rapidly since the county was selected as one of 43 national pilot sites for the Government's new Neighbourhood Health Service. Over the past seven months, the system has established agreed neighbourhood footprints, identified priority cohorts using risk stratification tools, and begun developing the data-sharing and analytics infrastructure needed to support integrated working. Multi-agency Integrated Neighbourhood Teams are being formed to provide holistic, preventative support, while a 24/7 Single Point of Access model is in development to coordinate care for those with escalating needs. The creation of a Community Anchors alliance and neighbourhood-level health profiles has strengthened the role of the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector and improved understanding of local needs. Governance has also matured, with 18 workstreams reporting into a system-wide Delivery Board, and early adopter testing underway in the city to refine the model before wider rollout.

## **Good Mental Wellbeing Throughout Life**

31. Building on the first two years of delivery of our Health and Wellbeing Board priorities, we have updated our local action plans. Working with our partners, we have developed a concise “plan on a page” focused on five Good Mental Wellbeing outcomes:
  - Improvements in individual mental health and resilience
  - A reduction in rates of suicide
  - A reduction in self-harm admission rates across the county
  - Improved access to appropriate mental health support
  - Increased mental health and wellbeing support within communities, supported by stronger partnership working
32. The Good Mental Wellbeing plan on a page also incorporates our suicide prevention activity across the county.
33. Key achievements to date include the publication of our local Suicide Prevention Strategy, the ongoing development and delivery of the associated action plan and becoming a signatory to the Prevention Concordat as a partnership through the Adult Better Mental Health Partnership Board.

## **Smoking Cessation**

34. Herefordshire’s smoking prevalence stands at 10.7%, which is below the England average; however, rates remain elevated in key priority groups, including routine and manual workers, adults living in social housing, adults experiencing long-term mental health conditions, and pregnant women. The Public Health Team continues to prioritise support for higher-risk groups through targeted engagement and staff training. Our maternity stop smoking service has been expanded to include the Pregnancy and Significant Other Incentive Scheme, recognising improved outcomes when partners and family members are supported together.
35. Herefordshire Council’s Stop Smoking Service provides structured behavioural support from trained advisors alongside evidence-based stop smoking aids. This comprehensive offer is reflected in strong outcomes, with 59% of clients remaining smoke-free at four weeks. The service has recently expanded to include six months’ free access to the Smoke Free App, along with a free reusable vape. Work is underway to further enhance the service by introducing smoking cessation medications, in line with NICE recommendations.
36. Partnership work with Wye Valley Trust continues to widen access to smoking cessation support, including the implementation of an inpatient referral pathway to the service and the recruitment of a Healthy Lifestyles Service Navigator to facilitate and manage individuals on that pathway. Plans are also in place to expand this offer to pre-operative assessments. Prevention activity is expanding through Very Brief Advice training for frontline professionals and the rollout of a four-year, evidence-based smoking and vaping prevention programme in selected secondary schools in Herefordshire.

## **Enablers**

### **Talk community**

37. Talk Community has continued to evolve, with a stronger focus on prevention, early help and partnership working. Key developments include the introduction of Community Connectors, supporting residents to access the right support earlier and reduce escalation into Adult Social Care, and the launch of Early Homelessness Prevention Officers, providing targeted, wraparound support to those at risk of homelessness.

38. Alongside this, the programme has strengthened partnership working across the system, particularly in supporting residents experiencing financial hardship. Through delivery of the Household Support Fund, Talk Community has worked closely with VCFSE partners and advice services to provide timely crisis support while connecting residents to longer-term financial resilience support, including income maximisation, debt advice and wider wellbeing services. This is being built on through the development of the Crisis and Resilience Fund, strengthening the focus on prevention and longer-term financial resilience.

### **Herefordshire Health and Wellbeing Board**

39. The Herefordshire Health and Wellbeing Board (HWB) is strengthening its effectiveness, clarity of purpose, and strategic impact. One-to-one discussions with senior system leaders and a Board workshop facilitated by the Local Government Association (LGA) in February 2026 enabled members to reflect on the HWB's role in an evolving health and care system and how it can add greater value as a system-wide partnership. The focus was on democratic leadership, aligning priorities with community need, and driving action on the wider determinants of health, including housing, employment, and prevention.
40. The engagement confirmed a shared ambition for the HWB to operate as a strategic, action-focused partnership, with clear ownership of priorities and accountability for delivery. Development themes included:
- Clarify the HWB's distinct role within the partnership landscape. For Neighbourhood Health, the HWB owns the Neighbourhood Health Strategy, and the Neighbourhood Health Delivery Board (NHDB) adopts and delivers it. The NHDB will co-produce and shape the strategy while maintaining the HWB's democratic community role.
  - Improve ways of working to enable more strategic discussion.
  - Concentrate efforts on a small number of high-impact priorities.

This provides a clear basis for the next steps to ensure the HWB remains an influential forum for improving population health and wellbeing in Herefordshire.

### **Next steps**

41. From 2026/27 onwards NHS organisations across the commissioner and provider landscape continue to work collaboratively to develop and deliver medium term plans within each sector that will continue to drive improvements in access and outcomes, delivering the commitments set out in the NHS 10 year plan: Fit for the future which was received at the September 2025 board meeting, including Neighbourhood Health as outlined above.

### **Community impact**

42. There will be widespread community impact from delivery of the Integrated Care Strategy, but these factors will need to be considered and reported on through a case-by-case basis.

### **Environmental impact**

43. It is inevitable that there will be environmental impact from delivery of the Integrated Care Strategy, but again these factors will need to be considered and reported on through a case-by-case basis.

### **Equality duty**

44. Delivery of Integrated Care Strategy initiatives will be governed by the NHS Equality Duties, and these will be factored into delivery plans and the various Impact Assessments that will be undertaken relating to any decisions that would be made under the remit of the plan.

### **Resource implications**

45. There are no specific financial implications associated with the endorsement of this plan for the Health and Wellbeing Board.

### **Legal implications**

46. There are no legal implications.

### **Risk management**

47. There are no specific risks to highlight in relation to this briefing paper.

### **Consultees**

48. Not applicable to this briefing paper.

### **Appendices**

No appendices

### **Background papers**

There are no background papers, as per the Local Government (Access to Information) Act 1985, but a link is provided below to a published work.

