

Minutes of the meeting of Health and Wellbeing Board held in Conference Room 1 - Herefordshire Council, Plough Lane Offices, Hereford, HR4 0LE on Monday 18 May 2026 at 2.00 pm

Board members present in person, voting:

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
Liz Farr	Service Director, Education Development, Herefordshire Council
Councillor Carole Gandy (Chairperson)	Cabinet Member Adults, Health and Wellbeing, Herefordshire Council
Hilary Hall	Corporate Director for Community Wellbeing, 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
Dr Lauren Parry	Medical Director, Herefordshire General Practice
Christine Price	Chief Officer, Healthwatch Herefordshire
Sarah Shingler (Vice-Chairperson)	Managing Director, Wye Valley NHS Trust

Board members in attendance remotely, non-voting:

Naomi Keeling	Director of HR and Deputy Director of Strategy, People and Culture, Herefordshire and Worcestershire Health and Care NHS Trust
Chief Inspector Gregory Tudge	West Mercia Police

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
Councillor Pauline Crockett	Chairperson Health, Care and Wellbeing Scrutiny Committee	Herefordshire Council
Mohamed Essoussi	Public Health Programme Officer (Strategy and Partnerships)	Herefordshire Council
Clara Gibbs	Local Systems Influencing Officer	Alzheimer's Society
Judy Gibbs	Joint Programme Director: Health and Work	NHS Herefordshire and Worcestershire
Donna Thornton	Democratic Services Support Officer	Herefordshire Council

Others in attendance remotely:

Lindsay MacHardy	Public Health Principal	Herefordshire Council
Vicky Morris	Non-Executive Member with a Focus upon Quality and Delivery	NHS Herefordshire and Worcestershire Integrated Care Board
Dr Sarah Williams	Associate Medical Director	Taurus Healthcare / Herefordshire General Practice

44. APOLOGIES FOR ABSENCE

Apologies for absence had been received from board members: Sue Harris (Director of Strategy, People and Culture, Herefordshire and Worcestershire Health and Care NHS Trust); Superintendent Gareth Morgan (West Mercia Police); Joanna Newton (Independent Chair, Herefordshire Safeguarding Adults Board); Tina Russell (Corporate Director for Children and Young People, Herefordshire Council); and Simon Trickett (Chief Executive, NHS Herefordshire and Worcestershire Integrated Care Board).

45. NAMED SUBSTITUTES (IF ANY)

The following substitutes were noted: Naomi Keeling for Sue Harris; Liz Farr for Tina Russell; and Chief Inspector Gregory Tudge for Superintendent Gareth Morgan.

46. DECLARATIONS OF INTEREST

No declarations of interest were identified.

47. MINUTES

The minutes of the previous meeting were received.

Resolved:

That the minutes of the meeting held on 15 December 2025 be confirmed as a correct record and be signed by the Chairperson.

48. QUESTIONS FROM MEMBERS OF THE PUBLIC

No questions had been received from members of the public.

49. QUESTIONS FROM COUNCILLORS

No questions had been received from councillors.

50. HEALTH AND WELLBEING BOARD MEMBERSHIP

Further to the item 'Board membership and arrangements for the appointment of the vice-chairperson' considered at the 15 September 2025 meeting ([minute 23 of 2025/26 refers](#)), it was reported that NHS Herefordshire and Worcestershire Integrated Care Board (ICB) had requested that it be permitted to nominate a third representative to the Health and Wellbeing Board.

The Health and Wellbeing Board supported this request, and the Chairperson welcomed Vicky Morris, Non-Executive Member with a Focus upon Quality and Delivery, as the nominee of the ICB.

Resolved:

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

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

51. NEIGHBOURHOOD HEALTH UPDATE

Zoe Clifford introduced the report and provided an overview of the [Neighbourhood Health Framework \(link\)](#), published by the Department of Health and Social Care on 17 March 2026, including the roles of the NHS and local authorities, alongside wider partners, in delivering the vision and the expected outcomes. It was noted that the national goals included: improve health outcomes, with specific focus on high-priority cohorts; improve access to general practice, so people can see their GP in a timely, high quality way; improve experience of planned care and cancer care, and support delivery of the referral to treatment standard; better urgent and emergency care performance; and improve patient and staff satisfaction.

Sarah Shingler explained that the Health and Wellbeing Board had a strategic role in neighbourhood health, by leading the development of the local plan and setting strategic priorities. With Herefordshire being one of the 43 National Neighbourhood Implementation Programme (NNHIP) sites, it was reported that the NNHIP delivery group included a wide range of stakeholders and met fortnightly to develop place-based plans; there were 18 different workstreams within the programme currently. Attention was drawn to *Fig.1: Local Neighbourhood Health Delivery* which illustrated the system governance for designing and delivering neighbourhood health in Herefordshire.

