Herefordshire Council

Agenda

Health and Wellbeing Board

Date:	**Monday 15 September 2025**
Time:	**2.00 pm**
Place:	**Conference Room 1 - Herefordshire Council, Plough Lane Offices, Hereford, HR4 0LE**
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

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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	Jane Ives	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
	Kevin Crompton	Independent Chair, Herefordshire Safeguarding Adults Board
	Gemma Dando	Substitute for Corporate Director of Economy and Environment, Herefordshire Council
	Hilary Hall	Corporate Director for Community Wellbeing, Herefordshire Council
	Susan Harris	Director of Strategy and Partnerships, Herefordshire and Worcestershire Health and Care NHS Trust
	Dr Mike Hearne	Herefordshire General Practice
	Jane Ives	Managing Director, Wye Valley NHS Trust
	Councillor Jonathan Lester	Leader of the Council, Herefordshire Council
	David Mehaffey / Simon Trickett	NHS Herefordshire and Worcestershire Integrated Care Board
	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
	Superintendent Helen Wain	West Mercia Police

Agenda

Pages

1. APOLOGIES FOR ABSENCE

To receive apologies for absence.

2. NAMED SUBSTITUTES (IF ANY)

To receive details of any substitute nominated to attend the meeting in place of a member of the board.

3. DECLARATIONS OF INTEREST

To receive any declarations of interest from members of the board in respect of items on the agenda.

4. MINUTES 9 - 16

To receive and approve the minutes of the meeting held on 9 June 2025.

HOW TO SUBMIT QUESTIONS

The deadline for the submission of questions for this meeting is 5.00 pm on Tuesday 9 September 2025.

Questions must be submitted to councillorservices@herefordshire.gov.uk

Questions sent to any other address may not be accepted.

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 www.herefordshire.gov.uk/getinvolved

5. QUESTIONS FROM MEMBERS OF THE PUBLIC

To receive any accepted written questions from members of the public.

6. QUESTIONS FROM COUNCILLORS

To receive any accepted written questions from councillors.

7. BOARD MEMBERSHIP AND ARRANGEMENTS FOR THE APPOINTMENT OF THE VICE-CHAIRPERSON 17 - 22

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

8. FIT FOR THE FUTURE: 10 YEAR HEALTH PLAN 23 - 30

To brief the Health and Wellbeing Board members on the key features of the Government's new 10 year plan for health.

9. NEIGHBOURHOOD HEALTH PROGRAMME 2025/26 31 - 34

Neighbourhood health is a concept which is fundamental to the delivery of the 10 Year Health Plan for England: Fit for the Future. This report provides an update on progress made towards developing this approach in Herefordshire.

10.	**GOOD WORK FOR EVERYONE: THE RELATIONSHIP BETWEEN WORK AND HEALTH** In addition to the two core priorities of the Herefordshire Health and Wellbeing Strategy, there are six supporting priorities which are also critically important for population wellbeing. Good work for everyone is one of these six priorities. This paper updates on progress made to date including the new Herefordshire and Worcestershire Integrated Care System (ICS) Health and Work Strategy, and WorkWell.	35 - 80
11.	**HEREFORDSHIRE PHARMACEUTICAL NEEDS ASSESSMENT 2025** This report seeks the approval of members for the publication of the 2025 Herefordshire Pharmaceutical Needs Assessment (PNA) on 1 October 2025 (the statutory deadline). The statutory 60-day consultation period for this PNA ended on 2 September 2025. Members are asked to note the consultation report (appendix 1) and to delegate final approval for publication to the PNA working group.	81 - 222
12.	**BETTER CARE FUND (BCF) QUARTER 1 REPORT 2025-2026** To update the Health and Wellbeing Board (HWB) members on the Herefordshire's Better Care Fund (BCF) quarter 1 performance template 2025-26 and seek formal Health and Wellbeing Board approval.	223 - 240
13.	**WORK PROGRAMME** To consider the work programme for the board.	241 - 242
14.	**DATE OF NEXT MEETING** The next scheduled meeting is Monday 15 December 2025, 2.00 pm.	

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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.
- Inspect agenda and public reports at least five clear days before the date of the meeting. Agenda and reports (relating to items to be considered in public) are available at www.herefordshire.gov.uk/meetings
- 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.
- Access to a public register stating the names, addresses and wards of all councillors with details of the membership of cabinet and of all committees and sub-committees. Information about councillors is available at www.herefordshire.gov.uk/councillors
- 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
- 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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Herefordshire Council

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.

Minutes of the meeting of Health and Wellbeing Board held in Conference Room 1 - Herefordshire Council, Plough Lane Offices, Hereford, HR4 0LE on Monday 9 June 2025 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
Kevin Crompton	Independent Chair, Herefordshire Safeguarding Adults Board
Councillor Carole Gandy	Cabinet Member Adults, Health and Wellbeing, Herefordshire Council
Hilary Hall	Corporate Director for Community Wellbeing, Herefordshire Council
Jane Ives (Vice-Chairperson, in the chair)	Managing Director, Wye Valley NHS Trust
David Mehaffey	Executive Director: Strategy, Health Inequalities and Integration - NHS Herefordshire and Worcestershire Integrated Care Board
Christine Price	Chief Officer, Healthwatch Herefordshire

Board members in attendance remotely, non-voting:

Susan Harris	Director of Strategy and Partnerships, Herefordshire and Worcestershire Health and Care NHS Trust (representative of the Trust)

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

Others present in person:

Milly Boylan	Director and Support Worker	@the HUB
Charlotte Brant	Talk Community Health and Wellbeing Trainer Team Leader	Herefordshire Council
Philippa Ellis	Talk Community Health and Wellbeing Manager	Herefordshire Council
Annie Fisher	Director and Centre Manager	@the HUB
Kate Ford	Assertive Outreach Team	Herefordshire and Worcestershire Health and Care NHS Trust
Judith Gardner	Co-Director	Open Arms Kington
Lindsay MacHardy	Public Health Principal	Herefordshire Council
Kristan Pritchard	Public Health Lead - Mental Health	Herefordshire Council
Donna Thornton	Democratic Services Support Officer	Herefordshire Council
Simon Trickett	Chief Executive	Chief Executive, NHS Herefordshire and Worcestershire ICB
Nicola Williams	Partnerships and BCF Manager	Herefordshire Council
Charlotte Worthy	Intelligence Unit Team Leader	Herefordshire Council

Others in attendance remotely:

Adrian Griffiths	Strategic Finance Manager	Herefordshire Council

1. APOLOGIES FOR ABSENCE

Apologies for absence had been received from board members: Dr Mike Hearne (Herefordshire General Practice); Councillor Ivan Powell (Cabinet Member Children and

Young People, Herefordshire Council); and Tina Russell, Corporate Director for Children and Young People (Herefordshire Council). Apologies were also noted from Councillor Crockett (Chairwoman of the Health, Care and Wellbeing Scrutiny Committee).

2. NAMED SUBSTITUTES

It was noted that Dr Lauren Parry intended to substitute for Dr Mike Hearne; Dr Parry was unable to attend ultimately due to clinical duties.

3. DECLARATIONS OF INTEREST

No declarations of interest were identified.

4. ELECTION OF A CHAIRPERSON

The board was advised that Councillor Gandy had been involved in a vehicular collision earlier in the day and, whilst present to participate as a board member, had vacated the chairperson role for this meeting only. Jane Ives was elected as chairperson.

5. MINUTES

The minutes of the previous meeting were received.

Resolved: That the minutes of the meeting held on 17 March 2025 be confirmed as a correct record and be signed by the Chairperson.

6. QUESTIONS FROM MEMBERS OF THE PUBLIC

Appendix 1 to these minutes includes a question that had been received in advance of the meeting and a supplementary question that was read out. In view of the member organisations represented, an exception was made to the usual treatment of questions and board members discussed the matter during the meeting. The key points included:

i. Due to uncertainty about the continued placement in the Morrisons supermarket car park in Hereford, options had been explored with NHS England about a sustainable site for the mobile breast screening unit. It was commented that the Asda supermarket car park had been identified as a viable option, subject to securing the funding for utilities from NHS England.

ii. There was a brief discussion about SpaMedica, an independent sector provider of cataract treatment, currently located in the Asda supermarket car park.

iii. Board members spoke in support of a central location for the breast screening unit and the intention to recall women that had missed appointments during its temporary relocation in Ross-on-Wye.

7. QUESTIONS FROM COUNCILLORS

No questions had been received from councillors.

8. JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) SUMMARY 2024

The Director of Public Health presented the slide set 'Joint Strategic Needs Assessment 2024', including the slides: JSNA parts and process; JSNA 2024 Summary: contents and use; Recommendations of paper; and Facilitating effectiveness: Communication & engagement plan.

The matters discussed by the board included:

1. The importance of the JSNA to understand the factors that affect the health of the population and the ongoing work with the Primary Care Networks on localised footprint analysis, particularly to inform the neighbourhood health model.

2. The JSNA Summary 2024 was commended for its comprehensiveness and readability.

3. Attention was drawn to the statement (JSNA Summary 2024, page 23) that 'Although life expectancy has increased over recent decades, both nationally and locally, healthy life expectancy has not. This means that more people are spending more years of their lives in poor health…'.

4. Additional participation in the JSNA Strategic Partnership Group was encouraged, including representation from the voluntary and community sector.

5. Assurance was provided that the JSNA was used actively by the Safeguarding Children Partnership and the Safeguarding Adults Board.

6. The top seven risk factors for disability in Herefordshire (JSNA Summary 2024, page 27) were noted and it was emphasised that the board should challenge itself about what could be done at local level over the next ten years.

Resolved: That

a) The publication of the 2024 JSNA Summary (Appendix 1) as the shared understanding of the overall health and wellbeing needs of Herefordshire be noted;

b) The findings of the JSNA be considered in the development of priorities and future health and wellbeing strategies;

c) The JSNA Summary be used within member organisations and other system networks; and

d) Member organisations be encouraged to engage with the JSNA Strategic Partnership Group to develop a joint intelligence forward plan.

9. NHS FIVE YEAR JOINT FORWARD PLAN UPDATE FOR 2025/26

David Mehaffey presented the 'NHS Five Year Joint Forward Plan 2025/26 - 2029/30, Driving the shift upstream to more prevention and best value care in the right setting', and made comments about: the interconnections between the Joint Local Health and Wellbeing Strategy, the NHS Five Year Joint Forward Plan, and the Integrated Care Strategy; and the main changes between the original publication of the NHS Five Year Joint Forward Plan in June 2023 and the refreshed plan, as identified in paragraph 6 of the covering report (agenda page 87).

The matters discussed by the board included:

1. With attention drawn to theme 6, 'High quality, patients centred services: learning disability and autism care', references were made to the 'digital flag' programme (indicating that reasonable adjustments are required for an individual in the patient record) and to the Oliver McGowan Mandatory Training programme (enabling the NHS workforce to better support people with a learning disability and autistic people). The Chairperson said that Wye Valley NHS Trust found the digital flag to be helpful, and training was provided to staff by a learning disability nurse but acknowledged that there was more work to be done.

2. The Joint Forward Plan would continue to be refreshed on an annual basis, so would be updated to reflect the 10 Year Health Plan for England, once published, in the 2026/27 iteration.

3. The position with temporary closures of minor injuries units in Herefordshire, with Simon Trickett commenting that Wye Valley NHS Trust had not found a way to provide safe care with appropriate and suitably qualified staff, and there was a need for consideration to be given to the long-term future for those services.

Resolved: That the updates that have been included in 2025/26 iteration be noted and the refreshed plan be endorsed.

10. VERBAL UPDATE ON NATIONAL CHANGES OF INTEGRATED CARE BOARDS

Simon Trickett provided a verbal update on emerging national changes which would affect Integrated Care Boards (ICBs). The key points included:

i. It was expected that the government would publish the NHS 10 Year Health Plan in July 2025 which would set out fundamental changes to NHS administration.

ii. Plans to abolish NHS England had been announced in March 2025, with functions to be brought back within the Department of Health and Social Care (DHSC).

iii. Integrated Care Boards would have to reduce their size and running costs by 50% on average; the figure for Herefordshire and Worcestershire was 43%, equating to £12m per annum.

iv. The 'Model Integrated Care Board Blueprint v1.0' had been published in April 2025 which set out the role ICBs would play in the future as strategic commissioners, with local NHS trusts more accountable for the quality of services and the outcomes that they deliver.

v. A key policy driver was reducing the variability in size of the ICBs; there were 42 in England currently. Alongside this, the English Devolution White Paper set the intention to reform local government and align public service boundaries.

vi. Pending the emergence of Strategic Authorities, a proposal had been submitted to DHSC and NHSE for a strategic cluster to be formed to share leadership and management arrangements involving NHS Herefordshire and Worcestershire ICB and NHS Coventry and Warwickshire ICB.

In response to a question from a board member, Simon Trickett commented on the need for ICBs to pursue commissioning that delivers the preventative agenda, as well as encouraging services to do more to manage existing conditions to prevent further deterioration. It was emphasised that the demand curve had to be shifted, with attention given to the wider determinants of health. The Chairperson commented on the value of the collaborative approach through the One Herefordshire Partnership and, noting the pressures on urgent care and emergency departments, said that this shift was in the interests of everyone.

A board member said that the voluntary and community sector should be part of co-design and co-production of services to support upstream interventions.

In response to a comment by a board member, Simon Trickett acknowledged the key role and responsibilities of the NHS in terms of safeguarding.

In response to a question from a board member, Simon Trickett outlined the assessment process and management of NHS Continuing Healthcare, both currently and historically.

The Director of Public Health commented on the need to explore how services were configured at a neighbourhood level.

Resolved: That the verbal update be noted.

11. UPDATE TO THE BOARD ON THE GOOD MENTAL WELLBEING THROUGHOUT LIFE IMPLEMENTATION PLAN

The Public Health Lead – Mental Health introduced the slide set 'Update on Good Mental Wellbeing' and reported that the Adult Better Mental Health Partnership Board had been accepted as a signatory to the government's 'Prevention Concordat for Better Mental Health'.

The following participants provided case studies: Charlotte Brant and Kate Ford about the Assertive Outreach Team / Community Healthy Lifestyle Group; Milly Boylan about @the Hub; and Judith Gardner about Open Arms Kington.

The Chairperson noted the benefits of hearing about the practical delivery of local projects and the need for the board to challenge itself about its future ambitions.

Resolved: That report and appendices and progress to date on the Good Mental Wellbeing (GMW) priority be noted.

12. HEREFORDSHIRE SUICIDE PREVENTION STRATEGY

The Public Health Principal introduced the item, noting the extensive partnership work that had been undertaken, and the Public Health Lead – Mental Health presented the slide set 'Herefordshire Suicide Prevention Strategy', including the slides: Engagement; Strategy aims; and Our commitments. It was reported that the Herefordshire Suicide Prevention Working Group would be meeting later in the week to develop an action plan to take the commitments forward.

In response to a question, the Public Health Lead said that the previous strategy had resulted in positive actions and that new resources, including data from the Real-time Suspected Suicide Surveillance system which went live in 2024, would enable more targeted work.

Resolved: That the strategy, as an action supporting the priority of good mental wellbeing throughout life, be noted.

13. BETTER CARE FUND (BCF) REPORTING 2024/2025

The Corporate Director for Community Wellbeing introduced the BCF reporting for 2024/25 and made the following comments: due to the national submission timetable, the returns had been approved by the Corporate Director and the accountable officer of the Integrated Care Board; Herefordshire had reported in each quarter that all of the national conditions and national metrics had been met; and the BCF ended the financial year with a small underspend overall but attention was drawn to the overspending on Additional Discharge Funding.

Resolved: That

a) The Better Care Fund (BCF) 2024/25 quarterly reports at Appendices 1, 2, 3 and 4, submitted to NHS England, be approved; and

b) The ongoing work to support integrated health and care provision that is funded via the BCF be noted.

14. HEREFORDSHIRE'S BETTER CARE FUND (BCF) PLAN 2025/26

The Corporate Director for Community Wellbeing introduced the BCF Plan 2025/26 and made the following comments: the new BCF objectives aimed to support the shift from sickness to prevention, and from hospital to home; the key changes from previous years were highlighted; the plan had been developed collaboratively and had the support of the One Herefordshire Partnership; and it had been a challenge to bring the planning on budget in line with the funding available, particularly in view of national changes, inflationary pressures, and predicted levels of demand.

In response to questions about the 'Key changes since the previous BCF Plan' section (agenda page 315), the Corporate Director provided clarifications about the funding of operational social work teams and Talk Community services from the council's base budget, with the BCF funding repurposed towards long-term adult social care placements. Consequently, there was limited additional funding to increase investment in prevention, community resilience or admission avoidance. It was noted that the voluntary and community sector may be able to assist with prevention, but this would require some level of investment.

The Chairperson welcomed the focus on outcomes and noted that the ambitions to reduce emergency admissions, discharge delays, and long-term admissions aligned well with the recently published 'Urgent and emergency care plan 2025/26'.

Resolved: That

a) The Herefordshire Better Care Fund 2025/26 Narrative Plan (Appendix 1), Planning Template (Appendix 2) and the Capacity and Demand Template (Appendix 3), submitted to NHS England, be approved; and

b) The ongoing work to support integrated health and care provision that is funded via the BCF be noted.

15. WORK PROGRAMME

The updated work programme for the board was considered.

Resolved: That the updated work programme be agreed.

16. DATE OF NEXT MEETING

The date of the next scheduled meeting in public was confirmed as Monday 15 September 2025, 2.00 pm.

Jane Ives reported that the September 2025 meeting would be the last meeting before retirement from her role as Managing Director of Wye Valley NHS Trust; Sarah Shingler, current Chief Nursing Officer of NHS Worcestershire Acute Hospitals NHS Trust, had been appointed as the next Managing Director.

The meeting ended at 3.53 pm **Chairperson**

Agenda item 5 - Questions from members of the public [v2, 9 June 2025]

Question number: **1/1** [HWB25-26.001]

Questioner: Ms Reid, Hereford

Question to: Health and Wellbeing Board

Question: The functions of the Health and Wellbeing Board include:

'To encourage the close working of those providing health or social care services with those who arrange for the provision of health related services in Herefordshire.'

In April 2025, I was informed that currently NHS breast cancer screening takes place in Kington and until the end of May 2025 in the car park of Morrisons supermarket in Hereford. Many women will not travel to Kington. What action will the health and social care partners take to ensure that breast cancer screening will take place in the future in the centre of Herefordshire, in Hereford? For example, perhaps a letter could be sent to Morrisons asking for breast cancer screening to continue in the long term there.

Response: We would like to thank Ms Reid for raising concerns about breast screening. We recognise how important it is for residents to be able to access essential screening provision. This will be discussed at the June Herefordshire Health and Wellbeing Board.

Supplementary question: I appreciate that the provision of breast screening in Hereford will be discussed at today's Herefordshire Health and Wellbeing Board meeting.

In April 2025, I was informed that Morrisons car park in Hereford and a site in Kington have the required connections to electricity and water and it would be costly to the NHS to install these at Asda in Hereford.

According to the website www.spamedica.co.uk:

"The SpaMedica Hereford is a brand-new Ophthalmic Diagnostic and Treatment Centre, located in the car park of the Asda Supercentre [Hereford]."

Will the Board take into account these facts when they discuss the matter?

Response: In view of the member organisations represented, an exception was made to the usual treatment of questions and board members discussed the matter during the meeting. The key points included:

i. Due to uncertainty about the continued placement in the Morrisons supermarket car park in Hereford, options had been explored with NHS England about a sustainable site for the mobile breast screening unit. It was commented that the Asda supermarket car park had been identified as a viable option, subject to securing the funding for utilities from NHS England.

ii. There was a brief discussion about SpaMedica, an independent sector provider of cataract treatment, currently located in the Asda supermarket car park.

iii. Board members spoke in support of a central location for the breast screening unit and the intention to recall women that had missed appointments during its temporary relocation in Ross-on-Wye.

Herefordshire Council

Title of report: Board membership and arrangements for the appointment of the vice-chairperson

Meeting: Health and Wellbeing Board

Meeting date: Monday 15 September 2025

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 and to confirm arrangements for the appointment of the vice-chairperson, for recommendation to full Council.

Recommendation(s)

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

a) Paragraph 2.8.9, bullet point 8 be amended to read 'Two nominated representatives from the Integrated Care Board'; and

b) Paragraph 2.8.10 be amended to read 'The vice-chairperson of the board shall be the chairperson of the One Herefordshire Partnership. Should this person be from an organisation that has the right to nominate to the Board, then that person shall also represent their respective organisation.'

Alternative options

1. The current composition of the Health and Wellbeing Board could remain unchanged but this would not address the incongruity in terms of the seat(s) allocated to the Integrated Care Board

or the board's intention in terms of the arrangements for the appointment of the vice-chairperson.

Key considerations

2. The board considered a report by the Director of Public Health on 'Health and Wellbeing Board Terms of Reference' on 25 September 2023. It resolved that 'The Health and Wellbeing Board considers the revised terms of reference at appendix 1 and provides comments before being ratified by Full Council'; link to minute 34 of 25 September 2023 and associated papers.

3. The terms of reference document included changes to the membership of the board, principally the addition of a nominated representative from the Voluntary and Community Sector and updates to organisation titles.

NHS Herefordshire and Worcestershire Integrated Care Board nominations

4. The terms of reference document resulted in an incongruity by identifying that membership of the board includes:

'A nominated representatives from the Integrated Care Board'

5. This is reflected in the council's constitution (paragraph 2.8.9, bullet point 8), as shown in Appendix 1.

6. It is uncertain whether the board intended this to read 'Two nominated representatives' or 'A nominated representative' from the Integrated Care Board. However, it is noted in paragraph 2.8.10 that a vice chairperson was to be appointed from '…one of the board members representing NHS Herefordshire and Worcestershire Integrated Care Board…'.

7. Up to and including the meeting on 25 September 2023, NHS Herefordshire and Worcestershire Integrated Care Board appointed two representatives; prior to July 2021, two representatives (the chair and the managing director) were appointed by its predecessor, NHS Herefordshire and Worcestershire Clinical Commissioning Group.

8. No change in the number of seats for the Integrated Care Board was highlighted within the covering report or discussed during the meeting.

9. The board is requested to confirm that the membership should provide for 'Two nominated representatives from the Integrated Care Board'.

Appointment of vice-chairperson

10. The terms of reference document identified arrangements for the appointment of the vice-chairperson as follows:

'The Vice-Chairman of the Board shall be the chair of the One Herefordshire Partnership. Should this be an already identified member of the board, that person shall also represent their respective organisation.'

11. However, the council's constitution (paragraph 2.8.10) was not updated to reflect this and it currently reads:

'…one of the board members representing NHS Herefordshire and Worcestershire Integrated Care Board will be appointed vice chairperson annually by the board.'

12. However, the revised Terms of Reference in paragraph 10 does not appear to reflect the original intention. For example, if the chairperson of One Herefordshire Partnership is from an organisation with existing nomination rights, but is not that organisation's actual nominee, then the wording above would allow a further appointee by that organisation. It is considered that the

original intention was to avoid this and to ensure that the chair of One Herefordshire Partnership was appointed as the representative of the relevant nominating organisation. As such the recommendation is that paragraph 2.8.10 is modified to:

'….The vice-chairperson of the board shall be the chairperson of the One Herefordshire Partnership. Should this person be from an organisation that has the right to nominate to the Board, then that person shall also represent their respective organisation.'

13. The board is requested to confirm that it wishes the change identified in paragraph 10 above to be considered for inclusion in the council's constitution.

Community impact

14. 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

15. 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.

16. 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

17. The Public Sector Equality Duty requires the council to consider how it can positively contribute 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.

18. 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

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

Legal implications

20. 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.'

21. 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.'

22. The Health and Wellbeing Board considered its membership on 25 September 2023 and this report seeks further clarifications to ensure that the wishes of the board are reflected fully in the council's constitution.

23. 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

24. There is a reputational risk to the council and health and care system partners if the Health and Wellbeing Board does operate effectively and transparently. The clarifications being sought through this report should help to mitigate this risk.

Consultees

25. None.

Appendices

Appendix 1 – Extract from Herefordshire Council's constitution, Article 8, relating to Health and Wellbeing Board composition

Background papers

None identified.

Herefordshire Council

Article 8 - Planning, licensing and other functions

This article describes the following committees which council has established:

(a) The planning and regulatory committee
(b) Health and wellbeing board
(c) Employment panel
(d) Standards panel
(e) Independent panel

2.8.1 Planning and regulatory committee

2.8.2 Composition

2.8.3 The committee comprises 15 councillors, one of whom will be appointed by Council to be the standing chairperson of the licensing sub-committee. The committee shall act as the council's Licensing Committee for the purposes of section 6 of the Licensing Act 2003.

2.8.4 Role

2.8.5 The committee determines all policy and guidance in relation to its functions other than for functions which have been reserved to Council (in para 2.a and 3.a of Part 3 Section 1) or delegated to an officer (Part 3 Section Appendix), and:

2.8.6 The committee may establish one or more sub-committees consisting of three members of the planning and regulatory committee to fulfil functions delegated to the licensing sub-committee as set out in the functions scheme at part 3 section 5.

2.8.7 Health and wellbeing board

2.8.8 Composition

2.8.9 The following shall be members of the health and wellbeing board:

- Herefordshire Council Leader of Council;
- Herefordshire Council Portfolio Holder with responsibility for Adults, Health and Wellbeing
- Herefordshire Council Portfolio Holder with responsibility for Children and Young People;
- Herefordshire Council Corporate Director – Community Wellbeing
- Herefordshire Council Corporate Director – Children and Young People
- Herefordshire Council Corporate Director – Economy and Environment
- Herefordshire Council Director of Public Health
- A nominated representatives from the Integrated Care

Board;
- A nominated representative from Wye Valley NHS Trust;
- A nominated representative from Herefordshire & Worcestershire Health and Care NHS Trust;
- A nominated representative from Healthwatch Herefordshire;
- A nominated representative from the Voluntary and Community Sector
- A nominated representative from West Mercia Police;
- A nominated representative from Herefordshire and Worcestershire Fire and Rescue Service
- A nominated representative from Herefordshire General Practice;
- A nominated representative from the Herefordshire Safeguarding Adults Board

2.8.10 Council has delegated authority to the Leader of the Council to appoint the chairperson of the board annually from the members of the executive appointed to the board; one of the board members representing NHS Herefordshire and Worcestershire Integrated Care Board will be appointed vice chairperson annually by the board.

2.8.11 The members of the board marked with an * are those specified in the Health and Social Care Act 2012, the other board members are additional as deemed appropriate by council after consultation with the board. If Board members are unable to attend they can nominate a substitute.

2.8.12 All board members shall be voting members unless the council otherwise directs.

2.8.13 Role

2.8.14 The board will carry out the statutory functions as required by the Health and Social Care Act 2012, and any other functions delegated to it, as set out in part 3 section 5 of the constitution. To act as a partnership forum in which key leaders from the local health and care system work together to improve the health and wellbeing of Herefordshire residents.

2.8.15 Employment panel

2.8.16 Composition

2.8.17 The employment panel comprises six councillors.

2.8.18 Role

2.8.19 To fulfil specific employment functions in relation to specified senior management roles; to review the annual pay policy statement for recommendation to Council; and to be a consultee on employee terms, conditions and employment policies.

2.8.20 Independent panel

2.8.20a Statutory provisions require that the council takes into account any advice, views or recommendations of an independent panel before a chief executive can be dismissed, for any reason other than redundancy, permanent ill-health or the expiry

AGENDA ITEM 8

NHS
Herefordshire
and Worcestershire

Fit For The Future: 10 year health plan

Meeting: Health and Wellbeing Board

Meeting date: Monday 15 September 2025

Report by: David Mehaffey, Executive Director: Strategy, Health Inequalities and Integration - 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 key features of the Government's new 10 year plan for health.

Recommendation(s)

The Health and Wellbeing Board is asked to note the contents of this report and the requirements to review and approve the development of Neighbourhood Health Plans later in the calendar year.

Introduction

1. On 3 July 2025, the Government published its new 10 Year Plan for Health. The plan sets out the ambitions to radically transform how health care services are organised, how they will be accessed by patients and what they will focus on between now and 2035.

2. The first chapter, titled "Its change or bust", sets out the case for change. The NHS is described as standing on an "existential brink" and being in a "critical condition" with long waiting lists, low satisfaction, workforce pressures, and poor outcomes compared to peer countries. The conclusion is that healthcare needs radical transformation to be able to meet public expectations and be financially sustainable.

3. The plan goes on to set out some very significant ambitions for how things will look by the end of the plan, including achievements such as:

    a. Ending the 8am scramble for GP appointments

    b. Restoring the NHS constitutional standard of people beginning elective treatment within 18 weeks of referral

c. Making personal health budgets a universal offer for all that would benefit from them

d. Putting a neighbourhood health centre in every community

e. Raising the healthiest generation of children ever

f. Ending the obesity epidemic

g. Creating a smoke-free future

h. Creating a new genomics population health service

i. Putting the power back in the hands of the people and professionals

j. Creating the most digitally-enabled health service in the world

k. Giving patients real control over a single secure and authoritative account of their own health record

l. Making the NHS App a world leading tool for patient access.

4. Describing the further detail of how these ambitions will be delivered, there are a further eight chapters in total, with three focusing on the "Radical shifts to transform care", and other chapters focusing on the NHS operating model, workforce, transformational "big bets" and future financial arrangements.

Three Radical Shifts to Transform Care

5. The core content of the plan is built around driving three radical shifts in the NHS operating model, shifts that will transform how services are organised and how patients access care:

a. **Chapter 2: From hospital to community** – creating a Neighbourhood Health Service that is rooted in local access and makes care much easier for people to access. Over time there will be Neighbourhood Health Centres created in local communities that bring services together to join up care around people's needs. In dispersed rural areas such as Herefordshire, it will be important to spend time defining what local communities are and what is realistic in terms of establishing neighbourhood health centres. These will need to be much more than "NHS buildings", so work with partners in local authorities and the VCSE will be important if they are to truly become one-stop shops.

b. **Chapter 3: From analogue to digital** – establishing a fully digital, patient-controlled NHS which is built around the NHS App and makes much better use of AI-enabled tools to improve access for patients and productivity for staff. The NHS App has the potential to be a world-leading tool for patient choice and access to health services, but it needs considerable work to achieve this. The re-imagined App will provide people with the ability to book appointments, access timely and personalised advice, navigate pathways and services, view their health information and make choices about who provides their healthcare. The App will connect to a single, secure and comprehensive account of people's health records that can be connected to wearable health devices and which can ensure people can monitor their own health conditions more effectively.

c. **Chapter 4: From sickness to prevention** – shifting the focus of healthcare away from a model of "diagnose and treat" more towards a model of "predict and prevent". This ambition includes achieving a significant reduction in health inequalities by improving outcomes for all, by halving the health inequalities gap between those with the best and worst health outcomes. The core planks of this ambition will be built around helping people to make the healthy choice more often when it comes to lifestyle decisions. Specific steps include introducing the Tobacco and Vapes Bill to create a smoke-free culture and a number of joined up actions to tackle the obesity epidemic - from new food

labelling legislation, to changes to local planning controls for fast food establishments and roll out of medications to help people lose weight. Other actions are highlighted for reducing harmful alcohol consumption, improving air quality and creating a stronger connection between good work and good health. All of these interventions, when taken together, provide the platform to support the ambition of bringing up the healthiest generation of children ever and they also emphasise the importance of joined up working because no partner can deliver on these ambitions alone.

Transformation enabled by new ways of working

6. **Chapter 5 defines the New Operating Model** for the NHS nationally and locally. In summary the key points relating to this are:

   a. Amalgamation of NHS England and the Department for Health and Social Care (DHSC) into a single function, to deliver a more diverse and devolved health service that has clearer central leadership arrangements.

   b. Integrated Care Boards to reduce in size by 50% and become strategic commissioners that commission for improved quality, patient outcomes and reduced health inequalities. It is important to note that this reduction applies to the number of staff employed, not the commissioning budgets that are available to pay for NHS services. To enable this change locally, NHS Herefordshire and Worcestershire ICB will cluster with NHS Coventry and Warwickshire ICB with a single team running both Integrated Care Boards.

   c. NHS Trusts to have greater autonomy (and with it greater accountability) for delivering care locally, pursuing new ways of working and implementing innovative practices. This initiative will develop to re-launch the NHS Foundation Trust concept where provider boards can operate more autonomously from central NHS control. In the longer term, the highest performing providers will be able to develop into Integrated Health Organisations, whereby they take responsibility for multi-year whole health budgets for the local population rather than funding for specific services they provide. This will give them flexibility to innovate and invest for the longer term where population health outcomes may take a period of years to realise.

   d. A new partnership with Local Government in the delivery of health services. As well as working more closely together on addressing the wider social determinants of health, working more closely with public health, social care and children's services, this element of the plan will also involve Local Government taking a leading role in the development of Neighbourhood Health Plans and using Health and Wellbeing Boards to oversee them.

   e. Pushing power out to patients and the public, which will involve greater use of patient choice over who provides their care. This will involve a number of initiatives such as developing new methods for using patient reported data to monitor performance of NHS providers, expanding the use of personal health budgets, putting more services onto the NHS App. In the longer term, this will also involve introducing more self-referral pathways for patients to access services such as diagnostics. When coupled with greater use of the NHS App and AI-powered processes to help patients take control of their own health, this will reduce unnecessary waiting for services.

7. **Chapter 6 addresses quality of care**, with the main areas of focus being on using data more effectively to identify issues earlier, greater patient voice in identifying poor quality, clearer accountability and incentives for leaders to ensure that their organisations deliver the best quality care and greater use of technology:

   a. **Data**: Quality metrics will be published widely, including quality league tables to make it easy for the public to understand how well their local organisations compare to others. Quality metrics will be supported by expanded use of Patient Reported Outcome Measures (PROMs). These are currently used in some specialty areas and provide patients will the

power to report on the impact of their treatment from their own perspective, not just the clinician's perspective. For example, has the procedure enabled them to get back to work if it was previously preventing them from working.

b. **Quality monitoring**: Some functions currently performed by Healthwatch organisations will be taken "in-house" and given a greater profile in the centre of Government through the creation of a National Director for Patient Experience. Some other Healthwatch functions will be brought together and transferred to Integrated Care Board and individual provider boards. Finally, local authorities will pick up local Healthwatch social care functions.

c. **Accountabilities and Incentives**: The National Quality Board (NQB) will be asked to develop a refreshed national quality strategy by March 2026. This will include developing a new suite of clinically-credible outcome measures to assess clinical quality. From 2027, providers will be granted powers to reward clinical teams where they are shown to deliver high quality care through financial incentives and rewards. At the other end of the spectrum, where providers are consistently delivering poor quality care, ICB will be expected to decommission services from that provider and recommission them from elsewhere, as part of their strategic commissioning strategy.

d. **Quality regulation**: Independent regulation will remain a vital part of providing the population with assurance that they can access high quality care. Work will be undertaken to address reported concerns with how the current principal regulatory body (Care Quality Commission) operates. CQC will move towards an intelligence-led model of regulation and will be given powers to access a wider range of data to inform their regulatory work. This will be supplemented by an AI-driven Quality Warning System to identify concerns early. There will be rationalisation of other regulatory bodies to simplify the landscape, such as seeing the Health Services Safety Investigation Branch aligned to be a unit within the CQC and the Patient Safety Commissioner will be hosted by the Medicines and Healthcare Products Regulatory Authority (MHRA).

8. **Chapter 7 focuses on Workforce**: As with many other chapters in the plan there is a strong slant towards the importance of digital. For workforce, the benefit will come through harnessing digital technology to perform many of the manual and routine tasks to free up time to care, subsequently enabling staff to operate at the top of their license when it comes to clinical practice. This productivity and efficiency benefit will free up time for staff to see more patients, therefore increasing service capacity and enabling waiting times to reduce. To enable staff to make the most of the digital technology it is recognised that recruitment, training and development of staff will need to change. Staff will need to be skilled up to make the most of the technology.

9. Other areas of focus include developing the concept of "train to task" rather than "train to role". This means that certain tasks in a patient pathway that can be safely delivered by a lower qualified staff member can be done so safely. For example, Health Care Assistants doing tasks previously undertaken by trained nurses, or social workers undertaking tasks previously done by clinical staff. These changes will create further capacity and make better use of scare resources and skills to maximise the time available for direct patient care. The development of these concepts will be particularly noticed as the Neighbourhood Health Plans are developed, supporting the creation of more Integrated Neighbourhood Teams.

10. As well as focusing on direct patient-focused benefits of workforce reform, there is also a strong focus on improving the employee experience of working within the healthcare sector. This includes making better use of technology to make the administrative aspects of work easier, changing the focus of mandatory training and working to reduce the pressures that often result in high levels of sickness absence. Increasing the availability of flexible working will also be a key part of the employment offer to enable the NHS to reduce its reliance on agency staff, who often quote more flexible employment as the main reason they opt for agency work over substantive employment.

11. Other aspects of the workforce chapter focus on improving leadership through development and deployment of a new national talent management framework and creation of an Executive and Clinical Leadership College to define and drive excellence in healthcare leadership.

12. The NHS recruitment strategy will pivot away from international recruitment towards local recruitment, particularly from more deprived areas which have typically not been targeted with local recruitment plans. To enable this there will be more apprenticeships and accessible training, better support for care leavers, alignment to projects focused on work and health and stronger connection to wider local work to reduce health inequalities.

13. **Chapter 8 focuses on transformation**. Again, this chapter has a strong slant towards progressing digital opportunities to transform care. It focuses predominantly on five "big bets" for transformation:

    a. **Data**: High quality interoperable health data, supported by AI driven algorithms to harness the ability to predict health issues. The main focus being on bringing together all relevant health data for an individual in one place, which is securely accessible by the individual themselves and authorised clinicians. Patient-held records will present an opportunity to simplify the complex data sharing landscape that often prevents data that needs to be joined up to maximise health outcomes from being joined up.

    b. **AI**: Combined with data and understanding of people's risk factors, AI will be used to analyse scans with rapid speed and precision to lead to faster identification of health issues and provide recommendations for most effective treatments. The opportunity to use AI to scan vast datasets is beyond anything we could have imagined just a few years ago and its ability to translate massive analysis into targeted treatment will be game changing. Already, there are examples reported of AI discovering new drugs and treatments.

    c. **Genomics**: The ability to understand a person's risk of developing avoidable and treatable disease is transformed by genomics. Whole genome sequencing at birth has the potential to inform lifelong personalised prevention so that people can take action to avoid developing health conditions that would otherwise define how they live their lives. The 10 year plan includes initiatives to expand the current work on genomics to the point where in 2035 more than half of all healthcare interactions will be informed by genomic insights. It is most likely that this work will be coordinated on a national scale and not something that local ICS's will have responsibility for driving.

    d. **Wearables and biosensors**: The commercial market for wearable devices that monitor and report on people's health has grown massively in recent years. Relatively cost effective devices can inform people of changes in all sorts of health indicators and are commonplace in the fitness world where people try to optimise their health and wellbeing. In the health world they are more bespoke and tend to be focused on specific conditions such as monitoring diabetes and reporting on issues to a clinician. The opportunity that wearables present is to enable far more people to be more educated, informed and engaged in managing their own health. Alongside wearables, biosensors in the home, workplace and even on clothing enhance the opportunity to monitor health and provide an early insight into possible preventative measures to prevent, stop or delay the onset of illness. To ensure fair and equitable access, wearables and sensors will be made more readily available to people who need them, not just those that can afford to buy the commercial products.

    e. **Robotics**: Robotic assisted surgery is already the standard approach for some conditions, such as prostate surgery. In other areas of healthcare robots automate procedures, deliver supplies, deal with medicines and process samples. Expansion of robotic technology will be enhanced by inclusion in guidelines produced by the National Institute for Clinical Excellence.

14. Other areas of focus in this chapter include promoting more innovation, supporting the drive to discover more game-changing medicines, speeding up clinical trials, improving procurement and changing how regulation of innovation operates.

15. **Chapter 9**: **Funding and finance** is the final area of focus in the plan. 38% of government spending currently goes on healthcare and this is a figure that will only continue to rise without a shift from sickness to prevention. This chapter defines a renewed focus on improving productivity to ensure that the NHS recovers from the impact of Covid and an emphasis on restoring financial discipline, including how NHS deficits are dealt with. This will be supported by moving to a longer-term financial planning regime with three year revenue and four year capital settlements. These settlements will be allocated against local system five year financial plans which set out how organisations will move from deficit-based funding to sustainable financial plans.

16. The way in which NHS funding flows around local systems will also change. There will be less reliance on block contracts (where payments are the same regardless of volume or quality of service), with a move towards more incentive-based contracts where high quality care can be financially rewarded and poor quality care penalised. This will support the concept of "Patient-Power" payments, where healthcare commissioners can withhold funding from providers where patients are not satisfied with the services they have received.

17. A key change signalled in the plan will be how an effective neighbourhood health system is financially incentivised. The current issue arises in that investment in one part of the health system (ie primary care and GP services) should accrue benefits in another part (ie hospitals through fewer admissions). Enabling the finances to flow around the system to enable this change to happen whilst not leaving one provider in financial deficit (recognising the approach in paragraph 15 about how deficits are dealt with) is complicated. The approach proposed for dealing with this is to develop "year of care" payments, where a capitated budget is made available for population cohorts, rather than a "pay per use" model as is currently the case. This approach will recognise successful initiatives to prevent the escalation of ill health and will be trialled in a small number of areas on a test and learn basis before being rolled out more widely. Herefordshire may be well placed to be a trial area because of the solid foundations that operate through the One Herefordshire Partnership. If the opportunity to bid to become one arises then more details will be shared.

18. How core NHS funding is allocated to systems will be reviewed. Historically funding has been allocated according to a funding formula which weights different aspects of health need across a range of factors such as age, poverty, health inequalities, rurality etc. When changes are introduced, the key element that affects Herefordshire and Worcestershire are the weightings allocated to rurality and age profile. H&W ICS is currently considered to be an over-funded system according to the current funding formula and as such each year the system has some money taken off it as part of a plan to converge to the fair share allocation. If the funding formula changes this could reduce or increase the amount of money taken each year so the work of the Advisory Committee on Resource Allocation (ACRA) will be critical to future service plans.

19. A 10-year infrastructure strategy will accompany the plan to describe how capital will be invested over the coming years. This will include focusing on better use of the existing healthcare estate and get better financial returns from under-utilised estate, whether that is from sale or alternative use.

Implementing the 10 year plan

20. The scope of the plan is vast, so effective implementation planning will be vital. This will start immediately with the NHS Annual Planning cycle for 2026/27, which starts in September 2025. The core outputs from this process will be:

    a. Five year strategic commissioning plans (produced by ICBs).

b. Five year integrated delivery plans (produced by NHS providers).

c. Neighbourhood health plans (which will need to be developed in conjunction with local authorities approved by Health and Wellbeing boards before the end of the calendar year).

d. Planning template submissions (finance, workforce, activity and performance trajectories).

21. Further updates will be provided to the Health and Wellbeing Board as they become known.

Community impact

22. There will be widespread community impact from local implementation of the Government's 10 year plan but these factors will need to be considered and reported on through a case-by-case basis.

Environmental impact

23. There are obvious benefits to be gained from moving to a digital first approach and the neighbourhood health models, 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 environmental impact from local implementation of the Government's 10 year plan but again these factors will need to be considered and reported on through a case-by-case basis.

Equality duty

24. Delivery of the 10 year plan 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

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

Legal implications

26. There will be complex legal, ethical and regulatory implications associated with implementing the 10 year plan, which will need to be dealt with on a case-by-case basis.

Risk management

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

Consultees

28. Not applicable to this briefing paper.

Appendices

No appendices

Background papers

A full copy of the 10 year plan can be accessed here:
10 Year Health Plan for England: fit for the future - GOV.UK

AGENDA ITEM 9

NHS
Herefordshire
and Worcestershire

Title of report: Neighbourhood Health Programme 2025/26

Meeting: Health and Wellbeing Board

Meeting date: Monday 15 September 2025

Report by: Joanne Hodgetts Head of Integrated Primary & Community Services - NHS Herefordshire and Worcestershire Integrated Care Board

1. Purpose

Neighbourhood health is a concept which is fundamental to the delivery of the 10 Year Health Plan for England: Fit for the Future. This report provides an update on progress made towards developing this approach in Herefordshire.

2. Recommendations

The Health and Wellbeing Board is asked to note to contents of this report for assurance.

3. Key considerations

3.1 Background

The *10 Year Health Plan for England: Fit for the Future* is a landmark moment for the NHS and wider health and care system. It sets out that in the future, a neighbourhood health plan will be drawn up by local government, the NHS and its partners at single or upper tier authority level under the leadership of the Health and Wellbeing Board. The ICB will bring these together into a population health improvement plan for their footprint and use the plans to strategically commission neighbourhood health services.

Neighbourhood Health will embody the prevention principles that care should happen:

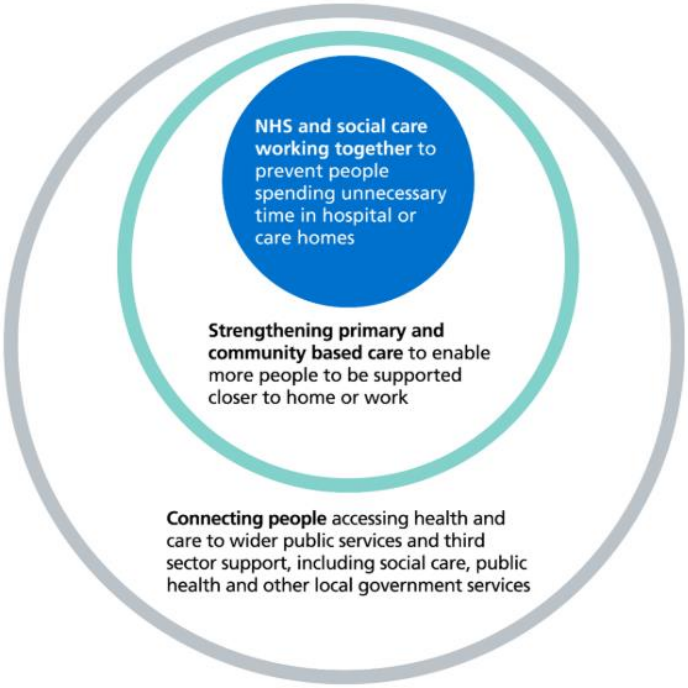
- as locally as it can
- digitally by default
- in a patient's home if possible
- in a neighbourhood health centre (NHC) when needed
- in a hospital if necessary

The Neighbourhood health guidelines 2025/26 detailed initial priorities to set the foundations. Over the coming months, the focus will be on creating the national and local conditions for different ways of working. Figure 1 below shows the aims for all neighborhoods over the next 5 to 10 years. For 2025/26, systems are asked to focus on the innermost circle to prevent people spending unnecessary time in hospital and care homes. As core relationships between the local partners grow stronger, we expect systems to focus increasingly on the outer circles. This will involve exploring their own ways of building

or reinforcing links with wider public services, the third sector and local communities to fully transform the delivery of health and social care according to local needs.

Fig. 1.

Diagram showing the aims for all neighbourhoods over the next 5 to 10 years



The initial cohort of focus at the centre of the diagram has been estimated at around 7% of the population and associated with around 46% of hospital costs. Systems are asked to initially prioritise specific groups within this cohort where there is the greatest potential to improve levels of independence and reduce reliance on hospital care and long-term residential or nursing home care, both improving outcomes and freeing up resources so systems can go further on prevention and early intervention. This approach is likely to focus on around 2% to 4% of the population.

The significant change in operational model will enable places to move away from multiple, fragmented siloes across community care, primary care, mental healthcare, hospitals, social care providers, local government and the voluntary sector.

3.2 Herefordshire Neighbourhood Health Programme

Partnership working and governance is already strong in Herefordshire and we benefit from the Health and Wellbeing Board being the main mechanism in instilling structures for joint working across the health and care organisations in Herefordshire to improve the health and wellbeing of the local population, and The One Herefordshire Partnership driving the co-ordinated planning and delivery of the Herefordshire health and care system in order to realise the benefits of the Health and Wellbeing Strategy.

The national plan describes ‘significant license to tailor approach to local need, whilst being clear about the outcomes expected’. This, alongside the local work to date on Neighbourhood Health, particularly around the development of Integrated Neighbourhood Teams, puts Herefordshire in a strong position to drive local implementation of the national plan priorities. However, it is important to recognise that this transformation will need to go beyond the work of the existing Neighbourhood Health programme and become the central to the new system operating model going forward.

Our local programme of work aims to support to establish and deliver a new model of multi-organisational care closer to home for individuals from targeted cohorts at place level prior to winter 2025, to provide proactive, planned and responsive care based on population needs

Through strengthened community partnerships, early intervention, and redesigned care pathways, we will create a system that is proactive rather than reactive. Our commitment to listening to patients and acting on their lived experiences ensures that care is not only clinically effective but also compassionate and responsive to local needs.

Our teams will oversee and deliver a range of services including holistic assessments, case reviews, care planning and coordination of services, with a core team managing complex cases and linking to extended specialist resources as needed through a multidisciplinary way of working.

3.3 Progress to date

3.3.1 Learning from other areas

The recently formed Community Collaborative group held an interactive workshop 1st July 2025, where colleagues from Northampton Neighbourhood Teams shared their operational model and invaluable learning from five years development to date, which has resulted in real term reduction in admissions for those over 85 against demographic growth, and reduction in persons over 65 having five or more unplanned hospital admissions in a twelve month period. Patients rate the service 4.87 out of 5 stars and numerous inspiring stories were shared were simple interventions resulting from the MDNT model have had significant positive on individuals.

The Community Collaborative were able to share learning with Northampton on challenges that we have overcome and agreed to support each other as we develop our offer. The Community collaborative identified the Northampton model is an appropriate basis for Herefordshire to develop from, and following workshops have enabled the development of the implementation plan and contributed to the ICB Neighbourhood Health Delivery Framework design.

3.3.2 Focusing on the six core components

Through One Herefordshire Partnership leadership, providers worked jointly with the ICB as part of an ICS Accelerator Site Programme in 24/25 in developing Integrated Neighbourhood working, which gleaned rich learning and identified critical actions to support partners at place to develop and roll out. Herefordshire's key learning from integrating community wellbeing roles included the need to identify a digital enabler to support integrated working and overcome the barriers of multiple organisations system.

Following the publication of the Neighbourhood Health Guidelines in January 2025, One Herefordshire Partnership delivery priorities were reviewed and realigned to mirror the guidelines core components and Senior Responsible Officers aligned. In July 2025 a maturity matrix self-assessment was completed against these six core components:

- Population Health Management (PHM)
- Modern General Practice
- Standardising Community Health Services
- Multidisciplinary Neighbourhood Teams (MDNTs)
- Integrated Intermediate Care ('Home First')
- Urgent Neighbourhood Services

3.3.3 Identifying initial cohorts

Utilising the PHM+, and triangulating individual partners data in a number of focused workshops supported by analytical and clinical colleagues, and testing options with partners and our Northampton colleagues has resulted in initial cohort identification of people living with 4 or more Long Term Conditions, and have had one or more hospital admission in the past 12 months; this equates to 1147 people currently or 0.56% of the population, in addition to people identified living in Lower Super Output Areas (LSOAs), which have been identified as having disproportionately high rates of avoidable emergency admissions, greater deprivation and evidence of unmet health needs.

3.3.4 The National Neighbourhood Health Implementation Programme

Herefordshire partners have submitted an Expression of Interest to join the National Neighbourhood Health Implementation Programme, which we hope will provide us greater opportunity to test new contracts such as the multi-neighbourhood provider contract and enhance our ability to operationalise at pace with access to national support, feeding directly into the National Neighbourhood Health Advisory Group, and utilising the group to unblock wicked issues.

4. Next steps

Whilst awaiting the outcome of our expression of interest to the National Implementation Programme, the current work programme development and delivery will continue, prioritising a soft launch of MDNTs prior to winter.

