

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