A full copy of the Herefordshire and Worcestershire Integrated Care Strategy can be found here: [Good health and wellbeing for everyone - 2023 - 2033](#)



# Wye Valley NHS Trust Five to Ten Year Strategy

**Meeting:** Health and Wellbeing Board

**Meeting date:** Monday 18 May 2026

**Report by:** Sarah Shingler, Managing Director, Wye Valley NHS Trust

## Decision type

This is not an executive decision

## Wards affected

(All Wards)

## Purpose

To brief the Health and Wellbeing Board members on the key features of the Wye Valley NHS Trust's Five to Ten Year Strategy.

## Recommendation(s)

**The Health and Wellbeing Board is asked to note the contents of this report.**

## Alternative options

This is a briefing paper, no alternative options identified.

## Key considerations

### Overview

1. Wye Valley NHS Trust (WVT) provides hospital and community health services across a large rural area including Herefordshire and mid-Powys. The Trust's strategy is rooted in its values of **compassion, accountability, respect and excellence**, with a strong emphasis on partnership working, integrated care, and delivering more services closer to home.
2. Recently, the Trust has developed a strategy for the future of the organisation, following engagement with key stakeholders and extensive development by its executive team. The Strategy was approved by the Trust Board in April 2026. The Strategy sets out the purpose, mission and vision of WVT, along with a number of strategic priorities.

### Purpose, Mission and Vision

- **Purpose:** To improve the wellbeing, independence and health of local people.

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Further information on the subject of this report is available from Alan Dawson, Chief Strategy and Planning Officer, Wye Valley NHS Trust

- **Mission:** To deliver the quality of care staff would expect for themselves, their families and friends.
  - **Vision:** Working with partners and communities to shape the future of healthcare, ensuring seamless, high-quality care in hospitals and local settings.
3. This aligns closely with local authority priorities around prevention, independence, and community-based support.

### **Strategic Priorities**

4. The strategy is built around five interconnected priority areas:

**a. Being a Supportive Employer**

The Trust aims to attract and retain skilled staff by:

- Investing in workforce development
- Supporting staff wellbeing
- Promoting an inclusive and caring organisational culture

*A stable and supported NHS workforce is critical to system resilience across health and social care.*

**b. Innovating to Improve Care**

The Trust is accelerating digital and data-enabled change by:

- Improving integration of patient records
- Making better use of digital tools
- Embedding data, insight and research in service improvement

*This supports whole-system integration and shared intelligence across partners.*

**c. Strengthening Services**

Key service improvements include:

- Reform of urgent and emergency care
- Streamlined referrals with general practice
- Transformation of outpatient services
- Reducing waiting times for surgery

*These changes aim to improve access, patient flow and outcomes across the system.*

**d. Treating People in the Right Place**

A strong place-based focus includes:

- Enhancing community and prevention services with partners
- Making best use of community hospitals
- Joint working on frailty pathways
- Better coordination of out-of-county care

*This is directly aligned with local authority ambitions for prevention, early intervention, and care closer to home.*

**e. Delivering on Responsibilities**

The Trust commits to:

- Acting as an effective NHS partner within One Herefordshire
- Managing resources responsibly
- Smooth transition of PFI-related services
- Supporting wider sustainability goals for Herefordshire

*This reflects a shared responsibility for financial sustainability and long-term system viability.*

### Implications for One Herefordshire Partners

5. The strategy reinforces the importance of:
  - **Strong NHS–local authority and VCSE collaboration**, particularly around prevention, community services and frailty
  - **Shared place-based planning** through the One Herefordshire Health and Care Partnership Board
  - **Joint workforce, digital and sustainability approaches**
  - **Co-design with communities** to ensure services meet local needs

### Overall Assessment

6. Wye Valley NHS Trust’s strategy is well aligned with local priorities. Its emphasis on partnership, prevention, community-based care and system sustainability presents clear opportunities to strengthen integrated working and improve outcomes for local residents.

### Community impact

7. There will be widespread community impact from local implementation of the Strategy as it underlines the NHS Ten Year Plan vision to shift care from hospital into the community.

### Environmental impact

8. There are obvious benefits to be gained from moving to a digital first approach and the neighbourhood health model, both of which are likely to reduce patient travel times and distances. However, these will need to be offset against the increased use of AI, which is known to be environmentally damaging due to the energy hungry data centres that are used to power the technology. It is inevitable that there will be an environmental impact from local implementation of the Strategy as more care in people’s homes will mean more staff travel but this will be offset by less hospital care, which is extremely resource intensive.

### Equality duty

9. Delivery of the Strategy will be governed by the NHS Equality Duties and these will be factored into delivery plans and the various Impact Assessments that will be undertaken relating to any decisions that would be made under the remit of the plan.

### Resource implications

10. There are no specific financial implications associated with the endorsement of this plan for the Health and Wellbeing Board.

### Legal implications

11. There will be complex legal, ethical and regulatory implications associated with implementing the Strategy, which will need to be dealt with by the Trust on a case-by-case basis.

**Risk management**

12. There are no specific risks to highlight in relation to this briefing paper.

**Consultees**

13. Not applicable to this briefing paper.

**Appendices**

Appendix 1 – Trust Strategy

**Background papers**

None



Compassion • Accountability • Respect • Excellence



# Trust Strategy

April 2026





Compassion • Accountability • Respect • Excellence



## WHO WE ARE

Wye Valley is proud to offer compassionate hospital and community services, helping people live healthier lives. As an ambitious trust covering a wide geographical area, we are committed to delivering the best joined-up care in partnership with others.

## WHY WE EXIST OUR PURPOSE

To improve the wellbeing, independence and health of the people we serve.

## WHAT WE DO EVERY DAY OUR MISSION

We give everyone the quality of care we would want for ourselves, our families and friends.

## WHERE WE WANT TO GET TO OUR VISION

Together with our partners, we will shape the future of healthcare alongside our communities - ensuring everyone experiences outstanding, seamless care in our hospitals and closer to home.