Herefordshire Council

Title of report: Good work for everyone: The relationship between work and health

Meeting: Health and Wellbeing Board

Meeting date: Monday 15 September 2025

Report by: Public Health Training Placement

Classification

Open

Decision type

This is not an executive decision

Wards affected

All wards

Purpose

In addition to the two core priorities of the Herefordshire Health and Wellbeing Strategy, there are six supporting priorities which are also critically important for population wellbeing. Good work for everyone is one of these six priorities. This paper updates on progress made to date including the new Herefordshire & Worcestershire Integrated Care System (ICS) Health and Work Strategy, and WorkWell.

Recommendations

That the board:

1. **notes the progress towards the priority of achieving good work for everyone;**
2. **supports the Herefordshire & Worcestershire ICS Health and Work Strategy; and**
3. **considers how all members can contribute further to this priority.**

Alternative options

1. The board could choose not to support the strategy but this is key to demonstrating the supporting priority (‘Good work for everyone’) of the Herefordshire Health and Wellbeing strategy.

Key considerations

Case for change

1. ‘Good work for everyone’ is also one of the six ‘supporting priorities’ of the Herefordshire Joint Local Health and Wellbeing Strategy (see p20).

Further information on the subject of this report is available from
David Collyer, david.collyer2@herefordshire.gov.uk

2. The relationship between work and health is bi-directional – good health is a key factor in an individual being able to work, and good work is one of the prime social determinants that leads to good health. Work matters for our health directly, as well as underpinning other determinants of health such as income or social networks.

3. In England and Wales, 4 million working age adults (1 in 10) now claim either disability or incapacity benefits, up from 2.8 million in 2019 (1 in 13).

4. Evidence shows that unemployment can harm health in numerous ways – including as a source of stress, as a trigger for unhealthy coping behaviours (e.g., smoking or drinking), and through the adverse health effects of poverty.

5. These effects become more pronounced as the duration of unemployment increases. People also experience a loss of the health-promoting aspects that good work can offer, such as social connections or a sense of structure and purpose.

6. In addition to simply being employed, the quality of people's jobs can also markedly affect health. Evidence shows that low job satisfaction, autonomy, pay or security (e.g., zero-hours contracts) can also have detrimental effects on health.

Employment in Herefordshire

7. Around 57.7% of Herefordshire's population is of working age (16-64 years), compared to 63% nationally - meaning the county has a significantly higher dependency ratio between working and non-working age residents.

8. The Government's Get Britain Working White Paper aspires for 80% of the working age population to be employed. Although the current rate in Herefordshire exceeds this (81.4%), the county has a relatively high level of long-term sickness-related economic inactivity. (People are classed as "economically inactive" if they are not in employment but don't meet the criteria for being "unemployed". This means they have not been seeking work within the previous four weeks or were unable to start work within the next two weeks. Common reasons include being retired, looking after the home or family or being temporarily or long-term sick and disabled.)

9. Approximately 24,600 working age people (16-64) in Herefordshire were economically inactive in March 2025 (just over a fifth of the working age population), with 23.2% inactive due to long-term sickness (this compares to 29.4% across the West Midlands, and 27.1% across England) (Source: Annual Population Survey, ONS).

10. Across the UK, around 1 in 5 of the working age population are classed as disabled, and only around half of this group are in work. Herefordshire bucks this trend however with around 73% of people with disabilities in employment.

11. In Herefordshire, the youth unemployment rate (16-24 age group) was 4.4% in May 2025, according to the latest data (compared to 14.1% for the UK as a whole).

National policy context – the 'Get Britain Working' White Paper (published Nov 2024)

12. The White Paper outlines proposals to reform employment, health, and skills support with the goal of tackling rising economic inactivity, helping individuals find fulfilling work, and creating a healthier, more inclusive workforce. The overall aim is to reach an 80% employment rate in the UK.

13. The document addresses key issues such as the exclusion of people with health conditions or caregiving responsibilities from the workforce, challenges for young people accessing good opportunities, the prevalence of insecure employment, difficulties faced by women with caregiving duties, and employer struggles to fill vacancies. It also highlights significant regional and demographic inequalities in employment outcomes.

14. Key proposals are –

- Scaling up and deepening the contribution of the NHS and wider health system to improve employment outcomes, including reducing waiting lists
- Backing local areas to shape an effective work, health and skills offer for local people – with each area developing its own local 'Get Britain Working Plan'
- Delivering a Youth Guarantee so that all 18-21 year olds have access to education, training or help to find a job or apprenticeship
- Creating a new jobs and careers service by bringing together local job centres and the national careers service to create a new public employment service
- Undertaking an independent review into the role of employers in promoting healthy and inclusive workplaces

Sub-regional strategic context - The Get Marches Working Plan

15. The Get Marches Working Plan is the localised version of the Get Britain Working strategy and will cover the local authority areas of Herefordshire, Shropshire and Telford & Wrekin. A first draft is due for publication in September 2025.

16. Proposed priority target groups in the plan are –

1) Disadvantaged young people – particularly: care leavers; those 'not in education, employment or training' (NEETs) aged 18-24; those with Special Educational Needs (SEND) or with Learning Difficulties and Disabilities (LDD), or those with physical impairments

2) Disabled adults including people with physical impairments and learning disability

3) People with long-term health conditions, particularly musculoskeletal conditions, mental illness and chronic conditions (e.g., chronic obstructive pulmonary disease)

4) People with caring responsibilities – particularly lone-parent households, young carers and parent carers

Herefordshire and Worcestershire ICS Health and Work Strategy, 2025-2030

17. Following the successful selection of our ICB for the Vanguard WorkWell Pilot in 2024, the ICB was tasked with developing a comprehensive Health and Work strategy for both counties. The final draft is to be found in Appendix A.

18. This strategy outlines the current landscape using available data, highlights existing programmes and support, and sets out a series of ambitious goals to drive progress.

19. It is built around four key strategic ambitions:

(1) Fostering Inclusive Workplaces

- Introduce a Good Employment Charter across Herefordshire and Worcestershire.
- Enhance communication with employers about available programmes.
- Increase the number of Disability Confident employers in both counties.

(2) Creating Supportive Pathways into Employment

- Establish a “no wrong door” approach to ensure individuals receive tailored support and are matched with the most suitable programmes.
- Strengthen collaboration with the DWP’s Connect to Work initiative.
- Align efforts with the Get Britain Working agenda across the two counties.

(3) Providing Early Support for Those in Work

- Expand access to programmes that help individuals remain in employment.
- Raise awareness of existing support options.
- Assist employers in improving absence management policies.

(4) Enhancing Collaboration Across the System

- Build stronger relationships between system partners.
- Improve governance around the strategy.
- Explore future commissioning opportunities to enable joint working.

20. Each ambition is supported by clearly defined focus areas, success measures, and actionable steps to ensure effective implementation.

Examples of local programmes

WorkWell

21. The WorkWell service is a Department for Work and Pensions (DWP) pilot to support people who are struggling to get into, or stay in employment, because of a health condition or disability.

22. Herefordshire and Worcestershire ICS is one of 15 areas selected nationally to test a range of service models, which DWP will evaluate later in the year before committing to long term funding. The local model is a service embedded in Primary Care through the employment of work and health coaches who are employed by Taurus Healthcare and support all 19 General Practice Teams across Herefordshire.

23. The service is accessible to everyone in Herefordshire who lives in the county or is registered with a Herefordshire GP. Individuals can access the service through GP referral, signposting from their employer, through a local Job Centre or by self-referral. The aim of the service is to ensure that people can overcome health conditions to enable them to be active in the workplace. As such, people may be self-employed or employed but beginning to struggle with their work, or absent on sick leave. Equally, people may be looking to start employment but worried about a health condition and how it will affect their employability.

24. There are three work and health coaches who can see up to 40 people a month throughout the duration of the pilot scheme, which is likely to run for 2-3 years following recent government announcements.

Workplace Health Checks

25. Herefordshire Council, in partnership with Taurus Healthcare’s Talk Wellbeing service, is successfully delivering the government’s national Workplace Cardiovascular Disease Health Checks pilot programme.

26. As part of its successful bid, the council is rolling out free cardiovascular health checks directly to workplaces across the county. This innovative initiative is designed to remove barriers - such as travel, time, and cost - that often prevent working adults from accessing vital health services. It focuses particularly on employees in rural, agricultural, manufacturing, and lower-income roles, where health inequalities are often more pronounced.

27. This pilot marks the first time the government has brought together local authorities and employers to deliver NHS Health Checks in the workplace, making prevention more accessible than ever and helping to protect the heart of the workforce.

Community impact

28. Interventions developed in the Health and Work strategy will have impact on the most disadvantaged communities in Herefordshire.

Environmental impact

29. This report is considered to have minimal environmental impact

Equality duty

30. The detail in the Work and Health Strategy has due regard to this duty. Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows: A public authority must, in the exercise of its functions, have due regard to the need to – a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act; b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

31. The strategy seeks to address and reduce existing societal inequalities, with particular regard to population groups facing socio-economic disadvantage and those with protected characteristics – e.g., through increasing inclusive workplaces, and through targeting of workplace Health Checks to those in lower income roles.

Resource implications

32. Accepting the recommendations of this report does not in itself have resource implications.

Legal implications

33. In line with the Council's constitution paragraph 3.5.25, and as per the Health and Social Act 2014, the role of the Health and Wellbeing Board is to consider this report in line with its responsibilities to support and encourage joint working to improve health and social wellbeing across the county.

Risk management

34. No financial, legal, or reputation risks identified.

Consultees

35. None.

Appendices

Appendix A - Herefordshire and Worcestershire ICS Health and Work Strategy, 2025 – 2030

Appendix B – Presentation slides

Background papers

None identified.

HW ICS Health and Work Strategy

2025 - 2030 | Version: Final Draft

Herefordshire and Worcestershire Integrated Care System

NHS Herefordshire and Worcestershire

Contents and Foreword

Version:	Draft V3
Time period covered:	2025 - 2030
Lead contact:	Judy Gibbs
Approved by:	
Dated approved:	

Foreword

Health, wellbeing and employment are inextricably linked and are co-dependent. Good health is a key factor in an individual being able to work, and good work is one of the biggest social determinants that lead to good health. Viewing them as co-existent factors is seen as increasingly important by the Government as part of its drive to improve economic growth and productivity. Partners across the Herefordshire and Worcestershire Integrated Care Strategy (ICS) have recognised the importance of this connection and this Health and Work Strategy outlines the priorities and actions to accelerate progress to integrate health and work services. We are aiming to foster a healthier, more inclusive workforce across both our counties.

Our vision as an ICS is clear and set out in our Integrated Care Strategy: ***Good health and wellbeing for everyone***. This vision is underpinned by our mission to work collaboratively with people and communities, enabling everyone to enjoy good physical and mental health and live independently for longer. Through our eight commitments, we strive to integrate care in a way that maximises partnerships, focuses on prevention, and addresses health inequalities.

The strategy acknowledges the significant impact that employment has on health outcomes. Financial stability, access to healthcare, mental health benefits, and the promotion of healthy behaviours are just a few ways in which good work contributes to overall wellbeing. Our ambition is to create an environment where clear pathways to good work are available for those who can and want to work, through partnership and collaboration.

We recognise the unique challenges faced by our local population, including high employment rates juxtaposed with significant economic inactivity due to health issues. Our strategy is designed to address these challenges head-on, with a focus on inclusive employment practices and support for individuals with health conditions and disabilities.

As we move forward, our strategic ambitions are centered on creating healthier work environments, reducing sickness absence, and increasing the number of disability-confident employers. We aim to shorten the disability employment gap and support individuals in moving into and retaining employment. This strategy is a call to action. It requires the collective effort of local authorities, public health, NHS services, the Department for Work and Pensions, voluntary organisations, and business support organisations across the two counties. Together, we can build a system that supports residents in achieving an independent and healthy future, with employment as a cornerstone of their wellbeing.

We invite all stakeholders to join us in this journey towards a healthier, more inclusive Herefordshire and Worcestershire.

80% of residents across Herefordshire and Worcestershire are in employment, To raise this number we must create an inclusive employment landscape representative of the diverse resident base we have in our two counties.

Strategy on a page – Health and Work Strategy **2025- 2030**

Herefordshire and Worcestershire Integrated Care System

Our **vision** for local people…

"A dynamic workforce that drives a vibrant local economy, where everyone has access to meaningful employment, where health and wellbeing are prioritised, and residents with health conditions and disabilities are supported to thrive in employment"

Our **mission** is to…

Improve the employment rates of residents across Herefordshire and Worcestershire whilst creating an inclusive employment landscape representative of the diverse resident base within our employers

Our 4 **strategic ambitions** are :

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 avoid individuals leaving work due to ill health

Encourage and **foster collaboration between local stakeholders** to help residents get into and stay in work

Success will be

- Reduction in absence levels reported by employers
- Lower unemployment and fewer benefit claimants related to health conditions
- High performance across the range of health and work interventions developed
- Greater levels of collaboration which directly benefit residents

A **Place based** approach will be used to **deliver** the strategic outcomes…

Across Herefordshire and Worcestershire, we will:

- Seek to increase the cohesion of Health and Work schemes, building on current initiatives across DWP, Public Health and stakeholders including lowering the levels of individuals out of work due to health conditions through Connect to Work.
- Raise levels of disability confident employers.
- Join up current initiatives within each county for greater outcomes.
- Ensure that NHS Programmes across counties perform.

Section 1: Context

This strategy sits within a systemwide strategic framework and specifically addresses the priorities and population needs for the specific area of focus, as set out in the HW Integrated Care Strategy 2023-2033 and the HW NHS Joint Forward Plan 2023-2028 .

1.1 Our 10 year - Integrated Care Strategy

The integrated care strategy sets out how partners and stakeholders will come together to deliver a vision:

Good health and wellbeing for everyone

With the mission of…*Working together with people and communities to enable everybody to enjoy good physical and mental health and live independently for longer.*

Delivered through 8 commitments for HOW we will integrate care:

1. **Maximising the opportunity to work together** as partners to build connections, share learning and address shared challenges in the short and long term.
2. Focusing on **prevention, personalised care and taking action to address health inequalities and vulnerabilities.**
3. Enhancing health and wellbeing by taking **an integrated approach to areas such as housing, jobs, leisure and environment.**
4. Supporting **people and carers to take responsibility for their own and their families health and wellbeing** and working to enable their independence.
5. **Co-producing solutions** with individuals, carers, our communities and Voluntary & community sector organisations as equal partners with collective responsibility.
6. **Making the right service the easiest service to access** and providing it as close to home as possible.
7. Delivering better value for money, stopping duplication and using population health management to be **smarter in how we target interventions**.
8. **Using digital to make services more accessible and effective**, but never forgetting the risks of digital exclusion.

Integrated with and aligned to the two Health and Wellbeing Strategies:

Worcestershire

Herefordshire

1.2 Our 5 year – NHS Joint Forward Plan

The NHS Joint forward plan described in more detail the shared priorities that partners will deliver. With the overall strategic intent to:

Drive the shift upstream to more prevention and best value care in the right setting

Delivering high quality, safe, patient centred, accessible services delivered by a sustainable & inclusive workforce, living within the resources allocated to the system through our shared priorities…

- Providing the best start in life
- Living, aging and dying well
- Reducing ill health and premature deaths from avoidable causes

More focus on:

- **Self-care and independence**, enabling all people to look after their own health and live well with a long term condition
- Promoting healthy behaviours which **reduce, delay and prevent** ill health
- **Co-production, personalised care and support**, meeting the needs of individuals
- **Population health management** and better use of data to target efforts
- **Sustainability of services,** and delivery of the right care models

Enabling reduction in:

- **Healthcare inequalities** - access and outcomes including digital exclusion
- Days people spend in the **wrong care setting**
- The time spent **waiting** to access healthcare
- **Inefficient use of resources** and financial deficits
- **Avoidable pressures** on services

Section 2: Where are we now?

2.1 Background and purpose

Herefordshire and Worcestershire ICS, as part of its Workwell programme is supporting and driving forward a strategic approach to integrating work and health services at a Place level across the two counties. Herefordshire and Worcestershire have long since faced challenges within their employment market that means employers are having to consider alternative strategies to recruit skilled employees within the locality.

Staff retention is also a priority. The impact on businesses of absence and productivity losses due to ill health is well documented and there is significant benefit for employers in retaining employees and their knowledge if the health conditions can be managed in the workplace rather than being lost to ill health, early retirement or resignation. Alongside this is the impact that good work can have on health outcomes – good eemployment can contribute in several ways:

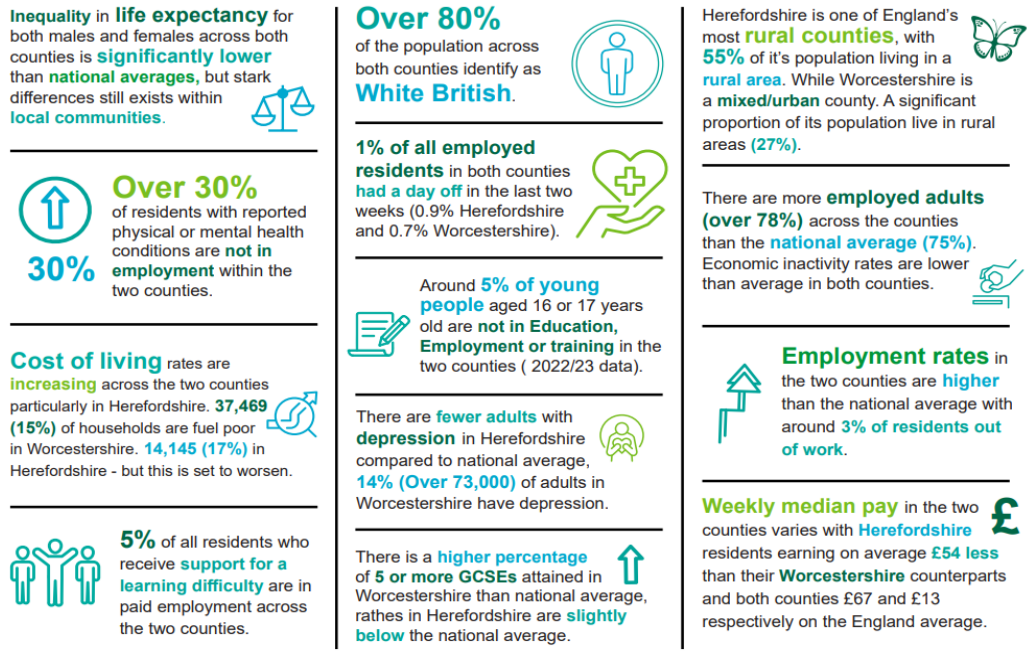
- **Financial Stability:** Having a job with a steady income can reduce stress and anxiety related to financial insecurity. This stability allows individuals to afford healthier food, live in better housing, engage in health and wellbeing activities, remain independent and look after their own health.
- **Access to Healthcare:** Some jobs offer employee assistance programmes and some come with private healthcare benefits. This makes it easier for employees to access medical care, preventive services, and medications. This can lead to early detection and treatment of health issues.
- **Mental Health:** Employment can enhance mental well-being by providing a sense of purpose, structure, and social interaction. Engaging in meaningful work can boost self-esteem and reduce feelings of isolation and depression.
- **Healthy Behaviours:** Work environments that promote healthy behaviours, such as regular breaks, physical activity, and stress management programs, can improve overall health. Employers can also support healthy lifestyles through wellness programs and incentives.
- **Social Determinants of Health**: Employment is a key social determinant of health, influencing various aspects of life, including education, social status, and community engagement. These factors collectively contribute to better health outcomes.

Good work and a good employment environment supports good health outcomes, and good health enables people to be more productive in the workplace

Our ambition is to create the right environment with clear pathways to good work for those who can and want to work through partnership working and collaboration across the key stakeholders and aligned to the existing local strategies which focus on health inequalities, prevention, and improving employment opportunities across a life course approach.

2.2 What are the needs of local people?

Herefordshire and Worcestershire have a working age population of 469,800 with over 80% of adults in both counties employed. Both counties have high employment rates in comparison to both the West Midlands and England but around 18% of the counties residents are economically inactive. Around 15000 residents alongside those on wider job seeking benefits suggest that if work were available, they would move into employment but currently health is one of the barriers to their goals. The two counties also have tight labour markets with challenges around levels of entry level employment and increasing skills gaps in industries meaning that employers are having to look at labour through a more inclusive lens, creating opportunity.

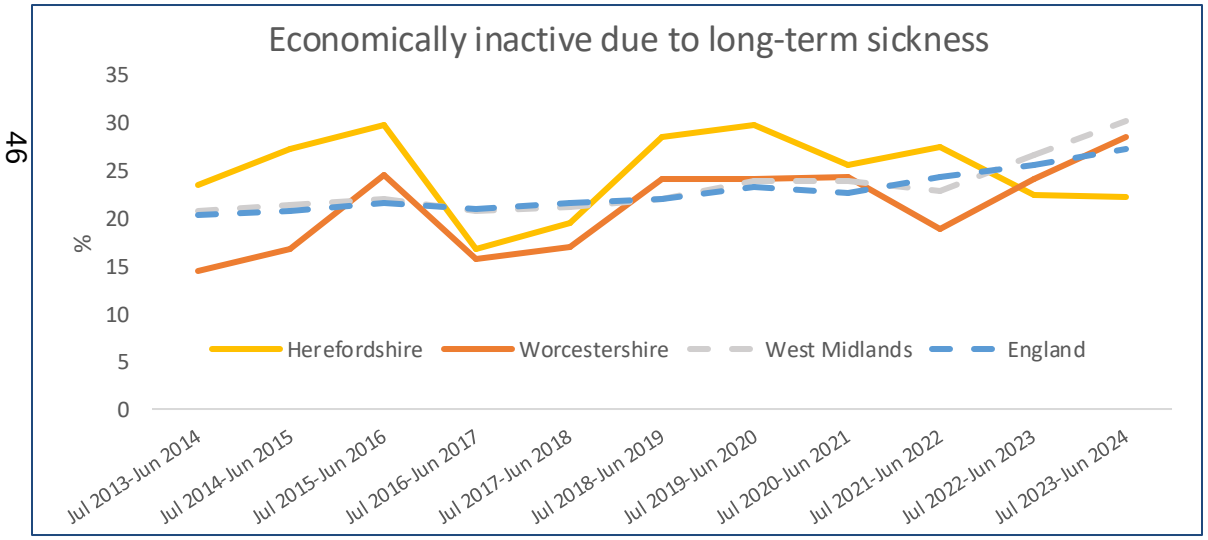


Section 2: Where are we now?

2.3 Where are we starting from?

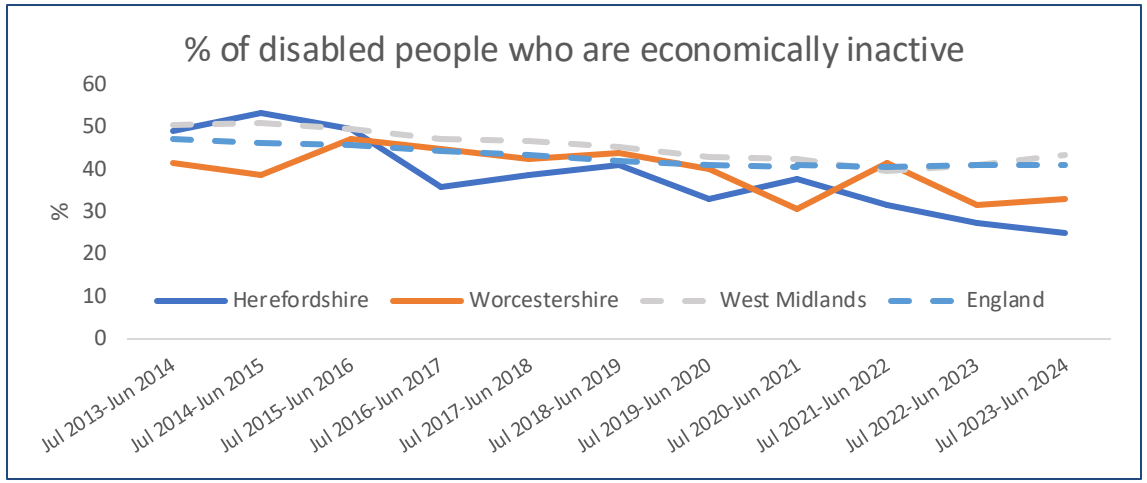
The Government's ***Get Britain Working Paper*** aspires to have an 80% employment rate. Whilst the current rate in our ICS exceeds this (Worcestershire 81.8%, Herefordshire (81.4%), both counties have high level long-term economic inactivity in relation to sickness. This brings a significant wider impact on the public purse and affects residents overall long-term health outcomes.

The proportion of the economically inactive people due to long-term sickness has increased in the West Midlands and England. Estimates for Herefordshire and Worcestershire are between 22% and 28% of all inactivity, which has fluctuated around the regional and national averages over the last 10 years.



Source – Annual Population Survey

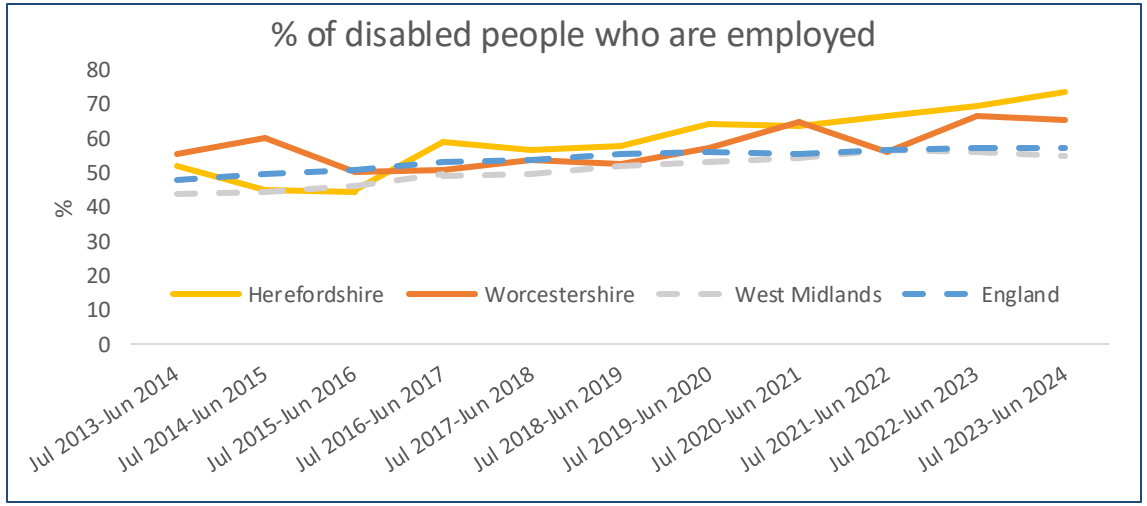
Having a disability brings further barriers to work, some are designed by society, some disabilities make it impossible to work and some people find employment challenging because of lack of simple reasonable adjustments that would enable work. The proportion of disabled people who are economically inactive has generally followed a downward trend in England, although there was a slight increase following the pandemic. Estimates for Herefordshire and Worcestershire have largely been at or below the national average rates with Herefordshire now significantly below the national average.



Source – Annual Population Survey

Across the two counties, this growing downwards trend in % of individuals who are economically inactive is also being felt in the employment rate for disabled people which has generally improved over time following that same trend.

In the UK around 1 in 5 of the working age population are classed as disabled. However. only half of disabled people are in work across the UK , Worcestershire and Herefordshire however buck this trend with 65 – 73% representatively.



Source – Annual Population Survey

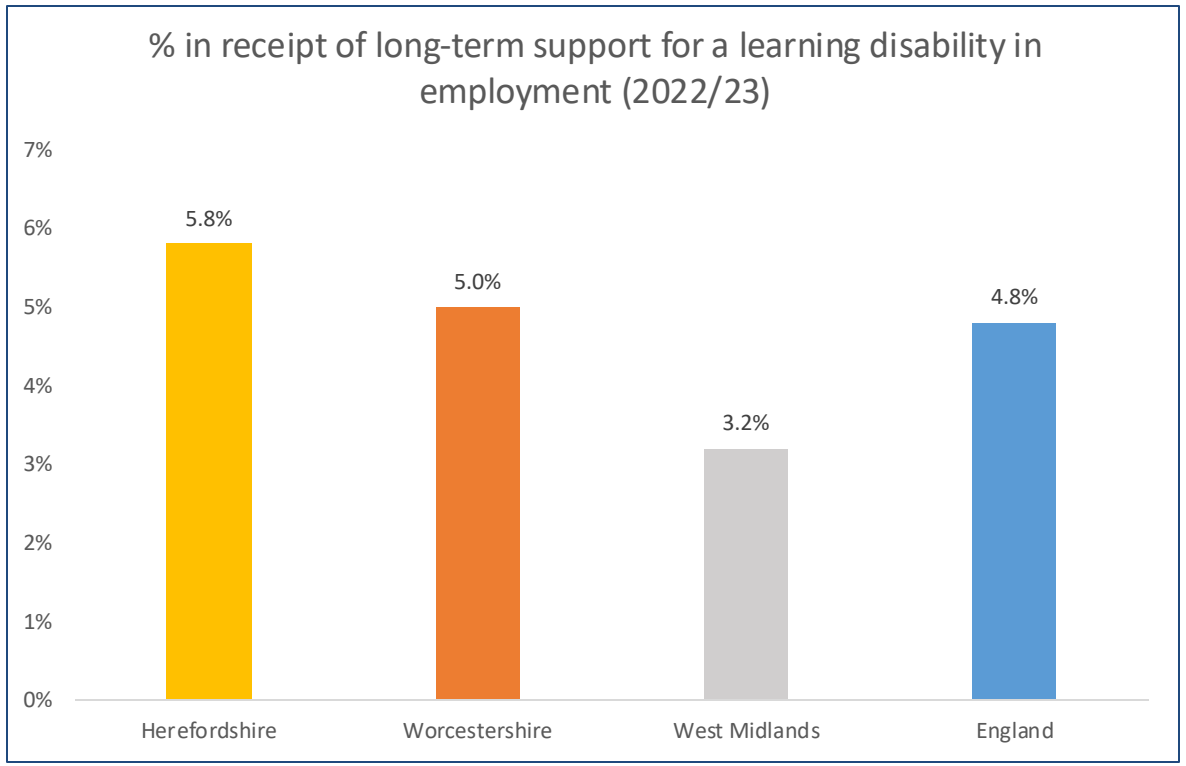
Section 2: Where are we now?

2.3 Where are we starting from continued…

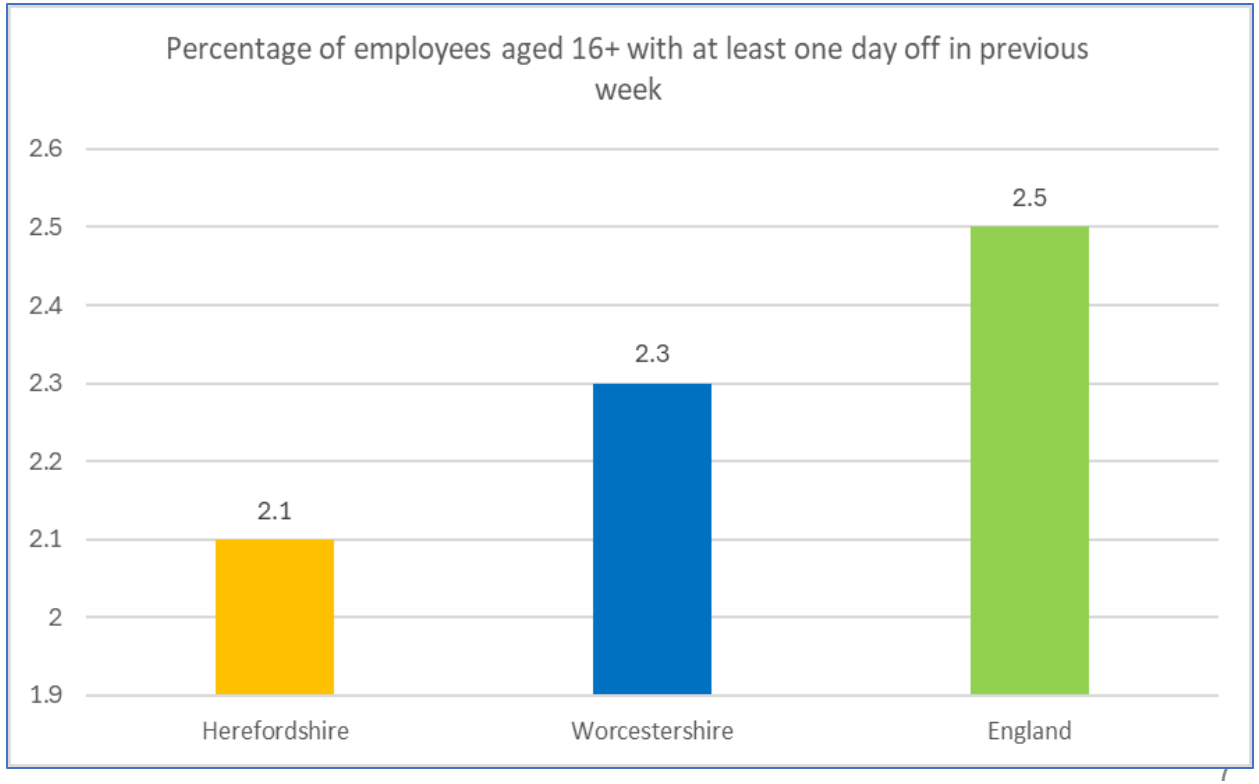
Residents with a learning disability can face many barriers to accessing employment , including lack of support, employer's attitudes and a general lack of understanding of what someone can achieve with the right support, from education through to employment.

Across the two counties, the proportion of the 18-64 population in receipt of long-term support for a learning disability that are in paid employment is significantly higher in than in the West Midlands, although not significantly higher than the national average. However, at a very low 5%, this presents a massive opportunity to address a significant inequality around opportunity alongside the wider economic and health and well being benefits.

A challenge for employers in investing in inclusive employment for people who may require adjustment to overcome a health condition or disability, can be the perceived cost of productivity losses caused by absence. The Chartered Institute of Personnel and Development estimates the cost of absence per employee to be approximately £522 per employee. Sickness absence in the UK has risen significantly since 2020. In the two counties however, it remains lower than the rate of the national average and considerably lower than the regional average. However, this still presents a significant opportunity to improve productivity and reduce the impact on our employers and region as a whole.



Source – Annual Population Survey



Source –OHID Based on National Statistics Data

Section 2: Where are we now?

2.3 Where are we starting from continued…

Health-related absences have a significant impact on employers, not only through short term disruptions but increasingly through longer-term absences that stretch into weeks. These absences reduce productivity and carry financial consequences for businesses, while also affecting individuals' quality of life—both in terms of their health and their financial stability.

To manage these absences, fit notes (also known as sick notes) are issued by GPs. These are used by individuals to inform employers of their inability to work and to access statutory sick pay or sickness-related benefits from the Department for Work and Pensions (DWP). Fit notes are issued to both employed and unemployed individuals.

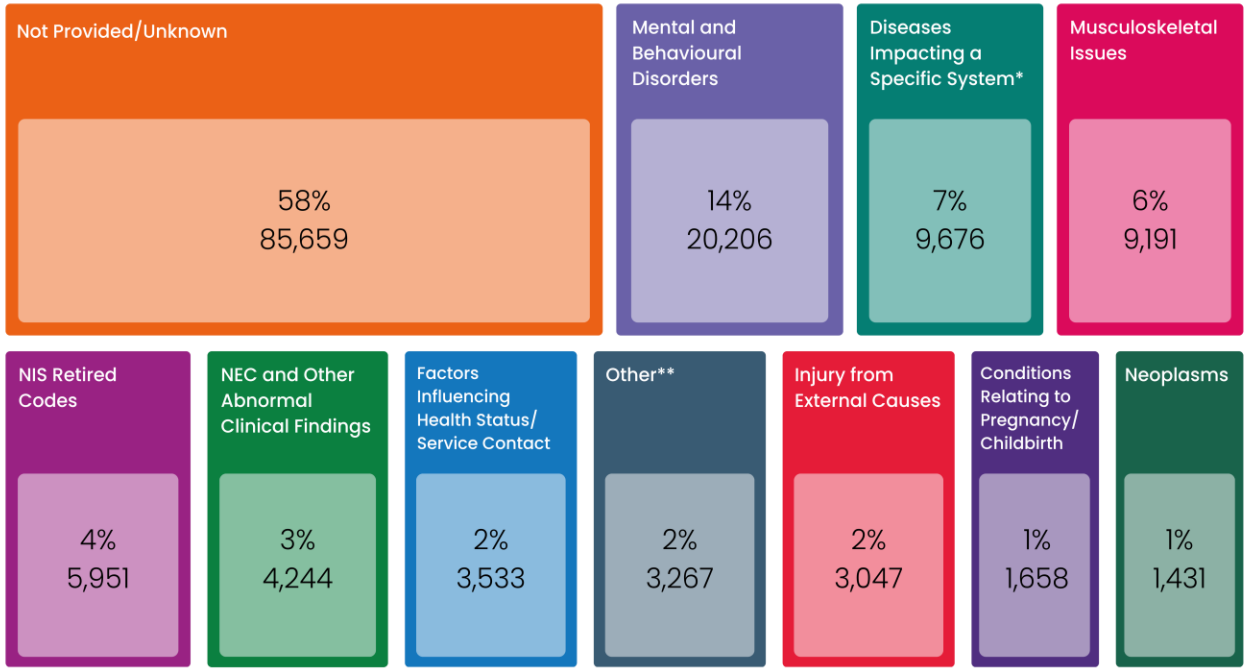
In 2024, a notable trend emerged: over 50% of fit notes did not include a recorded diagnosis, suggesting that time constraints or other factors may be affecting the documentation process. Among those with recorded diagnoses, the most common were mental and behavioural disorders, followed by musculoskeletal and connective tissue diseases.

Fit note levels over recent years have fluctuated, with records from within the COVID-19 pandemic not necessarily representative of the actual situation, as they were not required for those who were shielding, self-isolating, or furloughed. However, in 2021, fit note issuance for both mental health and musculoskeletal conditions rose sharply before declining again in subsequent years.

This evolving landscape presents an opportunity to address the broader economic and wellbeing implications of health-related work absences.

This challenge for employers is twofold: ensuring a healthy workforce and recognising their role in supporting employee wellbeing. It requires having clear policies and procedures for managing absences and responding effectively to sickness as it arises. By offering timely support, employers can help prevent long-term issues and reduce the broader impact on business performance.

Fit Notes Issued by GP Practices, Herefordshire and Worcestershire, December 2024



*Diseases of the respiratory system; Diseases of the nervous system; Diseases of the circulatory system; Diseases of the digestive system; Diseases of the genitourinary system.

**Certain infectious and parasitic diseases; Diseases of the skin and subcutaneous tissue; Diseases of the ear and mastoid process; Congenital malformations, deformations and chromosomal abnormalities; Endocrine, nutritional and metabolic diseases; Diseases of the eye and adnexa; Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism; External causes of morbidity and mortality.

Source – NHS England – Data by ICB

Section 2: Where are we now?

2.4 National, regional and local priorities

Herefordshire and Worcestershire have a number of strategies which address the Health and Employment agenda. Some apply an economic lens by considering the impact of benefit claimants and health on the economy, some focus on the opportunity to improve health or as a focused effort around increasing the employment outcomes of individuals with certain conditions. There is also a national policy where the Government seeks to provide better outcomes for individuals with health conditions and disabilities to move into work . Those strategies are summarised below:

2.4.1 Herefordshire Joint Local Health and Wellbeing Strategy 2023 – 2033

Link: Herefordshire Joint Local Health and Wellbeing Strategy 2023 – 2033

The vision for Herefordshire Health and Wellbeing Board of "***Good health and wellbeing for everyone***" is reflected in the strategy. It focuses on four ambitions that describe the place Herefordshire aspires to be in 10-years' time:

- Thriving communities
- Healthy and sustainable places
- Opportunity for all
- Healthy people

The ambition around building **Thriving communities** will help foster wellbeing and resilience. Creating **Healthy and sustainable places** will help residents will grow, learn, live and work. Offering **Opportunity for all** will support fair access to employment opportunities and disadvantaged groups will be supported within a progressive and inclusive economy. Creating **Healthy People** will help residents to be empowered to take control of their health and access to information and services will be equitable.

The strategy identifies the priority of *"**Good Work for Everyone**"* and the ambition to ensure residents can earn a decent living wage, providing opportunity for personal development and financial security within employment. The strategy also identifies the challenges for certain groups of people being able to access good quality jobs that are suitable to their needs and circumstances.

Herefordshire identifies the Economy and Place Board and the Big Economic Plan as its vehicles to deliver change.

2.4.2 Worcestershire Joint Local Health and Wellbeing Strategy 2022 – 2032

Link: Worcestershire Joint Local Health and Wellbeing Strategy 2022-2032

The vision for the Worcestershire Health and Wellbeing Board is "***Working together for better health and wellbeing in Worcestershire***". The strategy focuses three ambitions to support the overall priority of ***Good mental health and wellbeing***.

- Healthy living at all ages
- Safe, thriving and healthy homes, communities and places
- Quality local jobs and opportunities

The ambition of **Healthy living at all ages** recognises the link between physical and mental health and the importance of a healthy and active lifestyle for residents, supporting residents to remain independent for longer and enabling improved healthy lifestyle choices. The priority of **Safe, thriving and healthy homes, communities and places** brings the link between environment and health and recognises the challenges of a predominantly rural county and the importance of skills and knowledge. The final priority of **Quality local jobs and opportunities** aims to ensure not only is the county prosperous but that residents are able to take part in employment activities no matter their backgrounds. Within this ambition, and employers are encouraged to build healthy, inclusive and diverse workforces.

2.4.3 Herefordshire and Worcestershire All-Age Autism Strategy

Link: Herefordshire and Worcestershire All-Age Autism Strategy 2024-29

This joint strategy translates the national strategy and priorities for autism into the local context to enable local work to close the gap of the health inequalities between individuals with autism and their peers. The strategy focus on improved understanding of autism and ensuring autistic people have the support they need. The document lists seven priorities, with one of them being to S**upport more autistic people into employment**. This priority focuses on seeking to close the employment gap and creating better working environments for individuals to thrive as well as improving inclusive recruitment practices within the two counties. The priority then identifies a number of key actions to be taken forward from improved collaboration across stakeholders to leading by example across public sector organisations that form the Integrated Care System.

Section 2: Where are we now continued

2.4 National, regional and local priorities continued…

2.4.4 Herefordshire and Worcestershire Integrated Care Strategy 2023 – 2033

Link: Integrated Care Strategy: Herefordshire and Worcestershire Integrated Care System

The purpose of the ICS strategy is to bring health, local government and wider partners together to build a healthier future for local people in Herefordshire and Worcestershire.

Building on the two Joint Local Health and Wellbeing strategies it recognises that many factors contribute to our health and wellbeing, with on only around 20% of a person's health outcomes being directly impacted by access to health services.

The strategy focuses on three core priorities, each of which will be impacted by economic growth and prosperity. The most important part of the strategy is the eight core commitments that all partners signed up to. One of which is **Enhancing health and wellbeing by taking an integrated approach to areas such as housing, jobs, leisure and the environment.**

2.4.5 Herefordshire 2050 Economic Plan

Link: Big Economic Plan – Herefordshire Council

Herefordshire's vision is for a ***vibrant, healthy, zero carbon, and inclusive place to live, work, study and visit at all stages of life.*** The plan was launched in March 2023 and includes a strong emphasis on people by supporting residents to thrive within the county. The plan includes a focus on creating employment opportunities that are accessible for residents who are risk of missing out, such as those with special educational needs, disabilities and caring responsibilities.

The strategy actions include the establishment of joint work between local employers to enable more inclusive and flexible employment practices alongside collaborative approaches between employers to enable improved inclusive recruitment practices and improved wellbeing within Herefordshire workforces.

2.4.6 Worcestershire Local Skills Plan 2022

Link: WLEP-A4-Landscape-Local-Skills-Report-update-2022-FINAL-Version.pdf

Worcestershire published its first skills strategy in 2021, with a revision in 2023. The plan focuses around 5 priorities:

1. To enhance the coordination within employment support aimed at reducing claimant levels and improving individual health and well-being whilst impacting positively on economic activity within the county
2. To aim for all educational establishments to annually meet all 8 Gatsby Benchmarks of Good Career Guidance, with a particular focus on the Worcestershire economy.
3. To create an education and training provision eco-system that meets local needs and the future trends of Worcestershire's economy i.e. ensuring further and higher education are responsive.
4. To increase the number of graduates and skilled young people who spend a significant part of their economic life in Worcestershire.
5. To improve the economic activity rates amongst our older workforce by creating a culture of flexible work environments and upskilling/reskilling opportunities.

The action plan identifies the need to explore working with health providers and programmes within the county to ensure health interventions are embedded within employment support programmes to reduce inequalities , in practical terms it seeks to align the strategies of the Health and Wellbeing board with the Local Skills Action Plan.

Section 2: Where are we now continued

2.4 National, regional and local priorities continued…

2.4.7 HM Government Get Britain Working White Paper

Link: Get Britain Working White Paper - GOV.UK

Launched in November 2024 as a key part of the governments mission to kick-start growth through its commitment to building an inclusive and thriving labour market, where everyone has the opportunity of good work and the chance to get on at work.

The approach is based on three pillars of change

1. Empowering localities through a modern industrial strategy and local growth plans to create more good jobs in every part of the country,
2. Improving the quality and security of work through the plan to Make Work Pay
3. The biggest reforms to employment support in a generation bringing together sills and health to get more people into work and to get on in work.

Whilst some detail of the White Paper is unavailable at present it sets the scene for change and driving forward approaches to tackle economic inactivity and a long-term ambition of an 80% employment rate. The Paper reinforces the pledge to build a joined up and local work, health and skills offer in future. There is a whole chapter focused on the issue of economic inactivity caused by ill health which outlines a series of priorities focused on the NHS's role to contribute to resolving the issues. There is a particular focus on the link between NHS waiting lists and economic inactivity – with 33% of economically inactive working age adults being on NHS waiting lists.

2.4.8 County SEND Strategies to support young people

Links: All about special educational needs and disabilities (SEND) – Herefordshire Council Our SEND strategy | Worcestershire County Council

Both counties have highly evolved strategies around Special Educational Needs and Disabilities and supporting young people. Each strategy includes reference to the long-term outcomes for young people and their prospects of employment. Each strategy discusses the need to support young people to explore careers and employment whilst in education settings and then refers to the aspirations around moving young people into employment.

2.4.9 DfE Local Skills Improvement Plans

Links : Local Skills Improvement Plans | Herefordshire & Worcestershire Chamber of Commerce

Marches-LSIP-Stage-1-FINAL-REPORT-W-CR-RO.pdf

The Local Skills Improvement Plans (LSIPs) across the two counties have been designed to support understanding of the needs of local employers to enable greater alignment against education and skills priorities.

Herefordshire forms part of the Marches economic geography and is therefore represented alongside Shropshire and Telford. Worcestershire is its own economic geography but both reports have significant similarities in their needs to move forward. Both highlight the need to better engage employers around future skills needs, to support employers to understand the training and education landscape locally and to feed this information into future employment opportunities. Neither report specifically focuses on disabilities, health or inclusion.

The review of available literature highlights a strong ambition and clear need to improve employment opportunities for individuals with health conditions and disabilities. However, this goal often takes a backseat to primary objectives. The Health and Work strategy provides Herefordshire and Worcestershire with the necessary focus to collaborate, develop solutions, and drive change across various agendas.

Section 2: Where are we now?

2.5 Programmes and activity within the two counties

Workforce Health and Employment Support Across Herefordshire and Worcestershire

Herefordshire and Worcestershire are closely linked through the Integrated Care Board (ICB) and its collaborative system partnerships across the system. Both counties offer a range of similar programmes aimed at supporting individuals—particularly young people—into employment and helping employees return to work after periods of absence.

While there are shared goals, the focus differs slightly between the two areas. In Worcestershire, initiatives emphasise building inclusive workplaces and improving access for younger people. In contrast, Herefordshire has concentrated more on workplace health and the prevention of health conditions.

Across the region, a wide variety of programmes exist—from national schemes like the DWP's Health and Work Programme, commissioned at the Mercia district level, regional programmes across the two counties including the ICB's *Workwell* programme, to locally developed initiatives such as Worcestershire's *Workwell Live Better*, led by Public Health.

These programmes aim to support both individuals with health conditions or disabilities and the employers who can benefit from a healthier, more inclusive workforce. The goal is to improve access to employment and help residents stay in work through healthier workplace environments.

However, the current landscape is **fragmented**. Despite the success of many initiatives, there is often duplication across organisations. To maximise impact, there is a clear need for a more unified strategy and coordinated funding approach that brings together efforts across both counties into a comprehensive, streamlined support system.

"Support needs to be accessible and available to all residents and employers through health, employment and business support touchpoints using the philosophy of no wrong door"

Section 2: Where are we now?

Careers Worcs provides dedicated youth heath and wellbeing support across Bromsgrove, Kidderminster, Worcester and Redditch through tailored 121 support, workshops and peer led support groups to increasing motivation and engagement with Careers Worcs and the wider community. By offering opportunities to explore personal growth we empower young people to be the best version of themselves. Our coaches provide individuals with the tools to manage physical, social and mental health, link in with specialist agencies and support young people to connect, establish positive networks across their communities in order to be able to access career opportunity and thrive in all aspects of life. Our aim is to improve health outcomes, reduce the need for more intensive interventions and longer term difficulties. We recognise that anxiety and low mood impact many of our young people and are committed to providing effective techniques to better manage stress, anxiety and significant life events. By promoting the establishment of positive routines such a sleep habits, nutrition and exercise we empower young people to take proactive steps to prioritise wellbeing. Our holistic approach works to build confidence and resilience to navigate challenges and thrive.

Since the beginning of the contract young peoples attendance has never fallen below 63%, with referrals consistently exceeding targets and contract expectations. This highlights the strong demand for the service and its positive reputation amongst young people. The impact has been profound, with 97% of those completing one to one coaching reporting improvements in their health and wellbeing. Participants have shared powerful testimonials including *"My life is better and easier. I got to know myself more" and "Wellbeing helped me come out of my shell; it helped me be more confident"* another young person shared "*My university course starts January, I'm going out again and taking photo's. The support has helped me massively and I have regained my confidence*". These outcomes demonstrate the services ability to empower young people, helping them to thrive and achieve their goals.

Herefordshire Council, in partnership with Taurus Healthcare's Talk Wellbeing service, is successfully delivering the government's national Workplace Cardiovascular Disease Health Checks pilot programme. As part of its successful bid, the council is rolling out free cardiovascular health checks directly to workplaces across the county.
This innovative initiative is designed to remove barriers—such as travel, time, and cost—that often prevent working adults from accessing vital health services. It focuses particularly on employees
in rural, agricultural, manufacturing, and lower-income roles, where health inequalities are often more pronounced.

"Cardiovascular disease is a leading cause of economic inactivity. These checks will help us identify risks early and support people to stay healthy and in work." — Dr. Sarah Williams, Lead Clinician, Talk Wellbeing

"This is a fantastic opportunity to bring health directly into the workplace and support our workforce to live longer, healthier lives." — Cate Carmichael, Director of Public Health, Herefordshire

The programme has already received positive feedback from local employers "Thank you so much. Everyone that came to see you said that they found the service excellent. As you came to us and they were already in the building, it meant they didn't have to call their doctors or rearrange their lives to attend an appointment. Some had even been called for a review and never followed it up—this made it so much easier for them. I'll definitely be in touch to rebook next year." — Local Employer

This pilot marks the first time the government has brought together local authorities and employers to deliver NHS Health Checks in the workplace, making prevention more accessible than ever and helping to protect the heart of the workforce.

Section 2: Where are we now?