Zoe Clifford highlighted progress in Herefordshire, as referenced in paragraph 5 of the report, under the headings: defining neighbourhoods; priority cohorts identified; data linkage; neighbourhood health profiles; VCSE (voluntary, community and social enterprise) involvement; developing a single point of access; developing the Neighbourhood Teams approach; and HWB Neighbourhood Health Strategy development session.

The board was advised that a bid for funding for investment in neighbourhood health centres had been submitted to NHS England. In response to a question from the Chairperson, Zoe Clifford advised that a 'hub-and-spoke' model had been identified as the optimal archetype for Herefordshire, and Dr Lauren Parry explained that this might involve extending or improving existing general practice, council, or other NHS buildings. The Chairperson commented on access issues for many rural communities and suggested that mobile facilities should be considered. Dr Parry said that input from councillors and other board members would be valuable in understanding the needs of local communities and in addressing challenges, including transport. The Chairperson said that consideration would also need to be given to Herefordshire residents who accessed health services in Wales.

Stephen Brewster welcomed the inclusion of voluntary and community sector representation at an early stage.

Resolved: That the board notes:

- a) the Neighbourhood Health Framework; and**
- b) local progress in developing neighbourhood health.**

52. HEALTH AND WELLBEING BOARD DEVELOPMENT WORK

Zoe Clifford explained that, in anticipation of the publication of the Neighbourhood Health Framework, the Local Government Association had supported a development session workshop with board members in February 2026. This had identified the following principles for ways of working for the Health and Wellbeing Board (HWB): strong connections from leadership to organisations; strategic deep dives; focus on where the HWB can have the most impact; ensuring a clear interface between HWB and One Herefordshire Health and Care Partnership Board; focus on truly system-wide,

population health and wellbeing issues; addressing health inequalities; a commitment to workshop development sessions; a commitment to in-person meetings; ensuring that lived experience is heard by the HWB to inform decisions; allowing time for meaningful HWB discussion; prevention focused; and sponsor to be identified for each priority. It was noted that a workshop for board members was planned for 28 September 2026 to explore lived experience in the context of the work on neighbourhood health.

The Chairperson commented that: a workshop for board members held in March 2026 had demonstrated that local context was key to board development going forward; and stakeholders in the Autism Partnership Meeting and the Learning Disability Partnership Board had suggested that groups and individuals with lived experience should be involved at an earlier stage in public sector decision-making generally. David Mehaffey reported that the Integrated Care Board was in the process of creating a bespoke role specifically around patient involvement and, at its [20 May 2026 meeting \(link\)](#), was due to consider corporate objectives including '1.3) Implementing a strengthened approach to co-production, patient voice, patient experience and patient feedback'. Noting the workshop to be held in September 2026, Hilary Hall commented on the need to explore and build upon existing mechanisms.

Resolved: That

- a) the findings of the LGA facilitated work with the board be noted; and**
- b) the next steps for the board development work be agreed.**

53. HEALTH AND WORK – WORKWELL

David Mehaffey introduced the report and, referencing the workshop for board members held in March 2026 which had explored wider determinants of health and health inequalities, noted that employment had a significant impact on long-term outcomes for individuals and families.

Judy Gibbs provided an overview of the Health and Work Strategy, Government direction, and the progress of WorkWell, the main points included:

- a. In 2024, NHS Herefordshire and Worcestershire Integrated Care Board (ICB) had been selected, as one of 15 areas in the country, to pilot the Government's WorkWell programme.
- b. The [Herefordshire and Worcestershire Health and Work Strategy 2025-2030 \(link\)](#) had been published in Autumn 2025 which sets out a system wide approach to improving employment outcomes by recognising the strong, two-way relationship between health and work.
- c. The Government's [Get Britain Working White Paper \(link\)](#) identified an ambition to achieve an 80% employment rate; currently 78.3% in Herefordshire. Attention was also drawn to the [Keep Britain Working report \(link\)](#) which identified that 'The UK has been sliding into an economic activity crisis driven in large part by ill-health and by barriers to work faced by disabled people'.
- d. The Health and Work Strategy was structured around four strategic ambitions: work with employers to create inclusive, healthy and productive work environments for all; provide the right support and pathways needed to help individuals to move into employment; provide early health and employment support to help individuals leaving work due to ill health; and encourage and foster collaboration between local stakeholders to help residents to get into and stay in work.