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### Being a supportive employer

- Attracting and retaining great talent
- Developing and valuing people
- Promoting health and wellbeing
- Nurturing our caring, inclusive culture

### Innovating to improve care

- Connecting patient records
- Maximising the benefits from our digital tools
- Putting data insight and research at the heart of change
- Adopting smarter, more efficient technologies

### Strengthening our services

- Reforming urgent & emergency care
- Streamlining referral pathways with general practice
- Transforming outpatient services
- Improving surgery waiting times

### Treating people in the right place

- Enhancing our community and prevention services with partners
- Optimising the role of community hospitals
- Collaborating on fragile pathways
- Co-ordinating out-of-county pathways

### Delivering on our responsibilities

- Being an effective host for our One Herefordshire partnership
- Spending wisely within our means
- Transitioning our PFI services smoothly
- Contributing to a more sustainable Herefordshire





# Title of report: Better Care Fund (BCF) Quarter 3 report 2025-26

**Meeting:** Health and Wellbeing Board

**Meeting date:** Monday 18 May 2026

**Report by:** Transformation and Improvement Lead

## Classification

Open

## Decision type

This is not an executive decision

## Wards affected

(All Wards)

## Purpose

To note the Better Care Fund (BCF) quarter 3 performance template 2025-26, as circulated to board members on 25 February 2026.

## Recommendation(s)

**That:**

- a) **the Better Care Fund (BCF) 2025/26 quarter three report at Appendix 1 submitted to NHS England, be reviewed and approved retrospectively by the board; and**
- b) **the ongoing work to support integrated health and care provision that is funded via the BCF is noted by the board.**

## Alternative options

1. The board could decline to sign off the submission. It is a national requirement that quarterly reports be signed off by the Health and Wellbeing Board (HWB). The content of the returns has already been approved by the council's Corporate Director for Community Wellbeing and Herefordshire & Worcestershire Integrated Care Board (HWICB) accountable officer and submitted prior to the meeting of the board.
2. The HWB does not always align with national deadlines, however, this gives the board an opportunity to review and provide feedback.

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Further information on the subject of this report is available from  
Marie Gallagher, Tel: 01432 260435, email: Marie.Gallagher1@herefordshire.gov.ukl

## Key considerations

3. The Better Care Fund (BCF) provides a mechanism for joint health, housing and social care planning and commissioning. It brings together ring-fenced budgets from Herefordshire and Worcestershire Integrated Care Board (HWICB) allocations, and funding paid directly to local government.
4. The national BCF team determines national reporting requirements on the overall BCF programme, with quarterly reports being submitted to NHS England (NHSE) and Health and Wellbeing Boards.
5. The BCF Plan 2025/26 was classified as 'approved with local conditions' in June 2025.
6. The local conditions are:  
 "A delivery plan to achieve metric goals be shared with the West Midlands Better Care Manager, by 15 August 2025. We would expect this plan to provide assurance to your place/system in terms of how:
  - 1) The metric goals set in the plan will be delivered within available resources.
  - 2) Impact will be monitored and responded to in terms of risks and further improvements, including in the context of 2025-26 BCF objectives and metrics."
7. The BCF Delivery Plan has been approved by the National Team. The plan aligns the key deliverables to the risks and mitigations in place to ensure effective service delivery, compliance with funding requirements and the achievement of strategic outcomes.
8. The Delivery Plan incorporates a revised Discharge to Assess (D2A) Model, supported by strengthened governance and a unified, legally compliant framework co-owned by all partners. Oversight will be embedded through the D2A Operational Board and BCF governance, with clear accountability, escalation routes, and transparent communication. A revised D2A Pathway Model has been developed, alongside the finalisation of the Operational Framework covering pathway criteria, referral routes, MDT processes, and escalation pathways.
9. Operational delivery will be enhanced through streamlined discharge processes, integrated MDT working and the adoption of standardised tools such as the Pathway Decision Form, MDT templates and review forms. A comprehensive training programme will be rolled out to ensure consistent practice across all teams. A new Digital Hub will be launched to host key documents, implementation materials and governance reporting, enabling real-time visibility and shared learning across the partnership.
10. Commissioning and capacity planning is being coordinated through the development of a Pathway 1 demand and capacity model and the creation of sub pathways under pathway 1. This includes expanding reablement capacity, securing sustainable provision and reducing reliance on high-cost spot purchasing.
11. Digital integration and intelligence will be strengthened through a full data system review, redesign and implementation. This will support the alignment of existing systems to the new pathways, the development of a shared dashboard. A performance framework is under development with national and local KPIs, reporting cycles and audit requirements. These improvements will enable real-time tracking, stronger accountability and continuous improvement across the D2A model. As per national requirements the quarter 3 template was submitted on 30 January 2026.
12. The BCF policy framework sets out 3 national metrics for the BCF 2025-26, as follows:
  - 1) **Emergency admissions to hospital for people aged over 65 per 100,000 population**