Inclusive Worcestershire Leaders

Started in 2024, Worcestershire County Council recognised the need to create more inclusive workspaces within the geography to support residents with health challenges and disabilities. The Leaders scheme encourages business to become leaders in inclusive recruitment and employment , seeking accreditation beyond disability confident, challenging practices and supporting to understand the latest thinking. The programme currently has 45 businesses recognised as leaders with more being onboarded. Businesses report the recognition as leaders as being beneficial to shape their organisations future recruitment strategies and create meaningful change withing their organisations.

Herefordshire and Worcestershire Chamber of Commerce Health and Wellbeing Forums

The Health and Wellbeing Forums hosted by the Herefordshire and Worcestershire Chamber of Commerce exemplify a proactive approach to fostering workplace wellness. These forums bring together local businesses, industry leaders, and health professionals to exchange knowledge, share best practices, and develop innovative strategies for supporting employee wellbeing. By providing a collaborative platform, the forums empower organisations to address health challenges in the workplace while promoting a culture of care and inclusivity.

One key area of good practice is the emphasis on practical, actionable advice. Workshops and discussions focus on areas such as mental health support, stress management, and many examples, fostering a positive workplace culture. By incorporating case studies and speaker insights, participants gain tools to implement meaningful changes within their business. Furthermore, the forums encourage businesses to share their experiences with each other, creating a sense of community and enabling the dissemination of effective practices across thousands of individuals in the two counties.

The outcomes of these forums are far-reaching. Organisations that engage with the forums report improved employee morale, reduced absenteeism, and enhanced productivity. These initiatives also strengthen employer-employee relationships, showcasing a genuine commitment to workforce wellbeing. Additionally, the forums contribute to broader community health strategies by raising awareness of regional and national resources and supporting individuals to remain in employment.

Section 3: Where do we want to be?

3.1 Our vision and strategic outcomes

Our Vision :

In line with our Integrated Care Strategy vision of " Good Health for Everyone" our vision for the Health and Work Strategy aims to ensure that partners in our system work together to enable:

"A dynamic workforce that drives a vibrant local economy, where everyone has access to meaningful employment, where health and wellbeing are prioritised, and residents with health conditions and disabilities are supported to thrive in employment"

The vision encapsulates the core theme of our Health and Work Strategy; being that delivery will require a system approach where partners align around the strategies ambitions and outcomes.

- **For residents** with a long-term health condition or disability, health and care services are essential to ensure that timely support is available to ensure they are physically and mentally well enough to work and that residents can be signposted to services that can enable them to enter or remain in work.
- **For employees** to thrive and drive a vibrant local economy, workforce health needs to be prioritised. This means ensuring employees are healthy, in work and productive as well as enacting recruitment and employment practices that are inclusive to both a wider pool of prospective employees and a more diverse workforce to drive innovation.
- **For local stakeholders** such as Department for Work and Pensions and Local Government must ensure that provision is available and accessible for residents and employers to drive forward the ambitions within this strategy.

The cross cutting and central themes that are central to achieving the vision is the requirement that that stakeholders across Health and Care, Employment Support and Local Government work more effectively together and with the wider stakeholders to drive forward change. This includes the commitment to ensuring that employers and employees are engaged and shape development and delivery bringing their unique knowledge and understanding of workplaces to the forefront. Key Stakeholders include but are not limited to:

- Public Health,
- NHS Health and Care Services,
- Primary Care Networks,
- Department for Work and Pensions
- Jobcentre Plus Service,
- Local Voluntary and Community Organisations,
- Business Support Organisations such as
- Herefordshire and Worcestershire Chamber of Commerce and
- Growth Hubs
- Local Government within Herefordshire and Worcestershire.

To achieve this, we have set out four strategic ambitions :

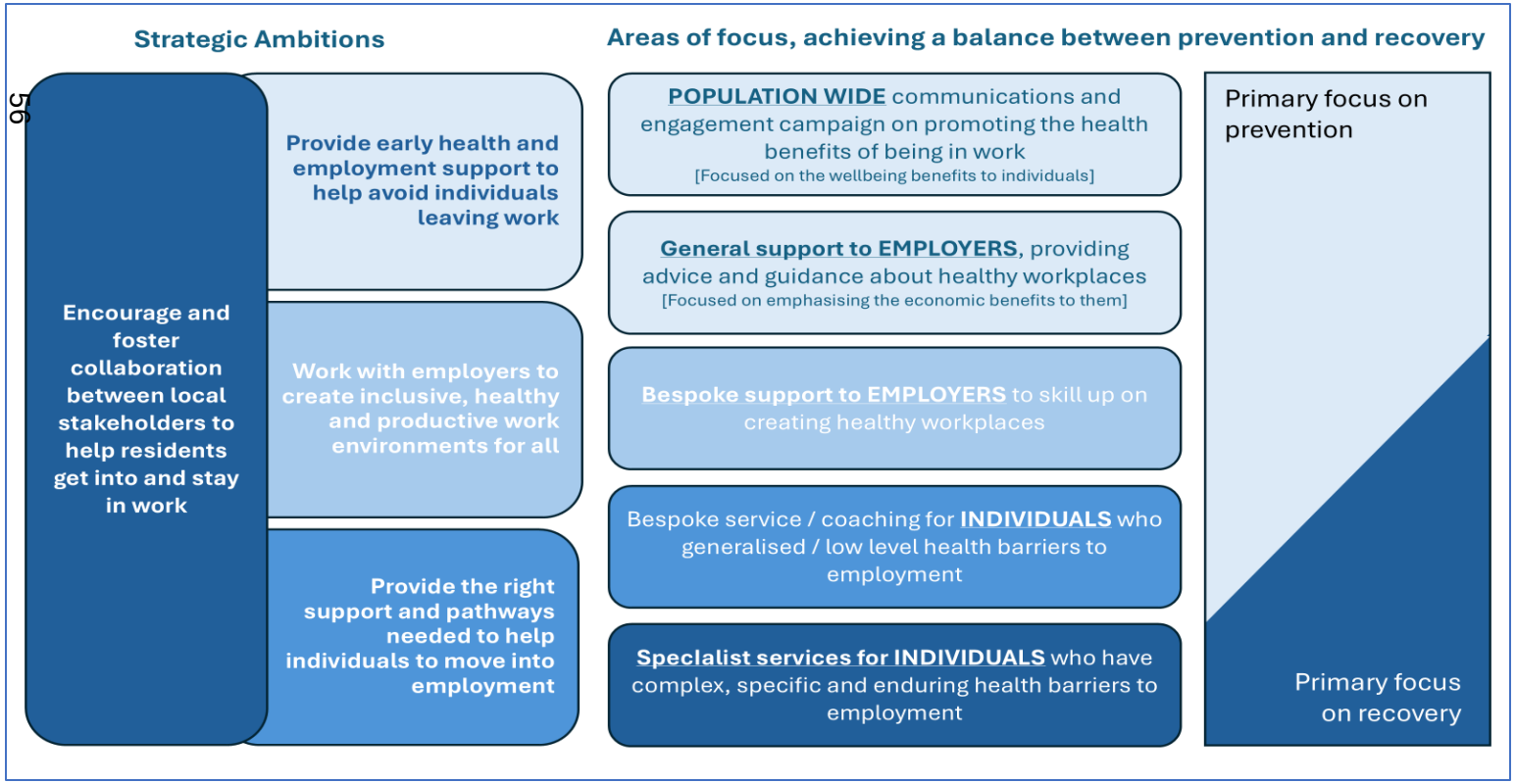
Section 3: Where do we want to be?

3.2 What are the ambitions ?

Strategic Ambitions

These are the overarching goals guiding the strategy:

- **Collaboration:** Foster partnerships among local stakeholders to support residents in gaining and maintaining employment.
- **Early Support:** Offer early health and employment interventions to prevent people from leaving work.
- **Inclusive Workplaces:** Partner with employers to build an inclusive and healthy economy
- **Employment Pathways:** Ensure pathways are in place to help individuals transition into employment.



Areas of Focus

These initiatives aim to strike a balance between prevention and recovery interventions:

- **Population-Wide Campaigns:** Promote the health benefits of being in work through broad communications and engagement.
- **General Employer Support:** Provide advice to employers on creating healthy workplaces, highlighting the economic advantages.
- **Bespoke Employer Support:** Offer tailored training and resources to help employers develop healthier work environments.
- **Individual Coaching**: Deliver personalised coaching for employees facing health challenges that could affect job retention.
- **Specialist Services:** Provide targeted support for individuals with complex or long-term health barriers to employment.

Emphasis on Prevention

The diagram underscores a **primary focus** on prevention, aiming to reduce the need for **recovery** by addressing issues early and proactively.

"Good Work is Good for Health: When people thrive at work, they thrive in life. Supportive, inclusive, and healthy workplaces don't just boost productivity—they build resilience, improve wellbeing, and reduce long-term health risks. Investing in good work is investing in a healthier, happier society"

Section 3: Where do we want to be?

3.3 How our strategic enablers will support the change

Local Authorities:

The work set out in this strategy is intrinsically linked to the work within Local Authorities: from the teams in Public Health, Young People and Adults within Social Care services to colleagues within Economic Development and Employment services. The new DWP employment programme ***Connect to Work*** devolved to Local Authorities will play a primary role in the agenda gaining traction and being successful.

NHS Health and Care Services and Primary Care Networks:

Health providers, particularly GPs and PCN Teams will have a role to play in delivering the strategy, particularly by recognizing and acting upon the inextricable links between employment and health. Through identifying people who present in care settings with health conditions that may put their employment at risk and directing them to the right support, health professionals will be well placed to support a "no wrong door" mindset.

Department for Work and Pensions:

DWP, both locally and nationally, need to be at the heart of this strategy. Working with and creating a strong partnerships will be essential to the success of this programme, ensuring that we are able to identify gaps and duplication in provision and support to bring forward funding and approaches to deliver.

Local Voluntary and Community Organisations:

Local VCS organisations are key to enabling change. Supporting them to enable better outcomes for residents and signpost to services designed to support, whilst growing the capacity of the sector to enable greater impact on the ground.

Business Support Organisation and Employers:

Employers and Business Support Organisations such as the Federation of Small Businesses and Herefordshire and Worcestershire Chamber of Commerce will be central to delivery and communication of messaging. Employers will need to be given the tools to support employees moving into workplaces and to celebrate in the successes as we enable this change.

Section 4: How are we going to get there?

To create inclusive, healthy and productive work environments for all

Working towards a Healthy Inclusive Herefordshire and Worcestershire economy starts with educating employers around the benefits to both employers and employees alike of inclusive workplace practices, from quantitative benefits such as reaching a wider talent market to recruit from, overall improvements in staff retention and generally happier and healthier employees resulting in improved productivity.

Prioritising prevention delivers long-term advantages for employers by reducing hidden costs associated with absenteeism and boosting overall productivity. Additionally, inclusive workplaces contribute further gains by fostering creativity and enhancing problem-solving through diverse perspectives and approaches to challenges.

Evidence shows that increased diversity also positively assists organisational income with individuals with health conditions and disabilities more likely to spend money with organisations who are more inclusive, known as the “purple pound impact”.

Herefordshire and Worcestershire have made progress in supporting businesses to be more inclusive over the last twelve months, by helping organisations to understand how to work with employees with health conditions and disabilities and better support them to manage conditions alongside work. The two counties have also built programmes to support employers around healthier workplaces such as the Public Health initiatives Worcestershire Workwell Live Better programme and Workplace Health checks in Herefordshire.

Moving forward, Health and Work should be increasingly seen as aligned agendas in all system partner thinking and when working with stakeholders. It is essential that the understanding of the intrinsic links between economic development and health are considered and aligned so that employers are able to gain information and support through traditional routes into health and business support to create healthier workplaces with long lasting economic benefits.

Key areas of focus	
	Increase messaging to employers around the benefits of healthy workplaces and provide support and assistance through our local Growth Hubs to source programmes to support employers
	Review data around reasons for sickness and absence from workplaces , considering capacity around low level health interventions to meet needs and develop programmes as needed through NHS, Public Health and other partners.
	Working with DWP to increase the number of disability confident employers across Herefordshire and Worcestershire
	Explore the creation of a charter around good employment for employers in the two counties, linking to current initiatives using key metrics such as job quality and impact on worklessness .
	Increase messaging to employers around current initiatives for residents which can be delivered through workplaces
	Complete review of current workplace health programmes to ensure they meet employer needs, deliver the objectives of the Health and Work strategy and improve health outcomes for residents

Section 4: How are we going to get there?

To create inclusive, healthy and productive work environments for all

How will this be measured ?	Geographical alignments	Measure	Baseline	2025/26	2026/27	2027/28
Increased employer engagement in local programmes	Herefordshire	Workplace Healthchecks	2500	2600	3000	3500
	Worcestershire	Inclusive Worcestershire Leaders	44	100	150	200
Reduction in Fit Notes issued by GPs	Regional level	Number of fit notes	147683	145000	142500	140000
Growth in Disability Confident Levels	Herefordshire	Disability Confident Levels	37	56	83	125
	Worcestershire		262	328	409	512

Measuring Success and Future Actions (2025–2027)

Achieving success in this priority area will involve tracking progress through both local programme outcomes and key indicators such as fit note issuance levels and the number of Disability Confident employers. These measures will support the development of the inclusive economy that Herefordshire and Worcestershire aim to build.

To support this ambition, the following actions will be undertaken between 2025 and 2027:

1. **Implementation of a Good Employment Charter -** A shared employment standard will be introduced across both counties, enabling employers to assess and improve their workplace practices. This charter will draw on best practices from other English regions, including mayoral authorities, and build on the existing Inclusive Worcestershire Leaders framework.

2. **Enhanced Communication with Employers -** Efforts will be made to improve awareness of existing wellbeing programmes. This will involve collaboration with employer representative bodies such as the Herefordshire and Worcestershire Chamber of Commerce, the two counties' Growth Hubs, and Public Health teams to better communicate the current support landscape. This will include the annual production of a **directory of services** for employers.

3. **Review of Existing Wellbeing Offer -** A comprehensive survey will be conducted in partnership with Public Health to assess employer needs in the area of workforce wellbeing. This will help identify current challenges, highlight gaps in provision, and ensure that public health initiatives are aligned with employer priorities.

Section 4: How are we going to get there?

Create support and pathways for individuals to move into employment

Across Herefordshire and Worcestershire, employment rates are higher than national average, with 81% of residents of working age in employment. However, employment rates for those with health conditions lag behind other areas, at around 65% in Worcestershire and 73% in Herefordshire. Employment for staff with disabilities sits at around 50% of residents in employment.

Inclusive employment across the two counties has become a more prevalent conversation with employers. Recent feedback in the latest Herefordshire and Worcestershire Chamber of Commerce Salary and Benefits report 2025, explored Equality, Diversity and Inclusion and the impacts on employer's recruitment strategies. 77% of employers recognised ED&I as a key organisational objective, highlighting its growing importance within workplace strategies. Employers need confidence to recruit and create the workplace environment that is required to effectively transition individuals.

The right type of work is good for physical and mental health and Focusing support on those with greatest need and developing the tools and programmes to drive this this change is possible with greater cohesion across this agenda. The actions taken need to build a system within the two counties that creates the right conditions to support residents, no matter their personal circumstances to build an independent and healthy future - which includes employment.

As Herefordshire and Worcestershire Councils move through devolution, Health and Work needs to be prioritised within the skills and employment agenda. This focus must also be preventative and ensure that young people with Special Educational Needs and Disabilities moving out of education are given the tools to understand their future options and the pathways to pursue them. As ICBs develop, they must also build capability to ensure that the NHS maximises its impact on supporting economic growth and prosperity for the benefit of local residents.

Key areas of focus	
	Working with Local Authorities , effectively commission support for residents with disabilities and health conditions using devolved programmes such as the Connect to Work programme to enable support.
	Work with the local Business support organisations to promote inclusive behaviours in workforces and sell the benefits of inclusive recruitment to build opportunities for residents across the two counties.
	Simplify the landscape of employment support so that no residents faces a wrong door across the two counties and that support is available for residents.
	Grow the local capacity and knowledge of the employability sector and our employers to gain improved outcomes for residents.
	Develop under the HM Government White Paper a Get Britain Working Plan for Herefordshire working with Shropshire County Council and for Worcestershire with Worcestershire County Council.
	Work collectively to build understanding of the support employers around Inclusive recruitment and supporting individuals with health conditions and disabilities into workforce.

Section 4: How are we going to get there?

Create support and pathways for individuals to move into employment

How will this be measured ?	Geographical alignments	Measure	Baseline	2025/26	2026/27	2027/28
Increase in the number of residents economically inactive in the labour market	Herefordshire	Employment Rates	80.3%	80.3	81	81.5
	Worcestershire		80.3%	80.3	81	81.5
Decrease the levels of inactivity due to Health conditions	Herefordshire	Inactivity Rates due to long term Sickness	4900	4800	4500	4250
	Worcestershire		22200	22000	21000	20500

Measuring Success and Future Actions (2025–2027)

Achieving success in this priority area will involve tracking progress through both local programme outcomes and key indicators such as levels of employment and inactivity due to long-term health conditions. These measures will support the development and simplification of access to pathways and to remain within employment for residents across Herefordshire and Worcestershire.

1. **Establish a Unified Front Door for Residents Across Both Counties** - **A comprehensive review of access points** to employment and health services will be conducted across Herefordshire and Worcestershire. This will provide insights into service users' experiences and inform improvements to the triage process. The goal is to ensure individuals are connected to the most appropriate support at the right time in their journey, thereby enhancing the effectiveness and outcomes of available programmes.

2. **Strengthen Inclusive Employment Through Collaboration with the DWP Connect to Work Programme -** The Connect to Work programme will play a central role in promoting inclusive and diverse workplaces. In alignment with efforts to increase the number of Disability Confident employers, both counties will explore opportunities to support businesses in creating healthy, inclusive environments. This includes **building on initiatives** such as the Inclusive Worcestershire Leaders Programme to embed inclusive practices across the region.

3. **Support the Development of 'Get Britain Working' Plans in Herefordshire and Worcestershire -** The Integrated Care Board (ICB) will actively contribute to shaping the counties' **Get Britain Working plans**, ensuring alignment with health and work strategy priorities. System partners will be encouraged to adapt existing programmes to support these plans and to engage in meaningful consultation when introducing new initiatives. This collaborative approach aims to strengthen joint working and deliver improved outcomes for residents.

Section 4: How are we going to get there?

Provide early health and employment support intervention to prevent individuals leaving work

Typically, around 1% of all employed residents in both counties have a day off every two weeks due to ill health. Whilst 71% of residents who report health conditions are employed, many of them report that their health condition impacts their careers and limits their employment over the long term. Additionally, the number of employees reporting neurodiversity is increasing and employers will need to evolve to ensure that employees have reasonable adjustments and practices are neuroinclusive to support these staff.

With increasing demand on local NHS services, there is a risk for people with health conditions that impact on their ability to work if they are unable to access services in a timely way. To mitigate this risk, NHS and Public Health will continue to focus on prevention and work collaboratively with employers to identify prevention opportunities. This will include supporting individuals to seek early help and will bring a range of services closer to where people live (for example through a Workwell service in every PCN area).

Poor mental health and wellbeing is a particular challenge. Reported prevalence levels and demands for services have risen dramatically since the pandemic. A mental health survey from 2021 calculated that 57% of our adult population had possibly experienced signs of depression and anxiety, with 15% 'probably' having symptoms. In the two counties around 5.5% of employed individuals are currently accessing secondary mental health services. It has been reported that more than half of all long-term absences are as a result of a mental health condition.

Early support will help individuals to remain in employment, especially when scheme when supported by their employers. This brings benefits to employers in productivity and reduced replacement labour costs. The Workwell programme offers an opportunity for employers to support employees who are at risk of going off sick and those who are struggling to retain work.

Key areas of focus	
	Maximise the impact of the Vanguard pilot Workwell Programme across the two counties, explore learning and lobby for roll out of the programme beyond its current lifetime.
	Work with DWP and Local Authorities to consider opportunities to increase take up in programmes designed to support existing staff with health conditions within two counties.
	Support employers across the two counties to enable effective absence management procedures and implement processes to facilitate better conversations with staff and monitor absence to implement prevention measures.
	Raise profile of existing Public Health and NHS programmes designed to support healthier workplaces to Herefordshire and Worcestershire Employers to maximise takeup and impact.
	Support SMEs to access DWP Health Adjustment Passports to support Occupational Health needs, designed to support employers to understand health needs of employees and put provision in place to support.
	Work with DWP to explore Access to Work and supporting employers to make reasonable adjustments to existing staff

Section 4: How are we going to get there?

Provide early health and employment support intervention to prevent individuals leaving work

How will this be measured ?	Geographical alignments	Measure	Baseline	2025/26	2026/27	2027/28
Engagement levels of Service Users in Health and Employment programmes across the two counties	Herefordshire & Worcestershire	DWP Workwell	300	1650	1650	1650
		Talking Therapies	1140	1140	1552	1738
		IPS Mental Health	-	683	854	943
		IPS Drugs and Alcohol – Job starts	39	40	40	40
Reduction of Sickness Absence Levels	Herefordshire	Percentage of employees aged 16+ who had at least one day off due to sickness absence in the previous working week	2.1	2	1.9	1.8
	Worcestershire		2.3	2	1.9	1.8

Measuring Success and Future Actions (2025–2027)

Achieving success in this priority area will involve tracking progress through health and employment programme outcomes and key indicators such as levels of sickness absence within employers.

1. **Expand Awareness of Health and Employment Support Programmes -** In collaboration with employer representative organisations, both counties will work to increase awareness and understanding of available health and employment support programmes. The aim is to maximise participation and ensure that employees at risk of leaving the workforce receive timely support to prevent long-term absence. This will involve identifying synergies between services and launching targeted marketing and communication campaigns to boost engagement. Success will look like finding opportunities for **joint marketing campaigns** targetting participants
2. **Collaborate with DWP to Promote Employer-Focused Tools -** Employers across the region often face challenges in accessing and utilising tools such as Access to Work and Health Adjustment Passports. Working closely with the Department for Work and Pensions (DWP), system partners will develop **improved communication strategies** to raise awareness and uptake of these resources among employers.
3. **Support Employers in Embedding Effective Absence Management Policies -** System partners will engage with local employers to **co-develop practical solutions and resources** that support the implementation of robust absence management policies and processes. These tools will be designed to be easily adopted by employers, helping to reduce long-term sickness absence and improve workforce retention.

Section 4: How are we going to get there?

Encourage and foster collaboration between local stakeholders to help residents get into and stay in work

Herefordshire and Worcestershire has a plethora of organisations working in this space, across a wider health and employment agenda - from large resourcing organisations to small Voluntary and Community providers. Health and Work ambitions will require partners to come together, recognize each other's contribution and maximise the impact that each plays around the known challenges.

It will require new thinking, ambitious plans and brave leadership to stretch existing resources to bring change in this agenda. The ICB will play a key role in bringing together stakeholders to create delivery plans to support the Health and Work ambitions outlined in this strategy. These delivery plans will then be monitored by an appropriate governance structure that includes representatives from both counties and all key stakeholders.

A key part of the success of this strategy will be working collectively to communicate and reinforce messaging to the public round the links between good work and good health, bringing organisations together under one mantra and one message from all system partners.

Local Authorities will work under their Connect to Work programmes supporting residents into work through their contracting arrangements. Where possible using these to build more local capacity to deliver around this agenda in future and ensure that employers are supported to create the cultures needed for inclusive workforces.

Alongside this the two counties will align their wider Get Britain Working plans to be developed over 2025, to create synergies with the Health and Work Plan alongside existing wider strategies already within the geography to ensure consistency and maximise impact.

Key areas of focus	
	Focus on partnership working with greater integration across health and care, inc. other public sector bodies such as DWP , Local Authorities, Public Health and the VCSE sector bringing them into the Health and Work agenda
	Map the work of stakeholders around this agenda, recognise the value each sector and organisation brings, but also acknowledge the challenges needing resolution.
	Recognise and utilise the opportunities that partnership working brings for shared economies of scale and to avoid duplication of work.
	Ensure that all stakeholders within the agenda act as best practice exemplars with inclusive and health and wellbeing being at the forefront of their employment practices.
	Amplify opportunities to add inclusive workforces and local employment opportunities into social value across public sector procurement practice.
	Collaborate with local stakeholders to develop a population wide campaign that reinforces the intrinsic links between health outcomes and employment outcomes

Section 4: How are we going to get there?

Encourage and foster collaboration between local stakeholders to help residents get into and stay in work

Measuring Success and Future Actions (2025–2027)

Success in this priority will be driven by strong relationships that promote collaboration, align efforts across the system, and ensure that both employers and residents benefit from a healthier, more inclusive workforce.

1. Strengthen Collaborative Governance - Establish and maintain robust partnership structures to oversee and report on the Health and Work Strategy. This includes forming a **formal governance framework** with regular attendance tracking, progress monitoring, and documented evidence of joint decision-making and shared accountability. The aim is to foster a shared vision and encourage innovative, cross-organisational solutions.

2. Annual Stakeholder Mapping and Resource Development - Co-develop and publish an **annual Employer Guide to Health and Work Support** for Herefordshire and Worcestershire. This will be done in collaboration with Growth Hubs and the Chamber of Commerce to maximise visibility and promote integrated, cross-sector approaches. Success will be measured by the number of contributing stakeholders and the guide's reach and engagement.

3. Identify and Leverage Collaborative Opportunities - Proactively explore opportunities for joint working, particularly in areas such as Employer Engagement, Marketing, and Triage. The impact will be assessed through the number of collaborative initiatives launched and the extent of shared resource use to drive greater system-wide effectiveness.

4. Align Social Value with Strategic Goals - Work closely with procurement teams to ensure that **social value commitments** align with the objectives of the Health and Work Strategy. This includes embedding health and employment outcomes into procurement practices. Progress will be tracked through analysis of current procurement frameworks and the annual value of contracts incorporating relevant social value clauses.

5. Engage and Inform Residents - Collaborate to identify effective communication channels and deliver public campaigns that highlight the positive relationship between good employment and health. Success will be measured by the number of campaigns delivered and the uptake of related programmes and services by residents.

Section 4: How are we going to get there?

4.2 Measuring our strategic outcomes

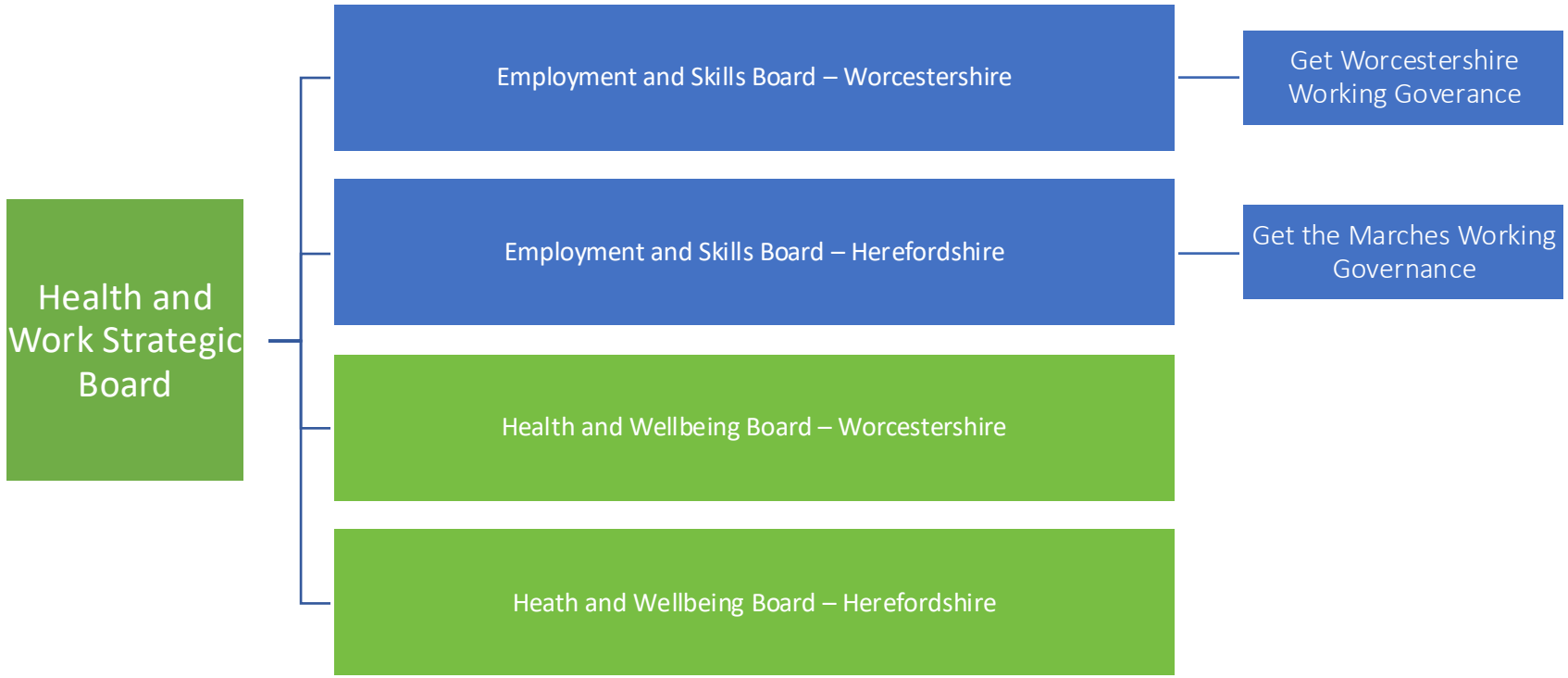
We will use the following outcome measures to understand the impact the strategy and place-based delivery plans have in delivering our vision for residents around Health and Work:

Measure	Herefordshire	Worcestershire	What is good
Numbers of Disability Confident Employers across two counties - DWP	37	262	
Levels of sickness absence decline across two counties – OHID	2.1%	2.3%	
Employment Rates – DWP	80.3%	80.3%	
Disability Employment Rates	73%	65%	
Inactivity Rates due to Sickness	8500	22200	

Section 4: How are we going to get there?

4.3 Governance

We will use the following Governance board across our system partners to drive the work of the Health and Work Strategy



The above diagram represents the relationships with the health & Work Strategic Board, who will oversee delivery of the outcomes measures.

Good work for everyone

The relationship between work and health

- ‘Good work for everyone’ = one of 6 supporting priorities of HWB strategy
- Two-way relationship between work and health
- Some key issues in Herefordshire –
  - Average wages lower than for region and country
  - Ageing population – higher dependency ratio
  - Increased economic inactivity due to ill health

Good work for everyone

The relationship between work and health

- National and sub-regional context — Alex Heath
  - ‘Get Britain Working’ White Paper and ‘Get Marches Working Plan’
- Herefordshire and Worcestershire ICS Health and Work Strategy, 2025-2030 — David Mehaffey (on behalf of Judy Gibbs)
- Examples of local programmes — Gillian Pearson
  - WorkWell and Workplace Health Checks

Get Britain Working Plan

A key part of this government's mission to kick-start growth is the commitment to building an inclusive and thriving labour market. It is also central to delivering the government's missions to break down barriers to opportunity, and to improve the health of the nation and a long-term ambition to achieve an 80% employment rate. This approach is based on three pillars:

- a modern Industrial Strategy and Local Growth Plans to create more good jobs in every part of the country
- improving the quality and security of work through the Plan to Make Work Pay
- Bring together employment, skills and health to get more people into work and to get on in work. This third pillar is the focus for the White Paper: to Get Britain Working, Includes the announcement of a Youth Guarantee; a new jobs and careers service; and local Get Britain Working plans [Get Britain Working White Paper - GOV.UK]

Aims to:

- Reduce unemployment (currently 1.5 million), inactivity (over 9 million), and long term sickness (2.8 million).
- Improve access to healthcare, education, and skills training.
- Foster economic growth through a healthier, more inclusive workforce.

- Local areas have been allocated £100k to cover the costs of developing a local Get Britain Working Plan plus further £25k per additional unitary local authority in non devolved areas. £150k Marches area. [Guidance for Developing local Get Britain Working plans (England) - GOV.UK]

Get Marches Working Plan

- Areas without a devolution agreement were asked to work across the agreed Connect to Work delivery area. For Herefordshire this is the Marches economic area which includes Shropshire and Telford and Wrekin. Shropshire is the accountable body for the area.

  Local plans need to include:

  - analysis of key local labour market challenges for different groups of people across the economy, ensuring collective agreement on these key local issues

  - an overview of the current landscape of support (for individuals and employers) and the differing responsibilities and contributions different stakeholders have

  - a clear plan of action for how partners will work together to develop support and services that address local priorities and improve local outcome indicators. The plan covers actions for next 12-24 months.

- Genecon consultancy commissioned, to develop GMWP, stakeholder consultations held, surveys, review of key local strategies and plans including joint local Health and Wellbeing strategy and Health and Work plan
- A draft plan was submitted to Department for Work and Pension (DWP) 27th June 2025 - all areas are expected to have initial plans completed and published by end of September 2025.
- The Marches Joint Committee has strategic oversight of the plan. A new Operational Board has been set up.
- There is no expected funding attached to the delivery and monitoring of the plan

Get Marches Working Plan

Objectives:

1. Reduce Economic Inactivity and Support Those Furthest from the Labour Market
2. Enable Inclusive and Tailored Employment Support
3. Strengthen Skills Provision and Align it with Employer Demand
4. Bridge Education and Employment through Targeted Youth Support
5. Invest in Local Infrastructure and Place-Based Support
6. Promote Employer Engagement and Inclusive Recruitment
7. Integrate Health, Skills, and Employment Systems

Get Marches Working Plan

Key Statistics

- The employment rate in Herefordshire is 80% (annual population survey January to December 2024
- 57.7% of Herefordshire's population is of working age (16-64 years). higher dependency ratio between working and non-working age residents.
- 41.3% (64,969) of the population in Herefordshire were "economically inactive" (Census 2021) relatively high rates of retired people who are inactive

Summary of the priority groups for the Marches area

- Young people who are Disadvantaged (those Not in Education, Employment and or Training, Care Leavers, SEND).

- Adults with Disabilities including learning disabilities

- People with a health condition (Musculoskeletal (MSK) & Physical Disability Mental Health Conditions, Chronic Illness)

- People with Caring responsibilities

Herefordshire and Worcestershire Integrated Care System

NHS Herefordshire and Worcestershire

Finalising the Health and Work Strategy

Judy Gibbs – Workwell Programme Director , NHS ICB / Head of Service Skills and Employment – WCC , jgibbs@worcestershire.gov.uk

The Vision

NHS
Herefordshire and Worcestershire

"A dynamic workforce that drives a vibrant local economy, where everyone has access to meaningful employment, where health and wellbeing are prioritised, and residents with health conditions and disabilities are supported to thrive in employment"

WorkWell
Herefordshire & Worcestershire

NHS
Herefordshire and Worcestershire

Work with employers to create inclusive, healthy and productive work environments for all

Create support and pathways for individuals to move into employment

Four Strategic Ambitions

Provide early health and employment support intervention to prevent individuals leaving work

Encourage and foster collaboration between local stakeholders to help residents get into and stay in work

WorkWell
Herefordshire & Worcestershire

Strategic Outcomes – Seeking to change

NHS Herefordshire and Worcestershire

Measure	Herefordshire	Worcestershire	What is good
Numbers of Disability Confident Employers across two counties - DWP	37	262	
Levels of sickness absence decline across two counties – OHID	2.1%	2.3%	
Employment Rates – DWP	80.3%	80.3%	
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WorkWell Herefordshire & Worcestershire

Herefordshire General Practice
Taurus Healthcare

TALK WELLBEING NHS
Herefordshire and Worcestershire

Talk Wellbeing – WorkWell Herefordshire & Worcestershire

Start: People not working because of a disability or health condition that could be overcome with some reasonable adjustments.

Stay: People in employment but struggling to hold down their job because of their disability or health condition.

Succeed: The programme aims to help people through coaching and other support mechanisms to overcome these barriers and succeed in the workplace.

- Patient has now **lost 7 stone aided by his WorkWell referral to Halo**. Training 3 times a week he has upped his activity to include classes. He has secured a job and started this week. We worked together coaching, **improving his CV and looking at application forms and interview techniques**. In our last session when asked about his mental health, his response was "What mental health!" When asked for his feedback on the service he said "I have found WorkWell really beneficial. Carrie has been friendly, caring and non-judgemental. I have never felt a burden and Carrie has never once not felt like genuine help. Anyone that gets to work with her will be lucky to have her."

- On referral **signed off not fit to work** due to a challenging work situation which is currently in the hands of a Solicitor. Through coaching considered options for a future career aligned with their preferences and skills. Coach signposted to Herefordshire Growth Hub, attended group and 1:2:1 sessions. **Resigned from permanent job and has gone self- employed.**

- Patient in work and **signed off not fit to work** due to multiple life stressors has moved into a new job. Through coaching they shared what their career aspiration is. Created a new CV, job searching, offered an interview, walk and talk interview preparation with the Coach. Increased confidence and self- belief they are **now flourishing in their new job**.

- Patient has been **offered a role after a successful interview**. We worked together beforehand discussing possible interview questions and responses, to aid her confidence.

- Patient has **opened conversations and is engaging well with her employer** to aid reasonable adjustments and air her troubles rather than going off sick. This is good for both employer and patient.

- Patient has **secured an apprenticeship in plumbing** and has started work

- Patients have been **referred and accepted for counselling sessions**

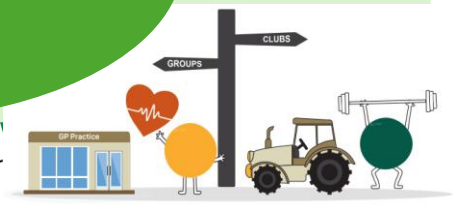
Herefordshire General Practice
Taurus Healthcare

TALK WELLBEING NHS
Herefordshire and Worcestershire

Talk Wellbeing - Workplace Health Checks

- Our workplace cardiovascular disease health checks help identify early signs of heart disease, stroke risk and diabetes. By providing employees with vital health information, we empower them to take proactive steps towards a healthier future.
- Providing CVD Health Checks in workplaces to employees aged between 18 – 74 years across Herefordshire, with a particular focus on employees in rural, agricultural, manufacturing and anchor institutions.
- Recognises that often people can't leave work to attend a health check, so brings the service to the person, removing barriers to accessing health checks
- MECC approach which includes swap to stop and signposting to other services and community organisations
- Links with WorkWell, enabling teams to provide wellbeing services to workplaces. Opportunity to 'bolt on' other prevention services such as Lung Cancer Screening
- Worked with 54 workplaces to date, providing over 1300 health checks
- Workplace Health Checks are picking up 14.9% disease prevalence rates compared to the NHS Health Check offer at 7.9%

"This would be an extremely valuable service regularly in our remote rural community the biggest thing is they listened"



Her

Herefordshire Council

Title of report: Herefordshire Pharmaceutical Needs Assessment 2025

Meeting: Health and Wellbeing Board

Meeting date: Monday 15 September 2025

Report by: Public Health Training Specialist Registrar

Classification

Open

Decision type

This is not an executive decision

Wards affected

All Wards

Purpose

This report seeks the approval of members for the publication of the 2025 Herefordshire Pharmaceutical Needs Assessment (PNA) on 1 October 2025 (the statutory deadline). The statutory 60-day consultation period for this PNA ended on 2 September 2025. Members are asked to note the consultation report (appendix 1) and to delegate final approval for publication to the PNA working group.

Recommendation(s)

That the board:

a) note the Pharmaceutical Needs Assessment (PNA) Draft Main Document (appendix 3) and its key statements and recommendations;

b) note the Consultation Report (appendix 1); and

c) approve the PNA for publication on 1 October 2025 in principle, with final approval delegated to the PNA working group.

Alternative options

It is a statutory requirement of the Health and Wellbeing Board to publish a PNA on a 3-yearly basis.

Key considerations

1. The PNA provides an assessment of the current provision of pharmaceutical services across Herefordshire and whether this meets the needs of the population, identifying any potential gaps in service delivery.

Further information on the subject of this report is available from
Ryan Davies, ryan.davies@herefordshire.gov.uk

2. The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 state that health and wellbeing boards (HWBs) must produce a PNA every 3 years. The last Herefordshire PNA was published in October 2022.

3. The development of the 2025 PNA was achieved through various engagement activities to ensure input from key stakeholders, including:

   - Regular working group meetings
   - Public Survey and Focus Groups
   - Distribution of Contractor Surveys (Community Pharmacies and Dispensing Practices)
   - Formal consultation with statutory consultees

4. The summary findings of the **Regulatory Statements** from the PNA are as follows:

   - There is currently sufficient provision of Pharmacies and Dispensing GP Practices in Herefordshire, delivering essential pharmaceutical and dispensing services. There are 27 Pharmacies and 10 Dispensing GP Practices. This is the same total number as the 2022 PNA but includes one 'bricks and mortar' pharmacy closure and replacement by a Distance Selling Pharmacy.

   - No gaps were found in provision of necessary services. Travel time analysis indicates good access to services by car. The entire population lives within a 20-minute journey by car to a Pharmacy or GP Dispensing Practice in weekdays up to 1800hrs. On Saturdays the entire population are within a 30-minute journey by car, and this only drops slightly to 97% on Sundays. There is also good access by foot for most of the urban population during weekdays. However, access on foot is poorer out of hours and at weekends. Public Transport is also more limited, particularly in rural areas. 18 of the 27 Pharmacies in the county are open on Saturdays and 6 of the 27 are open on Sundays.

   - Overall, there is good coverage of Advanced Services. Pharmacy First is offered at nearly all pharmacies (96%). Flu Vaccination Service is offered at 89%, Hypertension Case Finding at 81% and Lateral Flow Devices at 81%. Contraception services are slightly lower, however, and only offered by just over half of pharmacies (59%). The lowest coverage is for smoking cessation services (for patients discharged from hospital), which is only offered by a third of pharmacies (29%). Additionally, geographical variation in these services exists, both by PCNs and between more deprived and affluent areas.

   - Weekday evening provision after 1900hrs is now reliant on a single pharmacy in Hereford City. Therefore, the consideration of commissioning of a rota is included in the recommendations (see below). Additionally, increasing smoking cessation services is an area that would secure future improvements.

   - In terms of other NHS Services, Herefordshire Council currently commissions Emergency Hormonal Contraception via Solutions 4 Health (Sexual Health Herefordshire) and Needle Exchange and Supervised Consumption via Turning Point. Additionally, the recommissioning of Smoking Cessation services via Stop Smoking Herefordshire is currently ongoing. Herefordshire and Worcestershire ICB currently commissions Palliative Care Medicine Hubs and Antivirals for Pandemics. Analysis indicates adequate provision of most services across the county. Services with reduced coverage include needle and syringe exchange, where Hereford City and North and West PCNs are both reliant on provision from single pharmacies.

   - The 2025 PNA has assessed pharmaceutical needs and service provision within Herefordshire at County and PCN level where possible. Needs of different PCNs have been considered in terms of population size, rurality, access and levels of deprivation.

Information has been reported on protected characteristics within the Joint Strategic Needs Assessment (JSNA) summaries and public surveys.

5. The **Recommendations** of the report are as follows (note the first 4 are shared across HWICS):

   1) Increase public confidence, awareness and uptake of pharmacy services, particularly Pharmacy First.

   2) Increase strategic oversight and alignment of services with health priority areas.

   3) Ensure sustainability of current services and staff morale.

   4) Improve joint working with Local Authority Public Health Teams and PCNs. Particularly, with regards Population Health Management, Neighbourhood Health Plans, information sharing and data capture.

   5) Consideration for commissioning a rota to allow for increased out of hours provision beyond 1900hrs during weekday evenings.

   6) Aim to ensure Hypertension Case Finding and Smoking Cessation services are provided within areas of greatest need. This may be by levels of deprivation, or ideally, identified using local data and intelligence.

   7) Consideration of commissioning a new sharps' disposal service.

   8) Increase partnership working with regards Public Health (Promotion of Healthy Lifestyles) as an essential service. This should be through collaboration with the Public Health Team, PCNs and local Health Champion initiatives.

   9) Use of local data intelligence to inform services This should also be two-way and links to data capture and sharing of pharmacy data, as above.

   10) Alignment with local health priorities and key performance indicators. Particularly, vaccination coverage and promotion, hypertension and smoking in early pregnancy.

   11) Consideration of streamlining the existing local commissioning process. With the aim of increasing uptake of services by pharmacies who are under significant workload pressures and may be otherwise put off by the time taken to complete this.

   12) Consideration of the environment, crowding and queuing systems within community pharmacies. This is to allow for greater customer privacy and inclusivity to those neurodivergent individuals. This may also increase uptake of pharmacy first and other services.

   13) Finally, greater accountability for tracking and enabling these recommendations should occur through the creation of a PNA Recommendation Action Matrix. This should be used for updates at subsequent PNA working groups.

6. Note the last recommendation, that these are to be detailed further by responsibility, key activities, barriers and timeline (SMART) via the associated action matrix. This is the responsibility of the PNA working group to implement and allows continued tracking of progress. It is also suggested that the Health and Wellbeing Board review this annually.

Community impact

7. The Herefordshire PNA 2025 will be used by commissioners to consider new pharmacy applications as well as any additional advanced or locally enhanced services. Given the critical role community pharmacies have on the health and wellbeing of the population they serve, the

impact of decisions related to services is significant. This is reflected throughout the PNA and its recommendations and should be considered by members of the HWB.

Environmental impact

8. The recommendations in this report would not have a significant environmental impact. However, ensuring adequate provision of pharmaceutical services promotes good stewardship of medicines. Medicines account for 25% of NHS greenhouse gas emissions.

Equality duty

9. The Public Sector Equality Duty requires the Council to consider how it can positively contribute 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. The detail in the PNA pays due regard to this duty and the recommendations seek to deliver appropriate support, access and services for those with protected characteristics under the 2010 Equality Act.

11. The mandatory equality impact screening checklist has been completed (appendix 2) for this decision and it has been found to have low impact for equality. Therefore, a full Equality Impact Assessment is not required. However, the following equality considerations should be taken into account when making a decision:

    - The demographic characteristics and feedback from both the public survey and focus groups.
    - Access and disability considerations and reporting of statutory requirements.
    - Recommendations regarding mental health and reasonable adjustments.
    - Service provision relating to pregnancy and maternity.

Resource implications

12. Accepting the recommendations does not have direct resource implications. Commissioners will need to consider the recommendations balanced against other budget priorities.

Legal implications

13. In accordance with the provisions of the Health and Social Care Act 2012, the council's constitution (paragraph 3.5.27 (h)) identifies that it is a function of the board 'To prepare and publish a local Pharmaceutical Needs Assessment under S206 of the 2012 Act'.

Risk management

14. There is significant reputational risk attached to non-publication of the PNA by 1 October 2025. Mitigation is through accepting the recommendations of this paper and continued delegation of the final publication decision to the PNA Working Group.

Consultees

15. NHS (Pharmaceutical & LPS) Regulations 2013 require a 60-day consultation as part of the statutory duty around production of a PNA. The statutory consultation period for the Herefordshire PNA ran from 4 July to 2 September 2025.

16. The email to consultees contained an invitation letter and a link to the webpage on the Herefordshire Council website with PDF copies of the full draft PNA report, appendices and link

for survey comments/feedback. The regulations also state the required consultees. The following organisations, and contacts therein, were therefore notified via email on 4 July:

- Herefordshire Local Pharmaceutical Committee (LPC)
- Herefordshire Local Medical Committee (LMC)
- Herefordshire Pharmacies
- Herefordshire Dispensing GP Practices (Practice Managers)
- Healthwatch Herefordshire
- Wye Valley Trust
- HWICB
- NHSE West Midlands Region
- Office for the West Midlands (OWM)
- Neighbouring LPCs (Gloucester and Shropshire)
- Neighbouring HWBs and DPHs (Gloucester, Shropshire and Worcestershire)
- PNA Working Group Members

17. There were only 4 responses to the consultation. The full consultation report, including the regulations, invitation letter, survey questions and response log is at appendix 1.

Appendices

Appendix 1: Consultation Report

Appendix 2: Equality Impact Screening Checklist

Appendix 3: Herefordshire PNA 2025 – Draft Main Document

Appendix 4: Herefordshire PNA 2025 – Draft Main Document Appendices

Appendix 5: Herefordshire PNA 2025 – Presentation to the Health and Wellbeing Board

Background papers

None identified.

Herefordshire Council

Appendix 12

Consultation Report

Regulations

NHS (Pharmaceutical & LPS) Regulations 2013 require a 60-day consultation as part of the statutory duty around production of a PNA.

Extract from NHS (Pharmaceutical & LPS) Regulations 2013 No 349: PART 2: Reg 8:

8. (1) When making an assessment for the purposes of publishing a pharmaceutical needs assessment, each HWB (HWB1) must consult the following about the contents of the assessment it is making.

The persons mentioned below "must together be consulted at least once during the process of making the assessment on a draft of the proposed pharmaceutical needs assessment".
*The consultation should be for a minimum period of **60** days, beginning with the day that all parties are served the draft. A person is to be treated as served with a draft, if that person is notified by the HWB of the address of a website on which the draft is available and is to remain available (except due to accident or unforeseen circumstances) throughout the period for making responses to the consultation.*

Those served with the draft can request a copy of the draft in hard copy form, the HWB must as soon as is practicable and in any event within 14 days supply a hard copy of the draft to that person (free of charge).

Consultation period

The statutory consultation period for the Herefordshire PNA ran from **04th July to 02nd September 2025.**

Consultees

The regulations state that he following organisations must be consulted:

- The local pharmaceutical committee
- The local medical committee
- Pharmacy and dispensing appliance contractors included in the pharmaceutical list for the area of the health and wellbeing board
- Dispensing doctors included in the dispensing doctor list for the area of the health and wellbeing board

- Any pharmacy contractor that holds a local pharmaceutical services contract with premises that are in the health and wellbeing board's area,
- Healthwatch, and any other patient, consumer, or community group in the area which the health and wellbeing board believes has an interest in the provision of pharmaceutical services
- Any NHS trust or NHS foundation trust in the health and wellbeing board's area
- NHS England and NHS Improvement
- Any neighbouring health and wellbeing board

The following organisations, and contacts therein, were notified via email on 04th July. The email contained an invitation letter and a link to the webpage on the Herefordshire Council website with PDF copies of the full draft PNA report, appendices and link for survey comments/ feedback.

Herefordshire Local Pharmaceutical Committee (LPC)
Herefordshire Local Medical Committee (LMC)
Herefordshire Pharmacies
Herefordshire Dispensing GP Practices (Practice Managers)
Healthwatch Herefordshire
Wye Valley Trust
HWICB
NHSE West Midlands Region
Office for the West Midlands (OWM)
Neighbouring LPCs (Gloucester and Shropshire)
Neighbouring HWBs and DPHs (Gloucester, Shropshire and Worcestershire)
PNA Working Group Members

Invite Letter

Dear Consultee,

You have been identified as a recommended consultee for the Herefordshire Pharmaceutical Needs Assessment (PNA) 2025.

Consultation on the Herefordshire Council Pharmaceutical Needs Assessment

The Health and Wellbeing Board of Herefordshire Council have produced a draft local PNA. This will help ensure residents have good access to local pharmacy services. The last PNA was published in 2022 and this PNA is due to be published on 01 October 2025.

This PNA provides an assessment of the current provision of pharmaceutical services across Herefordshire and whether this meets the needs of the population, or if there are any potential gaps. Additionally, recommendations for where and how services may be improved. The PNA will be used by the Herefordshire and Worcestershire Integrated Care Board (HWICB), to consider applications to open new pharmacies, or to commission additional services from pharmacies. Local commissioners may also use information and evidence contained within the PNA to commission additional services from community pharmacies.

How to comment on the draft PNA

Nominated Consultees are kindly requested to comment on the contents of the draft PNA before it is finalised and published. We would like to invite you to take part in this consultation which will run from 04th July until 02nd September 2025.

The draft PNA, further information and a link to the online feedback form can be found on the following website: https://www.herefordshire.gov.uk/pna

To limit the environmental impact of this consultation we would prefer that the document is read electronically. However, if you do require a paper copy of the form or have any queries, please contact **(emails redacted)**

All feedback will be considered, and a consultation report will be included within the final PNA (due to be published by 1st October 2025). This will give an overview of the feedback received and set out how this has impacted the final document.
We look forward to receiving your feedback on the draft PNA.