- e. An outline was provided of the activity of the Health and Work Operations Board in Herefordshire, a multi-agency group including representatives of Herefordshire Council, Public Health, NHS partners, Department for Work and Pensions (DWP), and the Growth Hub.
- f. Information was provided on: the 'Connect to Work' programme; the 'Fit Note' pilot; work with the Growth Hub; and collaboration around events, with a 'Keep Herefordshire and Worcestershire Working Conference' scheduled for 8 July 2026.
- g. WorkWell was being delivered countywide by Taurus Healthcare, providing personalised health and work coaching tailored to the specific needs and circumstances of individuals, typically involving six to twelve sessions.

Dr Sarah Williams provided further details about the WorkWell programme, explaining that: the programme was supported by three experienced health coaches; the team met individuals in appropriate locations; from 1 October 2024 to 31 March 2026, the programme had seen 220 participants; the number and range of referrals was increasing each month, with primary care being the main referral route; approximately 58% of participants were out of work at the point of referral; approximately 16% remained in or returned to work following support; approximately 13% secured new employment; around 5% had completed the plan but had been referred onwards for further employment or health support; and the programme had received very positive feedback from participants about their involvement in decision-making and the way that they were treated throughout their contact with the service.

In response to questions from the Chairperson:

- i. David Mehaffey advised that, as part of the national programme, the DWP would undertake the assessment of impacts and outcomes over time; metrics were monitored locally on participants entering the programme and levels of satisfaction with the programme.
- ii. Judy Gibbs noted that WorkWell was designed as an early intervention employment and health support programme but acknowledged the high percentage of participants that were out of work at their first appointment; the Connect to Work programme supported people with complex barriers to employment but there were capacity challenges given the levels of unemployed and economically inactive residents.
- iii. David Mehaffey said that WorkWell was considered a cost-effective method and, as a non-medical intervention, supported the strategy of driving the shift upstream to more prevention.

Dr Lauren Parry commented on the health benefits of work, whether paid or voluntary, for overall wellbeing, and suggested that the partner organisations should amplify messages about the importance of staying in work and the value of early intervention.

In response to a question from Stephen Brewster, Judy Gibbs noted that lessons learned from the UK Shared Prosperity Fund and the involvement of the VCSE (voluntary, community and social enterprise) sector had informed the concepts, particularly in terms of the Connect to Work programme.

Vicky Morris welcomed the positive feedback from participants in the WorkWell programme and the DWP's extension of the programme.

The Leader of the Council commented on the potential for employers to promote the health and wellbeing support available to individuals from the outset. David Mehaffey acknowledged the importance of working with employers to create healthy work

environments and to equip them to support their own workforces. Judy Gibbs provided further details about work with the Growth Hub and on engagement with employers through events. The Leader of the Council said that a healthy workplace could be presented as a positive reason for an individual to work with a particular employer. Judy Gibbs commented on the value of early and open conversations about health and work. Zoe Clifford noted that the anchor organisations represented on the board could give further consideration to related matters within their own workplaces.

In response to questions from Zoe Clifford, Judy Gibbs said that: there were no waiting lists across the programme currently but, if there was a significant increase in referrals, discussions regarding capacity may become necessary; and linkages between WorkWell and the Crisis and Resilience Fund could be explored.

The Chairperson highlighted the need for appropriate training (e.g. kinetic lifting) and health and safety assessments (e.g. Display Screen Equipment assessment) to ensure that employees had safe and comfortable working environments.

Resolved: That the contents of the report be noted.

54. INTEGRATED CARE STRATEGY DELIVERY UPDATES

David Mehaffey reported that the Herefordshire and Worcestershire Integrated Care Partnership Assembly (ICPA) had been created in 2022 to oversee the development and delivery of the Integrated Care Strategy across Herefordshire and Worcestershire. However, following changes in national policy in 2025, it had been agreed by the chairpersons of the respective health and wellbeing boards and the joint chairs of the ICPA that the annual reporting function would be undertaken through the two health and wellbeing boards.

Consequently, the report provided an update on the delivery of the shared commitments, priorities and outcomes described in the Integrated Care Strategy during 2025/26. It was noted that the three core priorities (providing the best start in life; living, ageing and dying well; and reducing ill health and premature deaths from avoidable causes) aligned with the main priorities of Herefordshire's Health and Wellbeing Plan (best start in life for children; and good mental wellbeing throughout life).

In response to a question from Stephen Brewster about the focus on frailty and older patients in the neighbourhood health high-priority cohorts, Zoe Clifford explained that the pilots would test ways of working and inform the model as it extends to other population cohorts, and noted the importance of the wider determinants of health. Dr Lauren Parry referred to the activity being undertaken in other workstreams.