13. Data shows that Emergency Admissions for quarter 3 was on track to meet the target of 1850.
  14. Data shows emergency admissions in October 2025 was 671 (648) and in November 2025 579 (599). Data sets are not available at the time of submission for December 2025; however, it is anticipated admissions will be in line with the plan of 603.
  15. In Q2 the September 2025 data was unavailable at the time of submission and writing the HWB report.; Up to date information has now been provided and in September 2025 were the data shows emergency admissions were 624 (574); slightly higher than anticipated.
  16. A community geriatrician working as part of the Single Point of Access (SpoA) as part of the Community Response Hub (CRH) is working with community teams supporting reduced admissions, with the link with Frailty Same Day Emergency Care (FSDEC) being strengthened.
  17. Step-up Virtual Ward beds are actively managed to optimise occupancy and ensure continued support.
  18. Calls from the West Midlands Ambulance Service (WMAS) to the Community Response Hub (CRH) continue to see sustained improvement, reducing the need for conveyance into the Emergency Department (ED).
  19. Q4 will see focus on readiness for Neighbourhood Health Multi-Disciplinary Teams (MDT) implementation to support further reductions for 26/27
- 2) Average length of discharge delay for all acute adult patients, derived from a combination of:**
- **proportion of adult patients discharged from acute hospitals on their Discharge Ready Date (DRD)**
  - **for those adult patients not discharged on their DRD, average number of days from the DRD to discharge**
20. For Q3 it is reported that the average length of discharge delay was not on track to meet the target. National data was not available at the time of submission for December to provide up to date information in the template.
  21. The September data which was not reported on in Q2 is now available; showing in September 2025 the average length of discharge was 0.8 (0.52); the proportion of adults discharged was 86.1% (91.1%) and 5.6 (5.88) adult patients that were not discharged on their DRD.
  22. Q3 data shows in October 2025 the average length of discharge was 0.9 (0.45); the proportion of adults discharged was 86.4% (92.5%) and 6.9 (5.96) adult patients that were not discharged on their DRD.
  23. In November 2025, the average length of discharge was 1.0 (0.37); the proportion of adults discharged was 84.8% (92.8%) and 6.3 (5.12) adult patients that were not discharged on their DRD.
  24. December 2025 data was not available at the time of submission and will be reported on in Q4.
  25. In December 2025 there was a month long enhanced discharge team supporting patients to be discharged on DRD; final data is awaited but occupancy levels at the Acute were significantly lower towards the end of December. The findings from this enhanced review are currently under consideration to identify potential areas for improvement.
  26. Work continues with system partners to improve access to Pathway 1-3.

### **3) Long-term admissions to residential care homes and nursing homes for people aged 65 and over per 100,000 population**

27. The Q3 target for number of admissions is 66, data shows actual admissions for Q3 is 39.
28. Q3 data illustrates that residential admissions have remained broadly consistent, showing little movement from the position reported in earlier quarters. The number of individuals requiring higher levels of support, including 2:1 care, continues to drive demand for residential pathways and contributes to sustained admission levels.
29. As part of the Delivery Plan, a series of mitigations aimed at reducing residential admissions has continued to progress through Q3. These actions are focused on strengthening earlier intervention through therapy and technology enabled care to prevent avoidable escalation into bed based care. In Q2, the reported data was 58 due to the availability of current data intelligence; however, the actual figure was 78 against a target of 66.

### **Community impact**

30. The BCF plan is set within the context of the national programme of transformation and integration of health and social care. The council and HWICB will continue to work together to deliver on the key priorities within the plan to achieve savings and improve the delivery of services in order to achieve the priorities of the Health and Wellbeing Strategy in the most cost-effective way.
31. Talk Community brings together community, third sector and statutory services to connect with peers and share ideas and experiences within the local Primary Care Network (PCN) areas; working with communities to identify and address issues that affect them, increase sustainability of communities by facilitating the development of partnerships and collaborative approaches and helping identify any gaps in provision.

### **Environmental impact**

32. Herefordshire Council provides and purchases a wide range of services for the people of Herefordshire. Together with partner organisations in the private, public and voluntary sectors we share a strong commitment to improving our environmental sustainability, achieving carbon neutrality and to protect and enhance Herefordshire's outstanding natural environment.
33. Whilst this is a report on programme delivery 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**

34. Due to the potential impact of this plan being low, a full Equality Impact Assessment (EIA) is not required.
35. The council and HWICB are committed to equality and compliance with the public sector equality duty. The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services.
36. Whilst this paper is not seeking any project specific decisions, the quarter three report provides an overview of performance in relation to services funded by the BCF. The BCF programme aims to deliver better outcomes for older and disabled people and supports the council in proactively delivering its equality duty under the Equality Act. This is through improving the

health and wellbeing of people in Herefordshire by enabling them to take greater control over their own homes and communities.

37. Commissioned services funded by the BCF take into account the arrangements to assess and consult on how functions impact on protected characteristics. Services are undertaken in a manner which respects individuality of service users, patients etc. Where appropriate, an EIA is undertaken for separate schemes and services that are within the BCF.

## Resource implications

38. In 2025/26 the BCF provides Herefordshire with total funding of £30.631m.
39. At quarter three the Better Care Fund is overspent by £2.170.901m, this is due to overspending of £1.942m on services facilitating hospital discharge and £0.285m on services for Deprivation of Liberty standards and Approved Mental Health Professionals and Safeguarding offset by small amounts of underspending in other services.
40. High levels of spending, particularly in hospital discharge services, represents a significant risk to maintaining financial balance in the BCF by the end of the financial year. Several savings and mitigation plans are in progress and will be prioritised to control expenditure and minimise overspending by the end of the financial year.
41. After the estimated benefit of mitigating actions there is residual forecast overspending of £1.070m to be borne by Herefordshire partners.
42. **Better Care Fund Financial Expenditure 2025/26 – High Level Summary by Funding Stream**

Better Care Fund Financial Plan 2025/26	2025-26 Total Allocation	Planned Expenditure	Forecast Outturn	Forecast variance to Plan	Planned Mitigation of Overspending	Forecast Variance to Plan after Mitigation
NHS Minimum Contribution (transfer to ASC)	£7,548,385	£7,548,385	£8,137,081	(£588,696)	£519,319	(£69,377)
NHS Minimum Contribution (retained by ICB)	£11,899,470	£11,899,470	£12,919,536	(£1,020,066)	£425,671	(£594,394)
<b>Total NHS Minimum Contribution (DHSC)</b>	<b>£19,447,855</b>	<b>£19,447,855</b>	<b>£21,056,617</b>	<b>(£1,608,762)</b>	<b>£944,990</b>	<b>(£663,772)</b>
Disabled Facilities Grant c/f 24/25	£558,362	£558,362	£558,362	£0	£0	£0
Disabled Facilities Grant 25/26	£2,815,031	£2,815,031	£2,813,924	£1,107	£0	£1,107
<b>Disabled Facilities Grant (MHCLG)</b>	<b>£3,373,393</b>	<b>£3,373,393</b>	<b>£3,372,286</b>	<b>£1,107</b>	<b>£0</b>	<b>£1,107</b>
Local Authority Better Care Grant (MHCLG)	£8,367,747	£8,367,747	£8,930,354	(£562,607)	£155,097	(£407,510)
BCF Underspend B/fwd		£0	£0	£0	£0	£0
<b>TOTAL BETTER CARE FUND</b>	<b>£31,188,995</b>	<b>£31,188,995</b>	<b>£33,359,257</b>	<b>(£2,170,261)</b>	<b>£1,100,087</b>	<b>(£1,070,174)</b>