Zoe Clifford
Director of Public Health
Herefordshire Council

Survey

The online consultation survey asked the following questions:

Herefordshire PNA 2025 Survey for Consultees	
Name (optional):	
Email (optional):	
Q1. Please indicate from the list below which type of consultee category best describes you.	A member of the local pharmaceutical committee (LPC) A member of the local medical committee (LMC) A Pharmacy or dispensing appliance contractors in Herefordshire A Dispensing Doctors or from a Dispensing GP Practice in Herefordshire. A Pharmacy Contractor in Herefordshire A member of Healthwatch Herefordshire A member of another patient, consumer, or community group in Herefordshire. A member of an NHS trust or NHS foundation trust in Herefordshire A member for NHS England or NHS Improvement A member of a neighbouring health and wellbeing board An interested member of the public Other

Other, please specify:	
Q2. Please add your comments regarding any potential errors.	
Q3. Please add your comments relating to the Gap Analysis	
Q4. Please add your comments relating to the mapping analysis.	
Q5. Please add your comments relating to the engagement analysis.	
Q6. Please add your comments relating to the local need analysis.	
Q7. Please add your comments relating to the conclusions drawn from this PNA (including the regulatory statements).	
Q8. Please add your comments relating to the Recommendations.	
Q9. Please give any comments relating to the PNA overall, or where these do not fit with any previous question.	
Thank you for taking the time to complete this survey	

Consultation Log

A total of 4 responses were received over the consultation period. The responders and comments are in the table below.

Response Number & Responder Category	Consultation Response	Consideration given in revised draft	Decision to amend the PNA (y/n) and date
1 A member of the local pharmaceutical committee (LPC)	Q2 N/A Q3 Seems OK - not sure about sharps 'success' in Worcestershire Q4 Good Q5 Good Q6 Good Q7 Agreed Q8 Agreed apart from sharps. Note OC and BP provision is linked with PhF and so has increased since June.	N/A	N/A

2 On behalf of a national pharmacy contractor	Nil	N/A	N/A
3 A Dispensing Doctors or from a Dispensing GP Practice in Herefordshire.	Q2 Nil errors noted Q3 I agree with the no gap statement Q4 Nil Q5 Nil Q6 Nil Q7 I would like to know who the named person is signing the PGD for pharmacy commissioned pharmacy first services. Q8 I would express a concern of depression being added to the new medicines service given it's a high-risk area Q9 Generally positive report, I would just note the comments above	N/A Query referred	N/A
4 Member of Herefordshire Health and Wellbeing Board	Q2 Noticed a couple of typos - enhances instead of enhanced for example. Q3 Nil Q4 Nil Q5 Nil Q6 Nil Q7 Conclusions seem logical based on the needs analysis Q8 Are the 13 recommendations from 2025, on top of the 2022 ones? it is not clear how many of the 2022 recommendations are actually completed. The progress updates are in some instances a bit woolly. The 2025 recommendations could do with being SMARTer. Q9 An executive summary and/or easy read version would be helpful.	A further proofread and typo amendments made on pages SMART recommendations covered by action matrix Executive Summary given as HWB Report	Yes 12/09/2025

Herefordshire Council

Activity/project name: Herefordshire PNA 2025
Person completing this form: Ryan Davies (PH ST3)
Date: 01 September 2025

Appendix 2

Equality impact screening checklist

Remember that your completed checklist will be available to decision-makers and the public, and is therefore open to challenge. Consider what evidence is in place to support your answers.

	Yes	No
1. Does/will the policy or activity affect the public directly or indirectly?	☒	☐
2. Have there been or likely to be any public concerns about the policy or proposal?	☐	☒
3. Does the evidence/data show an existing or likely differential impact for any of the protected characteristics (eg. age, sex, disability, race, religion, pregnancy, etc)?	☐	☒
4. Do/will people who have different protected characteristics have different needs, experiences, issues or priorities in relation to this policy or activity?	☒	☐
5. Could the policy or activity affect how services, commissioning or procurement activities are organised, provided, where and by whom?	☒	☐
6. Could the policy or activity affect our workforce or our employment practices (eg. software purchase, team restructure or relocation, HR policy)?	☐	☒
7. Have complaints been received from different equality groups about the effect of this policy, proposal or our activities in general (having no complaints does not always mean there is no issue?)	☐	☒
8. Does the policy involve, or will it have an impact upon, eliminating unlawful discrimination, promoting equality of opportunity, or promoting good relations between different groups?	☐	☒
9. Is there likely to be an adverse/negative impact or risks to the organisation, for users, equality groups or staff if the policy or activity is implemented in its current format?	☐	☒

Add up the "yes" column: ----------

How many answers are "**yes**"?:

0: **No impact** – the process is complete.

1-3: **Low impact** – an EIA is not required at this point (you can complete a light-touch EIA now or later if you want to – that is never wrong). But you must still indicate within your documentation and decision papers what equality factors you have considered. This is a statutory requirement, and is open to challenge and scrutiny.

4-9: **High impact** - a full EIA is required immediately. The EIA can be reviewed, re-done, or updated at any time as necessary.

Herefordshire Council

Herefordshire Pharmaceutical Needs Assessment 2025

June 2025

Produced in accordance with the National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.

Contents

Glossary

CPCF	Community Pharmacy Contractual Framework
DAC	Dispensing Appliance Contractor
DSP	Distance Selling Pharmacy
DHSC	Department for Health and Social Care
GP	General Practitioner
HLP	Healthy Living Pharmacy
HWB	Health and Wellbeing Board
ICB	Integrated Care Board
ICS	Integrated Care System
IMD	Index of Multiple Deprivation
JSNA	Joint Strategic Needs Assessment
LA	Local Authority
LCS	Locally Commissioned Service
LMC	Local Medical Committee
LPC	Local Pharmaceutical Committee
LSOA	Lower Super Output Area
NHS	National Health Service
NHS BSA	NHS Business Services Authority
NHSE	NHS England
NICE	National Institute for Health and Care Excellence
ONS	Office for National Statistics
PCN	Primary Care Network
PNA	Pharmaceutical Needs Assessment

Part 1 - Introduction & Context

Introduction

A Pharmaceutical Needs Assessment (PNA) is a process of reviewing pharmaceutical service need and provision within counties in England. This is the fourth PNA produced on behalf of the Herefordshire Health and Wellbeing Board (HWB.)

Aim

The main aim of the PNA is to establish and review the current NHS pharmaceutical services provided to the local population. This is to ensure that current and future services are of good quality, are easily accessible, meet local health and pharmaceutical needs and provide good use of NHS financial resources. The report identifies gaps in services, unmet needs and provides recommendations to the HWB. PNAs are used by NHS England to assess new pharmacy applications and guide commissioning decisions. Local pharmaceutical services are provided by community pharmacies, dispensing doctors and other providers, as well as a range of other services provided by community pharmacies.

Legislation

Roles and responsibilities

Every HWB has a statutory duty to produce and maintain a statement of this assessment of local pharmaceutical need (the PNA.) The responsibility for producing PNAs transferred from Primary Care Trusts (PCTs) to HWBs in 2012. HWBs do not commission services directly but oversee the system for local health commissioning. The HWB must produce a Joint Local Health and Well-being Strategy (JHWS) based on the findings of a local Joint Strategic Needs Assessment (JSNA). The JHWS and JSNA inform the preparation of the PNA.

The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 state that HWBs must produce their first PNA by no later than 1st April 2015, and every 3 years thereafter. The 2013 Regulations set out the legislative basis for developing and updating

PNAs, which can be found on The Relevant Page of the Government Legislation Website. Responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list, transferred from PCTs to NHS England from 1 April 2013. This document replaces the most recent Herefordshire PNA which was published in 2022. There is national guidance available for the development of PNAs which can be found on the Relevant Page of the Government Website. However, it should be noted some areas of the document remain open to local interpretation.

From April 2023, NHSE delegated the commissioning of community pharmacies to Integrated Care Boards (ICBs). It should also be noted that commissioning arrangements may change in the lifetime of this PNA, with the dissolution of NHSE and reconfiguration of ICBs. It is anticipated that Herefordshire and Worcestershire ICB (HWICB) will be the primary audience for this PNA and will refer to this document when making decisions regarding community pharmacy commissioning.

Minimum requirements

The content of PNAs is set out in Regulation 4, Schedule 1 of The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. Here, the minimum content requirements for PNAs are detailed across seven Regulatory Statements. These statements, along with the corresponding Herefordshire PNA 2025 summary findings, can be found at the end of this chapter.

Scope of the PNA

The localities defined in the 2022 PNA were PCNs, and these are used again in this PNA. They remain the most relevant and help to facilitate cross-referencing with the 2022 PNA. They also aid in the use of relevant geographic, demographic and health and social information.

There are 5 PCNs in Herefordshire. East, North & West, South & West, Wargrave, Belmont and Cantilupe (WBC) and Hereford Medical Group (HMG). However, throughout the PNA, for population calculation and geographical purposes, WBC and HMG are aggregated and referred to ‘Hereford City’.

The PNA is primarily an assessment of community pharmacy provision. Pharmacists working in other areas e.g. distance selling pharmacies, GP practices, prisons, secondary and tertiary care centres, and the services they provide, are outside the scope of this assessment. Internet service providers, or distance selling pharmacies (DSPs), have been included and it is stated where this is the case.

This PNA will have a lifespan of 3 years, from 1st October 2025. Any changes will prompt a supplementary statement.

PNA Approach

Processes

The development of this PNA was achieved through various engagement activities to ensure valuable input was obtained from key stakeholders and ensuring the 2013 regulations for engagement were met. These activities have included:

1. Regular working group meetings.
2. Distribution of contractor questionnaires.
3. Distribution of public questionnaires.
4. Focus groups of populations who are often under-represented in responses to public questionnaires.
5. Review and assessment of the current local pharmaceutical service provision.
6. Assessment of the need for pharmaceutical services in the local population.
7. Mandatory 60-day consultation period which runs from 04th Jul 02nd Sep 25. Responses received during this period are considered and incorporated into an accompanying report.

PNA Working Group

The Herefordshire HWB has delegated responsibility for the development of the PNA to a working group. Members include representatives of:

- Herefordshire Council (HC). To ensure that the services the Council provides meet the needs of residents and those who work in the county.
- NHS England West Midlands Region. NHS England is responsible for commissioning services under the national community pharmacy contract.

- Herefordshire Local Pharmaceutical Committee (LPC). This is the local statutory representative committee (LRC) for community pharmacies in Herefordshire.
- Herefordshire Local Medical Committee (LMC). LMCs are statutory representative committees of General Practitioners (GPs), who plan and provide health care in the community.
- Herefordshire and Worcestershire Integrated Care Board (ICB). ICBs have responsibility for planning and commissioning health services.
- Healthwatch Herefordshire. This is the independent consumer champion for the public, patients and users of health and social care services in Herefordshire.
- A full list of members and the Terms of Reference of the PNA working group is given in Appendix 2.

Relevant local/national policies

Herefordshire and Worcestershire Integrated Care Partnership Assembly

The Herefordshire and Worcestershire Integrated Care Partnership Assembly (ICPA) is a statutory joint committee, bringing together the NHS and local authorities as equal partners to focus more widely on health, public health and social care. Further details can be found on the Relevant Page of the HWICS Website.

The Partnership Assembly includes representatives from NHS Herefordshire and Worcestershire, Herefordshire Council, Worcestershire County Council and other partners across the two counties. These include District Councils, NHS providers, Public Health, social care, housing services, and voluntary, community and social enterprise (VCSE) organisations.

It focuses on the wider determinants of health, including housing, education and leisure, and is responsible for developing an integrated care strategy. This strategy sets out how the wider health needs of the local population will be met. The ICPA recently published their integrated care strategy for 2023-2033, titled ‘Good health and wellbeing for everyone.’ The strategy details 8 commitments for how care will be integrated:

- Maximising the opportunity to work together as partners to build connections, share learning and address shared challenges in the short and long term.

- Focusing on prevention, personalized care and taking action to address health inequalities and vulnerabilities.
- Enhancing health and wellbeing by taking an integrated approach to areas such as housing, jobs, leisure and environment.
- Supporting people and carers to take responsibility for their own and their families health and wellbeing and working to enable their independence.
- Co-producing solutions with individuals, carers, our communities and Voluntary & community sector organisations as equal partners with collective responsibility.
- Making the right service the easiest service to access and providing it as close to home as possible.
- Delivering better value for money, stopping duplication and using population health management to be smarter in how we target interventions.
- Using digital to make services more accessible and effective, but never forgetting the risks of digital exclusion

These will be achieved by focusing on the following key areas, which were determined by reviewing the two place-based JSNAs and local intelligence and engagement work:

- Providing the best start in life
- Living, ageing and dying well
- Reducing ill health and premature deaths from avoidable causes

The full strategy can be found on the Relevant Page of the HWICS Website

Herefordshire Joint Local Health and Wellbeing Strategy

This is the local authority's 10-year strategy and, whilst most priorities link more indirectly with pharmaceutical need, they are useful in aligning recommendations. The core priorities are:

- Best start in life for children
- Good mental wellbeing throughout life

The supporting priorities are:

- Improving access to local services
- Support people to live and age well
- Good work for everyone
- Support those with complex vulnerabilities
- Improve housing / reduce homelessness
- Reducing our carbon footprint

The full strategy can be found here on the Relevant Page of the Herefordshire Council Website

NHS Long Term Plan

The NHS Long Term Plan (NHS LTP) was published in January 2019, and details how the NHS plans to improve the quality of patient care and health outcomes.

The 2019 plan sets out an overall aim to focus services in communities rather than hospitals, promoting prevention and integrating care into a whole-system approach. The ambition in the NHS Long Term Plan to move to a new service model for the NHS sets out five practical changes that need to be achieved:

- Boosting “out of hospital care” to dissolve the historic divide between primary and community health services
- Redesign and reduce pressure on emergency hospital services
- Deliver more personalised care when it is needed to enable people to get more control over their own health
- Digitally enable primary and outpatient care to go mainstream across the NHS
- Local NHS organisations to focus on population health and local partnerships with local authority funded services and through new Integrated Care Systems (ICSs) everywhere.

This plan is particularly relevant for the PNA as community pharmacies are well placed to aid in its delivery. The full plan can be found on the Relevant Page of the NHS Website

A new NHS 10-year Plan is due to be published in July 2025. Whilst this is not available at the time of writing, it is expected to be underlined by 3 big shifts in healthcare:

- Hospital to Community
- Analogue to Digital
- Sickness to Prevention

Pharmacy landscape and changes since previous PNA

From 1st July 2022, Herefordshire and Worcestershire ICB became responsible for managing the Community Pharmacy Contractual Framework (CPCF) in Herefordshire.

Pharmacy first

The UK Government and NHSE launched the Pharmacy First scheme on 31 January 2024. Pharmacy First includes referrals into community pharmacy from other healthcare professionals for minor illness, the urgent supply of repeat medication and seven Clinical Pathways. In addition, for the Clinical Pathways, the initiative encourages patients to self-refer directly into the community pharmacy without needing a GP appointment.

The initiative aims to alleviate pressure on GP services by freeing up GP appointments for more complex cases. The scheme is part of broader efforts to make greater use of community pharmacists' clinical skills while providing improved access to quicker and more convenient high-quality healthcare. Nearly 10,000 pharmacies, covering over 95% of pharmacies in England, have signed up to Pharmacy First.

As the PNA is required to assess the needs related to all pharmaceutical services, Pharmacy First as an advanced service is included in that assessment. This can be found in the relevant section below.

Fuller Stocktake

In May 2022, NHSEI (as was) published the 'Next steps for integrating primary care: Fuller stocktake report'. The report was undertaken by Dr Claire Fuller (former Chief Executive of Surrey Heartlands ICS and a Surrey GP). The stocktake lays emphasis on the essential role of primary care and the potential of 'Integrated Neighbourhood Teams' in reducing the burden of ill health and tackling health inequities.

The report considered what is working well in primary care, why it's working well and how. Also, in the face of challenges, how the implementation of integrated primary care can be accelerated by working with partners across health and care, to best meet the needs of local communities. The report commends community pharmacy for keeping "its doors open to the public throughout" the COVID-19 pandemic whilst being "among the most recognisable of a multitude of dedicated staff delivering care around the clock in every neighbourhood in the country".

The Fuller stocktake points out that pharmacists could play 'a more active role in signposting eligible people to screening and supporting early diagnosis, building on a number of successful pilots such as those from the Accelerate, Coordinate, Evaluate programme'. The report calls for integrated neighbourhood 'teams of teams' to evolve from primary care networks (PCNs) and highlights the importance of community pharmacy teams in urgent care and prevention, including early diagnosis of cancers. This integration is reflected in this PNA's recommendations below.

The full report can be found on the Relevant Page of the NHS England Website

Darzi Review

In July 2024, the Secretary of State for Health and Social Care commissioned Lord Darzi to conduct an immediate and independent investigation of the NHS. The investigation provides an assessment of the current performance of the NHS across England and the challenges facing the healthcare system.

The report concluded that the NHS is in 'serious trouble', with patients having to wait longer for appointments and receiving a lower quality of care. It highlighted that NHS spend is in the wrong places, with a greater proportion of the budget needing to be directed to community services. It describes that despite the intention of previous governments to shift the focus of health from hospital into the community, the opposite appears to have happened.

The report highlighted major themes that needed to be included the Government's upcoming NHS 10-year plan. It highlighted the need for community services to expand and adapt to the needs of those with long-term conditions whose prevalence is growing rapidly as the population age.

The full report can be found on the Relevant Page of the Government Website

100-Hour Pharmacies

Since the 2022 PNA, 100-hour pharmacies have been replaced by 72-hour pharmacy contracts and the application process for opening 100-hour contracts is no longer available. Some restrictions were imposed, however, for example the requirement to maintain Sunday hours and evening hours of 1700-1900 within the 72 hours. The implications are discussed in detail below.

Data Sources

Details of providers of pharmaceutical services were obtained from a variety of sources. Data is correct as of 31st March 2025.

- NHS England through the Office for West Midlands (OWM)
- Herefordshire and Worcestershire LPC
- Herefordshire Joint Strategic Needs Assessments (JSNA)
- Herefordshire Council public health intelligence team
- Public Health Outcomes Framework (PHOF)

Sources contributing to the assessment of pharmacy service provision are detailed in Table 1:

Source	Released	Data	Link
LPC	Up to date	Opening times (split core/supplementary) Advanced service activity	Herefordshire and Worcestershire LPC Website
NHSBSA	Quarterly	Consolidated pharmaceutical list (opening hours, names, addresses)	NHSBSA Website for the Pharmaceutical List
NHSBSA	Monthly (3 months behind)	Advanced services (Pharmacy and appliance contractor dispensing data)	NHSBSA Website for Contractor Dispensing Data

Source	Released	Data	Link
NHSBSA	Monthly	Dispensing practice name/address	NHSBSA Website for Dispensing Practices List
NHSE	6 Monthly	Bank holiday opening times	NHSE Website for Bank Holiday Opening Times

Table 1. Data sources for pharmaceutical service provision in Herefordshire.

Regulatory Statements

Detailed below are the seven regulatory statements included in Regulation 4 Schedule 1, of the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. Below each of which are the corresponding Herefordshire PNA 2025 Statement Findings.

Regulatory Statement 1: Current provision of necessary services

A statement of the pharmaceutical services that the health and wellbeing board (HWB) has identified as services that are provided:

- In the area of the HWB and which are necessary to meet the need for pharmaceutical services in its area.
- Outside the area of the HWB but which nevertheless contribute towards meeting the need for pharmaceutical services in its area (if the HWB has identified such services).

Herefordshire PNA 2025 - Statement 1 Summary Findings:

The PNA has assessed that there is currently sufficient provision of Pharmacies and Dispensing GP Practices in Herefordshire, delivering essential pharmaceutical and dispensing services. There are 27 Pharmacies and 10 Dispensing GP Practices. This is the same total number as the 2022 PNA but includes one ‘bricks and mortar’ pharmacy closure and replacement by a DSP.

The contractors serve a mixed urban and rural population of 189,900 people (ONS 2023 mid-year estimate) and this equates to one pharmacy per 7,033 people. This figure is above the average in

England of one pharmacy per 5,543 people. However, when Dispensing Practices are included, there is parity with the national average, with one contractor per 5,132 people in Herefordshire, compared to one contractor per 5,092 in England.

Statement 2: Gaps in provision of necessary services

A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied:

- Need to be provided (whether or not they are located in the area of the HWB) in order to meet a current need for pharmaceutical services, or pharmaceutical services of a specified type, in its area
- Will in specified future circumstances, need to be provided (whether or not they are located in the area of the HWB) in order to meet a future need for pharmaceutical services, or pharmaceutical services of a specified type, in its area

Herefordshire PNA 2025 - Statement 2 Summary Findings:

No gaps were found in provision of necessary services. Travel time analysis indicates good access to services by car. The entire population lives within a 20-minute journey by car to a Pharmacy or GP Dispensing Practice in weekdays up to 1800hrs. On Saturdays the entire population are within a 30-minute journey by car, and this only drops slightly to 97% on Sundays. There is also good access by foot for most of the urban population during weekdays. However, access on foot is poorer out of hours and at weekends. Public Transport is also more limited, particularly in rural areas. 18 of the 27 Pharmacies in the county are open on Saturdays and 6 of the 27 are open on Sundays.

Statement 3: Current provision of other relevant services

A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are provided:

- In the area of the HWB and which, although they are not necessary to meet the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access, to pharmaceutical services in its area
- Outside the area of the HWB and which, although they do not contribute towards meeting the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access, to pharmaceutical services in its area
- In or outside the area of the HWB and, whilst not being services of the types described above, they nevertheless affect the assessment by the HWB of the need for pharmaceutical services in its area

Herefordshire PNA 2025 - Statement 3 Summary Findings

Overall, there is good coverage of Advanced Services. Pharmacy First is offered at nearly all pharmacies (96%). Flu Vaccination Service is offered at 89%, Hypertension Case Finding at 81% and Lateral Flow Devices at 81%. Contraception services are slightly lower, however, and only offered by just over half of pharmacies (59%). The lowest coverage is for smoking cessation services (for patients discharged from hospital), which is only offered by a third of pharmacies (29%). Additionally, geographical variation in these services exists, both by PCN and between more deprived and affluent areas.

Statement 4: Improvements and better access, gaps in provision

A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied:

- Would, if they were provided (whether or not they were located in the area of the HWB), secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type in its area.
- Would, if in specified future circumstances they were provided (whether or not they were located in the area of the HWB), secure future improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area.

Herefordshire PNA 2025 - Statement 4 Summary Findings

Weekday evening provision after 1900hrs is now reliant on a single pharmacy in Hereford City. Therefore, the consideration of commissioning of a rota is included in the recommendations (see below). Additionally, increasing smoking cessation services is an area that would secure future improvements (see statements 3, 4 and main recommendations).

Statement 5: Other NHS services

A statement of any NHS services provided or arranged by a local authority, the NHSCB, a CCG, an NHS trust or an NHS foundation trust to which the HWB has had regard in its assessment, which affect:

- The need for pharmaceutical services, or pharmaceutical services of a specified type, in its area.
- Whether further provision of pharmaceutical services in its area would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area.

Herefordshire PNA 2025 - Statement 5 Summary Findings

Herefordshire Council currently commissions the following services from local designated pharmacies:

- Emergency Hormonal Contraception via Solutions 4 Health (Sexual Health Herefordshire)
- Needle Exchanged and Supervised Consumption via Turning Point

Additionally, the recommissioning of Smoking Cessation services via Stop Smoking Herefordshire is currently ongoing. However, at the time of writing uptake of the tender offer by pharmacies has been poor. Given the lower provision also identified as an advanced service (see statement 4 above), this remains a key priority amongst the recommendations from this PNA (see recommendations).

Herefordshire and Worcestershire ICB currently commissions the following services in Herefordshire:

- Palliative Care Medicine Hubs
- Antivirals for Pandemics

Analysis indicates adequate provision of most services across the county (see Part 2). Services with reduced coverage include needle and syringe exchange, where Hereford City and North and West PCNs are both reliant on provision from single pharmacies. Also, whilst some of this reduced coverage reflects a lack of demand, one pharmacy has withdrawn from its contract with Turning Point. It is hoped that this issue can be resolved in future. Otherwise, coverage of supervised consumption is good.

Sharps disposal is not currently commissioned in Herefordshire pharmacies, but this has been a success in Worcestershire and remains a recommendation of this PNA.

Finally, the service user survey indicated the most common additional services that would be taken up by the public. These are GP blood tests/ phlebotomy, NHS Health Checks, screening tests, wider vaccinations, and extension of Pharmacy First treatment, especially where medication may be required.

Statement 6: How the assessment was carried out

An explanation of how the assessment has been carried out, and in particular:

- How it has determined what are the localities in its area
- How it has taken into account (where applicable)
- The different needs of different localities in its area
- The different needs of people in its area who share a protected characteristic
- A report on the consultation that it has undertaken.

Herefordshire PNA 2025 Summary Statement 6:

The 2022 PNA has assessed pharmaceutical needs and service provision within Herefordshire at County and PCN level where possible. Needs of different PCNs have been considered in terms of population size, rurality, access and levels of deprivation. Information has been reported on

protected characteristics within the Joint Strategic Needs Assessment (JSNA) summaries and public surveys.

Statement 7: Map of provision

A map that identifies the premises at which pharmaceutical services are provided in the area of the HWB.

Herefordshire PNA 2025 Summary Statement 7:

Part 3 contains mapping of all pharmacies and dispensing practices. These also show the access and travel times for weekdays, weekends and out-of-hour periods.

Part 2 - Services

NHS Pharmaceutical Services

Overview

Pharmaceutical services are provided under arrangements made by NHS England for:

- The provision of pharmaceutical services (including directed services) by a person on a pharmaceutical list.
- The provision of local pharmaceutical services under a Local Pharmaceutical Service (LPS) scheme. The LPS contract allows NHS England to commission community pharmaceutical services tailored to specific local requirements.
- The dispensing of drugs and appliances by a person on a dispensing doctors list.

Pharmaceutical lists

If a pharmacist, a dispenser of appliances, or dispensing doctor, wants to provide NHS pharmaceutical services, they are required to apply to the NHS to be included on a pharmaceutical list. Pharmaceutical lists are compiled and held by NHS England. This is commonly known as the NHS “market entry” system.

Under the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations, a person who wishes to provide NHS pharmaceutical services must apply to NHS England to be included on a relevant list by proving they are able to meet a pharmaceutical need as set out in the relevant PNA. There are exceptions to this, such as applications for needs not foreseen in the PNA or to provide pharmaceutical services on a distance-selling (internet or mail order only) basis.

The following are included in a pharmaceutical list. They are:

- Pharmacy contractors (individuals or companies)
- Dispensing appliance contractors (DACs); appliance suppliers are a specific sub-set of NHS pharmaceutical contractors who supply, on prescription, appliances such as stoma and incontinence aids, dressings, bandages etc. They cannot supply medicines.
- Dispensing doctors - medical practitioners authorised to provide drugs and appliances in designated rural areas only known as “controlled localities”.

Dispensing Doctors

A Dispensing Doctor is a General Practitioner (GP) who under regulation can dispense medication to patients in their care. Only the provision of those services set out in their pharmaceutical service terms of service (Schedules to the 2013 Regulations) is included within the definition of pharmaceutical services and relates only to the dispensing of medicines.

Dispensing doctors provide primary healthcare to people in rural areas. Only certain people are eligible to receive dispensing services from a dispensing doctor. Many live remotely from a community pharmacy and so dispensing doctors are allowed to dispense prescribed medicines.

Distance selling (internet) pharmacies (DSPs)

Distance selling pharmacies do not have a local presence in the community as they do not have a community pharmacy premises that service users can readily access. They are internet-based

and as a result provide a service to users across the country irrespective of the locality in which the pharmacy is based.

A distance selling pharmacy must not provide Essential Services to a person who is present at the pharmacy. However, the pharmacy must be able to provide Essential Services safely and effectively without face-to-face contact with staff on the premises. The pharmacy will receive prescriptions via the post or by electronic means (EPS) and then, after dispensing, will send items via courier or a delivery driver to the patient. The pharmacist can talk to the patient via the telephone. A distance selling pharmacy may provide Advanced and Enhanced Services on the premises, as long as any Essential Service is not provided to persons present at the premises.

Dispensing Appliance Contractors

Dispensing Appliance Contractors supply appliances such as stoma bags and accessories, continence bags and catheters and wound management dressings. They do not dispense medicines.

Service Provision

The Community Pharmacy Contract

Community pharmacies provide pharmaceutical services under the NHS Community Pharmacy Contractual Framework (PCFC Contract). This consists of three sets of services:

Essential Services

Essential services are those listed in the NHS CPCF that all pharmacy contractors must provide to NHS patients.

Advanced Services

There are several advanced services within the CPCF. Community pharmacies can choose to provide any of these services provided they meet the requirements set out in the Secretary of State Directions.

Locally Commissioned and Enhanced Services.

As well as national services provided by all pharmacies, the NHS Community Pharmacy Contractual Framework also includes services that are commissioned at a local level. These are

known as Local Enhanced Services (LES). In December 2021, provisions were made within the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 for a new type of Enhanced service, the National Enhanced Service. Under this type of service, NHS England commissions an enhanced service that is nationally specified.

Enhanced services are therefore further divided into:

- National
- Local to Herefordshire and Worcestershire – via the ICB

Locally Commissioned services:

- Local to Herefordshire only – via the Local Authority

In summary, pharmacies must provide all Essential Services, but they can choose whether to provide Advanced and Enhanced services. Service level data for Herefordshire and HWICS are included in full in Appendix 6 & 7. An explanation of each service and the provision of these for Herefordshire and at PCN level is discussed below.

Essential Services

There are currently 6 essential services offered within the CPCF.

1. **Discharge Medicines Service**

The Discharge Medicines Service (DMS) became a new Essential service within the Community Pharmacy Contractual Framework (CPCF) on 15th February 2021.

From this time, NHS Trusts were able to refer patients who would benefit from extra guidance around prescribed medicines for provision of the DMS at their community pharmacy. The service has been identified by NHS England's Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital.

The service can, effectively, be divided into 3 stages:

- A discharge referral is received by the pharmacy
- The first prescription is received by the pharmacy following discharge (this may not be a repeat prescription)

- Check of the patient's understanding of their medicine's regimen

The rationale for this being an essential service is that discharge from hospital is associated with an increased risk of avoidable medication related harm. Indeed, a recent audit of NHS hospital discharges showed that 79% of patients were prescribed at least one new medication after being discharged from hospital. New prescriptions can sometimes cause side effects, or interact with existing treatments, potentially leading to readmission.

Additionally, research by the National Institute for Health Research shows that people over 65 are less likely to be readmitted to hospital if they are given help with their medication after discharge. Research on local schemes implemented around the country has also demonstrated that patients who see their community pharmacist after they have been in hospital are less likely to be readmitted and will experience a shorter stay if they are.

Finally, NICE Guideline NG5 includes the following recommendations:

- Medicines-related communication systems should be in place when patients move from one care setting to another
- Medicines reconciliation processes should be in place for all persons discharged from a hospital or another care setting back into primary care and the act of reconciling the medicines should happen within a week of the patient being discharged

Implementation of these recommendations requires pharmacy professionals and their teams across NHS Trusts, Primary Care Networks (PCN) and community pharmacies to work together much more effectively.

The service seeks to ensure better communication of changes made to a patient's medicines in hospital and its aims are to:

- Optimise the use of medicines, whilst facilitating shared decision making
- Reduce harm from medicines at transfers of care
- Improve patients' understanding of their medicines and how to take them following discharge from hospital
- Reduce hospital readmissions

- Support the development of effective team-working across hospital, community and primary care networks pharmacy teams and general practice teams and provide clarity about respective roles

Patients are digitally referred to their pharmacy after discharge from hospital, using IT systems or NHS Mail. Using the information in the referral, pharmacists are able to compare the patient's medicines at discharge to those they were taking before admission to hospital. A check is also made when the first new prescription for the patient is issued in primary care and a consultation with the patient and/or their carer will help to ensure that they understand which medicines the patient should now be using.

2. **Dispensing Medicines**

Pharmacies are required to maintain a record of all medicines dispensed and keep records of any interventions made which they judge to be significant.

The Electronic Prescription Service (EPS) has also been implemented as part of the dispensing service. Patients across England can choose to download the NHS App which will allow them to order repeat prescriptions, check their patient record or book and manage GP appointments.

The aims of the service are to ensure patients receive ordered medicines and appliances safely by:

- The pharmacy performing appropriate legal, clinical and accuracy checks
- The pharmacy having safe systems of operation, in line with clinical governance requirements
- The pharmacy having systems in place to guarantee the integrity of products supplied
- The pharmacy maintaining a record of all medicines and appliances supplied which can be used to assist future patient care
- The pharmacy maintaining a record of advice given, and interventions and referrals made, where the pharmacist judges it to be clinically appropriate.

Additionally, to ensure patients can use their medicines and appliances effectively by:

- Pharmacy staff providing information and advice to the patient on the safe use of their medicine or appliance

- Pharmacy staff providing when appropriate broader advice to the patient on the medicine, for example its possible side effects and significant interactions with other substances

3. Disposal of unwanted medicines

Community pharmacy owners are obliged to accept back unwanted medicines from patients.

The local NHS contract management team will make arrangements for a waste contractor to collect the medicines from pharmacies at regular intervals.

The pharmacy owner must, if required by the local NHS contract management team or the waste contractor, sort them into solids (including ampoules and vials), liquids and aerosols; the waste contractor will be able to advise on whether this is necessary. Additional segregation is also required under the Hazardous Waste Regulations.

4. Healthy Living Pharmacies

The Healthy Living Pharmacy (HLP) framework aims to achieve a consistent provision of a broad range of health promotion interventions through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities.

Pharmacy owners were required to become a HLP in 2020/21 as agreed in the five-year CPCF; this reflected the priority attached to public health and prevention work.

The NHS Terms of Service were amended to include HLP requirements, with supplementary information on the details being included in guidance on the regulations, which were published by NHS England. Pharmacy owners had to ensure they were compliant with the HLP requirements from 1st January 2021, and the Distance Selling Pharmacy (DSP) website requirements had to be complied with from 1st April 2021.

HLP is an organisational development framework underpinned by three enablers of:

- Workforce Development – A skilled team to pro-actively support and promote behaviour change and improve health and wellbeing, including a qualified Health Champion who has undertaken the Royal Society for Public Health (RSPH) Level 2 Award ‘Understanding Health Improvement’, and a team member who has undertaken leadership training

- Engagement – Local stakeholder engagement with other health and care professionals (especially general practice), community services, local authorities and members of the public

- Environment (Premises Requirements) – Premises that facilitate health promoting interventions with a dedicated health promotion zone.

The adoption of HLPs marked a significant development for community pharmacy and its contribution to health promoting interventions. The HLP framework aims to improve people's health, help reduce health inequalities and ensures community pharmacy can continue to contribute to the Government's ambition of putting prevention at the heart of the NHS, as set out in the NHS Long Term Plan.

It provides a mechanism for community pharmacy teams to utilise their local insight and experience in the delivery of high-quality health promoting initiatives. By requiring contractors to have trained Health Champions on site who pro-actively engage in local community outreach within and outside the pharmacy, HLPs have cemented the idea that every interaction in the pharmacy and the community is an opportunity for a health promoting intervention.

The HLP framework is primarily about adopting a change in culture and ethos within the whole pharmacy team. The HLP framework means community pharmacies can supplement their medicines optimisation role with an enhanced commitment to health promoting interventions in the pharmacy setting and engagement in community outreach activities.

5. Public Health (Promotion of Healthy Lifestyles)

Each financial year (1st April to 31st March), pharmacies are required to participate in up to six health campaigns at the request of NHS England. This generally involves the display and distribution of leaflets provided by NHS England. In addition, pharmacies are required to undertake prescription-linked interventions on major areas of public health concern, such as encouraging smoking cessation.

On 31st March 2025, the details of the contractual settlement for 2025/26 were announced, which included reference to health campaigns. As part of those negotiations, it was agreed that pharmacy owners would only be required to engage in a maximum of two national health campaigns and two Integrated Care Board selected campaigns in 2025/26.

The service provides opportunistic healthy lifestyle advice and public health advice to patients receiving prescriptions who appear to:

- Have diabetes
- Be at risk of coronary heart disease, especially those with high blood pressure

- Who smoke
- Are overweight

Also, pro-active participation in national/local campaigns, to promote public health messages to general pharmacy visitors during specific targeted campaign periods.

The aim of the service is to increase patient and public knowledge and understanding of key healthy lifestyle and public health messages so they are empowered to take actions which will improve their health. Additionally, to target the 'hard to reach' sectors of the population who are not frequently exposed to health promotion activities in other parts of the health or social care sector.

6. Repeat Dispensing

At least two thirds of all prescriptions generated in primary care are for patients needing repeat supplies of regular medicines and since 2005, Repeat Dispensing has been an Essential Service within the Community Pharmacy Contractual Framework (CPCF).

Patients using the service obtain repeat supplies of NHS prescriptions without the need for their GP practice to issue a prescription each time a supply is required.

The service was designed to save GP practices and patients time and improve convenience and access to prescriptions, by allowing community pharmacy teams to take a more active role in the process of safe supply of patients' regular prescriptions.

Under the repeat dispensing service pharmacy teams will:

- Dispense repeat dispensing prescriptions issued by a general practice
- Ensure that each repeat supply is required
- Seek to ascertain that there is no reason why the patient should be referred back to their general practice.

Originally this service was carried out using paper prescriptions, but as the Electronic Prescription Service (EPS) has developed, most repeat dispensing is now carried out via EPS release 2 and is termed electronic Repeat Dispensing (eRD). eRD is much more efficient and convenient for all involved.

eRD is a process that allows a patient to obtain repeat supplies of their medication or appliances without the need for the prescriber to issue repeat prescriptions each time. When issuing a

repeatable prescription using eRD, the prescriber will authorise a prescription with a specified number of 'issues'; each issue contains the same prescribed items. eRD allows the prescriber to electronically authorise and issue a batch of repeat prescription issues for use for up to 12 months.

When a prescriber issues an eRD prescription series using their EPS Release 2 prescribing system, in addition to the information found on a standard EPS prescription, the eRD message contains:

- The intended interval between each issue
- How many batch issues there are

The prescription issues are then made available electronically for dispensing at the specified interval by the patient's nominated pharmacy.

When issuing an eRD repeatable prescription batch, prescribers can issue a Repeatable Prescription Authorising Token to the patient, but the patient does not need one to be able to collect their eRD prescription from their nominated pharmacy. NB. The NHS & LPC Regulations 2013 does not mention eRD as its publication was prior to eRD being introduced.

All 27 pharmacies offer essential services and therefore provision, PCN and local breakdown is as per the travel times and mapping sections below**.**

Advanced Services

There are currently 9 advanced services offered within the CPCF. NB. Hepatitis C Testing was included in the PNA 2022, but this service was decommissioned in 2023.

1. **Pharmacy First**

This is the main new service that has been introduced since the last PNA in 2022. The service is designed to free up GP appointments for higher-acuity conditions and allow people quicker and more convenient access alternative healthcare. It includes the supply of appropriate medicines for the 7 common conditions (listed below), or self-care advice. It also provides a service to those who are not registered with a GP.

Community Pharmacy England made a proposal to the Department of Health and Social Care and NHS England for a Pharmacy First service back in March 2022 and followed up on our bid with an extensive influencing campaign to build wider support for the proposal from stakeholders and influencers.

The Pharmacy First service, which commenced on 31st January 2024, is a crucial first step in recognising and properly funding the enormous amount of healthcare advice that community pharmacies provide to the public every day and in establishing and funding community pharmacy as the first port of call for healthcare advice.

The Advanced service involves pharmacists providing advice and NHS-funded treatment, where clinically appropriate, for seven common conditions (age restrictions apply):

- Sinusitis >12yrs
- Sore Throat >5yrs
- Acute Otitis Media* 1-17yrs
- Infected Insect Bite >1yr
- Impetigo >1yr
- Shingles >18yrs
- Uncomplicated UTI women 16-64yrs

* *DSPs cannot complete consultation due to otoscopic examination required*

Consultations for these seven clinical pathways can be provided to patients presenting to the pharmacy as well as those referred electronically by NHS 111, general practices and others.

The service also incorporates the elements of the Community Pharmacist Consultation Service, i.e. minor illness consultations with a pharmacist and the supply of urgent medicines (and appliances), both following an electronic referral from NHS 111, general practices (urgent supply referrals are not allowed from general practices) and other authorised healthcare providers (i.e. patients are not able to present to the pharmacy without an electronic referral).

In the clinical pathway consultations with a pharmacist, people with symptoms suggestive of the seven conditions will be provided with advice and will be supplied, where clinically necessary, with a prescription-only treatment under a Patient Group Direction (PGD) or in one pathway, an over-the-counter medicine (supplied under a clinical protocol), all at NHS expense.

In the future, it is hoped that independent prescribers will be able to use their skills to complete episodes of care within the service, without the need for a PGD. However, for the time being, all pharmacists providing the service must use the PGDs and clinical protocol.

Currently, **26 of the 27** Pharmacies across Herefordshire offer this service. The only pharmacy that does not offer the service is in Leominster (North & West PCN), where there are 2 alternative pharmacies that do offer this. A full list of pharmacies signed up to provide this service is shown in Appendix....

2. Flu Vaccination Service

Community pharmacy has been providing flu vaccinations under a nationally commissioned service since September 2015. Each year (September through to March), the NHS runs a seasonal flu vaccination campaign aiming to vaccinate all patients who are at risk of developing more serious complications from the virus.

The service is for persons aged 18 years and over. Childhood vaccination was included in the 2022 PNA following the 2021/22 season, but this was extended eligibility due to the ongoing Covid-19 pandemic.

Throughout the 2024/25 season the following groups were eligible for vaccination via this service:

- All people aged 65 years or over
- People aged from 18 years to less than 65 years of age with one or more serious medical condition(s)
- Pregnant women (including those women who become pregnant during the flu season)
- People living in long stay residential care homes or other long stay care facility
- Carers
- Close contacts of immunocompromised individuals
- Frontline workers without employer led occupational health schemes

The 2025/26 proposal has recently been published and there are no changes to the above eligibility criteria. The only change is pregnant women will be eligible from September and the remainder from October 2025.

Currently **24 of the 27** Pharmacies across Herefordshire offer this service. By PCN, this equates to **4 of 4 in East**, **13 of 14 in Hereford City**, **4 of 6 in North & West** and **3 of 3 in South & West**. A full list of pharmacies signed up to provide this service is shown in Appendix...

3. Contraception Service (PCS)

The PCS commenced on 24th April 2023, allowing the on-going supply of oral contraception (OC) from community pharmacies. From 1st December 2023, the service expanded to include both initiation and on-going supply of OC. NB. This does not currently include emergency hormonal contraception (EHC), as this is a locally commissioned service (see below). There are plans however, to include this from October 2025, combined with local provision.

To be eligible for this service a person must be seeking to be initiated on an OC, or seeking to obtain a further supply of their ongoing OC:

- Combined Oral Contraceptive (COC) from menarche up to and including 49 years of age
- Progestogen Only Pill (POP) from menarche up to and including 54 years of age.

A person will not be eligible for this service if they are considered clinically unsuitable, or are excluded for supply of OC according to the PGD protocols, including, but not limited to:

- Individuals under 16 years of age and assessed as not competent using Fraser Guidelines
- Individuals 16 years of age and over and assessed as lacking capacity to consent

Currently **16 of the 27** Pharmacies across Herefordshire offer this service. By PCN, this equates to **3 of 4 in East**, **9 of 14 in Hereford City**, **3 of 6 in North & West** and **1 of 3 in South & West**. A full list of pharmacies signed up to provide this service is shown in Appendix...

4. Hypertension Case Finding Service

This service provides free blood pressure (BP) checks. These are initially carried out in clinic, and where BP is raised, the offer of ambulatory blood pressure monitoring (ABPM) is made. This is where a device is taken home, and regular recording are taken over a given period.

This advanced service has been running since 01 Oct 2021. The reason is that cardiovascular disease (CVD) is one of the leading causes of premature death in England. Hypertension (high blood pressure) is the biggest risk factor for CVD and is one of the top five risk factors for all premature death and disability in England. An estimated 5.5 million people have undiagnosed hypertension across the country.

Those eligible for free checks as part of this service are as follows:

- Adults who are 40 years old or over, who do not have a current diagnosis of hypertension.

- Patients, by exception, under the age of 40 who request the service because they have a recognised family history of hypertension may be provided the service at the discretion of pharmacy staff.
- Patients between 35 and 39 years old who are approached about or request the service may be tested at the discretion of the pharmacy staff
- Patients referred by their GP

Those ineligible for the service are as follows:

- People under the age of 40 years old, unless at the discretion of the pharmacy staff or unless they have been specified by a general practice for the measurement of blood pressure; and
- People who have their blood pressure regularly monitored by a healthcare professional, unless the general practice requests the service is provided for the patient. Requests should be sent via a process which is agreed locally with general practices;
- People who require daily blood pressure monitoring for any period of time e.g. 7 day clinic checks as an alternative to ABPM; and
- People with a diagnosis of atrial fibrillation or history of irregular heartbeat.

Currently **22 of the 27** Pharmacies across Herefordshire offer this service. By PCN, this equates to **4 of 4 in East**, **13 of 14 in Hereford City**, **1 of 6 in North & West** and **3 of 3 in South & West**. A full list of pharmacies signed up to provide this service is shown in Appendix...

5. New Medicines Service

This service provides support for people with long-term conditions (LTCs), who are newly prescribed a medicine, to help improve adherence. It is focused on specific patient groups and conditions and is designed to improve patients' understanding of a newly prescribed medicine.

Research has shown that after 10 days, two thirds of patients prescribed a new medicine report problems, including side effects, difficulties taking the medicine and a need for further information. The New Medicine Service (NMS) has been designed to fill this identified gap in patient need. The service has been running since 01 Oct 2011. The service is divided into 3 main stages as follows:

Patient engagement. Following the prescribing of a new medicine for the management of a LTC, patients will be recruited to the service by prescriber referral or opportunistically by the community pharmacy staff.

Intervention. The pharmacist and patient will have a discussion either face-to-face in the pharmacy's consultation room or via telephone or video consultation. The pharmacist will assess the patient's adherence to the medicine(s), identify problems and determine the patient's need for further information and support. The NMS intervention interview schedule will normally be used to guide this conversation. The pharmacist will provide advice and further support and where no problems have been identified, will agree a time for the follow up stage, typically between 14 and 21 days after the intervention stage. If problems are identified and it is the clinical judgement of the pharmacist that intervention by the patient's prescriber is required, the issue will be referred to them.

Follow up. The pharmacist and patient will again have a discussion either face-to-face in the pharmacy's consultation room, or via telephone or video consultation, covering similar areas as in stage 2. The NMS follow-up interview schedule will normally be used to guide this conversation. The pharmacist will provide advice, further support or referral where necessary.

The conditions eligible for the service are:

- Asthma and COPD
- Diabetes (Type 2)
- Hypertension
- Hypercholesterolemia
- Osteoporosis
- Gout
- Glaucoma
- Epilepsy
- Parkinson's disease
- Urinary incontinence/retention
- Heart failure
- Acute coronary syndromes
- Atrial fibrillation

- Long term risks of venous thromboembolism/embolism
- Stroke / transient ischemic attack
- Coronary heart disease

Currently **27 of the 27** pharmacies across Herefordshire offer this service.

6. Smoking Cessation Service

This has been commissioned as an Advanced service since 10th March 2022.

This service has been designed to enable NHS trusts to undertake a transfer of care on patient discharge, referring patients (where they consent) to a community pharmacy of their choice to continue their smoking cessation treatment, including providing medication and support as required. The ambition is for referral from NHS trusts to community pharmacy to create additional capacity in the smoking cessation pathway.

The service can only be provided by a pharmacist or pharmacy technician and includes the following:

- Carbon Monoxide (CO) testing
- Behavioural Support
- Nicotine Replacement Therapy (NRT)
- A combination of the above
- Note that Medication in the form of Varenicline and Cytisinicline are also due to be reintroduced in 2025 (see Latest CPCF Arrangements for 2025/26 below)

The inclusion criteria for this service are as follows:

- People aged 18 years and older who have started treatment for tobacco dependence in hospital and have chosen to continue their treatment in community pharmacy after discharge.
- This service does not exclude women who are pregnant or people who suffer from non-complex mental health problems although alternative local arrangements may already be in place for such people.

The exclusion criteria for this service are as follows:

- Children and adolescents under the age of 18 years.
- People who have completed a 12-week smoking cessation programme while in hospital as a result of an extended duration as an inpatient.

Smoking cessation services are also provided as a locally commissioned service (see below).

Currently **6 of the 27** Pharmacies across Herefordshire offer this service. By PCN, this equates to **1 of 4 in East**, **2 of 14 in Hereford City**, **1 of 6 in North & West** and **2 of 3 in South & West**. A full list of pharmacies signed up to provide this service is shown in Appendix...

7. **Application Use Review (AUR)**

Appliance Use Reviews (AURs) can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home. Alternatively, where clinically appropriate and with the agreement of the patient, AURs can be provided by telephone or video consultation.

AURs should help patients better understand and use any specified appliance by:

- Establishing the way the patient uses the appliance and the patient's experience of use
- Identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance Advising the patient on the safe and appropriate storage of the appliance; and
- Advising the patient on the safe and proper disposal of appliances that are used or unwanted

Information on which Pharmacies in Herefordshire currently offer this service was not supplied by the NHS Business Service Authority. However, service level data shows no activity for any Herefordshire pharmacy over 2024/25.

8. **Stoma Appliance Customisation (SAC)**

The service involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste.

If on the presentation of a prescription for such an appliance, a pharmacy owner is not able to provide the service, they are to be referred to another pharmacy owner or provider of appliances.

Information on which Pharmacies in Herefordshire currently offer this service was not supplied by the NHS Business Service Authority. However, service level data shows no activity for any Herefordshire pharmacy over 2024/25.

9. **Lateral Flow Device (LFD) Service**

The NHS offers COVID-19 treatment to people with COVID-19 who are at risk of becoming seriously ill. To access treatment, eligible patients first need to be able to test themselves by using a lateral flow device (LFD) test if they develop symptoms suggestive of COVID-19.

It is therefore important that they have LFD tests at their home in advance of developing symptoms, so they can promptly undertake a test. The LFD service was therefore, introduced on 06 Nov 2023 to provide eligible patients with access to LFD tests.

If a patient tests positive, they are advised to call their general practice, NHS 111 or hospital specialist as soon as possible. The test result will be used to inform a clinical assessment to determine whether the patient is suitable for and will benefit from National Institute for Health and Care Excellence (NICE) recommended COVID-19 treatments.

From Monday 16 Jun 2025 several groups will no longer be eligible. The latest eligibility criteria can be found as those listed as having risk factors for progression of severe Covid-19 on the NICE website.

Currently **22 of the 27** Pharmacies across Herefordshire offer this service. By PCN, this equates to **4 of 4 in East**, **12 of 14 in Hereford City**, **3 of 6 in North & West** and **3 of 3 in South & West**. A full list of pharmacies signed up to provide this service is shown in Appendix...

National Enhanced Services

1. **Covid-19 Vaccination Service**

The aim of this service is to maximise the uptake and co-administration of COVID-19 and seasonal influenza vaccinations where possible and to ensure that vaccination services are provided from a variety of settings and effectively utilise available staff from across primary care.

The service is offered to eligible groups as per the guidance from the Joint Committee on Vaccination and Immunisation (JCVI). This may be conducted on premises or as an outreach service. However, onsite pharmacies must also vaccinate eligible housebound/care home patients if requested by NHS England. Pharmacies must also be able to vaccinate at least 100 patients per week and provide seasonal flu vaccination.