Resolved: That the contents of the report be noted.

55. WYE VALLEY NHS TRUST FIVE TO TEN YEAR STRATEGY

Sarah Shingler introduced the report and provided an overview of the Wye Valley NHS Trust (WVT) Five to Ten Year Strategy, as adopted by the [WVT Trust Board on 2 April 2026](#).

The main points included:

- a. The purpose was 'To improve the wellbeing, independence and health of the people we serve'; the mission was 'We give everyone the quality of care we would want for ourselves, our families and friends'; and the vision was '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'.

It was noted that the strategy aligned closely with council priorities around prevention, independence and community-based approaches.

- b. The interconnected priority areas were outlined, as follows: 'Being a supportive employer', promoting an inclusive and caring organisational culture; 'Innovating to improve care', accelerating digital and data-enabled change; 'Strengthening our services', particularly around urgent and emergency care, and reducing waiting times for surgery; 'Treating people in the right place', shifting focus from acute to community, reflecting the neighbourhood health model; and 'Delivering on our responsibilities', by being an effective partner, planning for the end of the Private Finance Initiative (PFI) contract in 2029, and supporting wider sustainability goals.
- c. The strategy reinforced the importance of: strong NHS-local authority and VCSE (voluntary, community and social enterprise) 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; and co-design with communities to ensure services meet local needs.

In response to questions from the Chairperson, Sarah Shingler explained: how an enhanced discharge team had reduced avoidable admissions in December 2025; work on end of life care pathways; and the preparation of a business case for investment in additional multi-disciplinary staff.

In response to questions from the Leader of the Council, Sarah Shingler advised that: the strategy was designed for a period of five years but there was a need for flexibility given changing circumstances; urgent and emergency care improvements were being made tangible by collaborating with health, care and other partners; discussions were ongoing with the Powys system to help decrease preventable admissions and the amount of time patients spent in hospital; consideration was being given to potential measurable improvements in outcomes arising from the strategy and an update on progress could be provided in six months; the neighbourhood health model was key to transforming the approach to reducing attendances, redesigning pathways, and moving activity safely out to communities.

David Mehaffey commented that the strategy reflected the key shifts in national strategy but questioned whether objectives around reducing health inequalities should be made more explicit. Sarah Shingler confirmed that these would be detailed under 'Delivering on responsibilities'.

Dr Lauren Parry said that Herefordshire General Practice welcomed the collaborative approach and involvement in neighbourhood health workstreams, with work being undertaken on pathways and inequalities.

In response to a question from the Chairperson, Sarah Shingler confirmed that WVT's Chief Strategy and Planning Officer was involved in conversations about the government requirement to plan for 27,260 new homes in Herefordshire.

Stephen Brewster commented on the benefits of physical activity for people at risk of developing frailty and there was a brief discussion about this in the context of upstream prevention.

Resolved: That the contents of the report be noted.

Hilary Hall updated the board on the Better Care Fund (BCF) quarter 3 performance template 2025/26, the main points included:

- i. Performance against national metrics had been mixed, with: 'Emergency admissions to hospital for people aged over 65 per 100,000 population' being on track; 'Average length of discharge delay for all acute adult patients' not being on track; and 'Long-term admissions to residential care homes and nursing homes for people aged 65 and over per 100,000 population' being below target.
- ii. A huge amount of work had gone into the revised Discharge to Assess (D2A) Model; it was noted that high levels of spending, particularly on hospital discharge services, represented a significant risk to maintaining financial balance in the BCF by the end of the financial year.
- iii. Work was being undertaken on Herefordshire's Better Care Plan for 2026/2027.

Resolved: That

- a) **the Better Care Fund (BCF) 2025/26 quarter three report at Appendix 1 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.**

57. WORK PROGRAMME

The work programme for the board was considered, with attention drawn to the following matters:

- Provisional agenda items were noted for the board meeting on 13 July 2026. However, the 'Prevention in Adult Social Care Strategy' item would be moved to the 26 October 2026 meeting.
- A workshop for board members on neighbourhood health had been arranged for 28 September 2026.

Resolved:

That the updated work programme be agreed.

58. DATE OF NEXT MEETING

It was noted that the date of the next scheduled board meeting in public would be [Monday 13 July 2026, 2.00 pm.](#)

At the conclusion of the meeting, the Chairperson expressed gratitude to board members (and substitutes) for their attendance and noted the value of active, in-person participation wherever possible.

The meeting ended at 3.41 pm

Chairperson