All values are in exact £  
(Red brackets) = overspending

## Legal implications

43. The Care Act 2014 amended the NHS Act 2006 to provide the legislative basis for the BCF. It allows for the Mandate to NHS England to include specific requirements to instruct NHS England over the BCF, and NHS England to direct Integrated Care Boards to pool the necessary funding. The council is legally obliged to comply with grant conditions, which have been complied with.
44. Health and Wellbeing Boards are responsible for encouraging integrated working between health and social care commissioners, including partnership arrangements such as pooled budgets, lead commissioning, and integrated provision.
45. Their purpose is to establish collaborative decision making, planning and commissioning across councils and the NHS, informed by the views of patients, people who use services and other partners.
46. Overseeing the deployment of BCF resources locally is a key part of their remit. BCF plans have to be signed off by the Health and Wellbeing Board as well as the HWICB, which represents the NHS side of the equation.
47. Section 75 of the National Health Service Act 2006 contains powers enabling NHS bodies (as defined in section 275 and 276 of the NHS Act 2006) to exercise certain local authority functions and for local authorities to exercise various NHS functions. The parties entered into a Section 75 agreement in exercise of those powers under and pursuant of the NHS Regulations 2000.
48. The Local Authority Better Care Grant is paid directly to the council via a Section 31 grant from the Ministry of Housing, Communities and Local Government (MHCLG). The government has attached a set of conditions to the Section 31 grant to ensure it is included in the BCF at local level and will be spent on adult social care. The council are legally obliged to comply with the grant conditions set.

## Risk management

49. Monitoring the delivery of the Herefordshire BCF Plan is undertaken by the council and HWICB. The Transformation and Improvement Lead monitors any risks, which are managed through the Community and Wellbeing directorate risk register where necessary.
50. The One Herefordshire Integrated Care Executive (ICE) undertakes scrutiny of performance monitoring of BCF by:
  - Building consensus between partners and setting objectives beyond the nationally determined outcomes as part of the annual planning of the Better Care Fund, including the BCF Plan.
  - Development and implementation of new and/or revised services or care pathways.
  - Monitoring, delivery and reporting of performance and outcomes.
  - Budget management and ensuring spending lives within the resources allocated, identifying remedial actions where spending is off trajectory.

Risk / Opportunity	Mitigation
Failure to achieve national metrics ambitions.	A robust process for monitoring activity on a monthly basis is in place and will be monitored through the Integrated Care Executive (ICE).
Increasing demand due to the	A number of the schemes include both

<b>Risk / Opportunity</b>	<b>Mitigation</b>
demography of expected older age population.	areas that support prevention and the urgent care parts of the system to spread the risk. In addition, the council continues to lead on development with communities.
Overspend, particularly on discharge capacity.	The council and HWICB work with One Herefordshire Partnership to revise and improve the service model for D2A to be recurrently sustainable.

#### 51. **Assurance Statement:**

The strategic and operational risks associated with the delivery of the Better Care Fund have been reviewed and are being managed in accordance with the Council's Risk Management Strategy. Oversight of risk mitigation will continue through the council's and partners' established governance frameworks to ensure that risks are effectively monitored, escalated, and addressed in support of integrated health and social care outcomes.

#### **Consultees**

52. The content of the quarterly report has been provided by partners within One Herefordshire Partnership, HWICB, Wye Valley Trust (WVT), Hoople Ltd. and appropriate internal Herefordshire Council staff.

#### **Appendices**

Appendix 1 – Better Care Fund 2025-26 Quarter 3 Reporting Template

#### **Background papers**

None

#### **Glossary of terms, abbreviations and acronyms used in this report**

<b>Acronym</b>	<b>Description</b>
<b>BCF</b>	Better Care Fund
<b>iBCF</b>	Improved Better Care Fund
<b>1HP</b>	One Herefordshire Partnership
<b>CRH</b>	Community Response Hub
<b>DRD</b>	Discharge Ready Date
<b>FSDEC</b>	Frailty Same Day Emergency Care
<b>HWB</b>	Health and Wellbeing Board
<b>HWICB</b>	Herefordshire & Worcestershire Integrated Commissioning Board
<b>EIA</b>	Equality Impact Assessment
<b>FSDEC</b>	Frailty Same Day Emergency Care
<b>D2A</b>	Discharge to Assess
<b>DHSC</b>	The Department of Health and Social Care
<b>DFG</b>	Disabled Facilities Grant
<b>ICE</b>	Integrated Care Executive
<b>LoS</b>	Length of Stay
<b>MDT</b>	Multi-Disciplinary Team
<b>MHCLG</b>	Ministry of Housing, Communities and Local Government
<b>NHSE</b>	NHS England
<b>PCN</b>	Primary Care Network
<b>SpaA</b>	Single Point of Access

<b>Acronym</b>	<b>Description</b>
<b>WMAS</b>	West Midlands Ambulance Service
<b>WVT</b>	Wye Valley NHS Trust

## Better Care Fund 2025-26 Q3 Reporting Template

### 1. Guidance

#### Overview

The Better Care Fund (BCF) reporting requirements are set out in the BCF Planning Requirements for 2025-26 (refer to link below), which supports the aims of the BCF Policy Framework and the BCF programme; jointly led and developed by the national partners Department of Health and Social Care (DHSC), Ministry for Housing, Communities and Local Government (MHCLG), NHS England (NHSE).

<https://www.england.nhs.uk/long-read/better-care-fund-planning-requirements-2025-26/#introduction>

<https://www.gov.uk/government/publications/better-care-fund-policy-framework-2025-to-2026/better-care-fund-policy-framework-2025-to-2026>

As outlined within the planning requirements, quarterly BCF reporting will continue in 2025-26, with areas required to set out progress on delivering their plans by reviewing metrics performance against goals, spend to date as well as any significant changes to planned spend.