Covid-19 vaccination is currently the only National Enhanced Service, however an RSV and Pertussis Vaccination Service is currently being piloted in the Northwest of England only.

Currently **10 of the 27** Pharmacies across Herefordshire offer this service. By PCN, this equates to **2 of 4 in East**, **4 of 14 in Hereford City**, **2 of 6 in North & West** and **2 of 3 in South & West**.

Locally Commissioned Services – via Herefordshire Council

2. **Emergency Hormonal Contraception (EHC)**

This service is commissioned as part of Sexual Health Herefordshire, which is run by the organisation Solutions 4 Health (S4H). They in turn sub-contract to individual pharmacies.

This service is available to all females aged 13 years or over in Herefordshire. It allows the free supply of emergency hormonal contraception (EHC) as levonorgestrel or ulipristal under Patient Group Direction (PGD). Pharmacists will also provide support and advice to service users, ensuring that discussions about sexually transmitted infections takes place giving special considerations to signposting to chlamydia screening services.

All services are conducted face to face in the pharmacy and allow an opportunity for the pharmacist to advise the patient in a confidential, non-judgmental and easily accessible environment.

Currently **21 of the 27** Pharmacies across Herefordshire offer this service. By PCN, this equates to **4 of 4 in East**, **12 of 14 in Hereford City**, **3 of 6 in North & West** and **2 of 3 in South & West**.

3. **Smoking Cessation Services**

This service is commissioned as part of Stop Smoking Herefordshire. They in turn sub-contract to individual pharmacies to provide Nicotine Replacement Therapy (NRT) and Behavioural Support (NB. Varenicline is not currently included). As of Jun 2025, this contract has not as yet been renewed with roll out expected later in the year.

4. **Supervised Consumption and Needle Exchange Services**

This service is commissioned as part of Substance Misuse Herefordshire, which has been run by the organisation Turning Point since Oct 2021. They in turn sub-contract to individual pharmacies.

As part of these services, the pharmacist is required to supervise the consumption of a medicine prescribed to the patient, for the purposes of dependence and/or addiction to ensure the entire

dose is taken as directed. Common medicines which may have to be supervised include methadone and buprenorphine.

Pharmacies can also provide harm reduction items such as clean needles, sharps bins, swabs and citric acid as well as sexual health advice. Any used equipment can be returned for destruction in a safe sharps' disposal bin.

The aim of these services is to reduce the harms associated with drug taking to the service user and on the wider society. The service user will be given help, support and signposting to additional services in a non-judgemental and confidential service.

Supervised Consumption. Currently **24 of the 27** Pharmacies across Herefordshire offer this service. By PCN, this equates to **4 of 4 in East**, **14 of 14 in Hereford City**, **3 of 6 in North & West** and **3 of 3 in South & West**.

Needle Exchange. Currently **4 of the 27** Pharmacies across Herefordshire offer this service. By PCN, this equates to **1 of 4 in East**, **1 of 14 in Hereford City**, **1 of 6 in North & West** and **1 of 3 in South & West**.

Local Enhances Services – via Herefordshire and Worcestershire Integrated Care Board (HWICB)

As of 1 June 2025, HWICB currently commissions 2 local enhanced services and 2 small scale pilot schemes, which are discussed below. Note that the anti-viral Covid-19 (Paxlovid) Service ended 31 May 25 on the expiry of government procured medication from the pandemic.

1. **Palliative Care**

This service provides advice and stock an agreed list of medicines commonly used in palliative care for those patients near the end of life.

This service is aimed at the supply of specialist medicines, the demand for which may be urgent and/or unpredictable, for example palliative care, tuberculosis and bacterial meningitis treatments. The pharmacy contractor will stock a locally agreed range of specialist medicines and will make a commitment to ensure that users of this service have prompt access to these medicines at all times agreed with the ICB. The pharmacy will provide information and advice to the user, carer and clinician. They may also refer to specialist centres, support groups or other health and social care professionals where appropriate.

The aims of the service are as follows:

- To improve access for people to these specialist medicines when they are required by ensuring prompt access and continuity of supply
- To support people, carers and clinicians by providing them with up-to-date information and advice, and referral where appropriate

Currently **13 of the 27** Pharmacies across Herefordshire offer this service. By PCN, this equates to **2 of 4 in East**, **6 of 14 in Hereford City**, **3 of 6 in North & West** and **2 of 3 in South & West**.

2. **Anti-virals (Pandemic)**

This service is aimed at the prompt supply of specialist medicines, the demand for which may be urgent and/or unpredictable according to circulating levels or detection of localised outbreaks of influenza. The Service Specification details the provision of antiviral medicines from initial outbreak in the out of season period but also describes how this fits with wider pandemic flu arrangements as defined by the Department of Health and Social Care.

Currently **3 of the 27** Pharmacies across Herefordshire offer this service. By PCN, this equates to **0 of 4 in East**, **1 of 14 in Hereford City**, **1 of 6 in North & West** and **1 of 3 in South & West**.

3. **Independent Prescriber (Pilot Pathfinder Programme)**

NHS England is developing a programme of pilot sites, referred to as ‘pathfinder’ sites, across integrated care systems enabling a community pharmacist prescriber to support primary care clinical services. This presents a unique opportunity for community pharmacy to redesign current pathways and play an increasing role in delivering clinical services in primary care.

The scope for pathfinder sites will be determined by integrated care boards (ICBs), who will be urged to fully utilise the skills and capabilities of community pharmacists to build on clinical services already commissioned as advanced pharmaceutical services or add into locally commissioned services.

ICBs will work with community pharmacy teams to identify the pharmacies and local pharmacists that will deliver the service by becoming a pathfinder site, as well as other NHS bodies, local authorities, and community organisations involved in delivering joined up care.

In January 2023, NHS England opened an expression of interest process for integrated care systems to take part in the Pathfinder Programme. The pathfinder programme is now being developed with HWICS.

Currently, there are only 3 pilot pharmacies, all in Worcestershire.

4. **Intervention Service (Pilot)**

This pilot scheme is currently only being trialled in 1 pharmacy in Herefordshire. It involves key interventions discussed at the point of medication dispensing with patients, which aims to changes to:

- Improve safe prescribing
- Demonstrate the role of the community pharmacist in reviewing prescription detail
- Save money
- Reduce waste medicine
- Enhance the working relationship of community pharmacists with the practice-based pharmacists

Latest CPFC arrangements for 2025/26

In March 2025, funding and other arrangements for community pharmacies for 2024/25 and 2025/26 were finalised. The settlement between Community Pharmacy England, the Department of Health and Social Care (DHSC), and NHS England provides community pharmacy with the largest uplift in funding across the whole of the NHS and signals the Government's commitment to stabilising the sector, recognising the key role they will play in future healthcare.

Key changes are summarised below:

Funding Changes

- The settlement secures baseline funding of £3,073 million for provision of the Community Pharmacy Contractual Framework (CPCF) in 2025/26.
- £30m of spend on the HCFS and PCS, which is currently within the contract sum, will instead be funded from the Pharmacy First budget.
- This means the baseline funding is effectively uplifted by 19.7% compared to 2023/24.

- A further £215 million (the 'Pharmacy First' budget) will fund the cost of Pharmacy First clinical pathways, the Pharmacy Contraception Service (PCS) and the Hypertension Case-Finding Service (HCFS).

Regulatory Changes

- During 2025/26, there will be no requirement to complete a nationally chosen or pharmacy owner selected clinical audit.
- During 2025/26, pharmacies will only have to take part in a maximum of two national health campaigns and two campaigns selected by their Integrated Care Board (ICB).
- The requirement to produce a practice leaflet will be removed.
- The requirement for patients that pay an NHS prescription charge to complete and sign the declaration on the rear of the prescription form or EPS token will be removed
- Regulatory amendments should enable pharmacy owners to change their opening hours to days and times that better serve their patients. However, the number of core hours must remain the same and the application process for this is through the ICB.

Note that flexibility of opening hours to suit local need was a recommendation in the 2022 PNA.

Services Changes

Pharmacy First and the phased introduction of 'bundling' requirements:

- From June 2025, pharmacies will need to be registered to also provide the Pharmacy Contraception Service (PCS) and Hypertension Case Finding Service (HCFS)
- From October 2025, in addition they must deliver at least one Ambulatory Blood Pressure Monitoring (ABPM) provision per month
- From March 2026, a specified number of contraception consultations (to be agreed by Community Pharmacy England, DHSC and NHS England in due course) will also need to be provided each month

Hypertension Case Finding Service:

- The service specification will be updated to clarify patient eligibility requirement

Pharmacy Contraception Service:

- From October 2025, subject to the introduction of IT updates, the service will be expanded to include Emergency Hormonal Contraception (EHC)

Smoking Cessation Services:

- Patient Group Directives (PGDs) will also be introduced to enable provision of Varenicline and Cytisinicline (Cytisine) under the service by both suitably trained and competent pharmacists and pharmacy technicians

New Medicine service

- Depression is to be added to the list of conditions from Oct 2025

Herefordshire Dispensing Practices

The 10 Herefordshire Dispensing Practices are listed below. Note, there are 3 practices with additional dispensing branches separate to the named practice. These are denoted by bullets and are also identified on the mapping where included. Note Cradley is within the Herefordshire boundary but is a Worcestershire postcode.

1. Cradley Surgery
2. Fownhope Medical Centre
3. Golden Valley Practice (Ewyas Harold)
    - Peterchurch Branch
4. Kingstone Surgery
5. Kington Medical Practice
6. Mortimer (Croase Orchard)
    - Leintwardine Branch
    - Orleton Branch
7. Much Birch Surgery
8. Nunwell Surgery
9. Bodenham Surgery (merged with Ryeland Surgery)
10. Weobley Surgery
    - Staunton Branch

Herefordshire Pharmacy Density

Pharmacy Density Overview

The latest population estimates for Herefordshire available at the time of writing are mid-2023. This figure is 189,900. With 27 Community Pharmacies, this equates to 1 pharmacy for every 7,033 people or approx. 1.42 per 10,000. However, if Dispensing Practices are included, these figures change to 1 contractor for every 5,132 people or approx. 1.95 per 10,000.

Density variation by PCN areas is given in table 2 below. Note (as discussed previously), that WBC and HMG PCNs are aggregated as 'Hereford City'. PCN population figures are from mid-2022 and this would equate to a Herefordshire population of 188,719. The estimates for England are 1.8 pharmacies for every 10,000 people and 1.97 including dispensing practices.

Note also that these figures do not include Tenbury. This is in Worcestershire but is included in the primary care provision by Herefordshire's North and West PCN and adds an additional 12,746 to the population. Tenbury also includes a pharmacy and dispensing practice (see Buffer Area in Mapping section below).

The above data is drawn from several sources. The England population data is taken from ONS mid-2023 estimates. These can be found on the Relevant Page of the ONS website. The England pharmacy count is contentious, and NHS BSA provide a figure for active pharmacies based on total opening and closures over a given year. However, this may be misinterpreted as a comparative figure. More accurate is total number of open pharmacies at the end of each month. Here the NHSBSA lists the open pharmacy count as of 31 Mar 2025 as 10,407. This figure was chosen as it corresponds to the same date that service data was also provided. This can be found on the Relevant Page of the NHSBSA Website for Pharmacy Openings and Closures. The figures for dispensing practices are also taken from the NHSBSA list of Dispensing Practices for March 2025, which lists as 921 in total. This is found on the Relevant Page of the NHSBSA Website.

Pharmacy Density Comparison Measures

Pharmacy and Total Contractor Density in Herefordshire for each PCN

PCN	Dispensing practices	Community Pharmacy	Total Contractors	Population per pharmacy	Population per contractor	Total number of pharmacies per 10,000 population	Total number of contractors per 10,000 population
East	2	4	6	7384	4922	1.35	2.03
Hereford City	0	14	14	5473	5473	1.83	1.83
North & West	4	6	10	6705	4023	1.49	2.49
North & West Exclude DSP	4	5	9	8046	4470	1.24	2.24
South & West	4	3	7	14108	6046	0.71	1.65
Herefordshire	10	27	37	7033	5132	**1.42**	**1.95**
Herefordshire Exclude DSP	10	26	36	7304	5275	1.37	1.90
England	921	10407	11328	5543	5092	**1.80**	**1.96**

Table 2. Contractor density by population for each PCN in Herefordshire and National comparison.

Pharmacy Advanced Services offered by percentage for each PCN

PCN	PF	FVS	PCS	HCFS	NMS	SCS	AUR	SAC	LFD
East	100%	100%	75%	100%	100%	25%	-	-	100%
Hereford City	100%	93%	64%	93%	100%	14%	-	-	86%
North & West*	80%	67%	50%	17%	100%	17%	-	-	50%
South & West	100%	100%	33%	100%	100%	67%	-	-	100%
Total	**96%**	**89%**	**59%**	**81%**	**100%**	**22%**	-	-	**81%**

*Table 3. Percentage of advanced pharmacy services offered in Herefordshire by PCN. *Of those eligible (excludes DSP)*

National Enhanced & Locally Commissioned Services Offered (%) in Herefordshire by PCN

PCN	CVS	EHC	SCS	SC	NES	PC	AV	IP*	IS*
East	50%	100%	-	100%	25%	50%	0%	0%	0%
Hereford City	29%	86%	-	100%	7%	43%	7%	0%	7%
North & West*	33%	50%	-	50%	17%	50%	17%	0%	0%
South & West	67%	67%	-	100%	33%	67%	33%	0%	0%
Total	**37%**	**78%**	**-**	**89%**	**15%**	**48%**	**11%**	**0%**	**4%**

*Table 4. Percentage of national enhanced and locally commissioned services offered in Herefordshire by PCN.*Pilots*

Key changes to services in Herefordshire since the 2022 PNA

Pharmacies

Although the total number of community pharmacies is the same as the PNA in 2022, these 27 are now comprised of 26 ‘brick and mortar’ pharmacies and 1 distance selling pharmacy. This change is due to the closure of Lloyds Pharmacy in Sainsbury’s in Hereford City in April 2023 and the opening of the DSP Drugs2U in Leominster in August 2023. The full list of Herefordshire Community Pharmacies can be found at Appendix 3.

Opening Hours

All other changes relate to opening hours and provision of advanced and enhanced services which are summarised above. The main change in terms of opening hours is the reduction of 100-hour pharmacies to 72-hour contracts. Out of hours cover beyond 1900hrs on weekdays is now only provided by the Asda Pharmacy in Hereford City, which is open until 2100hrs. This has

itself reduced from 2300hrs in 2022. Previously Morrisons and Lloyds in Hereford also provided opening hours until 2000hrs and 2100hrs respectively. However, this does not affect travel times (see below) as these pharmacies were previously also only in Hereford. A full list of pharmacy opening hours is included in Appendix 4.

Summary of key differences for contractor numbers

Measure	2022	2025
Community Pharmacies	27	26
Dispensing Practices	10	10
Distance selling pharmacy (DSP)	0	1
Dispensing Practices	10	10
Total Contractors	37	37
Number of pharmacies open on Saturday	20	18
Number of pharmacies open on Sunday	7	6
100-hour (now 72-hour only)	3	1

Table 5. Key differences in Herefordshire pharmacies and opening hours from 2022 to 2025.

Summary of key differences for contractor hours

PCN	Pharmacies offering extended hours*	Pharmacies offering out of hours opening**	Pharmacies open on Saturday	Pharmacies open on Sunday
East	75%	0%	100%	0%
Hereford City	72%	7%	57%	36%
North & West*	50%	0%	83%	0%
South & West	67%	0%	33%	33%
Herefordshire	**67%**	**4%**	**67%**	**22%**

*Table 6. Coverage by PCN for extended hours, out of hours and weekend opening hours * Extended opening hours: open after 17:30 & close before 19:00pm) ** Out of hours opening: Open after 19:00pm*

Part 3 – Mapping & Gap Analysis

Herefordshire Pharmacy and Dispensing Practices

Overview

This section contains tables and maps to illustrate pharmacy and dispensing practice coverage and travel times for the Herefordshire population. Strategic Health Asset Planning and Evaluation (SHAPE) has been used to produce maps showing various travel times to pharmacies and dispensing practices in Herefordshire. SHAPE is a web-enabled, evidence-based application that informs and supports the strategic planning of services and assets across a whole health economy. SHAPE is managed by the Office for Health Improvement and Disparities (OHID). Where specifically denoted, shaded areas have access to a pharmacy or dispensing practice within each travel time stated. Numbers represent the total number of pharmacies in that area. Dispensing Practices and Branches are identified by GP and GPb symbols respectively. Note also that the inclusion or exclusion of the DSP in Leominster does not otherwise affect travel times but is included within the mapping.

Buffer Area

Due to cross border use of pharmaceutical services, this analysis was expanded to examine access where a 3km buffer radius was added to the mapping. Access times for Car, Walking and Public Transport for weekdays, evenings and weekends were all assessed using this metric. The addition of this buffer area did not significantly affect these travel times. Note, as mentioned previously, that Tenbury contains both a Pharmacy and Dispensing Practice. It also forms part of Herefordshire North and West PCN's responsibility.

Herefordshire Pharmacies and Dispensing Practices

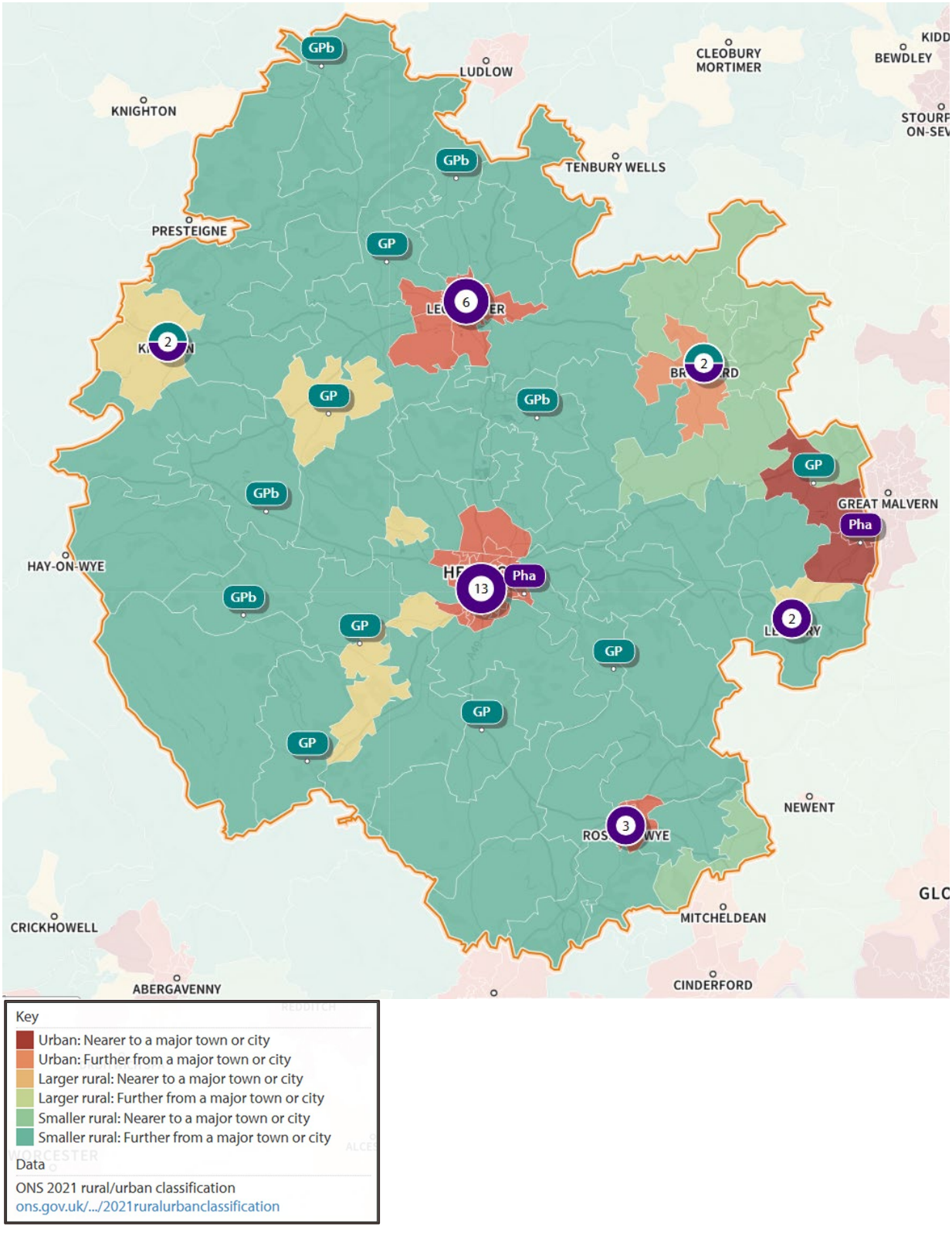


Figure 1. The location of all pharmacies and dispensing practices within Herefordshire and the Urban/ Rural Classification of lower super output areas (LSOAs) as denoted in the accompanying Key.

Herefordshire Pharmacies and Dispensing Practices including the 3km Buffer Area

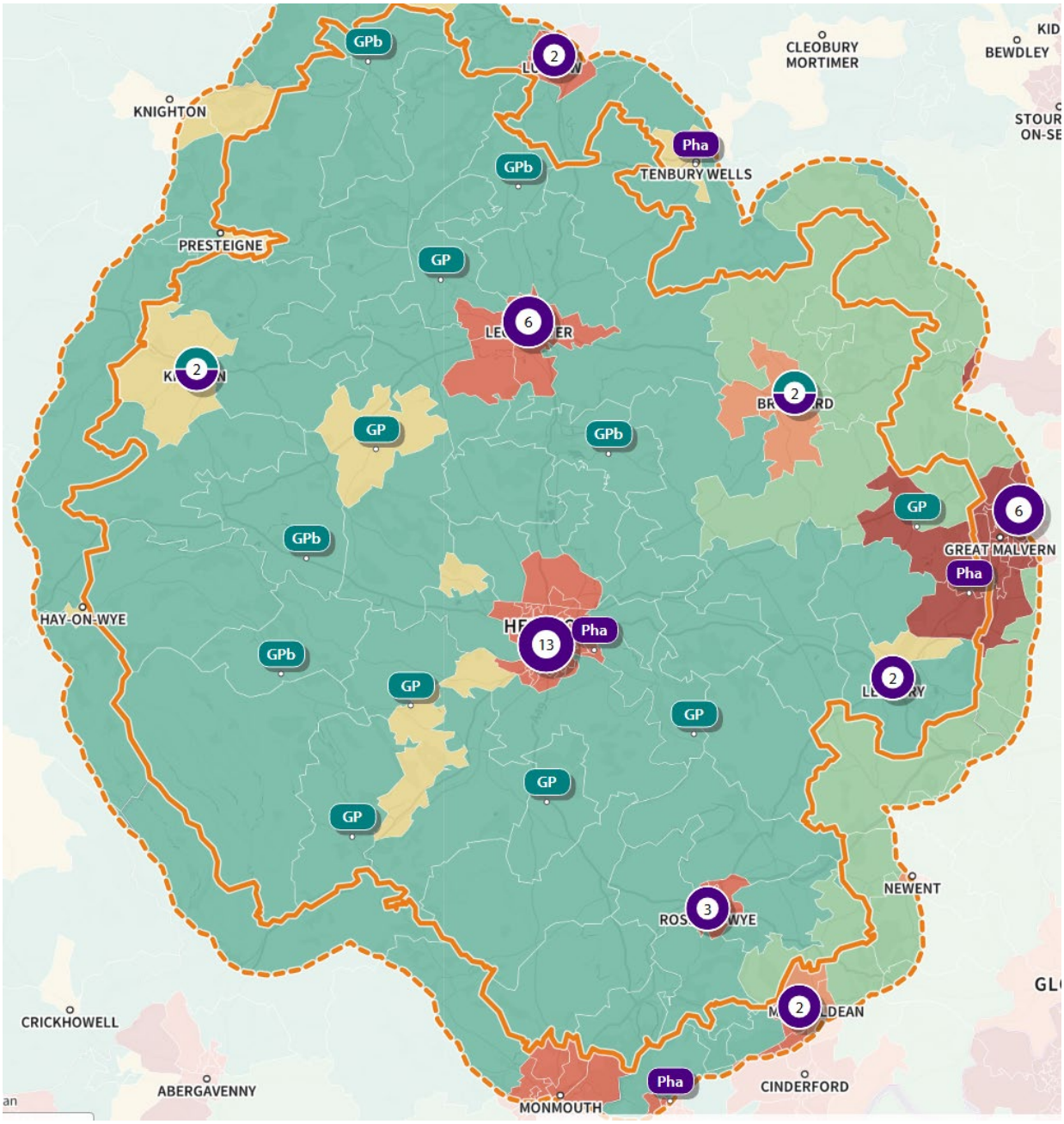


Figure 2. Extension of Herefordshire by a 3km buffer radius and the additional pharmacies contained within this area.

Pharmacy Access – weekdays in normal working hours

Pharmacy and Dispensing Practice travel times by Car in 5min & 10min

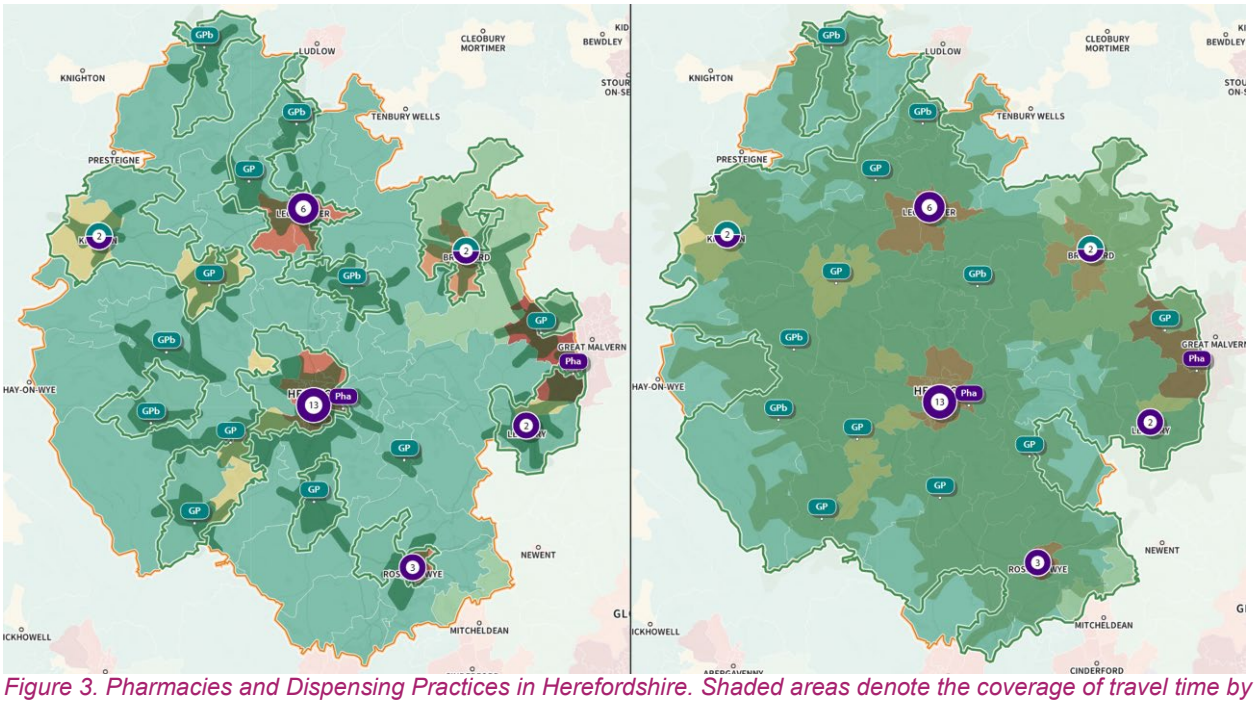


Figure 3. Pharmacies and Dispensing Practices in Herefordshire. Shaded areas denote the coverage of travel time by car within 5 mins (Left) and 10mins (Right). NB. There is 100% coverage within 15mins.

Pharmacy travel times by Car within 5min and 10min

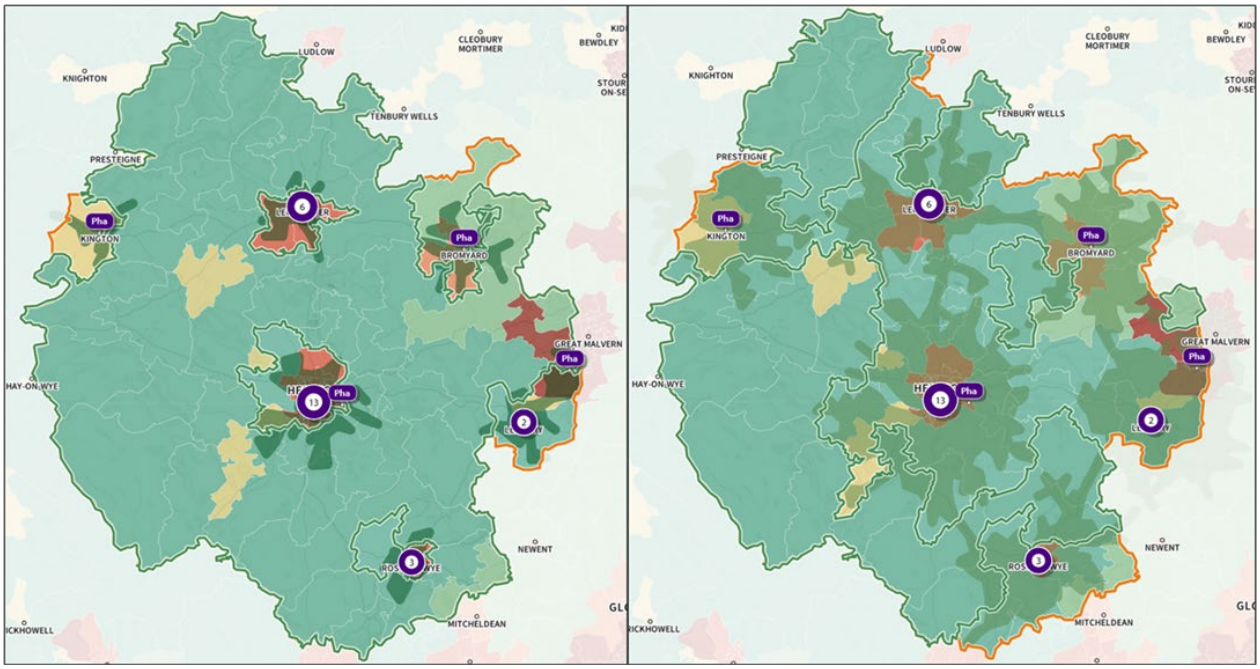


Figure 4. Pharmacies within Herefordshire. Shaded areas denote the coverage of travel time by car within 5 mins (Left) and 10mins (Right). This indicates the importance of dispensing practices, particularly to the rural population.

Pharmacy and Dispensing Practice travel times by Public Transport within 30mins

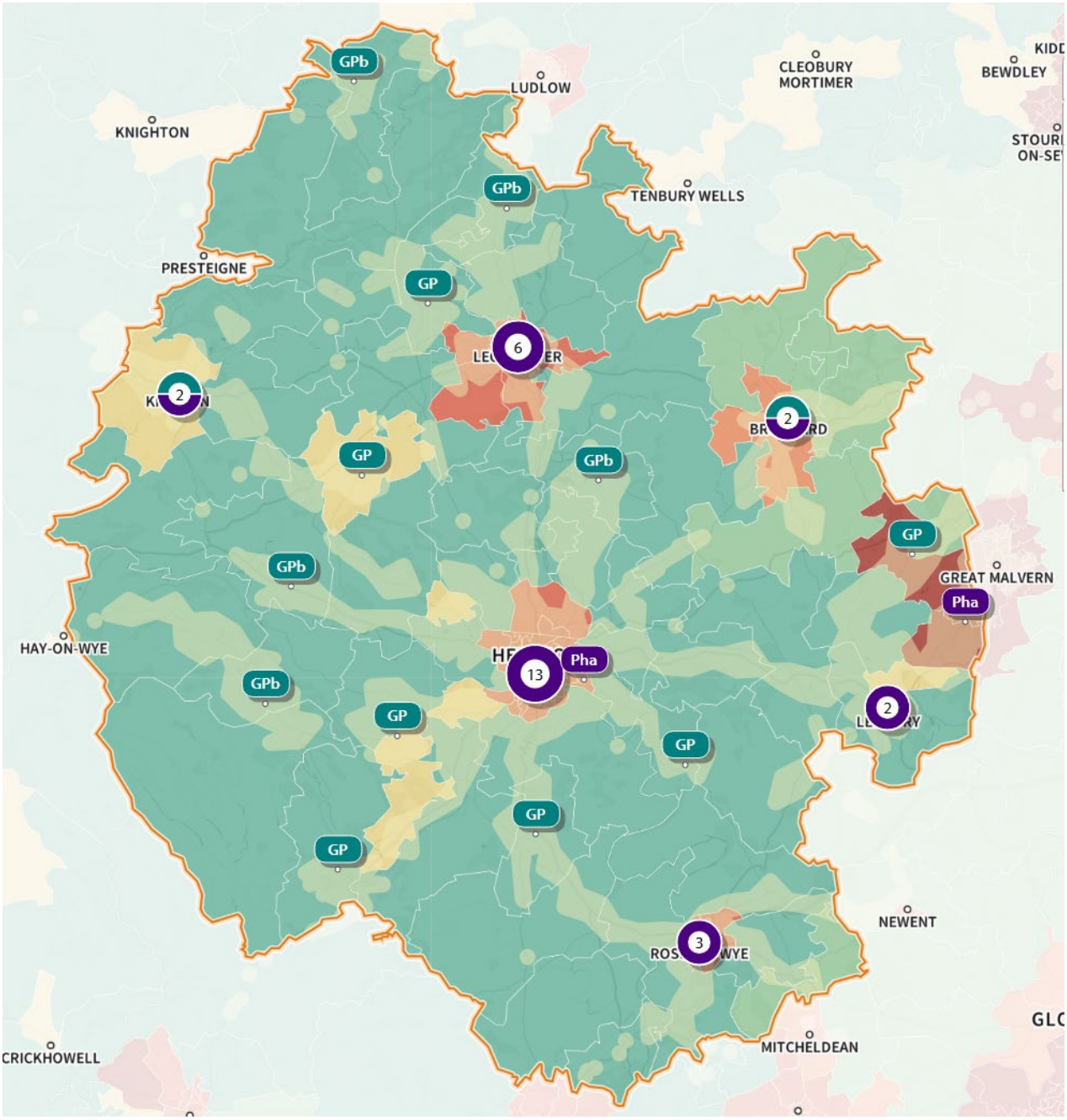


Figure 5. Shaded areas show coverage of access to pharmacies and dispensing practices in Herefordshire within a 30mins travel time by Public Transport.

Pharmacy and Dispensing Practice travel times by Walking in 30mins

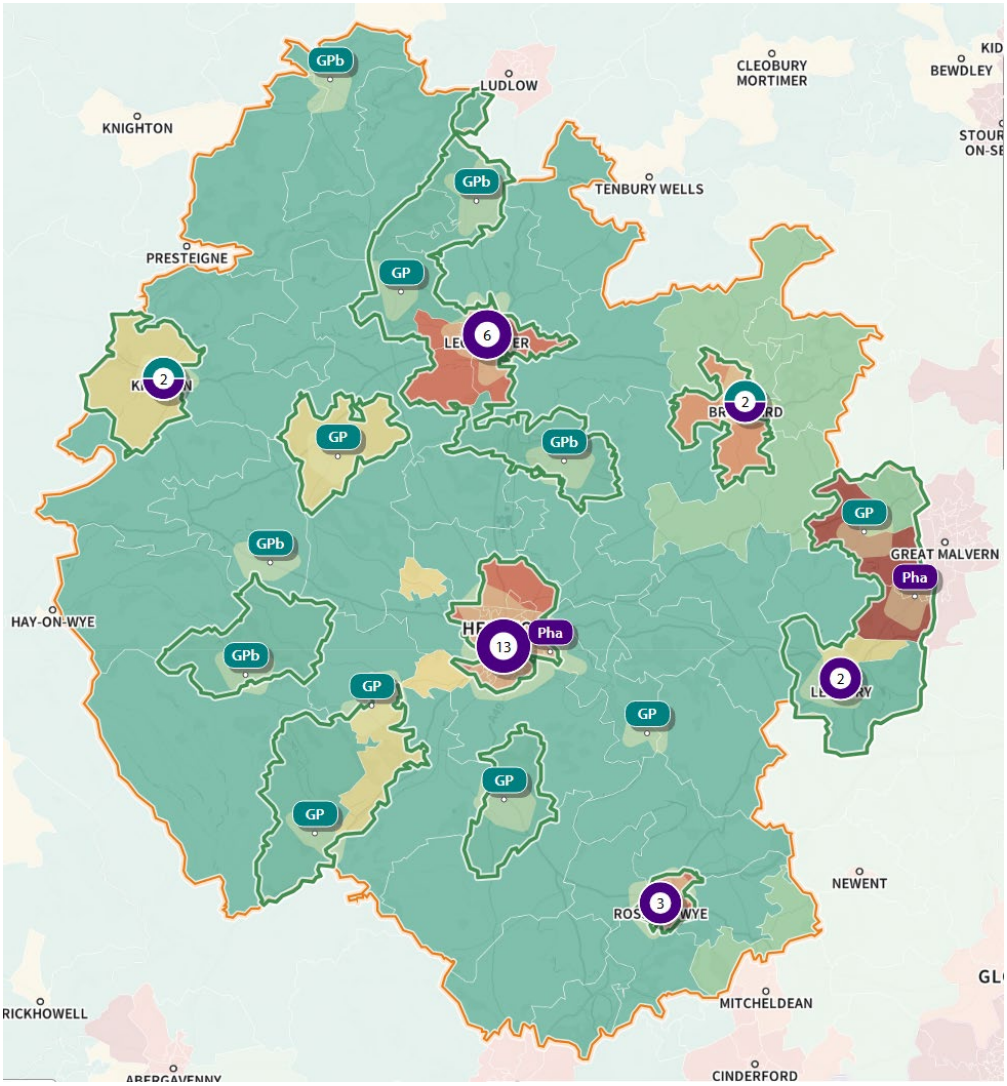


Figure 6. Outlined areas show the coverage of access to a pharmacy or dispensing practices within a 30mins walk.

Summary of access on weekdays during normal working hours

Car	Walking	Public Transport
Within **5mins** = 68% of the population Of those 33% excluded, 97% are from Rural areas Within **10mins** = 96% of the Population Within **15mins** = 100% of the Population	Within **30mins** = 63% of the Population Of those 37% excluded, all are from Rural areas	Within **30mins** = 83% of the Population Of those 17% excluded, all are from Rural areas

Table 7. Summary of travel times on weekdays during normal working hours by Car, Walking and Public Transport.

Pharmacy Access – Travel times during weekdays up to 1800hrs

Figure 7. The location of pharmacies and dispensing practices that are open until at least 1800hrs in Herefordshire (shading denotes car access within a 20mins travel time (100% of the population).

Summary of access on weekdays up to 1800hrs

Car	Walking	Public Transport
Within **20mins** = 100% of the Population	Within **30mins** = 59% of the Population Of those 41% excluded, 98% are from Rural areas	Within **30mins** = 37% of the Population Of those 63% excluded, 78% are from Rural areas

Table 8. Summary of travel times on weekdays up to 1800hrs by Car, Walking and Public Transport.

Pharmacy Access – Travel times during weekdays up to 1900hrs

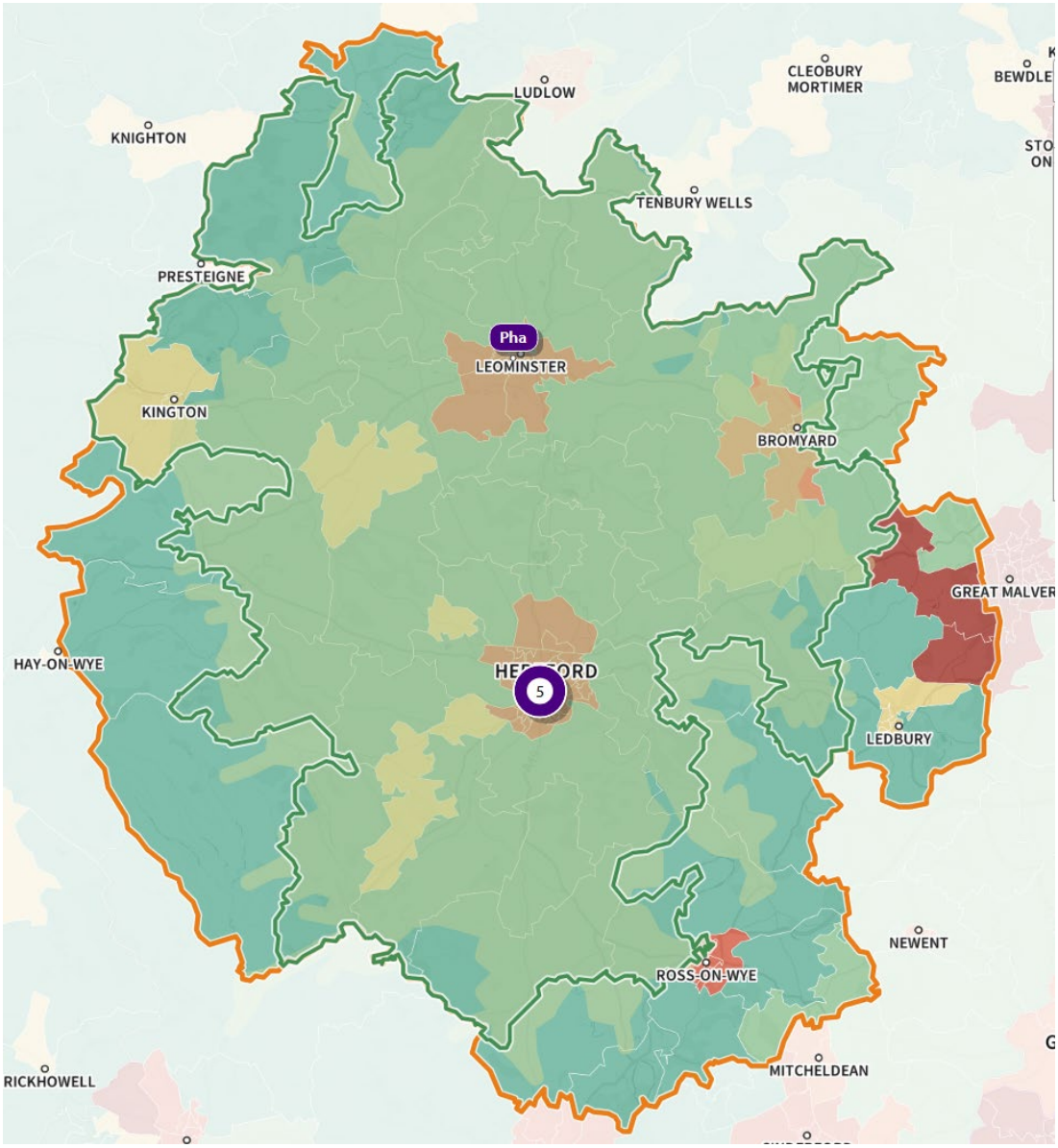


Figure 8. The location of Herefordshire Pharmacies that are open until at least 1900hrs. Shading denotes coverage of access within 20min travel time by Car (75%).

Summary of access on weekdays up to 1900hrs

Car	Walking	Public Transport
Within **20mins = 75%** of the Population Of those 25% excluded, 73% are from Rural areas Within **30mins = 99%** of the Population	Within **30mins = 37%** of the Population Of those 63% excluded, 84% are from Rural areas	Within **30mins = 57%** of the Population Of those 43% excluded, 83% are from Rural areas

Table 9. Summary of travel times on weekdays up to 1900hrs by Car, Walking and Public Transport.

Pharmacy Access – Travel times during weekdays after 1900hrs

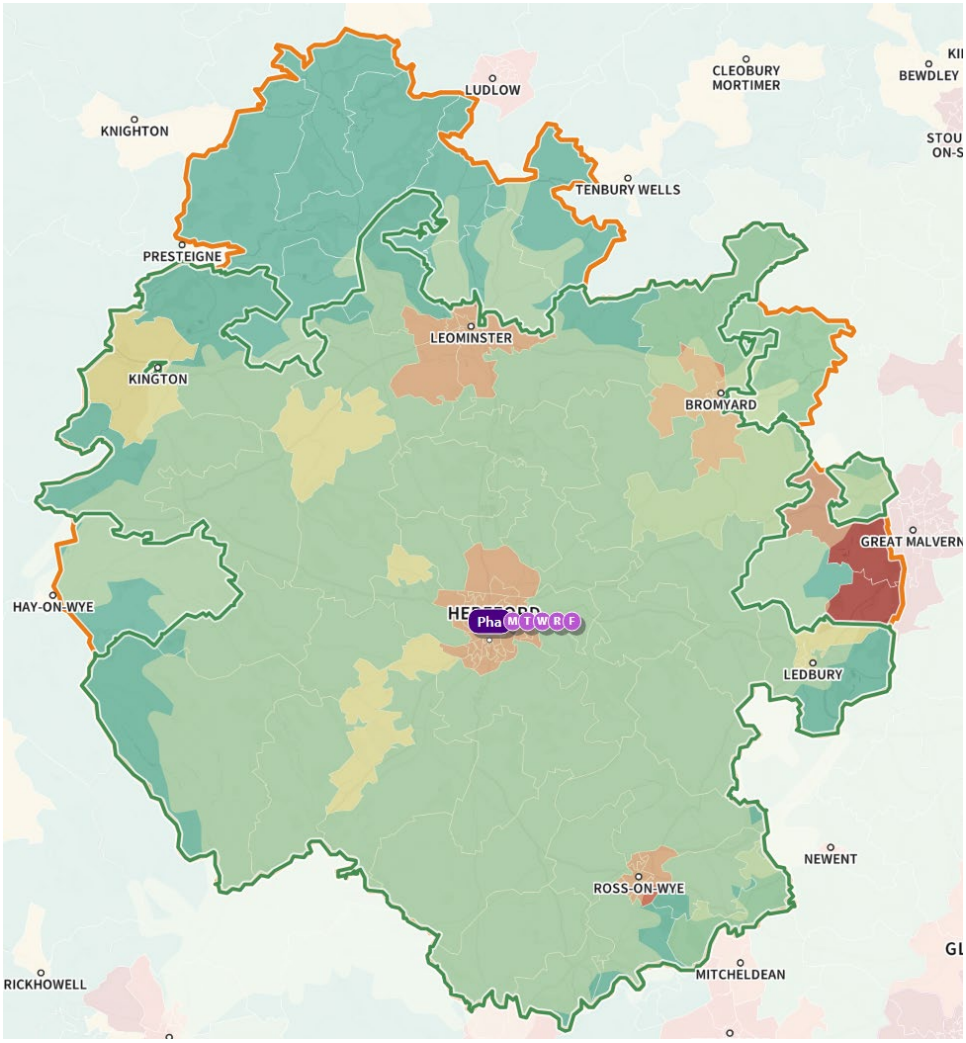


Figure 9. The location of Pharmacies that are open after 1900hrs in Herefordshire. Shading denotes coverage of access within 30min travel time by Car (90%).

Summary of travel times on weekdays after 1900hrs

Car	Walking	Public Transport
Within **20mins = 52%** of the Population Of those 48% excluded, 73% are from Rural areas Within **30mins = 90%** of the Population Of those 10% excluded, 84% are from Rural areas Within **45mins = 100%** of the Population	Within **30mins = 20%** of the Population Of those 80% excluded, 68% are from Rural areas	Within **30mins = 38%** of the Population Of those 62% excluded, 78% are from Rural areas

Table 10. Summary of travel times on weekdays after 1900hrs by Car, Walking and Public Transport.

Herefordshire Pharmacy Access – Travel times on Saturdays

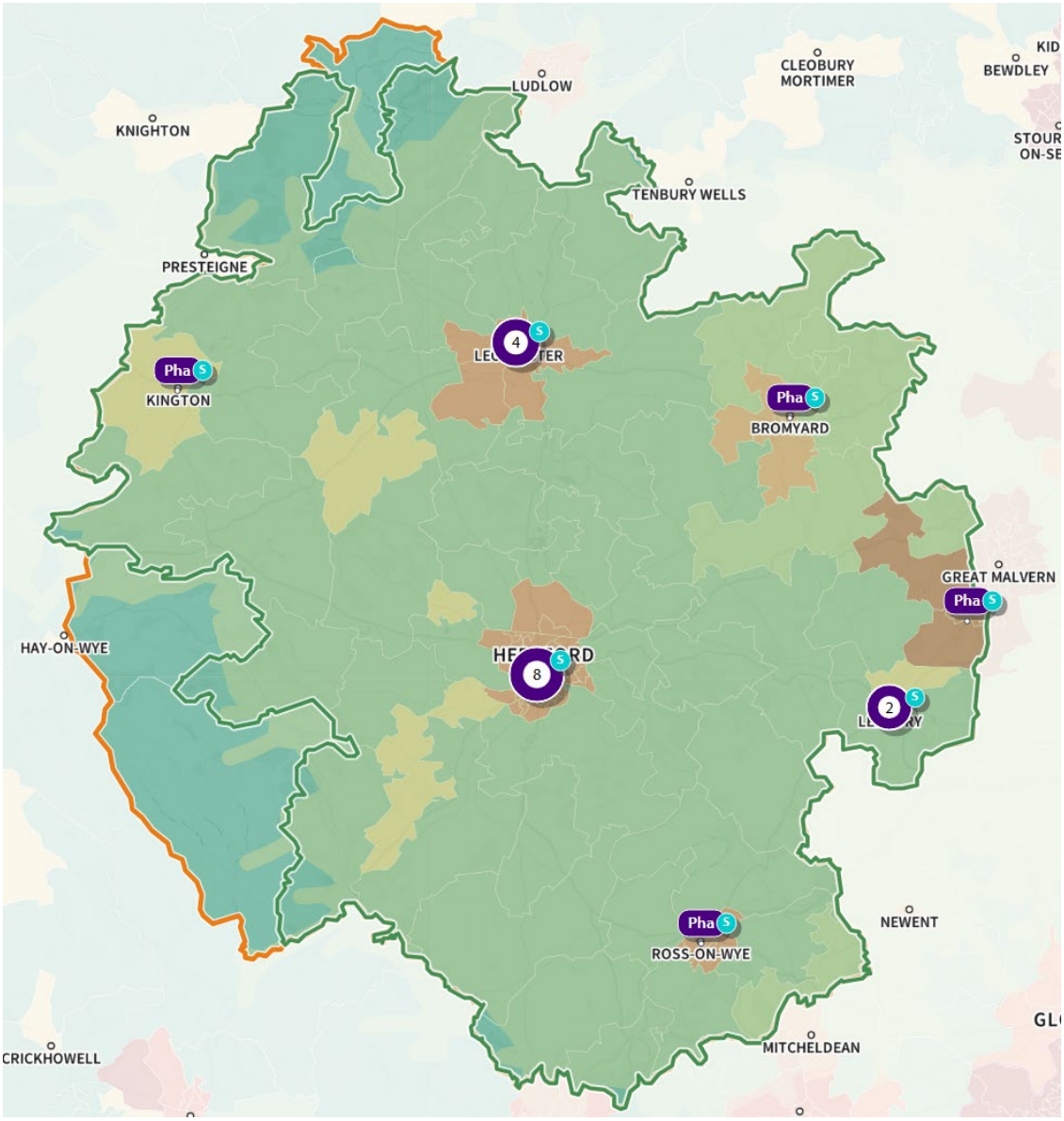


Figure 10. The location of Pharmacies that are open on Saturdays in Herefordshire. Shading denotes coverage of access within 20min travel time by Car (97%).

Summary during Saturdays

Car	Walking	Public Transport
Within **20mins = 97%** of the Population Of those 3% excluded, all are from Rural areas Within **30mins = 100%** of the Population	Within **30mins = 53%** of the Population Of those 47% excluded, all are from Rural areas	Within **30mins = 53%** of the Population Of those 47% excluded, all are from Rural areas

Table 11. Summary of travel times on Saturdays by Car, Walking and Public Transport.