The primary purpose of BCF reporting is to ensure a clear and accurate account of continued compliance with the key requirements and conditions of the fund. The secondary purpose is to inform policy making, the national support offer and local practice sharing by providing a fuller insight from narrative feedback on local progress, challenges and highlights on the implementation of BCF plans and progress on wider integration.

BCF reporting is likely to be used by local areas, alongside any other information to help inform HWBs on progress on integration and the BCF. It is also intended to inform BCF national partners as well as those responsible for delivering the BCF plans at a local level (including ICBs, local authorities and service providers) for the purposes noted above.

In addition to reporting, BCMs and the wider BCF team will monitor continued compliance against the national conditions and metric ambitions through their wider interactions with local areas.

BCF reports submitted by local areas are required to be signed off HWB chairs ahead of submission. Aggregated data reporting information will be available on the DHSC BCF Metrics Dashboard and published on the NHS England website.

#### Note on entering information into this template

##### Please do not copy and paste into the template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background, as below:

Data needs inputting in the cell

Pre-populated cells/Not required

#### Note on viewing the sheets optimally

To more optimally view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance tab for readability if required.

The row heights and column widths can be adjusted to fit and view text more comfortably for the cells that require narrative information.

Please DO NOT directly copy/cut and paste to populate the fields when completing the template as this can cause issues during the aggregation process. If you must 'copy and paste', please use the 'Paste Special' operation and paste Values only.

The details of each sheet within the template are outlined below.

#### Checklist ( 2. Cover )

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be complete before sending to the BCF Team.
2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'
3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.
5. Please ensure that all boxes on the checklist are green before submission.

#### 2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off. Once you select your HWB from the drop down list, relevant data on metric goals from your BCF plans for 2025-26 will pre-populate in the relevant worksheets.

2. HWB Chair sign off will be subject to your own governance arrangements which may include a delegated authority.

3. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to:

[england.bettercarefundteam@nhs.net](mailto:england.bettercarefundteam@nhs.net)

(please also copy in your respective Better Care Manager)

4. Please note that in line with fair processing of personal data we request email addresses for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

#### 3. National Conditions

This section requires the Health & Wellbeing Board to confirm whether the four national conditions detailed in the Better Care Fund planning requirements for 2025-26 (link below) continue to be met through the delivery of your plan. Please confirm as at the time of completion.

<https://www.england.nhs.uk/long-read/better-care-fund-planning-requirements-2025-26/>

This sheet sets out the four conditions and requires the Health & Wellbeing Board to confirm 'Yes' or 'No' that these continue to be met. Should 'No' be selected, please provide an explanation as to why the condition was not met for the year and how this is being addressed. Please note that where a National Condition is not being met, an outline of the challenge and mitigating actions to support recovery should be outlined. It is recommended that the HWB also discussed this with their Regional Better Care Manager.

In summary, the four National conditions are as below:

National condition 1: Plans to be jointly agreed

National condition 2: Implementing the objectives of the BCF

National condition 3: Complying with grant and funding conditions, including maintaining the NHS minimum contribution to adult social care (ASC) (and section 75 in place)

National condition 4: Complying with oversight and support processes

#### 4. Metrics

The BCF plan includes the following metrics (these are not cumulative/YTD):

1. Emergency admissions to hospital for people aged 65+ per 100,000 population. (monthly)
2. Average number of days from Discharge Ready Date to discharge (all adult acute patients). (monthly)
3. Admissions to long term residential and nursing care for people aged 65+ per 100,000 population. (quarterly)

Plans for these metrics were agreed as part of the BCF planning process outlined within 25/26 planning submissions.

Populations are based on 2024 mid year estimates, please note this has been updated from the Q2 template to match the DHSC metrics dashboard.

Within each section, you should set out how the ambition has been reached, including analysis of historic data, impact of planned efforts and how the target aligns for locally agreed plans such as Acute trusts and social care.

☑

The bottom section for each metric also captures a confidence assessment on achieving the locally set ambitions for each of the BCF metrics.

The metrics worksheet seeks a short explanation if a goal has not been met - in which case please provide a short explanation, including noting any key mitigating actions.

You can also use this section to provide a very brief explanation of overall progress if you wish.

In making the confidence assessment on progress, please utilise the available metric data via the published sources or the DHSC metric dashboard along with any available proxy data.

[https://dhexchange.kahootz.com/Discharge\\_Dashboard/groupHome](https://dhexchange.kahootz.com/Discharge_Dashboard/groupHome)

#### 5. Expenditure

This section requires confirmation of an update to actual income received in 2025-26 across each fund, as well as spend to date at Q3. If planned expenditure by activity has changed since the original plan, please confirm that this has been agreed by local partners. If that change in activity expenditure is greater than 5% of total BCF expenditure, please use this box to provide a brief summary of the change.

On the 'DFG' row in the 'Source of Funding' table, 'Updated Total Planned Income for 25-26' this should include the total funding from DFG allocations that is available for you to spend on DFG in this financial year 2025-26. 'Q3 Year-to-Date Actual Expenditure' should include total amount that has been spent in Q3, even if the application or approval for the DFG started in a previous quarter or there has been slippage.

The template will automatically pre-populate the planned income in 2025-26 from BCF plans, including additional contributions. Please enter the update amount of income even if it is the same as in the submitted plan.

Please also use this section to provide the aggregate year-to-date spend at Q3. This tab will also display what percentage of planned income this constitutes; [if this is 50% exactly then please provide some context around how accurate this figure is or whether there are limitations.]



**Better Care Fund 2025-26 Q3 Reporting Template**

**2. Cover**

Version 2.0

**Please Note:**

- The BCF quarterly reports are categorised as 'Management Information' and data from them will be published in an aggregated form on the NHSE website. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.

- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.

- All information will be supplied to BCF partners to inform policy development.

- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	Herefordshire, County of	
Completed by:	Marie Gallagher/Adrian Griffiths	
E-mail:	Marie.Gallagher1@herefordshire.gov.uk	
Contact number:	01432 260435	
Has this report been signed off by (or on behalf of) the HWB Chair at the time of submission?	No	
If no, please indicate when the report is expected to be signed off:	Mon 09/03/2026	<< Please enter using the format, DD/MM/YYYY

Checklist
Complete:
Yes
Yes
Yes
Yes
Yes
Yes

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to [england.bettercarefundteam@nhs.net](mailto:england.bettercarefundteam@nhs.net) saving the file as 'Name HWB' for example 'County Durham HWB'.

Complete	
	Complete:
2. Cover	Yes
3. National Conditions	Yes
4. Metrics	Yes
5. Expenditure	Yes

For further guidance on requirements please refer back to guidance sheet - tab 1.

[<< Link to the Guidance sheet](#)

[^^ Link back to top](#)

**Better Care Fund 2025-26 Q3 Reporting Template**

**3. National Conditions**

Selected Health and Wellbeing Board:

Herefordshire, County of

Confirmation of Nation Conditions		
National Condition	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met in the quarter and mitigating actions underway to support compliance with the condition:
1) Plans to be jointly agreed	Yes	
2) Implementing the objectives of the BCF	Yes	
3) Complying with grant and funding conditions, including maintaining the NHS minimum contribution to adult social care (ASC) and Section 75 in place	Yes	
4) Complying with oversight and support processes	Yes	

Checklist Complete:
Yes
Yes
Yes
Yes

**Better Care Fund 2025-26 Q3 Reporting Template**

**4. Metrics for 2025-26**

Selected Health and Wellbeing Board:

Herefordshire, County of

For metrics time series and more details:

[BCF dashboard link](#)

For metrics handbook and reporting schedule:

[BCF 25/26 Metrics Handbook](#)

**4.1 Emergency admissions**

Plan		Apr 25 Plan	May 25 Plan	Jun 25 Plan	Jul 25 Plan	Aug 25 Plan	Sep 25 Plan	Oct 25 Plan	Nov 25 Plan	Dec 25 Plan	Jan 26 Plan	Feb 26 Plan	Mar 26 Plan
Emergency admissions to hospital for people aged 65+ per 100,000 population	Rate	1,279.8	1,326.5	1,279.8	1,176.1	1,212.0	1,113.2	1,257.6	1,162.9	1,170.4	1,121.0	1,121.0	1,121.0
	Number of Admissions 65+	659	683	659	606	624	574	648	599	603	577	577	577
	Population of 65+	51,516.0	51,516.0	51,516.0	51,516.0	51,516.0	51,516.0	51,516.0	51,516.0	51,516.0	51,516.0	51,516.0	51,516.0

Assessment of whether goal has been met in Q2:

On track to meet goal

Sept 25 (data unavailable at Q2) 624  
 Oct 25 671  
 Nov 25 579  
 Dec - no available

You may use this box to provide a very brief explanation of overall progress if you wish.

Community geriatrician working in SPOA (CRH) working with community teams is supporting reduced admissions, with the link with FSDEC being strengthened  
 Step up Virtual Ward beds continue to work to increase occupancy to support  
 Calls from WMAS to CRH continue to see sustained improvement, reducing the need for conveyance into ED  
 Q4 will see focus on readiness for Neighbourhood Health MDT implementation to support further reductions for 26/27

## 4.2 Discharge Delays

Original Plan	Apr 25 Plan	May 25 Plan	Jun 25 Plan	Jul 25 Plan	Aug 25 Plan	Sep 25 Plan	Oct 25 Plan	Nov 25 Plan	Dec 25 Plan	Jan 26 Plan	Feb 26 Plan	Mar 26 Plan
Average length of discharge delay for all acute adult patients (this calculates the % of patients discharged after their DRD, multiplied by the average number of days)	0.81	0.61	0.62	0.47	0.70	0.52	0.45	0.37	0.41	0.41	0.53	0.27
Proportion of adult patients discharged from acute hospitals on their discharge ready date	88.0%	88.4%	88.1%	90.7%	89.9%	91.1%	92.5%	92.8%	93.3%	93.4%	93.0%	95.4%
For those adult patients not discharged on DRD, average number of days from DRD to discharge	6.77	5.28	5.19	5.01	6.88	5.88	5.96	5.12	6.12	6.21	7.59	5.72

Assessment of whether goal has been met in Q2:	Not on track to meet goal
You may use this box to provide a very brief explanation of overall progress if you wish.	<p>September data was not available for Q2 update now provided</p> <p>Average length of discharge delay                      Sept 25 - 0.8 ; Oct 25 - 0.9; Nov 25 - 1.0</p> <p>Percentage discharged                      Sept 25 - 86.1% ; Oct 25 - 86.4% ; Nov 25 - 84.8%</p> <p>Not discharged on DRD                      Sept - 5.6; Oct - 6.9; Nov - 6.3</p> <p>December data not available</p> <p>December saw a month long enhanced discharge team supporting patients to be discharged on DRD- await data but occupancy levels at Acute were significantly lower towards the end of December</p> <p>Learning from this enhanced review is being discussed to look for any improvements that can be made</p> <p>Work continues with system partners to improve access to P1-3 to enable us to achieve plan</p>

### 4.3 Residential Admissions

Actuals + Original Plan		2023-24 Full Year Actual	2024-25 Full Year CLD Actual	2025-26 Plan Q1 (April 25- June 25)	2025-26 Plan Q3 (July 25- Sept 25)	2025-26 Plan Q3 (Oct 25-Dec 25)	2025-26 Plan Q4 (Jan 26-Mar 26)
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Rate	355.1	462.0	127.9	128.1	128.1	128.1
	Number of admissions	180.0	238.0	65.9	66.0	66.0	66.0
	Population of 65+*	51516.0	51516.0	51516.0	51516.0	51516.0	51516.0

Assessment of whether goal has been met in Q2:	Not on track to meet goal
<p>You may use this box to provide a very brief explanation of overall progress if you wish.</p>	<p>Previously reported Q2 as 58 - final quarter data shows 78 Data for Q3 is showing a figure of 39 against a target of 66. Q3 data illustrates that residential admissions have remained broadly consistent, showing little movement from the position reported in earlier quarters. The number of individuals requiring higher levels of support, including 2:1 care, continues to drive demand for residential pathways and contributes to sustained admission levels. As part of the Delivery Plan, a series of mitigations aimed at reducing residential admissions has continued to progress through Q3. These actions are focused on strengthening earlier intervention through therapy and tech enabled care to prevent avoidable escalation into bed based care.</p>