Herefordshire Pharmacy Access – Travel times on Sundays

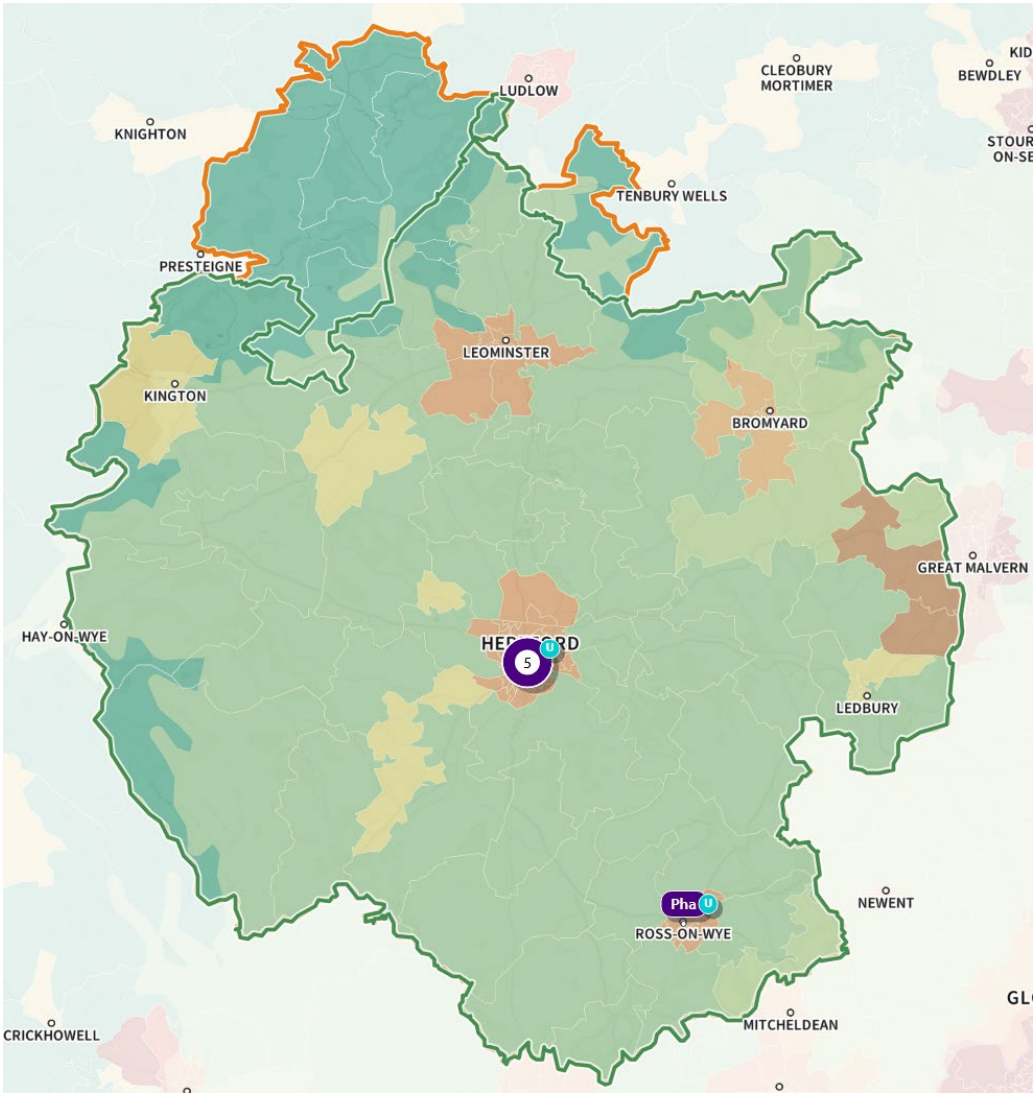


Figure 11. The location of Pharmacies that are open on Sundays in Herefordshire. Shading denotes coverage of access within 30min travel time by Car (77%).

Summary of travel times on Sundays

Car	Walking	Public Transport
Within **20mins = 77%** of the Population Of those 23% excluded, 76% are from Rural areas Within **30mins = 97%** of the Population (all excluded are rural) Within **45mins = 100%** of the Population	Within **30mins = 33%** of the Population Of those 67% excluded, 81% are from Rural areas	Within **30mins = 34%** of the Population Of those 66% excluded, 82% are from Rural areas

Table 12. Summary of travel times on Sundays by Car, Walking and Public Transport.

Summary of access and coverage for Herefordshire

There are 27 Pharmacies and 10 Dispensing Practices in Herefordshire, and these are accessible in the following travel times:

- 100% are within a 20 min drive during Normal Weekday Hours and up to 1800hrs.
- 99% are within a 30 min drive up to 1900hrs on Weekdays.
- 90% are within a 30 min on Weekdays after 1900hrs (over 3/4 excluded are rural areas).
- 100% are within a 45min drive on Weekdays after 1900hrs.
- 100% are within a 30 min drive on Saturdays.
- 97% are within a 30 min drive on Sundays (all excluded are from rural areas).
- 100% are within a 45 min drive on Sundays.
- Most of the urban population are always within a 30min walk, however this is significantly lower on Sundays and after 1900hrs on weekdays.
- Public Transport access is also more limited on Sundays and after 1900hrs on weekdays.

Gap Analysis

Regulations

Regulations on the creation of the PNA do not provide any guidelines for how to identify gaps in pharmaceutical provision. Guidance does suggest three levels where gaps may exist, however:

1. Geographical gaps in the location of premises.
2. Geographical gaps in the provision of services.
3. Gaps in the times at which, or days on which, services are provided.

The Herefordshire and Worcestershire PNA Working Group decided to consider key areas to assess the provision of pharmaceutical access locally. These areas establish what the population of Herefordshire should expect in relation to the provision of pharmacy access.

PNA Working Group agreed criteria

PNA Working Group agreed essential criteria of pharmacy access – below which would constitute a gap

- Most residents should be within a 20-minute drive of a pharmaceutical provider that is open during usual hours (Monday-Friday, 0900-1700hrs).
- Most residents should be able to access a pharmaceutical provider within a 20-minute drive in the evening and on Saturdays. 30 mins for rural areas.
- Most residents should be able to access a pharmaceutical provider within a 30-minute drive on a Sunday. 40 mins for rural areas.

PNA Working Group agreed as non-essential criteria of pharmacy access – below which does not constitute a gap (included for interest)

- Access to a pharmaceutical provider within a 30-minute journey by public transport
- Access to a pharmaceutical provider within a 30-minute walk in urban areas

Summary of agreed essential and non-essential criteria

Transport	Weekday Normal Working Hours	Weekdays Up to 1800hrs	Weekdays Up to 1900hrs	Weekdays After 1900hrs	Saturdays	Sundays
Car	**20mins**	**20mins**	**30mins**	**30mins**	**20mins**	**30mins**
Car Rural	**20mins**	**30mins**	**30mins**	**30mins**	**30mins**	**40mins**

*Table 13. PNA working group agreed analysis measures for pharmacy access. Essential criteria are denoted in **bold***

Decisions of PNA Working Group for Herefordshire

- Overall, there are no gaps by pre-defined and agreed measures
- However, out of hours cover beyond 1900hrs is limited to a single pharmacy

Part 4 – Local Need

Strategic Need in Herefordshire

Overview

To fully assess need, it is important to understand the unique aspects of Herefordshire and how these relate to pharmaceutical services. The following chapter, therefore, summarises this and specifically links to both the gap analysis and recommendations.

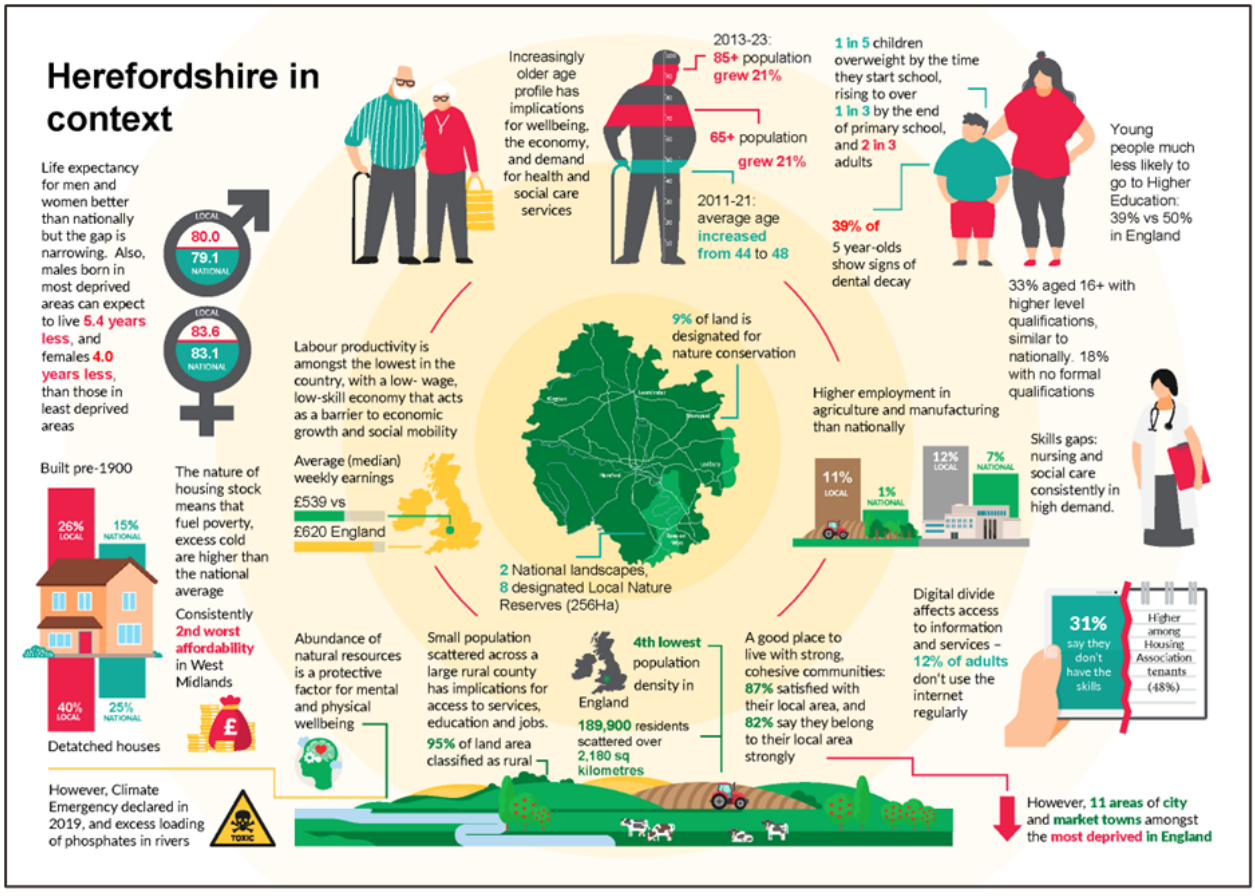


Figure 12. Infographic highlighting key summary statistics and insights for Herefordshire.

Overall deprivation and poverty are relatively low compared to the rest of England, but there are persistent pockets in the city and market towns. Although life expectancy is better than nationally,

the gap is narrowing and people born in the most deprived areas can expect to live at least four years less than other parts of the county.

Technology provides opportunities to make it easier for people to access services, and there has been significant investment in infrastructure to improve connectivity. However, there is still a digital divide whereby some people are less likely than others to use the internet.

Herefordshire is characterised by its rurality and demography, both of which influence many of the other factors affecting life in the county. 189,900 residents are scattered across 2,180 square kilometres mainly reliant on a network of B and C roads, posing an almost unique challenge for providing services. The average age of 48 is eight years older than England's, and older age groups continue to grow disproportionately to the rest of the population.

Population

Population overview

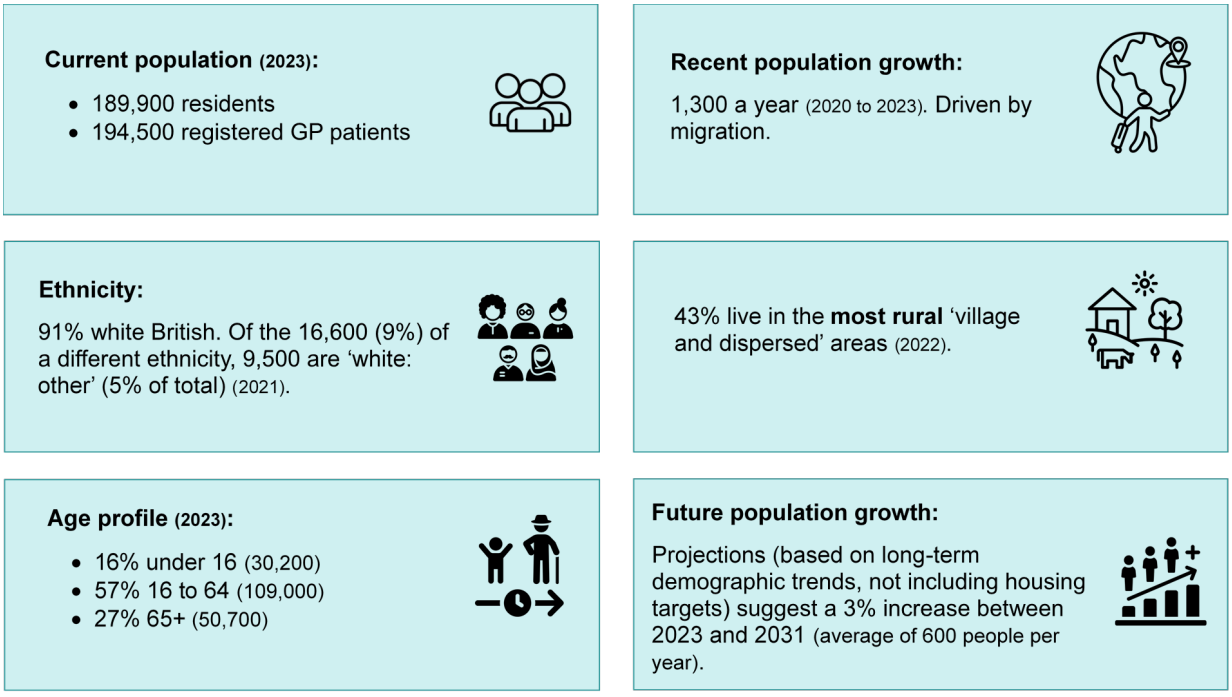


Figure 13. Infographic highlighting key summary statistics and insights for Herefordshire's population

Population Density

Neither population density, nor the proportion living in rural areas (53%), adequately illustrates quite how scattered the Herefordshire population is. No other English county has a greater proportion of its population living in areas described as ‘very sparse’. This presents particular challenges for service delivery in the county.

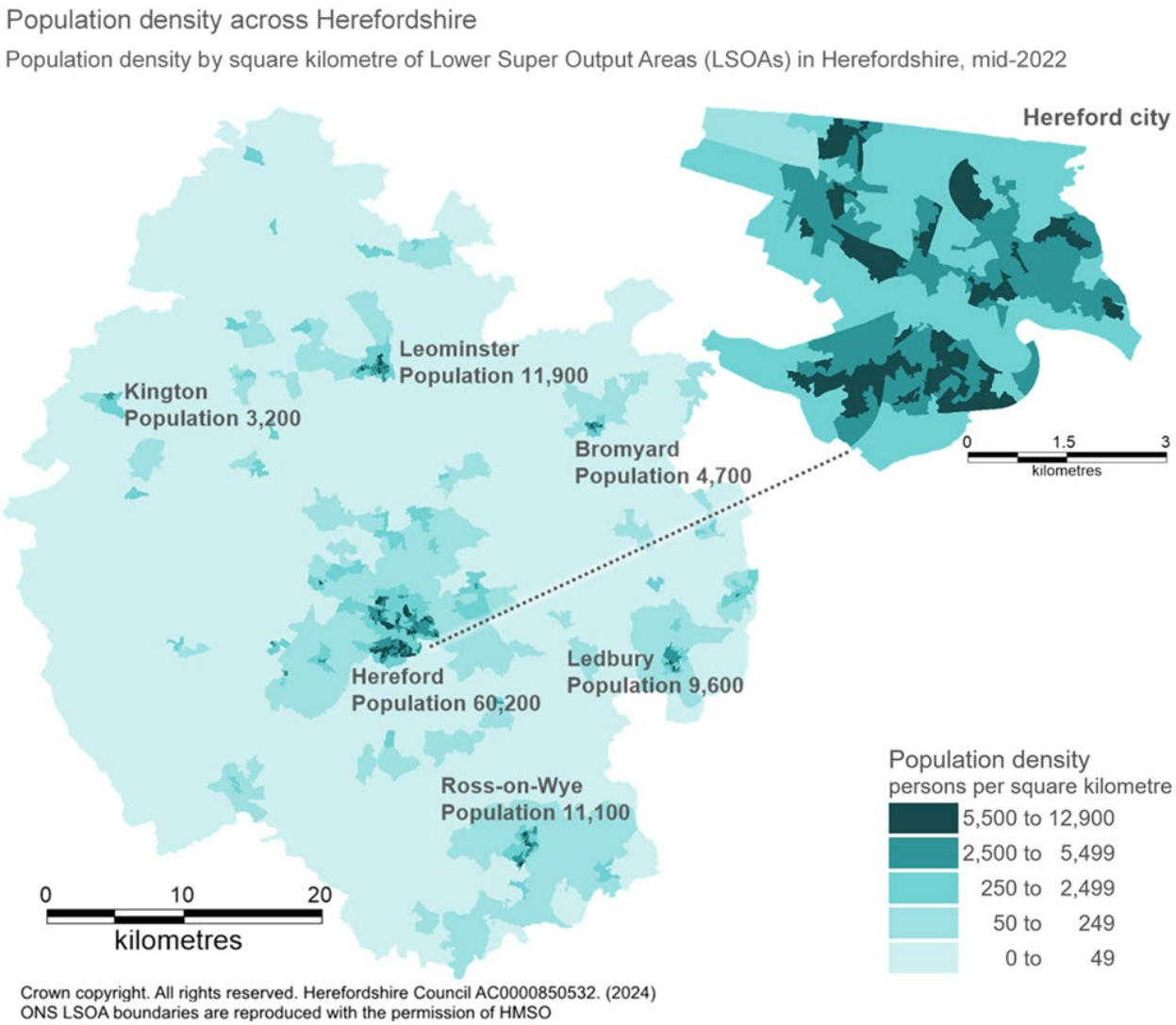


Figure 14. Population density in Herefordshire. Data source: Mid-2022 population estimates for small areas, Office for National Statistics. Last accessed 12 June 2025.

Population by urban-rural divide

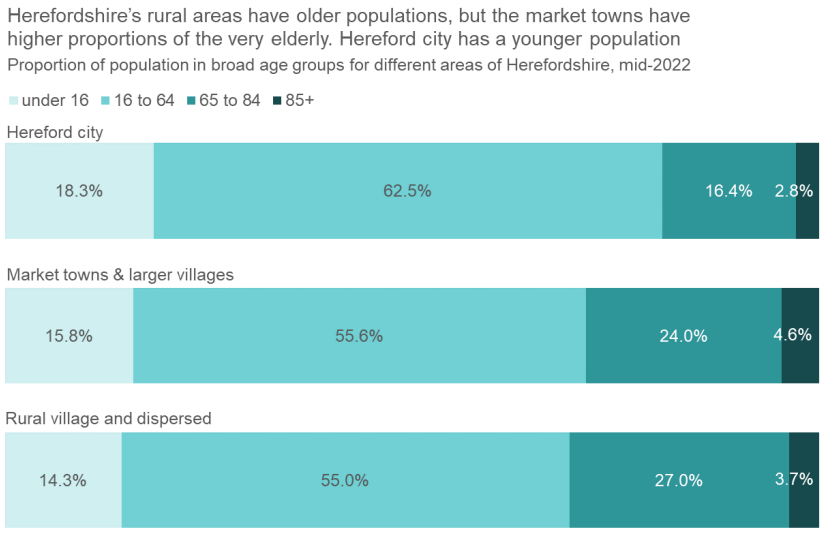


Figure 15. Infographic showing age distribution by urban-rural divide

Ageing population

Herefordshire's age structure remains older than the England average. Numbers of children have fallen and there is a lower proportion of working age adults than nationally.

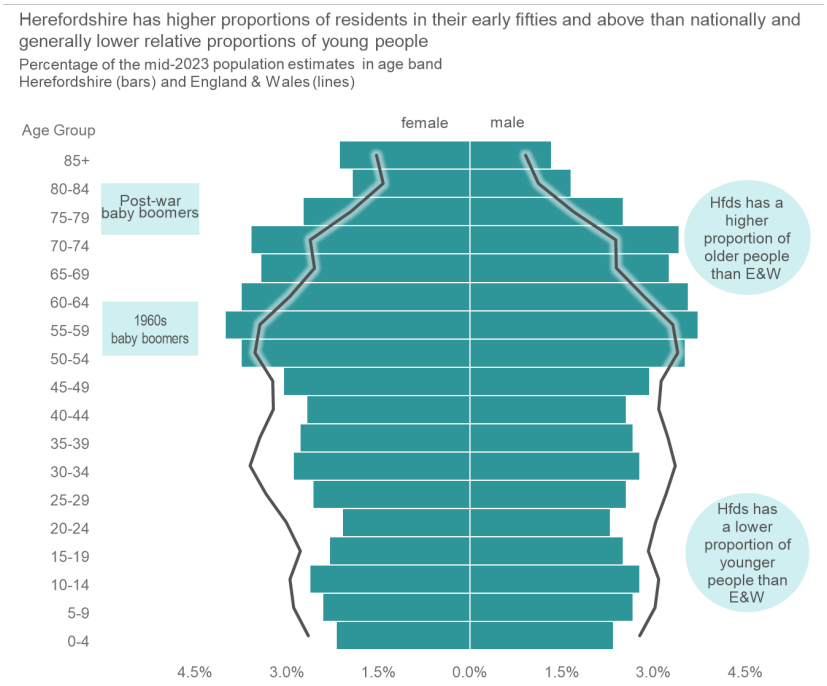


Figure 16. Proportion of Herefordshire population by quintile age bands.

Population Projections

The projection is for a continuation of current trends, whereby there is an increase in the older population and decreases in working age and child populations.

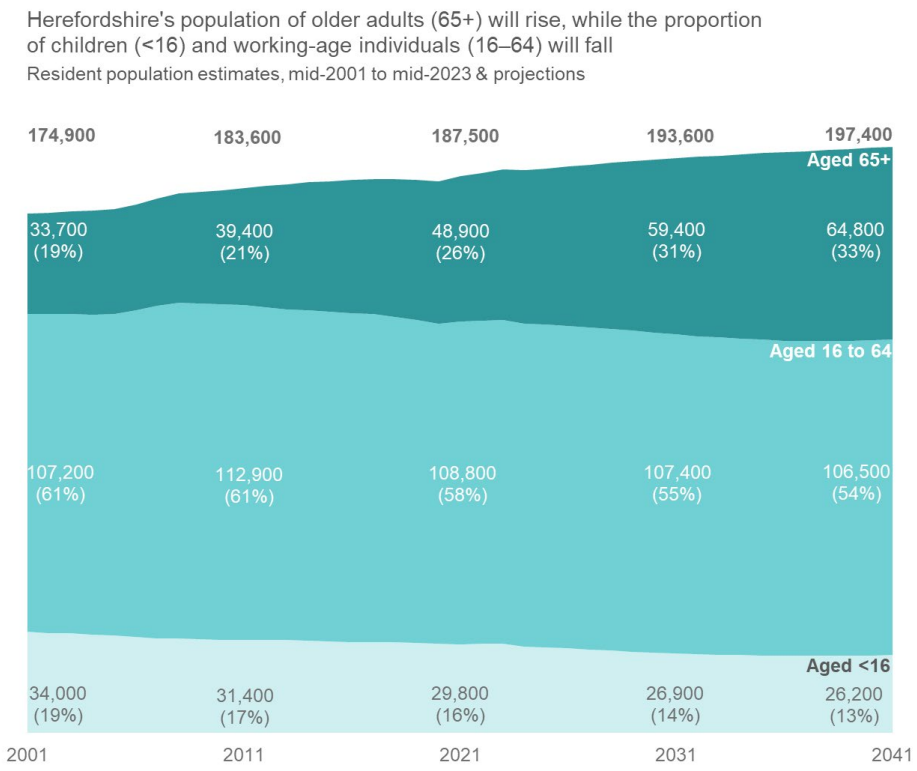


Figure 17. Herefordshire population projections by age brackets

Registered Population

A final important note to add, with regards population estimates, is that many health statistics, for example disease prevalence, are based on patients who are registered with a GP surgery in the county. However, for various reasons these can be different. For example, in 2023 the Herefordshire registered population was 194,500, compared to the resident population of 189,900. This makes pharmaceutical need harder to assess and will also apply to those who work in Herefordshire and use the local pharmaceutical services.

Ethnicity

In the 2021 Census, most Herefordshire residents identified themselves as being ‘white: British’ (91%). A total of 16,600 identified themselves as being of other ethnicities, an increase of 44% from 2011, and almost four times as many as in 2001. However, at 9% of the total population, it was still very low compared to England and Wales (26%). People of ‘white: other’ origin (not including British; Irish; Gypsy or Irish Traveller) made up the largest single minority group in the county with 9,500 people or 5% of the population.

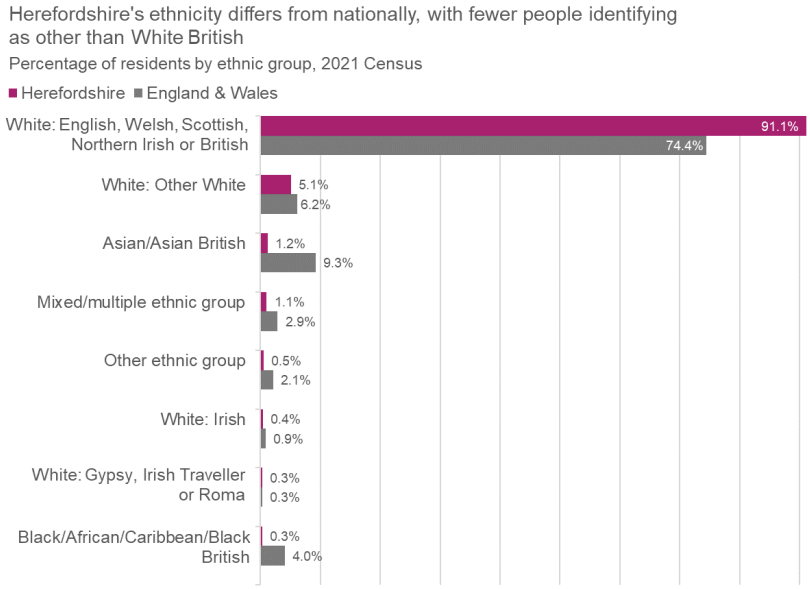


Figure 18. Herefordshire ethnicity breakdown by percentage per category

Deprivation

Overall levels of deprivation are lower than the national average. However, 11 LSOAs are ranked among the lowest 20% nationally and these are marked in red in figure 19 below.

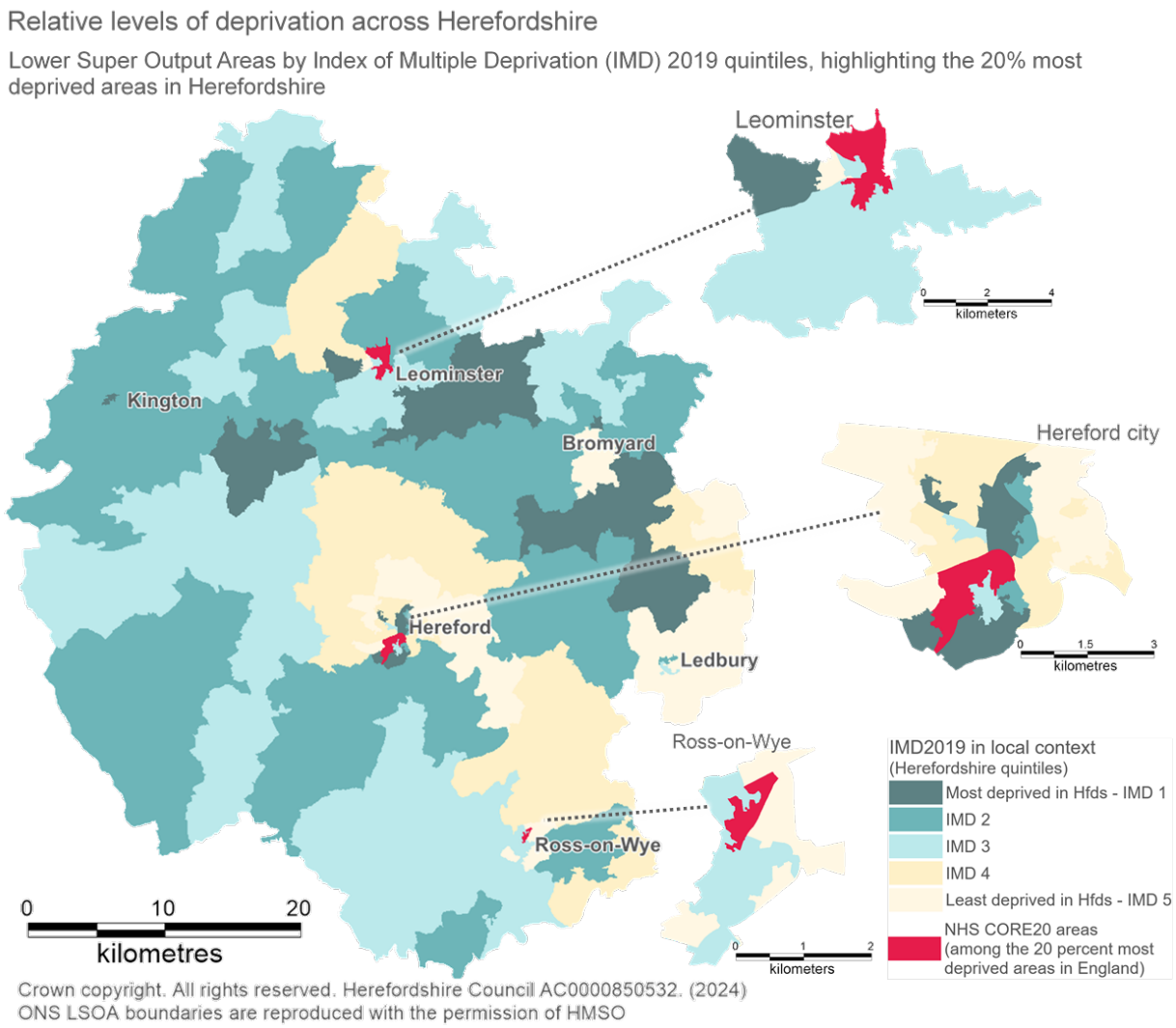


Figure 19. Areas of deprivation in Herefordshire by LSOA. Data source: English Indices of Deprivation, 2019. Ministry of Housing, Communities and Local Government. Last accessed 12 June 2025.

Population Health

Overview

Herefordshire has low healthy life expectancy and high rates of chronic disease which increase the burden on services. Obesity and hypertension are above the national average and are key disease risks along with smoking.

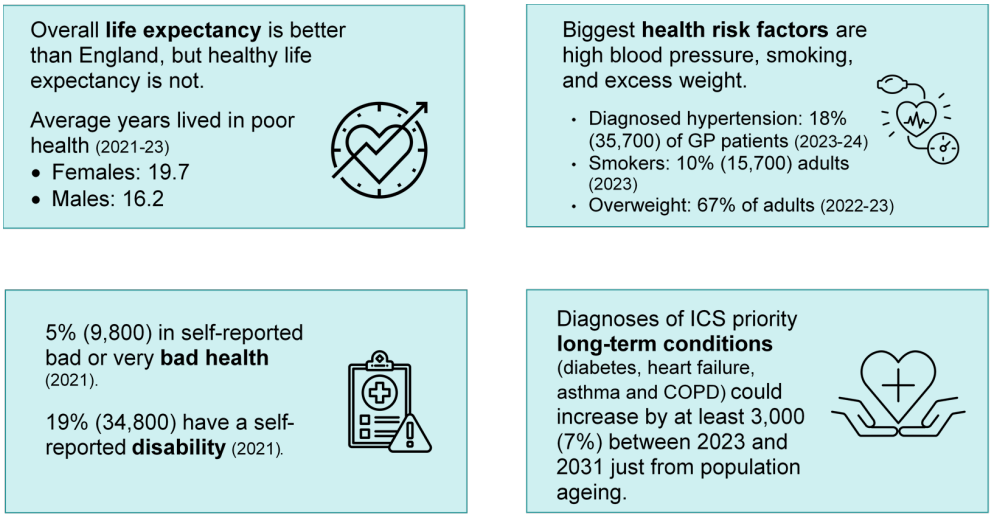


Figure 20. Infographic of selected population health statistics and insights

Priority and Long-term conditions (LTCs)

Rates of most priority conditions and LTCs continue to increase across all ages. LTCs are more common in older populations with over 50% having at least 2 by age 80

Diagnosed condition	Number of patients in 2023-24	Proportion of population (not age-standardised)	Recent trend
ICS priority conditions			
Diabetes (17+ years)	12,208	7.5%	↑
Heart failure (all ages)	2,554	1.3%	↑
Asthma (6+ years) (note only includes those using prescribed medication during past year, which is only half those recorded as having asthma on GP systems: 22,700 April 2023)	12,843	6.9%	-
COPD (all ages)	4,758	2.4%	→
Other long-term conditions			
Hypertension (all ages)	35,691	18.3%	↑
Depression (18+ years) (Note 2022-23 data as indicator has been retired)	20,335	12.8%	↑
Chronic kidney disease (CKD) (18+ years)	8,228	5.1%	↑
Coronary heart disease (CHD) (all ages)	6,926	3.6%	→
Atrial fibrillation (all ages)	6,012	3.1%	↑
Stroke	4,993	2.6%	→
Osteoporosis (50+ years)	1,228	1.3%	↑
Schizophrenia, bipolar affective disorder and other psychoses (all ages)	1,594	0.8%	→
Rheumatoid arthritis (16+ years)	1,818	1.1%	→

Figure 21. Herefordshire disease prevalence rates by priority and LTC

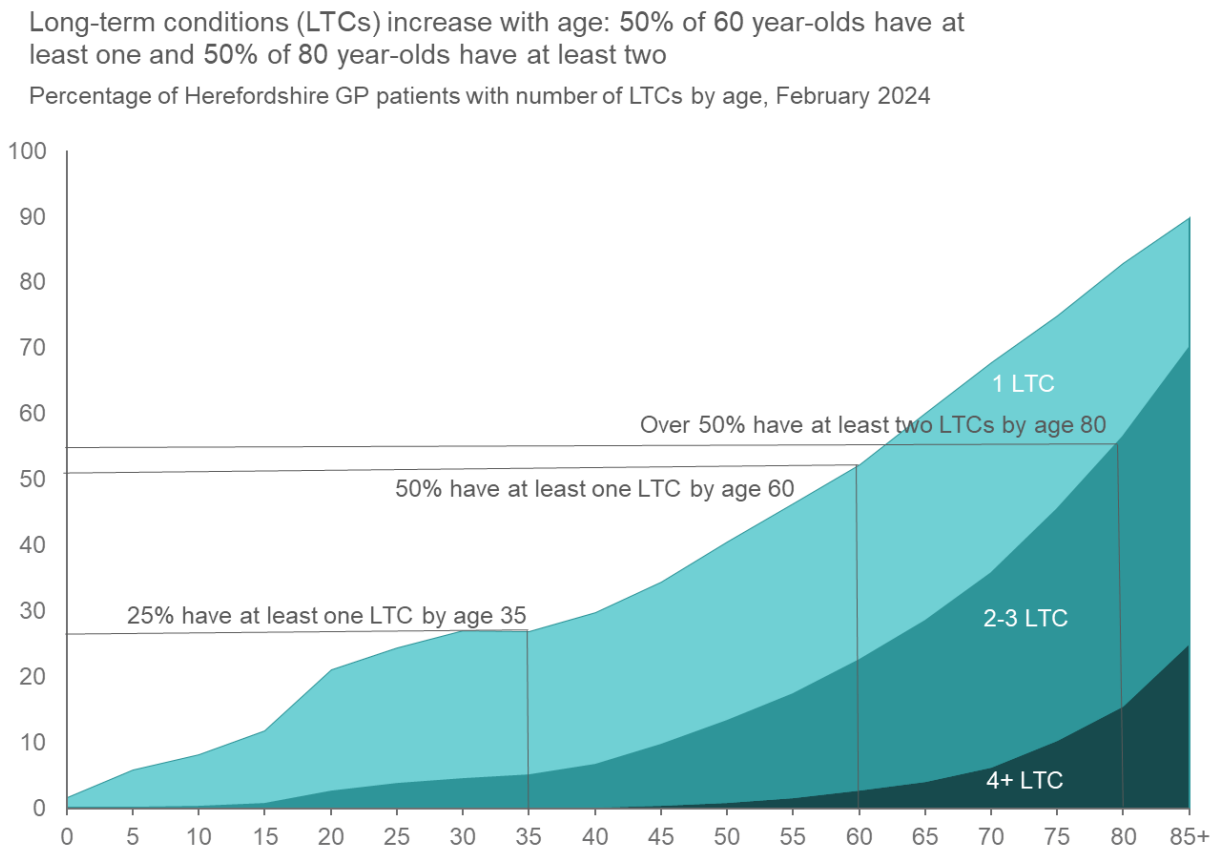


Figure 22. Proportion of people by age and corresponding number of likely LTCs

Health inequalities

LTCs, preventable disease and mortality are all increased in deprived populations. Some of this increased burden is due to service access and uptake which is particularly applicable to pharmaceutical services such as, health promotion, hypertension case finding and smoking cessation.

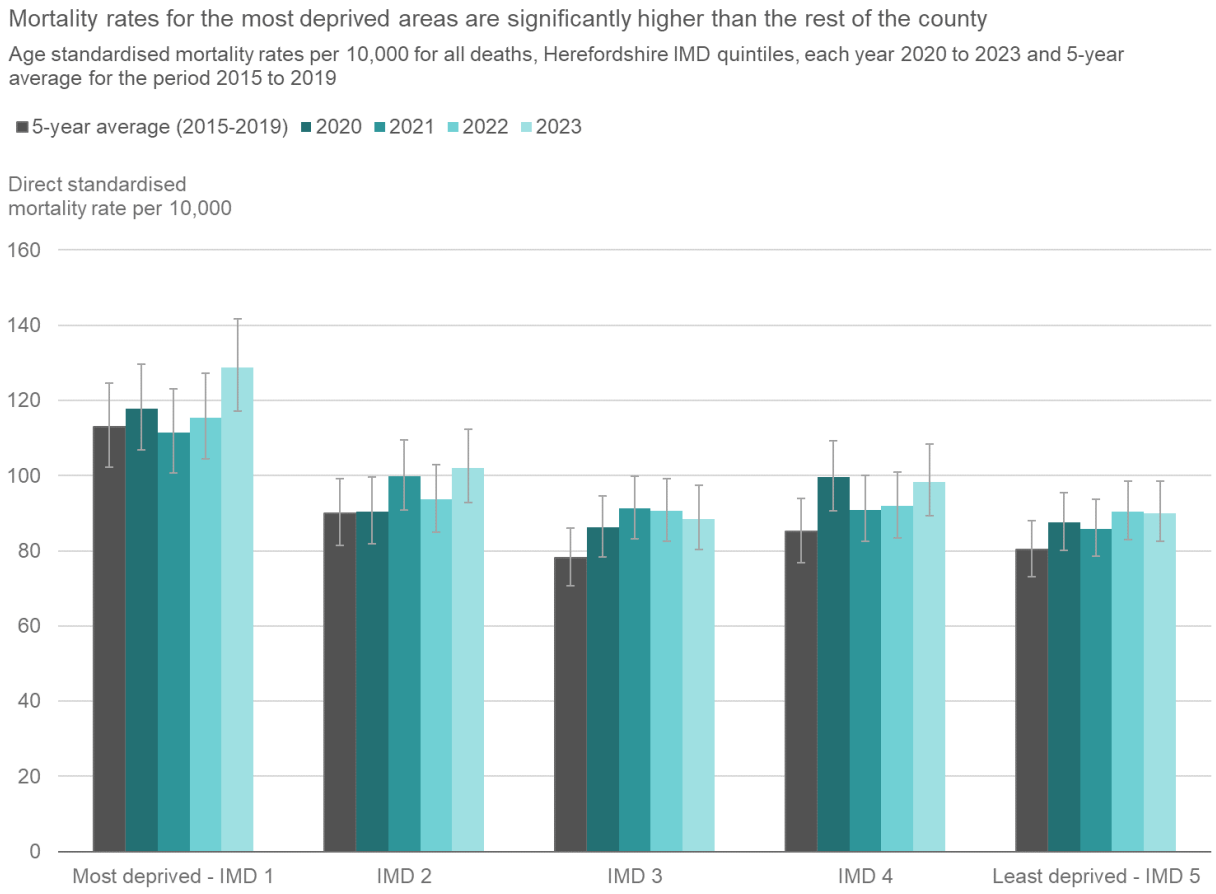


Figure 23. Mortality rates over 5 years by IMD quintiles

Health conditions specifically related to pharmaceutical services

The main conditions directly related to pharmaceutical services are smoking, pregnancy, hypertension and vaccine preventable illnesses.

The following sections examine where Herefordshire sits compared to the national average in the key performance measures for each condition. These are taken from the Public Health Outcomes Framework (PHOF) website [Public Health Outcomes Framework (PHOF) website]. This is produced by the Office for Health Improvements and Disparities (OHID).

Smoking

The smoking prevalence in adults in Herefordshire is 10.1% which is below the national average. However, it is significantly higher in deprived areas. Other metrics where we remain a national outlier is smoking rates in early pregnancy.

Teenage pregnancy and abortion

Access to both regular and emergency contraception as part of pharmaceutical services is important in helping prevent unwanted pregnancies, particularly in younger age groups. The conception and birth rate for those under 18 years old in Herefordshire are both above the national average. However, the percentage of conceptions leading to abortion in this age group is slightly below the national average. It is also noteworthy that Herefordshire has significantly higher rates of children in care.

Hypertension and Cardiovascular Disease

Herefordshire has a hypertension prevalence of 18.3%, which is higher than the national average. Whilst this does reflect an older population, undiagnosed rates are also thought to be high. The recent Health Survey England in 2021 estimated 9.3% across the county. This shows the value of early detection through schemes like the Hypertension Case Finding Service.

Vaccination

Vaccination plays a vital role in preventing illness and whilst Herefordshire is above the national average across most measures for vaccine coverage, we remain below target thresholds in most areas. Flu vaccination is an advanced pharmacy service (as discussed above). Herefordshire is above the target threshold for population coverage in over 65-year-olds. However, it remains under the target threshold for those clinically vulnerable (at risk individuals). Herefordshire is also under the target threshold for shingles vaccination in over 70-year-olds. Whilst this is not a commissioned service, it is often provided privately at pharmacies and therefore included for wider interest here.

How this local intelligence relates to pharmaceutical service need

- The older age of the population in Herefordshire indicates likely increased pharmacy use and helps to contextualise pressure on services and pharmacy density per 10,000.
- Geography, travel and access are contextualised by population and demographic, further highlighting the importance of provision in rural areas for older people.
- Additionally, the importance of dispensing practices. However, the direct equivalence of these must be considered with regards service and appointment availability.
- Population density aligns to pharmacy density and mapping (as above).
- The high rate of LTCs reflects likely increased medication requirements. Additionally, multiple LTCs seen in older age and an older population highlight the dangers of polypharmacy, correct understanding and therefore the importance of NMS and DMS.
- Consideration of service preferences amongst areas with a significantly older population.
- The digital divide is noteworthy with regards to ensuring appropriate methods of communication and service provision.
- Ensuring advanced services in areas of deprivation – particularly smoking cessation and hypertension case finding. This is within the service specification aims (as listed above).
- Unwanted pregnancy rates are reflective of contraception service need which are covered in part by community pharmacy. Note that Long-Acting Reversible Contraception (LARC) is provided by S4H via the Hereford Sexual Health Hub and within Primary Care.

Part 5 – Engagement

Service User (Public) Survey

The public survey was an amended version of the one used in 2022. Changes reflected both the key differences in services as well as feedback, recommendations and previously identified gaps and limitations from the qualitative research. It was designed in conjunction with the team from Worcestershire County Council Public Health and following consultation and agreement with the PNA working group.

The survey was available online via snap survey hosted by Worcestershire Council from November 22, 2024, to February 28, 2025. Paper copies were also supplied to Herefordshire Library services in Hereford, Leominster, Ledbury and Ross. In total 165 responses were received, including 18 paper returns. The means of distribution and raising awareness of the survey through various teams and channels was coordinated by Herefordshire Council and HWICB Communications Teams.

Given the limited responses and demographics (see below), the survey results cannot be seen as an accurate representation of public views. However, it serves to highlight themes that can help guide specific recommendations, even with this caveat withstanding.

The public survey itself is available in Appendix 9. A summary of the key findings is presented below:

Who are our respondents and how do they use pharmacy services?

Demographics

The survey respondents were majority female (74%). They were also an older demographic, with 30% of respondents over 70 years old, 67% between 30 and 69 years old and the under 29 age group unfortunately unrepresented with only 3%. There were more employed (52%) than retired (39%) respondents, however. A significant majority identified as White English/ Welsh/ Scottish/

Northern Irish/ British (94%.) Many respondents also reported being prescribed regular medicine (85%,) having physical disabilities (52%) or long-term conditions (48%).

Access to services

Private cars (67%) and walking (44%) were the primary modes of transport, whilst only 2% reported using a bicycle and 3% reported using public transport. Significant issues with public transport links were reported by 31% of respondents. Most reported no problems with consultation rooms, communication, building accessibility, or distance. Just over half of respondents (56%) reported some issue with access in terms of parking or opening times (52%). Concerns included lunchtime and weekend opening, demand and pharmacist availability.

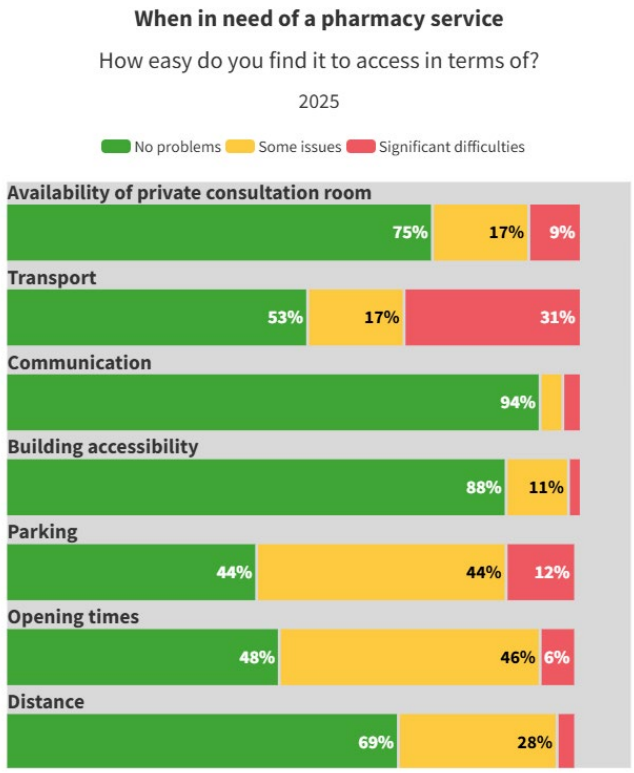


Figure 24. Survey responses regarding ease of access by potential use or attribute

Primary reasons for pharmacy use

Prescription collection was by far the most common reason for visiting (97%), followed by buying over-the-counter medicines (70%), obtaining advice on medicines (49%) and vaccinations (39%).

Pharmacy usage patterns and level of convenience

Most respondents (68%) used pharmacy services once a month. Standalone community pharmacies were mostly used by respondents (53%). Most usage occurred during weekdays (0900-1800hrs) or Saturday mornings, with 32% and 76% reporting never visiting on Saturdays or Sundays respectively. Overall, 72% reported being able to access a pharmacy at a time convenient to them either always or most of the time.

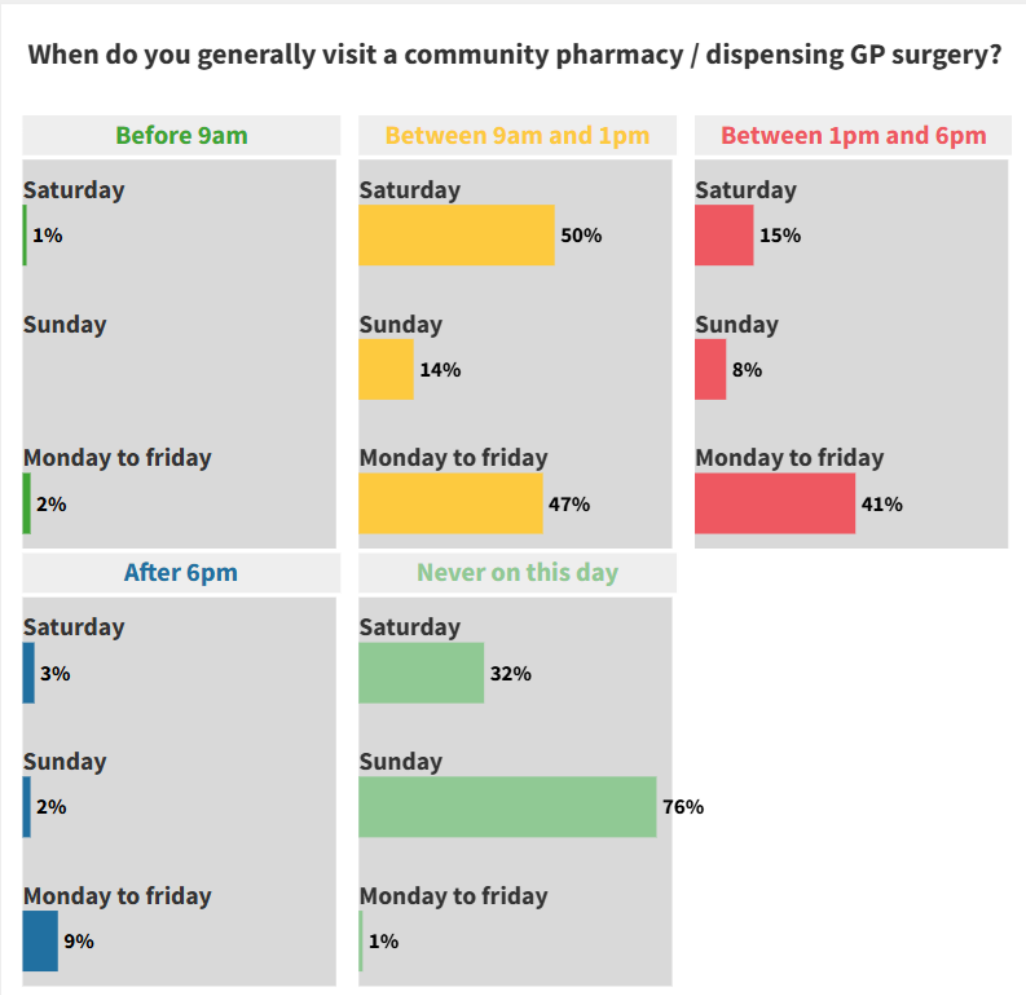


Figure 25. Survey responses on time and day of pharmacy visits

How aware of the pharmaceutical services are our respondents?