**Better Care Fund 2025-26 Q3 Reporting Template**

**5. Income & Expenditure**

Selected Health and Wellbeing Board:

Herefordshire, County of

Source of Funding	2025-26		DFG Q3 Year-to-Date Actual Expenditure
	Planned Income	Updated Total Plan Income for 25-26	
DFG	£2,815,031	£2,815,031	£2,208,565
Minimum NHS Contribution	£19,447,855	£19,447,855	
Local Authority Better Care Grant	£8,367,748	£8,367,748	
Additional LA Contribution	£0	£0	
Additional NHS Contribution	£0	£0	
<b>Total</b>	<b>£30,630,634</b>	<b>£30,630,634</b>	

	Original	Updated	% variance
<b>Planned Expenditure</b>	<b>£30,630,635</b>	<b>£30,630,635</b>	<b>0%</b>

		% of Planned Income
<b>Q3 Year-to-Date Actual Expenditure</b>	<b>£24,209,908</b>	<b>79%</b>

If planned expenditure by activity has changed since the original plan, please confirm that this has been agreed by local partners. If that change in activity expenditure is greater than 5% of total BCF expenditure, please use this box to provide a brief summary of the change.	n/a
---	-----

**Checklist**

Complete:

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

## Health and Wellbeing Board: Dates of future meetings and work programme

Monday 18 May 2026, 2.00 pm – Board meeting in public		[Report deadline: Friday 1 May 2026 / Agenda publication: Friday 8 May 2026]		
Agenda item	Report from	Frequency	Purpose	Notes
Health and Wellbeing Board membership	Democratic Services	Ad hoc	Decision	
Neighbourhood Health update	Zoe Clifford / Joanne Hodgetts	Quarterly	Information	<i>Standing item</i>
Health and Wellbeing Board development work	Zoe Clifford	Ad hoc	Information	
Health and Work: WorkWell	Judy Gibbs / David Mehaffey / Gillian Pearson	Ad hoc	Information	
Integrated Care Strategy Delivery Updates	David Mehaffey / Alison Roberts	Ad hoc	Information	
Wye Valley NHS Trust Five to Ten Year Strategy	Alan Dawson / Sarah Shingler	Ad hoc	Information	
Better Care Fund: Quarter 3 report	Marie Gallagher / Adrian Griffiths	Quarterly	Note	<i>Standing item</i>

Monday 13 July 2026, 2.00 pm – Board meeting in public		[Report deadline: Monday 29 June 2026 / Agenda publication: Friday 3 July 2026]		
Agenda item	Report from	Frequency	Purpose	Notes
Neighbourhood Health update	Zoe Clifford / Joanne Hodgetts	Quarterly	Information	<i>Standing item</i>
Best Start in Life	Lindsay MacHardy / Julia Stephens	Ad hoc	Information	
Prevention in Adult Social Care Strategy	David Collyer / Mohamed Essoussi	Ad hoc	Decision	
Better Care Fund: End of year report	Marie Gallagher / Adrian Griffiths	Quarterly	Decision	<i>Standing item</i>
Herefordshire's Better Care Plan 2026/2027	Marie Gallagher / Adrian Griffiths	Annual	Decision	<i>Standing item</i>
Better Care Fund: Quarter 1 report	Marie Gallagher / Adrian Griffiths	Quarterly	Decision	<i>Standing item</i>

Monday 28 September 2026, 1.00 pm – Board workshop in private
<b>Focus</b>
Neighbourhood Health, including public engagement and lived experience

Monday 26 October 2026, 2.00 pm – Board meeting in public		[Report deadline: Monday 12 October 2026 / Agenda publication: Friday 16 October 2026]		
[Note: The requirement / format for this session will be reviewed in due course, depending on the business to be conducted]				
Agenda item	Report from	Frequency	Purpose	Notes
Neighbourhood Health update	Zoe Clifford / Joanne Hodgetts	Quarterly	Information	<i>Standing item</i>

OFFICIAL

Annual report of the Herefordshire Safeguarding Adults Board 2025 to 2026	Joanna Newton / Angela Wilson	Annual	Information	
2026 Health Protection Annual Report	Sophie Hay / Rob Davies	Annual	Information	
Better Care Fund: Quarter 2 report	Marie Gallagher / Adrian Griffiths	Quarterly	Decision	<i>Standing item</i>

Monday 25 January 2027, 2.00 pm – Board meeting in public [Report deadline: Monday 11 January 2027 / Agenda publication: Friday 15 January 2027]				
Agenda item	Report from	Frequency	Purpose	Notes
Neighbourhood Health update	Zoe Clifford / Joanne Hodgetts	Quarterly	Information	<i>Standing item</i>
Better Care Fund: Quarter 3 report	Marie Gallagher / Adrian Griffiths	Quarterly	Decision	<i>Standing item</i>

Monday 24 May 2027, 2.00 pm – Board meeting in public [Report deadline: Monday 10 May 2027 / Agenda publication: Friday 14 May 2027]				
Agenda item	Report from	Frequency	Purpose	Notes
Neighbourhood Health update	Zoe Clifford / Joanne Hodgetts	Quarterly	Information	<i>Standing item</i>
Better Care Fund: End of year report	Marie Gallagher / Adrian Griffiths	Quarterly	Decision	<i>Standing item</i>

Potential agenda items to be scheduled				
Director of Public Health Annual Report	Zoe Clifford	Annual	Information	
Oral Health Improvement Board Update	Public Health	Annually	Information	
Pharmaceutical Needs Assessment (PNA) Recommendation Action Matrix	Public Health	Annual	Information	<i>Arising from PNA 2025 item, 15 September 2025.</i>
Refresh of the Health and Wellbeing Strategy	Zoe Clifford	Ad-hoc	Decision	
Tobacco Alliance Annual Report	Isobel Adams	Annual	Information	<i>Arising from Tobacco Control Plan item, 17 March 2025.</i>