Awareness of pharmacy services, opening times and confidence in staff

Overall, 84% reported no issues with finding pharmacy opening times. However, specific comments included these changing frequently. A significant proportion (63%) were also unaware of the pharmacy leaflet about services. Confidence in pharmacy teams' advice and knowledge of medications was rated either quite or very high by 76% of respondents respectively. However, this dropped to 53% with regards minor illnesses, 52% for vaccines, 36% for lifestyle advice and only 17% for contraception. Although the latter may reflect the survey demographics.

Figure 26. Survey responses on confidence in pharmacy staff knowledge and advice for each service.

42% of respondents were unaware of the New Medicine Service (NMS) and only 16% had accessed this. Overall, awareness was lower for services related to screening or lifestyle. Additionally, despite overall high awareness of pharmacists providing general health advice, only 23% utilised these services, preferring GPs or online resources.

This suggests a potential knowledge gap regarding the pharmacist's role and training but may also reflect a generational preference amongst the survey demographic. Given Herefordshire's older population, however, both are important considerations.

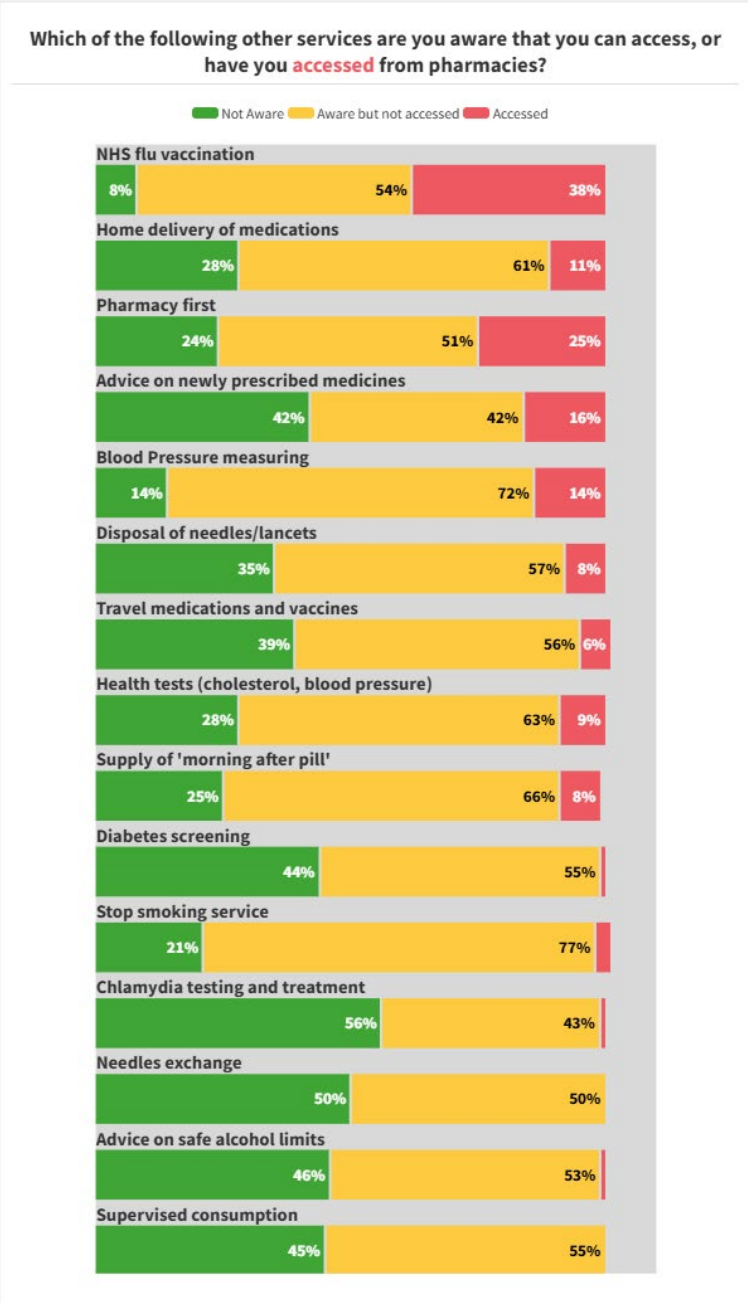


Figure 27. Survey responses on service awareness, use and likelihood of uptake.

Awareness and Use of Additional Services

NHS flu vaccinations was the most utilised additional service (38%). When asked about likelihood of using specific services if offered, the most likely to be used were blood tests (47%), out-of-hours support (41%), NHS health checks (38%), and wider vaccinations (35%). Services like NHS stop smoking support, children's vaccinations and regular contraception were least likely to be used. Although, again, this is likely a reflection of the survey demographics. Equally, smoking prevalence rates are only 10% but remain a priority.

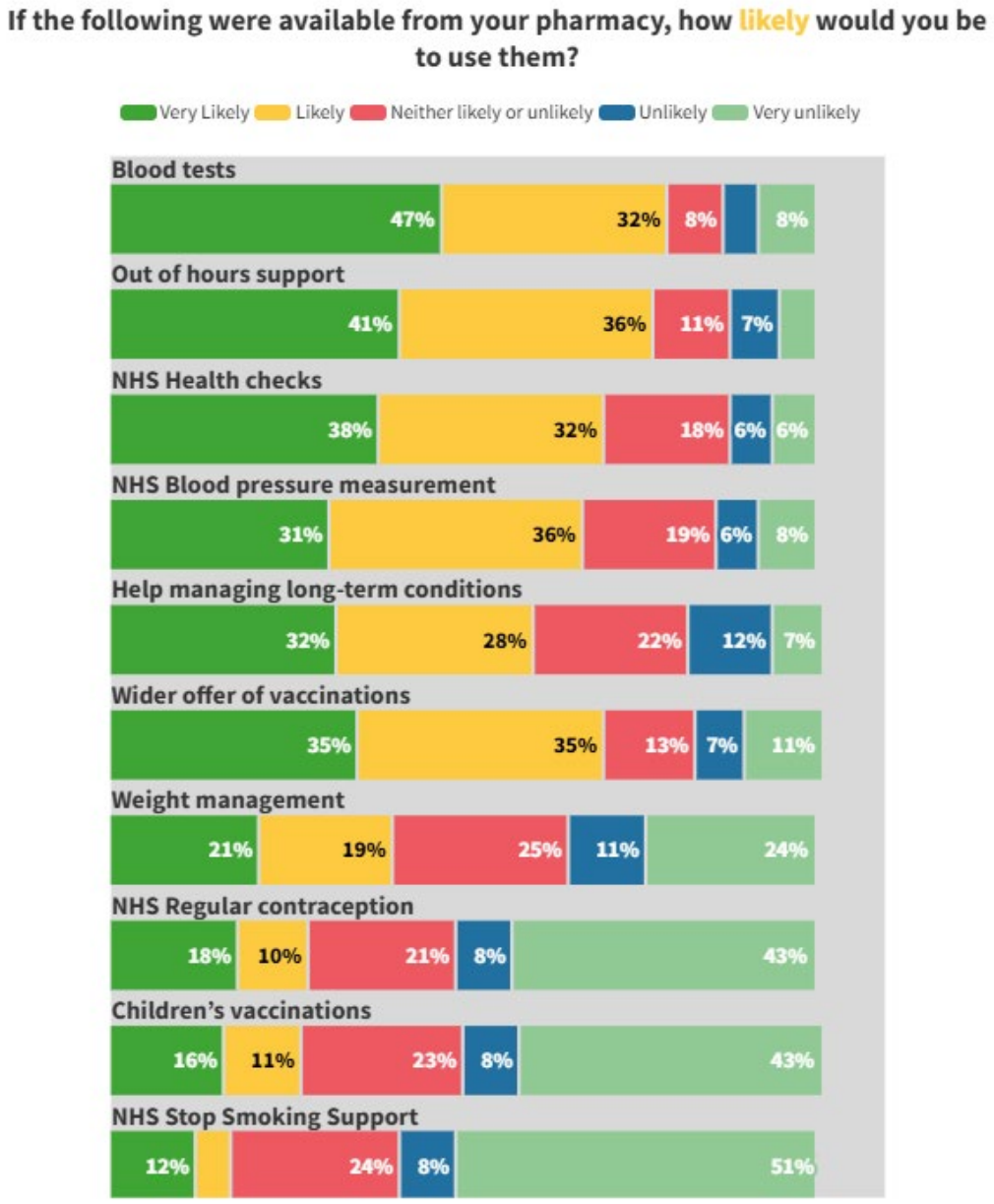


Figure 28. Survey responses of likelihood to take up potential services if offered.

Pharmacy First Service

A quarter (24%) of survey respondents were unaware of the pharmacy first service. Overall, reported use was similar at 25%, potentially due to demographics and recent introduction. Willingness to use this service varied depending on the medical condition requiring treatment.

The service least likely to be access by respondents was for management of uncomplicated UTI in women 16-64 years, with 32% saying they would not use this service. Otherwise, this figure ranged from 16-28% for the remaining conditions.

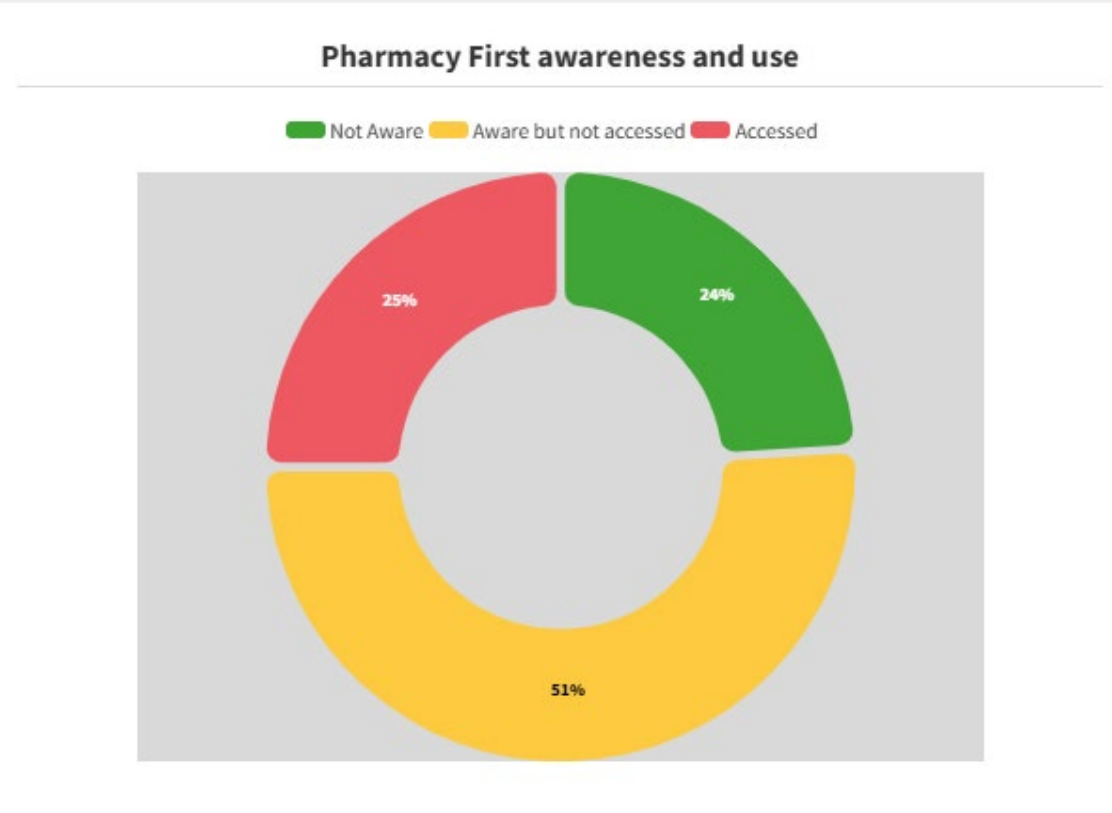


Figure 29. Survey responses on pharmacy first awareness and use

The majority (63%) of respondents accessed pharmacy first as the first place of contact for their condition. Overall respondents were very satisfied (36%) or fairly satisfied (25%) with the process. 66% of respondents said their issues were successfully resolved by the service.

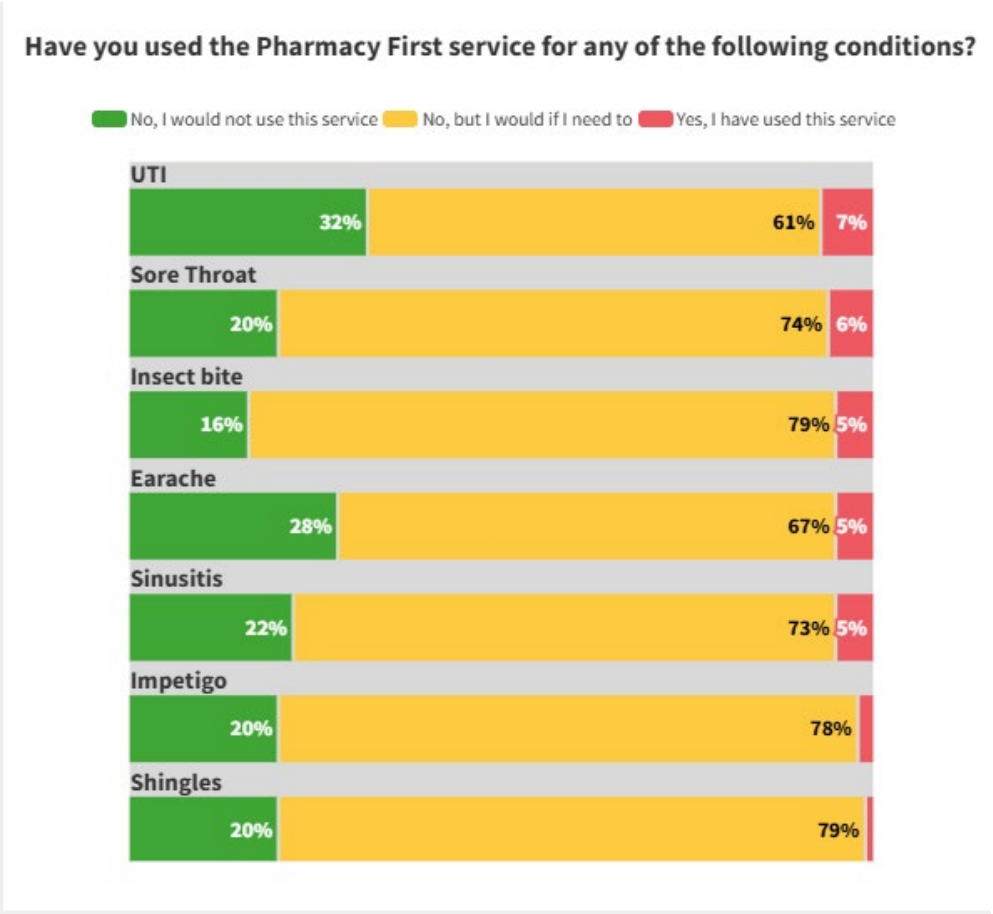


Figure 30. Survey responses on Pharmacy First use by treated condition

How do our respondents feel about pharmaceutical services?

Satisfaction with Services

Overall satisfaction with pharmacy services was high, with 84% reported as being either highly or fairly satisfied. Similarly, 68% were dealt with within a 10-minute wait and any medication problems reported were also largely resolvable by the pharmacist (80%).

Challenges with Medication Availability

While 69% either agreed or strongly agreed that there was a sufficient supply of medicines, some issues were reported with medication readiness for collection, with 80% saying it was ready all or most of the times and 11% some of the time.

Priorities for Pharmacy Services

Efficient and quick service was rated as the most important aspect (93%), followed by friendly staff (85%), knowledge (78%) and pharmacy location (74%).

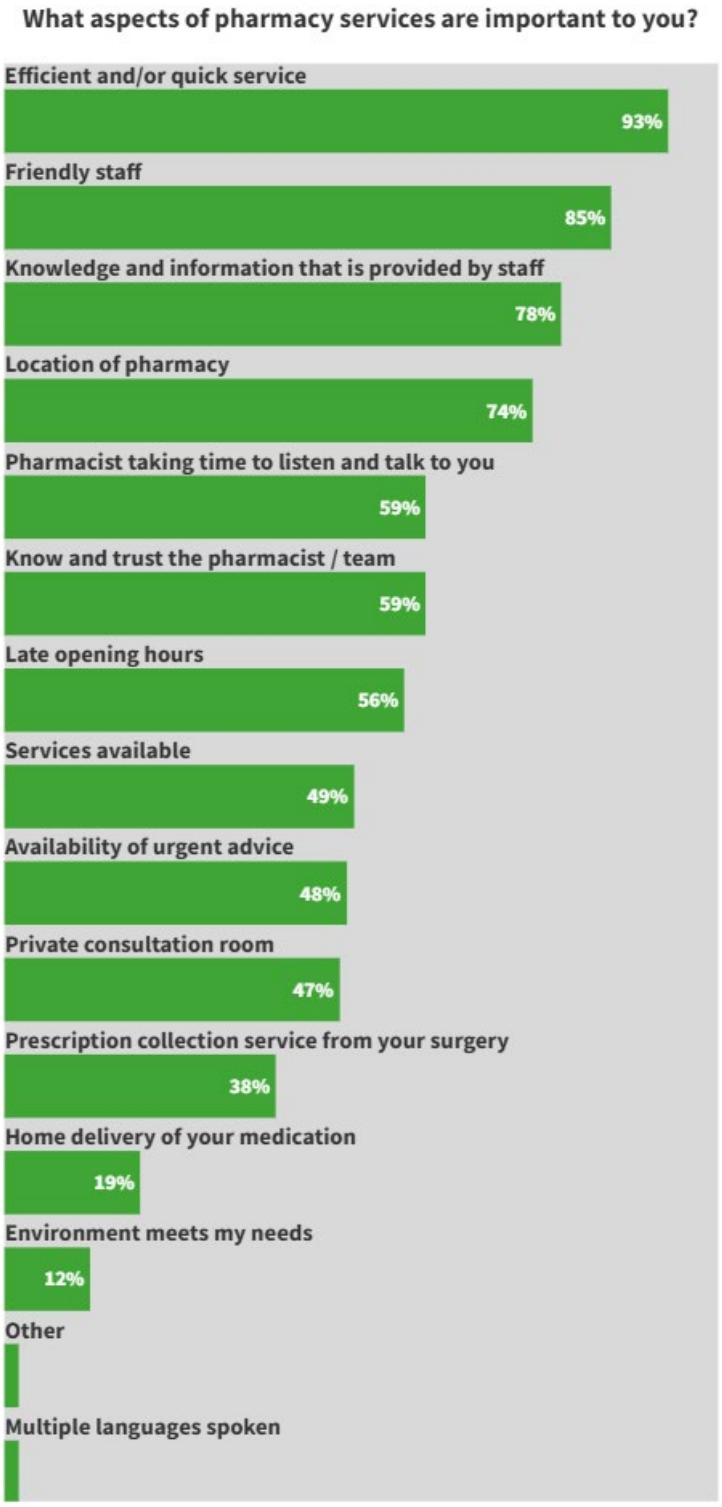


Figure 31. Survey responses rated by importance of pharmacy services and attributes.

Suggested Improvements

Key suggestions for improvement centred on:

- Extended hours, lunchtime and weekend opening
- Efficiency service provision given the busyness during peak hours
- Privacy either at the counter or in consultation
- Communication with GP Practices
- Accessibility of websites and apps

Desired New Services

Respondents expressed a desire for pharmacies to offer services such as common GP blood tests/ phlebotomy, NHS Health Checks, screening, wider vaccinations, and extension of Pharmacy First treatment, especially where medication may be required. However, there were few striking themes to this question.

Conclusion

In conclusion, satisfaction with current pharmacy services is relatively high, as is trust in staff knowledge and skills. However, this survey does highlight certain areas for consideration including accessibility, efficiency, and public awareness and confidence in the full range of services pharmacies and pharmacists can offer. Particularly, health promotion, the management of minor conditions and other lower acuity but traditional GP roles. Addressing these may better serve community needs and potentially alleviate pressure on Primary Care. However, many areas remain outside the remit of community pharmacy alone and must be considered as part of wider strategic need.

Public Focus Groups

Overview

PNA 2025 Public Focus Group sessions were held over the period 01 Feb – 31 Mar 2025 and were kindly conducted by Health Watch Herefordshire, in conjunction with pre-existing community groups representing selected populations.

Selection process

The process for selecting suitable populations for this engagement followed consultation with the PNA working group and initial analysis from the public survey and previous PNA. The aim was to target key demographics that fell into one of three categories. Firstly, marginalised communities, secondly, those facing potential challenges with regards pharmaceutical services and finally, those under-represented in feedback, but where their use was important, particularly of pharmacy first services.

This process led to a potential list as follows:

- Drug and Alcohol Service Users
- Gypsy Roma Traveller Community (GRT)
- Those with Sensory Impairment
- Parents of Young Children
- Those with Long Term Conditions (LTC)
- Those with Severe Mental Illness (SMI)
- Migrant and Refugee Populations

Funding and tender process

Funding for focus groups was £250 per group, per session and was allocated through the Public Health Grant for 2024/25 spend. Due to the above groups being pre-nominated, the tender process was only offered to these specifically.

Formal sessions completed

In total 4 formal sessions were held in addition to several ad hoc discussions during other contacts.

- **Herefordshire Vision Links** – A total of 8 people attended over a single session
- **Herefordshire MIND** – A total of 5 people attended over a single session
- **Ukraine Project Support Hereford** – A total of 6 people attended over a single session

- **Belmont and Holmer Mums and Tots** – A total of 19 people attended over 2 sessions

The format followed a semi-structured questionnaire with 6 titled themes:

- Access
- Services
- Pharmacy First
- Barriers and issues
- Unmet need
- Solution focused research

Each also included several sub-headings and prompts in addition to free discussion. The full semi-structured questionnaire can be found at Appendix 8.

Findings

General overview

- Overall, most respondents talked positively about their experiences of using pharmaceutical services. The Ukrainian group were the most satisfied and spoke very highly of their provision.
- Smaller standalone pharmacies and dispensing practices were more highly rated among all groups.
- Supermarket pharmacies were particularly criticised for being busy, with long waits and a lack of privacy being universal themes.
- Specific issues to groups included high use and potential turnover of medications amongst those with SMI. This was due to high-risk drugs and shorter dispensing intervals and trialling new regimes for short periods only.
- Vision Links also reported patient print out labels being placed over the braille lettering on medication packets.
- Most groups were satisfied with travel and to a slightly lesser extent, opening times.

- Almost all access issues related to queuing, but some specific comments included pharmacist availability and lunchtime and extended hours.
- NHS App received mixed reviews, with some finding it useful and others reporting poor user friendliness.
- Interestingly, the more positive NHS App comments came from the Ukrainian and Vision Links groups.

Awareness

- Perhaps the most important theme was the lack of awareness of both range of services and the specific details of these.
- Pharmacy First had particularly low recognition. Given common childhood complaints make up 4 of the 7 treated conditions, this was particularly pertinent within the parent and toddler groups.
- Less than half of participants had heard of the service and of those that had, very few had used it, with only 1 of the 19 parent and toddler groups for example.
- It was also interesting to note a criticism of incorrect referrals to this service from a GP and therefore, increasing awareness is important for both referrers and the public.
- Awareness of pharmacy first conditions was often solely confined to ‘rashes’, and this may also be a cause of confusion given the specificity of treated skin conditions.

Privacy

- The issue of privacy came up repeatedly in all sessions except for the Ukrainian group.
- This was again a greater issue in Supermarket Pharmacies despite the known provision of consultation rooms, as it is the initial consultation that often still takes place in the queue.
- This was compounded during busier hours and was highlighted as a potential barrier to service use.

Queuing

- Queuing was raised repeatedly by all groups. It was a particularly strong issue for the MIND group in supermarket pharmacies, and often linked to privacy above.

Neurodivergence

- With regards supermarket pharmacies again, the queuing or waiting is often under strip lighting which can be distressing.
- Equally, many commented on how busy pharmacies were and this can also be a barrier to neurodivergent individuals. It also, again, links to issues raised around privacy.
- Locum pharmacists and the importance of continuity was raised several times in relation to neurodivergence and mental health in general.

Medication shortages

- ADHD medication was mentioned several times in different groups and there is a known national shortage
- Previous antibiotic shortage during Strep B outbreak was mentioned in the parent group
- Niche medications were mentioned as being very difficult to acquire elsewhere when a regular pharmacy is closed.
- Drugs2U was used as cover by several persons due to unavailability.

Summary

- Generally positive
- Many themes support the service user survey responses
- Access appears satisfactory but extended hours and queuing most common issues
- Awareness of and uptake of services is poor
- However, more positive responses about likelihood of use when informed of these than in the public survey
- Privacy was raised to a greater degree than the public survey, although specific issues were similar being busy queues and initial discussions happening in public
- Key issues relating to specific groups, highlighted the value in increased awareness of needs for marginalised and underrepresented populations

Contractor (Community Pharmacy) Survey

Overview

Herefordshire County Council conducted an online Pharmacy Survey to gather vital information from local pharmacies to best inform the Pharmaceutical Needs Assessment. The questionnaire ran from Monday 14th February to Fri 02nd May 2025. Responses were received from 8 pharmacies within Herefordshire.

Findings

Access

All of the pharmacies surveyed were accessible to customers using pushchairs, wheelchairs and walking frames (100%). 57% had free car parking available outside the pharmacy, and 71% had disabled parking. None had steps required to access the pharmacy.

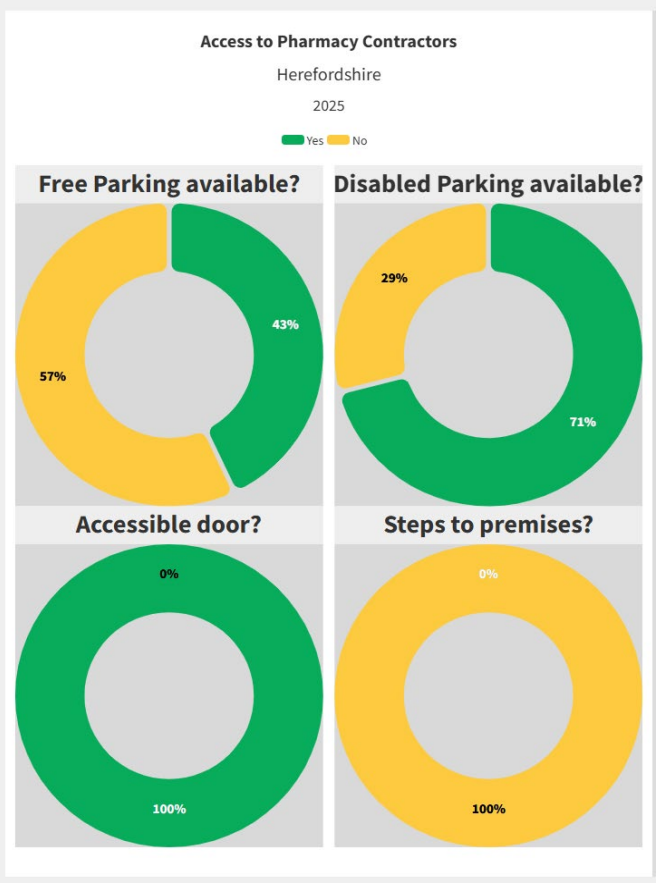


Figure 32. Access and accessibility to the surveyed pharmacies.

Physical Access

43% of the pharmacies had adjusted or made alterations to enable physical access to the pharmacy. Examples of adjustments made to enable physical access were automatic doors fitted, ramps. 57% reported no adjustments were required.

On-site consultation facilities

100% of the pharmacies reported that there is a consultation area with a closed door available. 85% reported hand washing facilities available either within or near to the consultation room. 71% reported having a hearing loop available within the pharmacy.

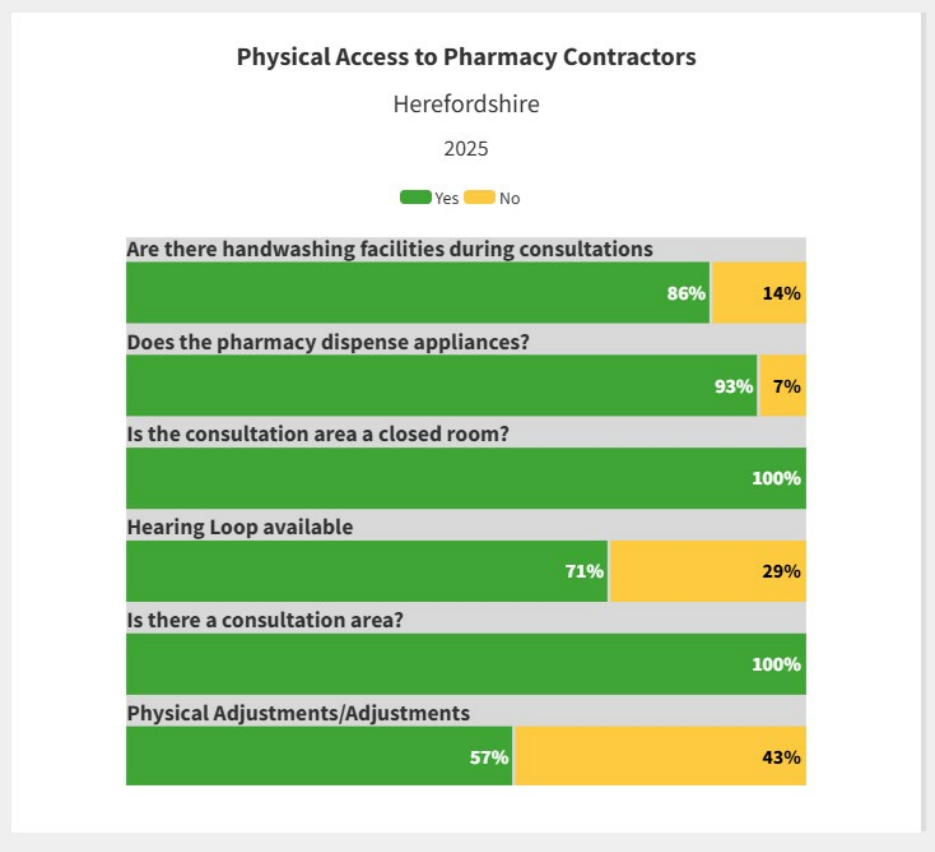
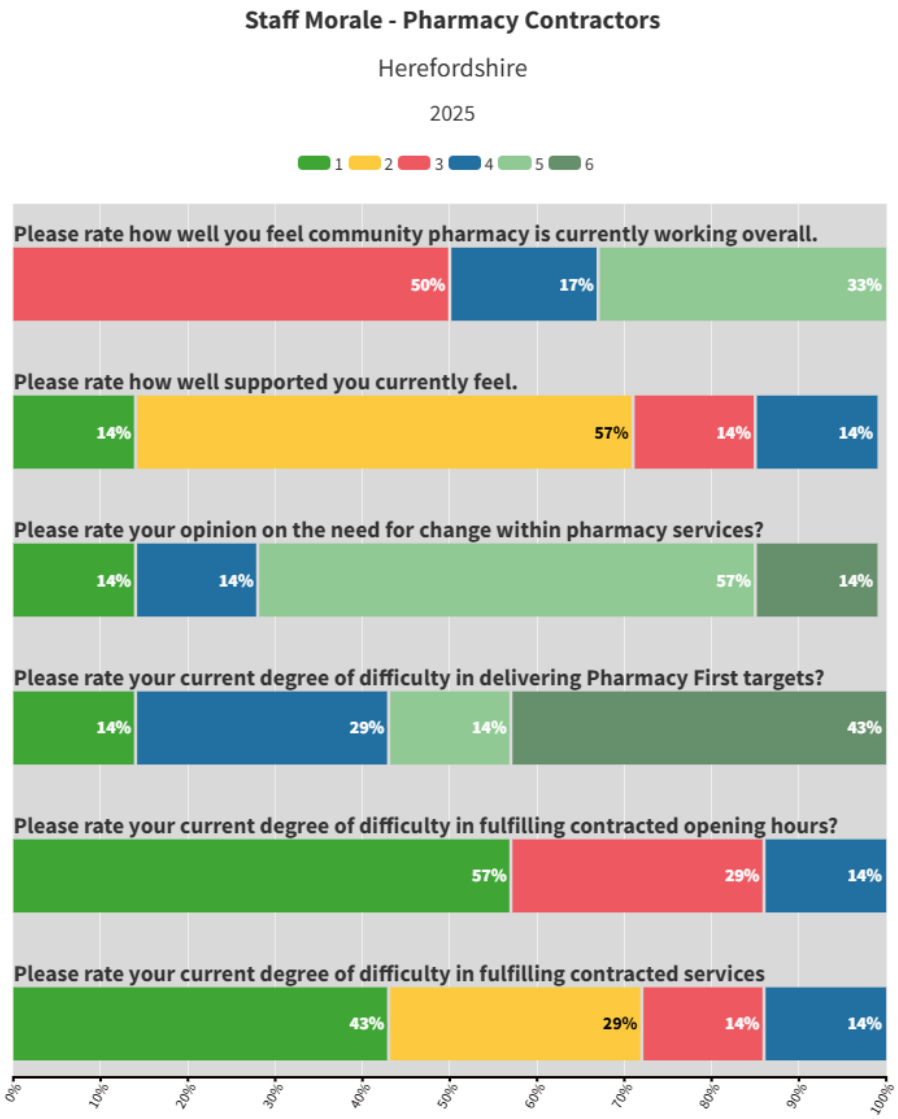


Figure 33. Physical access and onsite facilities to surveyed pharmacies.

Staff morale and difficulties in providing contracted hours and services

- Most pharmacies reported either no difficulty (57%) or some difficulty (29%) in fulfilling contracted opening hours.
- Very similar results were found with delivering contracted services. The majority reported either no difficulty (43%) or minor difficulties (29%).

- In further details, pharmacies reported difficulties with funding and medication shortages.



Key	1 on scale	6 on scale
Rate how well community pharmacy is working	Not working well	Excellent
Rate support	No support	Full support
Rate need for change	Nil required	Complete overhaul
Rate difficulty delivering pharmacy first	No difficulty	Impossible
Rate difficulty fulfilling contracted opening hours	No difficulty	Impossible
Rate difficulty fulfilling contracted services	No difficulty	Impossible

Figure 34. Insight into staff moral and difficulties experienced in delivering services at the surveyed pharmacies.

Pharmacy First

- 14% of pharmacies reported no difficulties in delivering Pharmacy first targets, 43% reported that it was impossible to deliver.
- When asked for further details pharmacies reported low numbers of referrals from GP surgeries

Need for change

- Many of the pharmacies reported a strong need for change within pharmacy services. 57% reporting major changes required compared to only 14% suggesting a no changes were required.
- When asked for further details pharmacies reported drug remuneration and government support were factors that required changes.

Support

- Many pharmacies (57%) reported feeling some degree of support.
- When asked for further details pharmacies reported funding from DOH, more support for pharmacy first to be factors that required changes.

Overall view of how well community pharmacies are working

- Half of the pharmacies reported feeling that the service was running either very well (33%) and moderately well (17%).
- This compared to 50% reporting a neutral opinion.
- When asked for further details pharmacies reported pharmacies were working well with vaccinations.

Reduced services

- Most of the pharmacies reported no reduction in either commissioned or free services in the last 12-24 months.
- A small number reported a reduction in deliveries to patients

Services reported by pharmacists as interested in providing

- Smoking Cessation was highlighted as a service that pharmacies would be interested in providing along with Vitamin B12 and Tetanus boosters.

Contractor (Dispensing Practice) Survey

Overview

Herefordshire Council conducted an online Dispensing Practices Survey to gather vital information to best inform the Pharmaceutical Needs Assessment. The questionnaire ran from Monday 14th February to Fri 02nd May 2025. 7 out of the 10 contractors responded to the survey.

Findings

Transport

Figure 35 below gives an overview of the transport facilities available around the 7 dispensing practices that were surveyed. Most of the practices provided free (71%), onsite (71%), and disabled parking facilities (71%). 71% reported a bus stop within 100 meters of the premises. There were only 29% with a cycle rack and 14% with motorcycle parking.

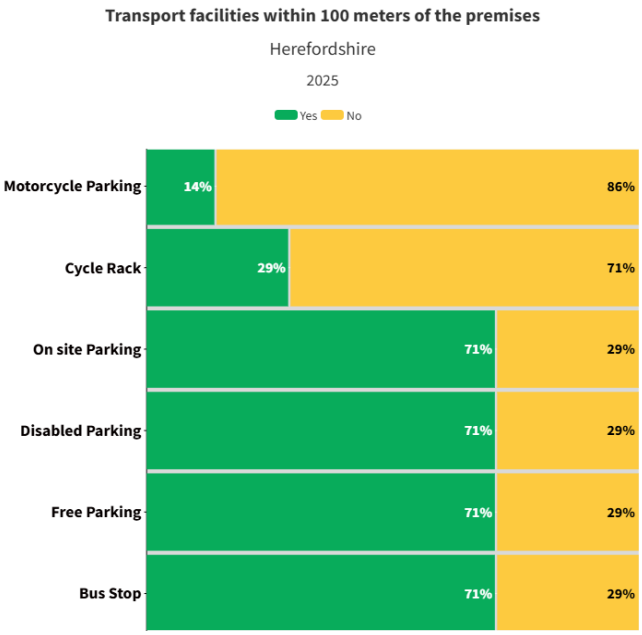


Figure 35. Transport facilities within 100 meters of the surveyed dispensing practices.

Access

All of the dispensaries surveyed were accessible to customers using pushchairs, wheelchairs and walking frames (100%). 100% had free car parking available outside the pharmacy, and 86% had disabled parking available outside the dispensary. None required steps to access the dispensary.

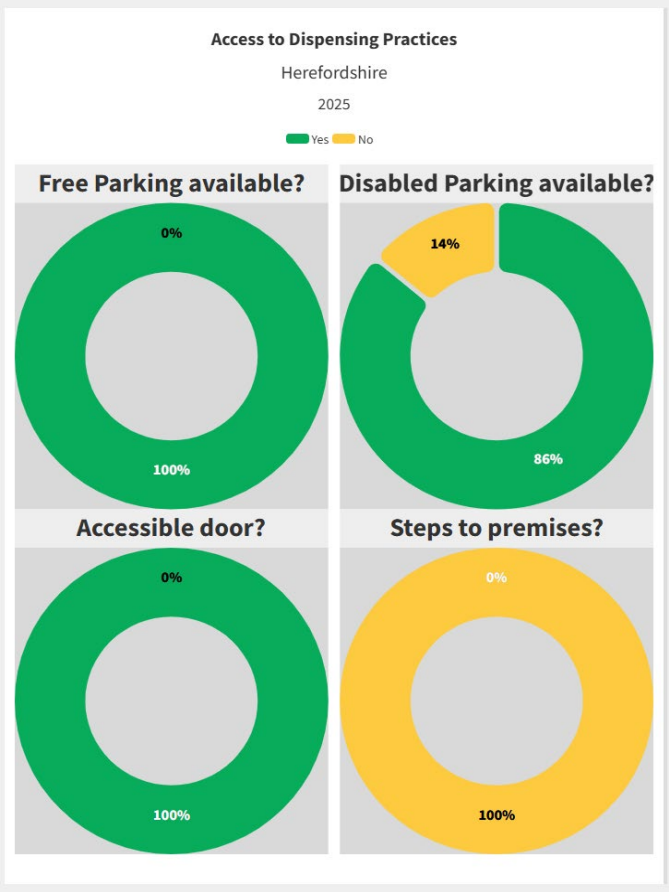


Figure 36. Access and accessibility of the surveyed dispensing practices

Physical Access

- 43% of the pharmacies had adjusted or made alterations to enable physical access to the dispensary.
- Examples of adjustments made to enable physical access were automatic doors fitted, ramps.
- 57% reported no adjustments were required.
- 100% were compliant with the 2010 Equalities Act

- 43% had a hearing loop.
- 29% had improvements planned to include a hearing loop.
- 57% were limited by room for expansion.

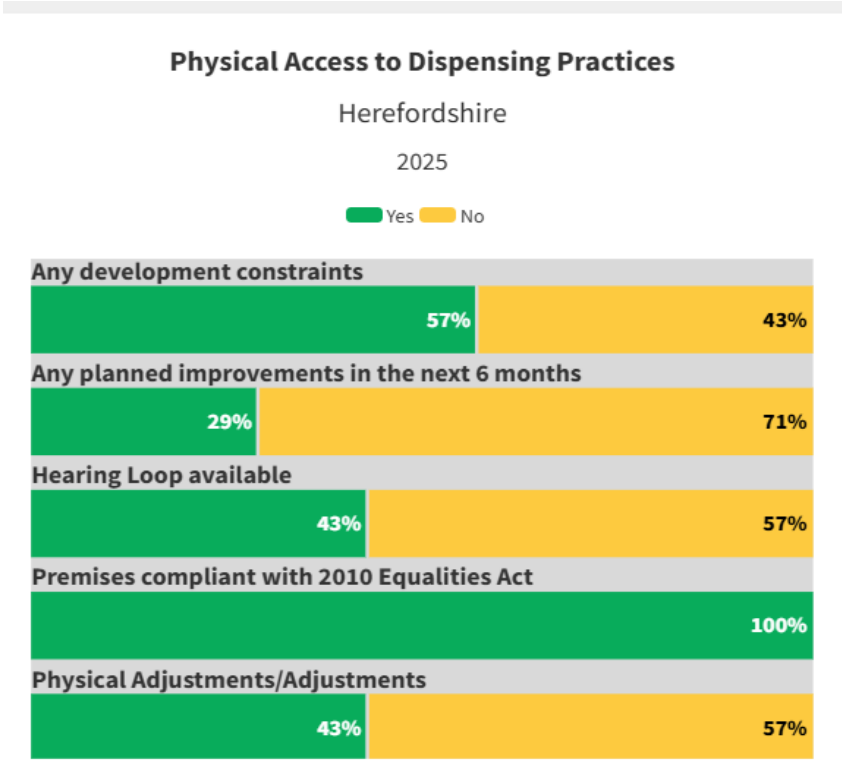


Figure 37. Physical access to the surveyed dispensing practices

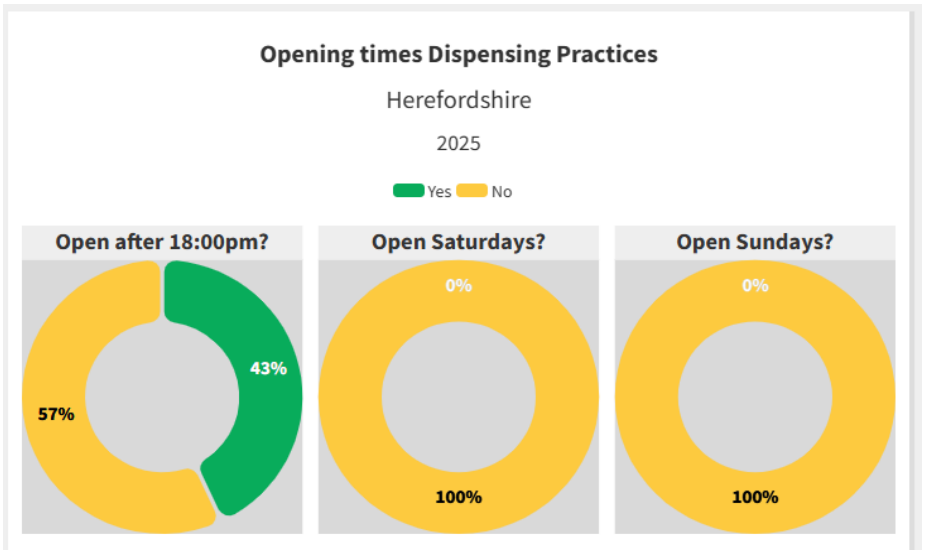


Figure 38. Opening hours of the surveyed dispensing practices.

Opening Hours and services

- None of the dispensaries were open on either Saturday or Sunday
- 43% were open after 18:00pm

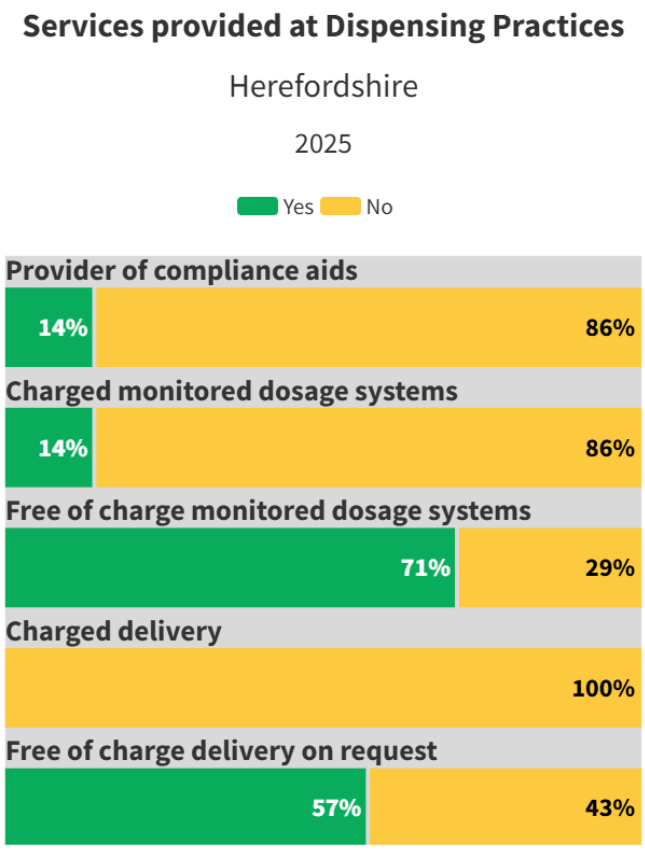


Figure 39. Services provided at the surveyed dispensing practices

Services provided

- 43% had a clinical pharmacist working at the practice.
- 57% of dispensaries provided delivery free of charge on request
- None charged for deliveries
- 71% provided Monitored Dosage Systems - Free of charge on request
- 14% charged for Monitored Dosage Systems - Free of charge on request
- 91% provided other medication compliance aids.

Staff morale and difficulties in providing contracted hours and services

- Most dispensaries reported either no difficulty (86%) or some difficulty (14%) in fulfilling contracted opening hours.
- Similar results were found with delivering contracted services. The majority reported either no difficulty (86%) or minor difficulties (14%).
- When asked for further details pharmacies reported difficulties surrounding space and staffing

Need for change

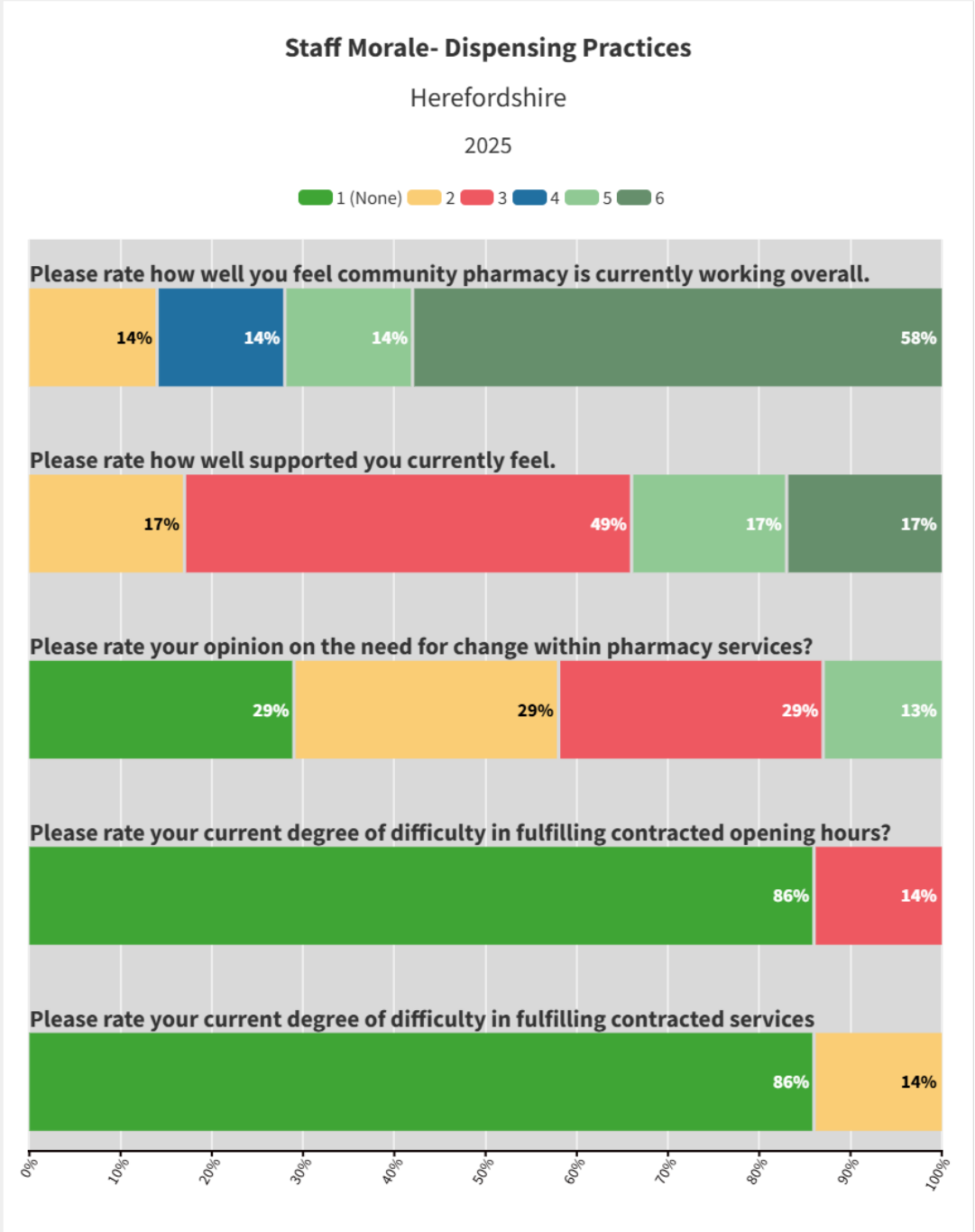
- Most dispensaries reported that no changes were required to the service (29%) or little change required (29%).
- When asked for further details dispensaries reported that a 24-hour pharmacy box would improve access. A hearing loop was also highlighted as a potential improvement.

Support

- Half of the dispensaries (50%) reported a neutral opinion to support felt.
- There were a small number (17%) of dispensaries reported feeling little support was given.
- When asked for further details dispensaries reported shortages of medications to be a major factor that required better support.

Overall view of how well community pharmacies are working

- Most of the dispensaries reported feeling that the service was running either excellent (58%) or very well (14%).
- When asked for further details dispensaries reported that they were working well despite the current climate and were vital and valued by rural communities.



Key	1 on scale	6 on scale
Rate how well community pharmacy is working	Not working well	Excellent
Rate support	No support	Full support
Rate need for change	Nil required	Complete overhaul
Rate difficulty delivering pharmacy first	No difficulty	Impossible
Rate difficulty fulfilling contracted opening hours	No difficulty	Impossible
Rate difficulty fulfilling contracted services	No difficulty	Impossible

Figure 40. Insight into staff moral and difficulties experienced in delivering services at dispensing practices.

Engagement summary and conclusions

- In total the PNA 2025 engagement consisted of 164 public survey responses, 4 focus groups, 7 out of 10 dispensing practices and 8 out of 27 pharmacy responses.
- Limited numbers, demographics and geographical spread means survey responses cannot be viewed as representative for Herefordshire in general.
- Marginalised communities were better represented in focus group work.
- Young adults remained underrepresented however, and whilst pharmacy use by this demographic is more limited, this is a key limitation in the engagement analysis.
- Public satisfaction remains high for pharmacies and dispensing practices overall, and this was the case for both the survey and focus groups.
- Awareness of, confidence in and uptake of services outside the traditional pharmacy remit are limited.
- This was also reflected in the focus groups, particularly for health promotion and pharmacy first.
- The main issues raised in the survey relate to extended hours. This included lunchtimes, evenings and weekends as well as Pharmacist availability during these times.
- Privacy with a key issue in focus groups. This was regarding initial consultations and in relation to busy queuing systems and crowding, particularly in supermarket pharmacies.
- Access is relatively well rated, and this is reflected in the mapping and gap analysis
- Staff morale and ability to provide current services effectively is reasonable across dispensing practices.
- However, this is poor in community pharmacy and particular areas included significant difficulties in delivering pharmacy first.
- Poor survey response from community pharmacies is also likely to be indicative of workload pressures.

Part 6 – Conclusions & Recommendations

Progress of PNA 2022 Recommendations

Recommendation	Who	Progress
Pharmacies should work with partners in the system to reduce vaccine inequalities, promoting the flu vaccine offer, particularly in deprived communities. Pharmacies should also contribute to other vaccination programmes.	Pharmacies PCNs Taurus Healthcare Local Authority Public Health Team	Flu vaccine coverage remains below the national target and widening vaccine services was a key theme of engagement feedback from users and providers. This therefore remains a priority area
Flexibility around opening hours should be considered, including the option of extending existing contractors' opening hours on a locally commissioned rota basis.	Pharmacies Pharmacy Commissioning Lead	This is part of the new CPCF changes for 2025/26 discussed above.
Encourage secondary care-based pharmacy colleagues to begin to incorporate DMS into their discharge processes. The focus should be on discharges for frail patients, those on high-risk medicines and those whose primary diagnosis is shown to be a frequent cause of readmission before 30 days.	ICB/ICS and system partners	This is now standard practice as part of DMS.
Pharmacies in areas of deprivation should be particularly encouraged to implement and promote blood pressure checks.	Pharmacies	This remains a priority; however, coverage should improve with introduction of bundling of advanced services

Recommendation	Who	Progress
Formation of a network of pharmacy Health Champions should be explored, in partnership with the local public health team. This could be utilised to achieve improved and consistent practice to maximise the health promoting role of community pharmacies.	Local Authority Public Health Team Integrated Care System (ICS) Pharmacy Lead for Herefordshire Local Pharmaceutical Committee	This remains a priority area and is considered within the updated recommendations below.
Clear pathways need to be established for the disposal of all sharps and waste medicines as part of a redefined service.	Pharmacy Commissioning Lead	This remains a priority area and is considered within the updated recommendations below.
Volunteer efforts initiated during COVID-19 lockdowns, to facilitate pharmacy access for those living in rural communities should continue where possible under the responsibility and discretion of the pharmacist/pharmacy.	Talk Community Local Authority Public Health Team	These schemes continue to exist but are not formalised or under community pharmacy responsibility
Ensure that pharmacies have access to up-to-date information about non-medical service directories, for example, social prescribing. Pharmacies should also be aware of key local issues such as fuel poverty, domestic violence and mental health.	Local Authority Public Health Team Health Champions Network	This information is now provided via the Talk Community Directory. Liaison and communication on wider issues remains a priority.
If child oral health is not identified as a national priority, local resource should be provided to enable pharmacies to give this support and advice on a voluntary basis.	Local Authority Public Health Team Health Champions Network	Child oral health remains a priority and strategies to address this are may also consider community pharmacy involvement. This can instead be considered in the wider recommendation of joint working (see below)
Consider increasing the availability of commissioned services such as: • weight management • pharmacotherapy and behavioural support for smoking cessation • NHS Health checks	Commissioners across the system	Provision has been increased via the various new health check contracts in place. Also, healthy lifestyle and weight management and smoking cessation and the National Diabetes Prevention Programme.

Recommendation	Who	Progress
• Diabetes Prevention This would reduce geographical barriers to these services and provide more convenient one-stop support, particularly in deprived communities.		However, these are not linked to the health promotion services with community pharmacy in Herefordshire and this is incorporated into the updated recommendations below.
Consider and further explore the availability and use of translation services in pharmacies. NHSE do not currently commission translation services for pharmacies to access. This is important now and will become more important as more clinical services develop and our populations change.	PNA Working Group	Interpretation services are now commissioned by the ICB. The service provided is DALS (DA Languages). It is mandatory for pharmacies to offer translation services.

PNA 2025 Conclusions

- There are the same total number of Pharmacies (27) and Dispensing Practices (10) when compared to the last PNA in 2022.
- However, one ‘bricks and mortar’ Pharmacy has closed and has been replaced in the total figure by a Distance Selling Pharmacy (DSP).
- There have been small reductions in out of hours provision, both during weekday evenings and weekends, particularly due to the change to the 100-hour pharmacy contract.
- Weekday evening provision after 1900hrs is now reliant on a single pharmacy.
- However, there are no gaps, as pre-defined by the PNA 2025 Working Group, identified in terms of access and travel times for essential services.
- Overall, there is good coverage of Advanced Services, however, geographical variation remains, particularly between more deprived and affluent areas.

- The exception is smoking cessation, where coverage is low. The locally commissioned service Stop Smoking Herefordshire is currently undergoing recommissioning, however, at the time of writing, uptake of the offer by pharmacies has been poor.
- The projected health burden and demand on pharmacies in Herefordshire are likely to increase due to an ageing population and higher levels of disease management.
- There are good overall levels of public satisfaction with Pharmaceutical Services.
- However, awareness and public confidence may be limiting uptake of some services.
- Some specific access and service provision issues were raised through engagement work. However, these may not be generalisable to the whole population.
- Some recommendations from 2022 PNA have been addressed through CPCF 2025/26 contractual changes.
- Others, including sharps disposal and equitable coverage of advanced services remain relevant issues and are incorporated into the current recommendations.
- Many previous and proposed recommendations are reliant on partnership working with the ICB, local authority public health team and primary care. Therefore, these are not the sole responsibility of community pharmacy.

PNA 2025 Recommendations

Joint Recommendations Across HWICS

1. Increase public confidence, awareness and uptake of pharmacy services, particularly Pharmacy First.

2. Increase strategic oversight and alignment of services with health priority areas.

3. Ensure sustainability of current services and staff morale.

4. Improve joint working with Local Authority Public Health Teams and PCNs.Particularly with regards Population Health Management, Neighbourhood Health Plans, information sharing and data capture.

Herefordshire Specific Recommendations

5. Consideration for commissioning a rota to allow for increased out of hours provision beyond 1900hrs during weekday evenings.

6. Aim to ensure Hypertension Case Finding and Smoking Cessation services are provided within areas of greatest need. This may be by levels of deprivation, or ideally, identified using local data and intelligence.

7. Consideration of commissioning a new sharps' disposal service.

8. Increase partnership working with regards Public Health (Promotion of Healthy Lifestyles) as an essential service. This should be through collaboration with the Public Health Team, PCNs and local Health Champion initiatives.

9. Use of local data intelligence to inform services. This should also be two-way and links to data capture and sharing of pharmacy data, as above.

10. Alignment with local health priorities and key performance indicators. Particularly, vaccination coverage and promotion, hypertension and smoking in early pregnancy.

11. Consideration of streamlining the existing local commissioning process. With the aim of increasing uptake of services by pharmacies who are under significant workload pressures and may be otherwise put off by the time taken to complete this.

12. Consideration of the environment, crowding and queuing systems within community pharmacies. This is to allow for greater customer privacy and inclusivity to those neurodivergent individuals. This may also increase uptake of pharmacy first and other services.

13. Finally, greater accountability for tracking and enabling these recommendations should occur through the creation of a PNA Recommendation Action Matrix. This should be used for updates at subsequent PNA working groups. The proposed example is given in Appendix 1.

References

Herefordshire Council

Herefordshire Pharmaceutical Needs Assessment 2025 Appendices

Appendix 1

Recommendations Action Matrix

HWICS

Recommendation (HWICS)	Responsible	Actions	Issues / Opportunities	Timeline
1. Increase public confidence, awareness, and uptake of pharmacy services, particularly Pharmacy First.	ICB Pharmacies PCNs Local Authority and LPC Comms Teams			
2. Increase strategic oversight and alignment of services with health priority areas.	ICB			
3. Ensure sustainability of current services and staff morale.	ICB			
4. Improve joint working with Local Authority Public Health Teams and PCNs. Particularly regarding Population Health Management, Neighbourhood Health Plans, information sharing and data capture.	ICB Pharmacy Lead Local Authority PH Team LPCs PCNs			

Herefordshire

Recommendation	Responsible	Actions	Issues / Opportunities	Timeline
5. Consideration for commissioning a rota to allow for increased out of hours provision beyond 1900hrs during weekday evenings.	ICB LPC			
6. Aim to ensure Hypertension Case Finding and Smoking Cessation services are provided within areas of greatest need. This may be by levels of deprivation, or ideally, identified using local data and intelligence.	ICB LPC			
7. Consideration of commissioning a new sharps' disposal service.	Local Authority HWB LPC			
8. Increase partnership working with regards Public Health (Promotion of Healthy Lifestyles) as an essential service. This	LPC Local Authority Public Health Team			

Recommendation	Responsible	Actions	Issues / Opportunities	Timeline
should be through collaboration with the Public Health Team, PCNs and local Health Champion initiatives.	Health Champions Network			
9. Use of local data intelligence to inform services. This should also be two-way and links to data capture and sharing of pharmacy outcomes, as above.	LPC Local Authority Public Health Team			
10. Alignment with local health priorities and key performance indicators. Particularly, vaccination coverage and promotion, hypertension, and smoking in early pregnancy.				
11. Consideration of streamlining the existing local commissioning process. With the aim of increasing uptake of services by pharmacies who are under significant workload pressures and may be otherwise put off by the time taken to complete this.				
12. Consideration of the environment, crowding and queuing systems within community pharmacies. This is to allow for greater customer privacy and inclusivity to those neurodivergent individuals. It may also increase uptake of pharmacy first and other services.				

Appendix 2

Herefordshire and Worcestershire PNA Working Group Terms of Reference

Date 6 September 2024

Background

1. The PNA is an assessment of the need for a type of service rather than a service provided by a particular type of contractor. Pharmaceutical services can be provided by Dispensing Doctors, Dispensing Appliance Contractors, Local Pharmaceutical Service Contractors as well as Community Pharmacies.

2. PNAs are used to guide decisions on which NHS funded services need to be provided by local community pharmacies and other providers.

3. PNAs are also relevant when deciding if new pharmacies are needed, in response to applications by businesses, including independent owners and large pharmacy companies. Applications by applicants and existing NHS contractors can be open to legal challenge if not handled properly. It is therefore important to have an up to date and locally relevant PNA.

4. Regulation 4 and Schedule 1 of the 2013 regulations outline the minimum requirements for pharmaceutical needs assessments. In addition, regulation 9 sets out matters that the health and wellbeing board is to have regard to. In summary the regulations require a series of statements of:

    - The pharmaceutical services that the health and wellbeing board has identified as services that are necessary to meet the need for pharmaceutical services;
    - The pharmaceutical services that have been identified as services that are not provided but which the health and wellbeing board is satisfied need to be provided in order to meet a current or future need for a range of pharmaceutical services or a specific pharmaceutical service;
    - The pharmaceutical services that the health and wellbeing board has identified as not being necessary to meet the need for pharmaceutical services but have secured improvements or better access;
    - The pharmaceutical services that have been identified as services that would secure improvements or better access to a range of pharmaceutical services or a specific pharmaceutical service, either now or in the future; and
    - Other NHS services that affect the need for pharmaceutical services or a specific pharmaceutical service.

Other information that is to be included or taken into account is:

- How the health and wellbeing board has determined the localities in its area;
- How it has taken into account the different needs of the different localities, and the different needs of those who share a protected characteristic;
- A report on the consultation;
- A map that identifies the premises at which pharmaceutical services are provided;
- Information on the demography of the area;
- Whether there is sufficient choice with regard to obtaining pharmaceutical services;

- Any different needs of the different localities; and
- The provision of pharmaceutical services in neighbouring health and wellbeing board areas.

5. The 2022 Pharmaceutical Needs Assessments for Herefordshire and Worcestershire were published on 1st October 2022.

Working Group

6. The purpose of the PNA 2025 working group is to ensure that robust Pharmaceutical Needs Assessments (PNAs) for Herefordshire and Worcestershire are published by 31/10/2025.

7. The PNA 2025 Working Group will agree the project plan and assure itself that the PNA meets the requirements of The Health and Social Care Act 2012 and NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 and is in line with DH guidance. Pharmaceutical Needs Assessment to satisfy control of entry regulations.

8. The group should take into account the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy and the priorities of the Integrated Care System.

9. The group should also consider the wider context of pharmaceutical services including the cost of living crisis, inequalities and pressure on services due to increased demand and constrained resources.

Membership

10. The working group will include:

Matthew Fung - Public Health Consultant, Worcestershire
Cameron Russell - Advanced Public Health Practitioner, Worcestershire
Dr Heidi Bowring – Public Health Registrar, Worcestershire
Amy Medway – Public Health Practitioner, Worcestershire
Harpal Aujla– Consultant in Public Health, Herefordshire
Dr Ryan Davies -Public Health Registrar, Herefordshire
Luke Bennett- Public Health Senior Commissioning Officer, Herefordshire
Dr Paul Bunyan– LMC representative
Fiona Lowe – LPC Chair
Alison Rogers – H&W ICB
Margaret Reilly – Healthwatch Worcestershire
Amy Chandler - Healthwatch Herefordshire
Satyan Kotecha - Commissioning, NHSE/I
Caroline Horton, Primary Care Commissioning Manager, H&W ICB
Karen Sheldon, Admin support, Worcestershire

11. Other members with relevant expertise will be co-opted by invitation as appropriate.

Principles and behaviours

12. Members of the Working group are expected to

- Attend meetings or send a substitute where possible.

- Work together and take collective responsibility for decisions except where that conflicts with other roles.
- Honour any commitments made insofar as they relate to their own organisations

Meeting frequency

13. Meetings of the working group will be scheduled as required. Initially this will be every 2 months.
14. Papers and documents for discussion should be sent to Karen Sheldon. Documents will usually be circulated 1 week in advance of meetings

Relationships to other groups

15. The Pharmaceutical Services Working Group will provide reports to other groups, including the JSNA working group, Worcestershire and Herefordshire Health and Wellbeing Boards and groups within the Herefordshire and Worcestershire Integrated Care System

Appendix 3

List of Community Pharmacies in Herefordshire

PCN	Contractor	Pharmacy Name	Address	Address 2	Area / Town	Postcode
East	Boots Uk Limited	Boots The Chemist Ltd	9 High Street		Ledbury	HR8 1DS
	First Health Midlands Ltd	Bromyard Pharmacy	35 High Street		Bromyard	HR7 4AF
	NI Wade	Day Lewis Pharmacy (ex S & J Briggs)	2 Sear House	Bye Street	Ledbury	HR8 2AA
	B& H Jagpal Ltd	Healthpoint Pharmacy	Fletton House, Walwyn Road		Colwall	WR13 6QG
Hereford City WBC	L Rowland & Co (Retail) Ltd	L Rowland & Co	Eastholme Avenue	Belmont	Hereford	HR2 7XT
	L Rowland & Co (Retail) Ltd	L Rowland & Co	Gorsty Lane		Hereford	HR1 1UN
	Avicenna Retail Ltd	Taylors Pharmacy	1-2 St Owens Mews	St Owens Street	Hereford	HR1 2JB
HMG (Hereford Medical Group)	Asda Stores Ltd	Asda Stores Ltd	Belmont Road		Hereford	HR2 7JE
	Boots Uk Limited	Boots The Chemist Ltd	42-43 Bewell Street		Hereford	HR4 9AA
	H Shackleton Ltd	Chandos Pharmacy	2/3 Chandos House	St Owen Street	Hereford	HR1 2PR
	H Shackleton Ltd	Chave & Jackson Ltd	6/7 Broad Street		Hereford	HR4 9AE
	Day Lewis PLC	Day Lewis Pharmacy	96 Grandstand Road		Hereford	HR4 9NR
	Hereford Hub Retail Ltd	Hereford Pharmacy	The Pharmacy Unit, Station Medical Centre,	Station Approach	Hereford	HR1 1BB
	L Rowland & Co (Retail) Ltd	L Rowland & Co Westfaling St	100 Westfaling Street		Hereford	HR4 0JF
	Tesco Stores Ltd	Tesco Instore Phamacy - Belmont	Abbotts Mead Road	Belmont	Hereford	HR2 7XS
	Tesco Stores Ltd	Tesco Instore Pharmacy - City	1 Fryzer Court	Bewell Street	Hereford	HR4 0BW
	W m Morrisons Supermarkets plc	Wm Morrison Pharmacy	Station Approach		Hereford	HR1 1DN
	Wye Valley Pharmacy Ltd	Wye Valley Pharmacy	42c Holme Lacy Road		Hereford	HR2 6BZ
North & West	Boots Uk Limited	Boots The Chemist Ltd	18 Corn Square		Leominster	HR6 8LR
	Sumedha Pharma Ltd	Kington Pharmacy	42 High Street		Kington	HR5 3BJ
	Matrix Primary Healthcare Ltd	Leominster Pharmacy Ltd	21/23 West Street		Leominster	HR6 8EP
	Rees W s & B (Chemists) ltd	W.S. & B Rees Chemists	20 High Street		Leominster	HR6 8LZ

PCN	Contractor	Pharmacy Name	Address	Address 2	Area / Town	Postcode
	H.G.Clewer Ltd Pharmacy	Westfield Walk Pharmacy	Westfield Walk		Leominster	HR6 8HD
DSP	Drugs2u Pharmacy	Drugs2u	Unit 11 Evans Business Centre		Leominster	HR6 0LX
South & West	Boots Uk Limited	Boots The Chemist Ltd	5 Market Place		Ross-on-Wye	HR9 5NX
	First Health Midlands Ltd	Benjamins Pharmacy	The Community Hospital	Alton Street	Ross-on-Wye	HR9 5AD
	Gorgemead Limited	Cohens Chemist	Pendeen Surgery	Kent Avenue	Ross-on-Wye	HR9 5AH

Appendix 4

Herefordshire pharmacy opening hours

PCN	Pharmacy Name	Opening hours Mon-Fri	Opening hours Saturday	Opening hours Sunday
East	Day Lewis Pharmacy (ex S & J Briggs)	09:00 - 18:00	09:00 - 13:00	Closed
East	Bromyard Pharmacy	09:00- 13.20 14.00 -18:00	9:00 - 14:00	Closed
East	Boots The Chemist Ltd	09:00 - 17:30	09:30 - 17:30	Closed
East	Healthpoint Pharmacy	0900-1800	0900-1230	Closed
Hereford City WBC	L Rowland & Co Eastholme Ave	09:00-13.00 13.20- 17:30	09:00-13:00	Closed
Hereford City WBC	L Rowland & Co Gorsty Lane	08:30-13:00 14:00-17:30	Closed	Closed
Hereford City WBC	Taylors Pharmacy	08:30 - 18:00	09:00 - Closed	Closed
HMG (Hereford Medical Group)	Tesco Instore Phamacy - Belmont	08:00-19:00	08:00 – 19:00	10:00-16:00
HMG (Hereford Medical Group)	Asda Stores Ltd	09:00-12:30, 13:00-16:30, 17:00-21:00	09:00-12:30 13:00-16:30 17:00-21:00	10:00 - 16:00
HMG (Hereford Medical Group)	Boots The Chemist Ltd	09:30-13.00 14.00 -18.00	09:00- 13.00 14.00-17.00	10.00-16.00
HMG (Hereford Medical Group)	Wye Valley Pharmacy	09:00 - 17:30	Closed	Closed
HMG (Hereford Medical Group)	L Rowland & Co Westfaling St	09:00 -13.00 14.00 -18:00	Closed	Closed
HMG (Hereford Medical Group)	Wm Morrison Pharmacy	09:00-12:30 13:30 -19:00	09:00-12:30 13:30 -18:00	10:00 - 16:00
HMG (Hereford Medical Group)	Chave & Jackson Ltd	09:00 - 17:30	09:00 - 17:30	Closed
HMG (Hereford Medical Group)	Chandos Pharmacy	09:00 - 18:00	Closed	Closed
HMG (Hereford Medical Group)	Day Lewis Pharmacy	08:45-13:00, 13:45-18:00	Closed	Closed
HMG (Hereford Medical Group)	Tesco Instore Pharmacy - City	08:00-13:30 14:00-19:00	08:00 - 17:00	Closed
HMG (Hereford Medical Group)	Hereford Pharmacy	7.30 - 19.00	8.00 - 13.00	8.00-10.00
North & West	Leominster Pharmacy Ltd	09:00 - 18:00	09:00 - 17:30	Closed
North & West	Boots The Chemist Ltd	09:00 - 17:30	09:00 - 16:00	Closed
North & West	W.S. & B Rees Chemists	09:00 - 17:30	09:00 - 14:00	Closed
North & West	Kington Pharmacy	09:00-13:00, 13:30-18:00	09:00 - 12:00	Closed
North & West	Westfield Walk Pharmacy	0900-1900	0900-1200	Closed
North & West (DSP)	Drugs2U Pharmacy	09:00-13:00 13:30-17:30	Closed	Closed
South & West	Boots The Chemist Ltd	09:00-13:00 14:00-17:30	09:30-13:00 14:00-16.00	10:00-16:00
South & West	Benjamins Pharmacy	09:00 - 18:30	Closed	Closed
South & West	Cohens Chemist	08:30 - 18:00	Closed	Closed

Appendix 5

List of Dispensing Pharmacies in Herefordshire

Practice name	Address 1	Address 2	Address 3	Post code
Cradley Surgery	Cradley	Malvern	Worcester	WR13 5LT
Fownhope Medical Centre	Lower Island Orchard	Fownhope	Hereford	HR1 4PZ
Golden Valley Practice	The Surgery		Ewyas Harold	HR2 0EU
Peterchurch Surgery (branch of Golden Valley Practice)	The Surgery	8-9 Closure Place	PETERCHURCH	HR2 0RS
Kingstone Surgery		Kingstone	Hereford	HR2 9HN
Kington Medical Practice	Eardisley Road		Kington	HR5 3EA
Much Birch Surgery			Much Birch	HR2 8HT
Nunwell Surgery	10 Pump Street		Bromyard	HR7 4BZ
Bodenham Surgery	Brockington Road		Hereford	HR1 3LR
The Mortimer Medical Practice - Kingsland	Kingsland		Leominster	HR6 9QL
The Mortimer Medical Practice - Leintwardine	High Street	Leintwardine	Craven Arms	SY7 0LQ
The Mortimer Medical Practice - Orleton	Millbrook Way	Orleton	Ludlow	SY8 4HW
Weobley Surgery	Gadbridge Road		Weobley	HR4 8SN
Staunton-On-Wye Surgery	Staunton-on-Wye		Hereford	HR4 7LT

Appendix 6

Advanced Services for which pharmacy-level data is available

PCN	Pharmacy Name	PF	FVS	HCFS	NMS	SCS	LFD
East	Day Lewis Pharmacy	✓	✓	✓	✓	x	✓
East	Bromyard Pharmacy	✓	✓	✓	✓	✓	✓
East	Boots The Chemist Ltd	✓	✓	✓	✓	x	✓
East	Healthpoint Pharmacy	✓	✓	✓	✓	x	✓
Hereford City WBC	L Rowland & Co Eastholme Ave	✓	✓	✓	✓	x	✓
Hereford City WBC	L Rowland & Co Gorsty Lane	✓	✓	✓	✓	✓	✓
Hereford City WBC	Taylors Pharmacy	✓	✓	✓	✓	x	✓
HMG (Hereford Medical Group)	Tesco Instore Phamacy - Belmont	✓	✓	✓	✓	x	✓
HMG (Hereford Medical Group)	Asda Stores Ltd	✓	✓	✓	✓	x	✓
HMG (Hereford Medical Group)	Boots The Chemist Ltd	✓	✓	✓	✓	x	✓
HMG (Hereford Medical Group)	Wye Valley Pharmacy	✓	x	x	✓	x	x
HMG (Hereford Medical Group)	L Rowland & Co Westfaling St	✓	✓	✓	✓	x	✓
HMG (Hereford Medical Group)	Wm Morrison Pharmacy	✓	✓	✓	✓	x	✓
HMG (Hereford Medical Group)	Chave & Jackson Ltd	✓	✓	✓	✓	x	✓
HMG (Hereford Medical Group)	Chandos Pharmacy	✓	✓	✓	✓	x	✓
HMG (Hereford Medical Group)	Day Lewis Pharmacy	✓	✓	✓	✓	x	✓
HMG (Hereford Medical Group)	Tesco Instore Pharmacy - City	✓	✓	✓	✓	x	✓
HMG (Hereford Medical Group)	Hereford Pharmacy	✓	✓	✓	✓	✓	x
North & West	Leominster Pharmacy Ltd	✓	✓	✓	✓	x	x
North & West	Boots The Chemist Ltd	x	x	x	✓	x	x
North & West	W.S. & B Rees Chemists	✓	x	✓	✓	x	✓
North & West	Kington Pharmacy	✓	✓	✓	✓	x	✓
North & West	Westfield Walk Pharmacy	✓	✓	✓	✓	✓	✓
North & West (DSP)	Drugs2U Pharmacy	✓	✓	x	✓	x	x
South & West	Boots The Chemist Ltd	✓	✓	✓	✓	x	✓
South & West	Benjamins Pharmacy	✓	✓	x	✓	✓	✓
South & West	Cohens Chemist	✓	✓	✓	✓	✓	✓

Appendix 7

National Enhanced and Locally Commissioned Services for which pharmacy-level data is available

PCN	Pharmacy Name	CVS	EHC	SC	NES	PC
East	Day Lewis Pharmacy	✓	✓	✓	✓	x
East	Bromyard Pharmacy	✓	✓	✓	✓	✓
East	Boots The Chemist Ltd	✓	✓	✓	✓	x
East	Healthpoint Pharmacy	✓	✓	✓	✓	x
Hereford City WBC	L Rowland & Co Eastholme Ave	✓	✓	✓	✓	x
Hereford City WBC	L Rowland & Co Gorsty Lane	✓	✓	✓	✓	✓
Hereford City WBC	Taylors Pharmacy	✓	✓	✓	✓	x
HMG (Hereford Medical Group)	Tesco Instore Phamacy - Belmont	✓	✓	✓	✓	x
HMG (Hereford Medical Group)	Asda Stores Ltd	✓	✓	✓	✓	x
HMG (Hereford Medical Group)	Boots The Chemist Ltd	✓	✓	✓	✓	x
HMG (Hereford Medical Group)	Wye Valley Pharmacy	✓	x	x	✓	x
HMG (Hereford Medical Group)	L Rowland & Co Westfaling St	✓	✓	✓	✓	x
HMG (Hereford Medical Group)	Wm Morrison Pharmacy	✓	✓	✓	✓	x
HMG (Hereford Medical Group)	Chave & Jackson Ltd	✓	✓	✓	✓	x
HMG (Hereford Medical Group)	Chandos Pharmacy	✓	✓	✓	✓	x
HMG (Hereford Medical Group)	Day Lewis Pharmacy	✓	✓	✓	✓	x
HMG (Hereford Medical Group)	Tesco Instore Pharmacy - City	✓	✓	✓	✓	x
HMG (Hereford Medical Group)	Hereford Pharmacy	✓	✓	✓	✓	✓
North & West	Leominster Pharmacy Ltd	✓	✓	✓	✓	x
North & West	Boots The Chemist Ltd	x	x	x	✓	x
North & West	W.S. & B Rees Chemists	✓	x	✓	✓	x
North & West	Kington Pharmacy	✓	✓	✓	✓	x
North & West	Westfield Walk Pharmacy	✓	✓	✓	✓	✓
North & West (DSP)	Drugs2U Pharmacy	✓	✓	x	✓	x
South & West	Boots The Chemist Ltd	✓	✓	✓	✓	x
South & West	Benjamins Pharmacy	✓	✓	x	✓	✓
South & West	Cohens Chemist	✓	✓	✓	✓	✓

Appendix 8

Focus Groups Semi-Structured Questionnaire

Experiences relating to access

- Distances to pharmacies
- Transport and locations
- Physical access or any other barriers
- Any other access comments

Range of services available

- Awareness of services
- Experiences (good and bad)
- Any other service comments

Pharmacy First

- Awareness of conditions treated
- Experiences (good and bad)
- Consultations and clinical spaces
- Any other Pharmacy First comments

Barriers/ issues encountered

- Physical barriers or accessibility
- Languages/ interpreter services
- Reasonable adjustments
- Any other barriers or issues

Unmet need

- Medication unavailability
- Opening hours
- Service gaps
- Any other comments on unmet need

Solution focused research

- Ideas and suggestions
- What is working well
- What isn’t working well

Free discussion

- Any further comments not discussed
- Anecdotal messages (family, friends etc.)

Appendix 9

PNA Public Questionnaire (Herefordshire & Worcestershire)

Preview the PNA 2025 Archived Public Survey online

Appendix 10

PNA Pharmacy Questionnaire (Herefordshire & Worcestershire)

Preview the PNA 2025 Archived Pharmacy Survey online

Appendix 11

PNA Dispensing Practice Questionnaire (Herefordshire & Worcestershire)

Preview the survey PNA 2025 Archived Dispensing Practice Survey online

Herefordshire Health and Wellbeing Board

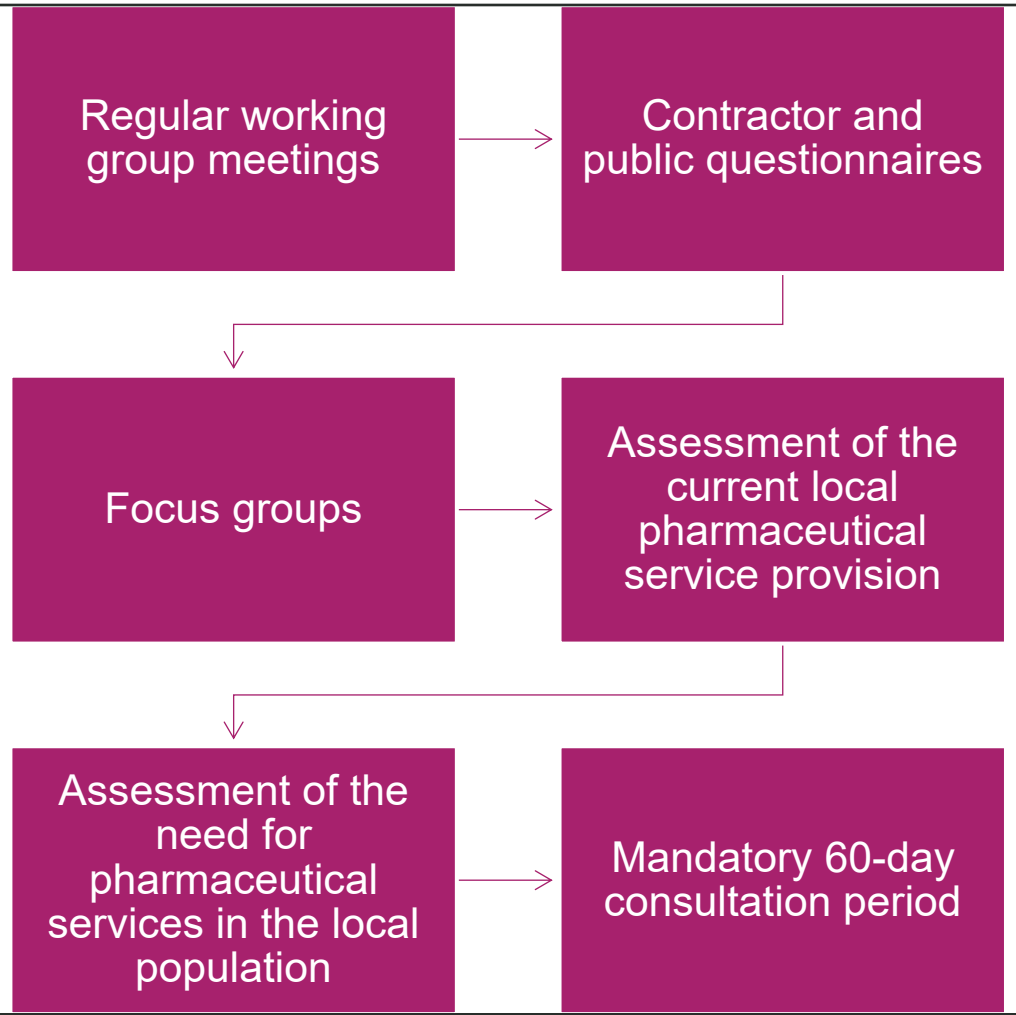
Pharmaceutical Needs Assessment (PNA) 2025

September 2025

Context

- PNA is a 3 yearly statutory requirement of HWBs
- Aim is to establish and review the current NHS pharmaceutical services provided to the local population
- Used to assess new pharmacy applications and guide commissioning decisions
- Herefordshire PNA last published Oct 2022

Process

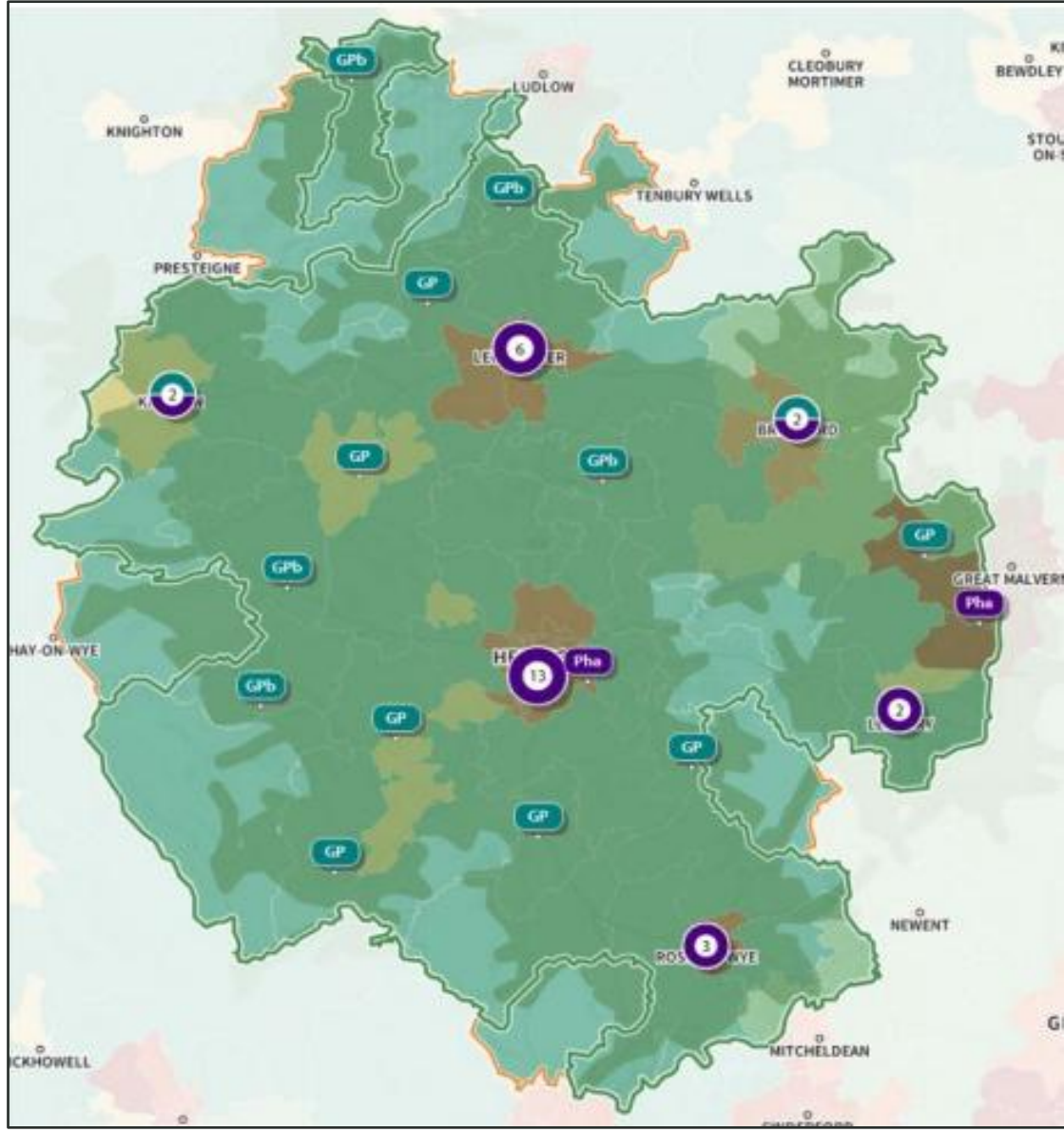


Gap Analysis

Working Group Agreed Criteria:

1. Most residents should be within a 20-minute drive of a pharmaceutical provider that is open during usual hours (Monday-Friday, 0900-1700hrs).
2. Most residents should be able to access a pharmaceutical provider within a 20-minute drive in the evening and on Saturdays. 30 mins for rural areas.
3. Most residents should be able to access a pharmaceutical provider within a 30-minute drive on a Sunday. 40 mins for rural areas.

Outcome: No gaps identified by agreed measures



10min Travel Time by Car to Pharmacies and Dispensing Practices

Conclusions

- Same number of Pharmacies (27) & Dispensing Practices (10) as in 2022 PNA.
- One ‘bricks and mortar’ Pharmacy has closed and replaced by a DSP
- Small reductions in out of hours provision, both during weekday evenings & weekends.
- Weekday evening provision >1900hrs now reliant on 1 pharmacy.
- However, no gaps of access & travel times for essential services.
- Overall, good coverage of Advanced Services, however, geographical variation remains, particularly deprived and affluent areas.
- Smoking cessation coverage is low. The locally commissioned Stop Smoking Herefordshire is undergoing recommissioning

Conclusions

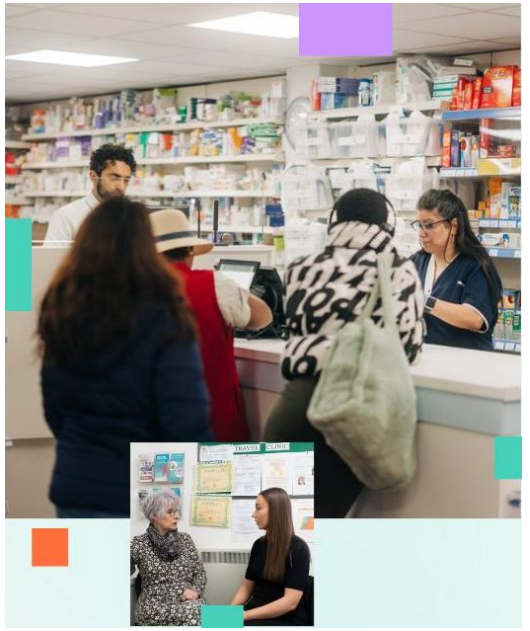
- Projected health burden & demand on pharmacies likely to increase.
- Good overall levels of public satisfaction with Pharmaceutical Services. However, awareness & confidence may be limiting uptake.
- Some specific access and service provision issues raised through engagement. However, these may not be generalisable to wider population.
- Some recommendations from 2022 PNA have been addressed. Others remain relevant issues and are incorporated into current recommendations.
- Many previous and proposed recommendations are reliant on partnership working with the ICB, local authority public health team and primary care. Therefore, not the sole responsibility of community pharmacy.

Recommendations

1. Increase public confidence, awareness and uptake of pharmacy services, particularly Pharmacy First.
2. Increase strategic oversight and alignment of services with health priority areas.
3. Ensure sustainability of current services and staff morale.
4. Improve joint working with Local Authority Public Health Teams & PCNs, particularly with regards population health management.
5. Consideration for commissioning a rota to allow for increased out of hours provision beyond 1900hrs during weekday evenings.
6. Aim to ensure Hypertension Case Finding and Smoking Cessation Services are provided within areas of greatest need.
7. Consideration of commissioning a new sharps' disposal service.

Recommendations

8. Increase partnership working with regards Public Health (Promotion of Healthy Lifestyles) as an essential service.
9. Better use of local data intelligence to inform services.
10. Alignment with local health priorities & key performance indicators. Particularly, vaccination, hypertension & smoking in pregnancy.
11. Consideration of streamlining the existing local commissioning process, to increase uptake of offers by pharmacies.
12. Consideration of the environment, crowding and queuing systems within community pharmacies, to allow greater privacy and inclusivity to neurodivergent individuals.
13. Finally, greater accountability for tracking and enabling these recommendations through the creation of an Action Matrix.



Questions ?

AGENDA ITEM 12

Herefordshire Council

Title of report: Better Care Fund (BCF) Quarter 1 report 2025-2026

Meeting: Health and Wellbeing Board

Meeting date: Monday 15 September 2025

Report by: Head of Service, Ageing Well

Classification

Open

Decision type

This is not an executive decision

Wards affected

(All Wards)

Purpose

To update the Health and Wellbeing Board (HWB) members on the Herefordshire's Better Care Fund (BCF) quarter 1 performance template 2025-26 and seek formal Health and Wellbeing Board approval.

Recommendation(s)

That:

a) the Better Care Fund (BCF) 2025/26 quarter one report at Appendix 1 submitted to NHS England, be reviewed and retrospectively approved 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 are 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.

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 on achieving 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 Partnerships and BCF Manager has drafted and submitted a Delivery Plan to the Regional Manager. The Delivery Plan sets out the scope of the 14 services funded via the BCF and 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. It also incorporates performance monitoring mechanisms and outlines governance arrangements to support accountability and continuous improvement across all commissioned services.

8. The deadline for submission for the quarter 1 template is 15 August 2025.

9. Reporting on capacity and demand actuals is no longer required in quarterly reporting.

10. 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

11. Local data shows that Emergency Admissions for quarter 1 is not on track to meet the goal showing 2,590 admissions against a goal of 2002.

12. Demand remains high, especially among those aged 65 and older. Frailty Same Day Emergency (FSDEC) Bridging Team are supporting patients home on the same day to prevent admission to inpatient beds.

13. The Care Home Practitioners are collaborating with admission avoidance and discharge teams to better support care home patients. Planned improvements in quarter 2, include reviewing care homes and 999 call triggers to identify prevention opportunities.

14. A Neighbourhood Health Programme is underway with plans for a Multidisciplinary Team (MDT) service to support frail older patients most at risk to avoid unnecessary hospital admissions.

15. Admission avoidance schemes are well established and direct referrals from West Midlands Ambulance Service (WMAS) to community services are rising monthly.

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**

16. Local data shows that Emergency Discharges are 2,857 for quarter 1.

17. National data was not available at the time of submission to provide up to date information in the template.

18. Ongoing progress in Pathway 1 discharges, supported by the hospital at home Bridging Team and P1 reablement provider, is narrowing the gap between DRD and actual discharge.

19. Length of Stay (LOS) across all pathways continues to be a concern. Measures are being implemented to ensure therapy resources are available earlier in the care pathway, aiming to prevent overstays. Investment in therapy is anticipated to decrease length of stay (LOS) and the requirement for double-handed care. Approval to begin the process is currently pending.

20. Continued reliance on spot beds due to challenges with the bedded Discharge to Assess D2A pathway provider. A review of provision is planned for quarter 2 to determine next steps for reducing spot bed usage.

21. Community Hospital beds are being used to support patient discharges from Acute while they await D2A. The Neighbourhood Health Programme is in progress.

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

22. Quarter 1 shows levels of long-term admissions to care homes continuing to reduce, showing a rate of 47.98 (per 56,000 population) against a goal of 65.9. (94.7 per 100,000 population). Partners across the health and social care system continue to support individuals to remain independent and living in their own homes and communities as long as possible.

Community impact

23. 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.

24. 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

25. 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.

26. 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

27. Due to the potential impact of this plan being low, a full Equality Impact Assessment (EIA) is not required. However, the following equality considerations have been taken into account regarding the BCF plan.

28. 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.

29. Whilst this paper is not seeking any project specific decisions, the quarter 1 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.

30. 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

31. In 2025/26 the BCF provides Herefordshire with total funding of £30,630.633m.

32. At Q1 the Better Care Fund is underspent by £0.294m, but this is due to underspending of £0.335m of the Disabled Facilities Grant, offset by overspending of £0.041m in other funding streams

33. Experience shows that the year-to-date underspending of the Disabled Facilities Grant will reduce as the year goes on and planned works begin.

34. High levels of demand in other funding streams, particularly in hospital discharge services, represent significant risk to maintaining financial balance in the BCF by the end of the financial year. A number of savings and mitigation plans are in progress and will be prioritised to control expenditure.

35. **Better Care Fund Financial Expenditure 2025/26 – Summary of Funding Stream Q1**

Better Care Fund Financial Plan 2025/26	2025/26 Year to Date Planned Expenditure £	2025/26 Year to Date Expenditure £	2025/26 Year to Date Variance to Plan Overspend/ (Underspend) £
NHS Minimum Contribution (transfer to ASC)	£1,901,579	£1,833,165	**(£68,414)**
NHS Minimum Contribution (retained by ICB)	£2,985,910	£3,051,357	**£65,447**
Total NHS Minimum Contribution	**£4,887,489**	**£4,884,522**	**(£2,967)**
Disabled Facilities Grant c/f 24/25	£558,362	£508,846	(£49,516)
Disabled Facilities Grant 25/26	£284,986	£0	(£284, 986)
Disabled Facilities Grant	**£843,348**	**£508,846**	**(£334,502)**
Local Authority Better Care Grant	**£2,101,141**	**£2,144,482**	**£43,341**
TOTAL BETTER CARE FUND	**£7,831,978**	**£7,537,850**	**(£294,128)**

Legal implications

36. 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.

37. 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.

38. 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.

39. 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.

40. 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.

41. The Improved Better Care Fund iBCF 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

42. 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.

43. 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 demography of expected older age population.	A number of the schemes include both 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 Discharge to Assess (D2A) to be recurrently sustainable.

44. **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

45. 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 1 Reporting Template

Background papers

None identified.

Glossary of terms, abbreviations and acronyms used in this report

Acronym	Description
BCF	Better Care Fund
iBCF	Improved Better Care Fund
1HP	One Herefordshire Partnership
HWICB	Herefordshire & Worcestershire Integrated Commissioning Board
EIA	Equality Impact Assessment
FSDEC	Frailty Same Day Emergency Care
D2A	Discharge to Assess
DHSC	The Department of Health and Social Care
DFG	Disabled Facilities Grant
ICE	Integrated Care Executive
LOS	Length of Stay
MHCLG	Ministry of Housing, Communities and Local Government

Better Care Fund 2025-26 Q1 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 sigificant 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

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 ambitions and capacity and demand 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
(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)
National condition 4: Complying with oversight and support processes

4. Metrics

The BCF plan includes the following metrics (these are not cumulate/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.
Metrics Handbook: 'https://future.nhs.uk/bettercareexchange/view?objectId=236489541

As part of Q1 reporting some areas will be required to to update your original plans for each of the metrics. The first table in each section will show the 2024-25 actuals performance along with the 2025-26 plans previously entered. If you do wish to update the figures for any of the 3 metrics then please enter the information in the updated plans table section.

Within the updated plans table section, can areas please 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

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 Q1. 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. 'Q1 Year-to-Date Actual Expenditure' should include total amount that has been spent in Q1, 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 Q1. This tab will also display what percentage of planned income this constitutes; [if this is 25% exactly then please provide some context around how accurate this figure is or whether there are limitations.]

HM Government

NHS England

Better Care Fund 2025-26 Q1 Reporting Template

2. Cover

Version 1.0

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 and 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? (Please provide name of HWB Chair)	No	
If no, please indicate when the report is expected to be signed off:	Mon 15/09/2025	<< 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 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

Better Care Fund 2025-26 Q1 Reporting Template

3. National Conditions

Selected Health and Wellbeing Board: Herefordshire, County of

		Checklist Complete:
Has the section 75 agreement for your BCF plan been finalised and signed off?	No	Yes
If it has not been signed off, please provide the date section 75 agreement expected to be signed off	30/09/2025	Yes
If a section 75 agreement has not been agreed please outline outstanding actions in agreeing this.	Have been awaiting revised template to complete and put through Herefordshire's governance system	Yes

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		Yes
2) Implementing the objectives of the BCF	Yes		Yes
3) Complying with grant and funding conditions, including maintaining the NHS minimum contribution to adult social care (ASC)	Yes		Yes
4) Complying with oversight and support processes	Yes		Yes

Better Care Fund 2025-26 Q1 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

Actuals + Original Plan

		Apr 24 Actual	May 24 Actual	Jun 24 Actual	Jul 24 Actual	Aug 24 Actual	Sep 24 Actual	Oct 24 Actual	Nov 24 Actual	Dec 24 Actual	Jan 25 Actual	Feb 25 Actual	Mar 25 Actual
Emergency admissions to hospital for people aged 65+ per 100,000 population	Rate	1,341.7	1,400.9	1,351.5	1,312.1	1,341.7	1,233.2	1,440.3	1,341.7	1,450.2	1,440.3	1,183.8	1,420.6
	Number of Admissions 65+	680	710	685	665	680	625	730	680	735	730	600	720
	Population of 65+*	50,683.0	50,683.0	50,683.0	50,683.0	50,683.0	50,683.0	50,683.0	50,683.0	50,683.0	50,683.0	50,683.0	50,683.0
		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
	Rate	1,300.9	1,348.3	1,300.9	1,195.4	1,231.9	1,131.5	1,278.3	1,182.0	1,189.6	1,139.4	1,139.4	1,139.4
	Number of Admissions 65+	659	683	659	606	624	574	648	599	603	577	577	577
	Population of 65+	50,683.0	50,683.0	50,683.0	50,683.0	50,683.0	50,683.0	50,683.0	50,683.0	50,683.0	50,683.0	50,683.0	50,683.0

Do you want to update your Emergency Admission metric plan?	No

Please 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. ↓

Updated 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	What is the rationale behind the change in plan?
Rate	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	N/A
Number of Admissions 65+													
Population of 65+	50,683.0	50,683.0	50,683.0	50,683.0	50,683.0	50,683.0	50,683.0	50,683.0	50,683.0	50,683.0	50,683.0	50,683.0	

Checklist

Complete:

Yes

Yes

Yes

Assessment of whether goal has been met:	Not on track to meet goal
If a goal has not been met please provide a short explanation, including noting any key mitigating actions.	2,590.0
You can also use this box to provide a very brief explanation of overall progress if you wish.	We continue to see increased demand particularly around 65+ cohort. Frailty Same Day Emergency Care (FSDEC) Bridging Team are supporting patients home on the same day to prevent admission to inpatient bed. Care Home Practitioners are now working more closely with admission avoidance and discharge team to support care home patients in particular- further improvement planned for Q2 which will see a review of care homes and the triggers for 999 call to look for opportunities to prevent. Neighbourhood Health Programme underway with plans for an MDT service to support those frail older patients most at risk of avoidable admissions. Admission avoidance schemes are well established and direct referrals from WMAS to community services are increasing month on month.

Did you use local data to assess against this headline metric?	Yes
If yes, which local data sources are being used?	Hospital PAS system

4.2 Discharge Delays

Actuals	Apr 24 Actual	May 24 Actual	Jun 24 Actual	Jul 24 Actual	Aug 24 Actual	Sep 24 Actual	Oct 24 Actual	Nov 24 Actual	Dec 24 Actual	Jan 25 Actual	Feb 25 Actual	Mar 25 Actual
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)	n/a	n/a	n/a	n/a	n/a							
Proportion of adult patients discharged from acute hospitals on their discharge ready date	n/a	n/a	n/a	n/a	n/a							
For those adult patients not discharged on DRD, average number of days from DRD to discharge	n/a	n/a	n/a	n/a	n/a							
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	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

Yes

Yes

Yes

Yes

Do you want to update your Discharge Delay metric plan?	No

Please 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. ↓

Updated 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	What is the rationale behind the change in plan?
Average length of discharge delay for all acute adult patients	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Proportion of adult patients discharged from acute hospitals on their discharge ready date													
For those adult patients not discharged on DRD, average number of days from DRD to discharge													

Assessment of whether goal has been met:	Data not available
If a goal has not been met please provide a short explanation, including noting any key mitigating actions.	N/A
You can also use this box to provide a very brief explanation of overall progress if you wish.	Continued sustained improvement around discharges via Pathway 1 supported by hospital at home Bridging Team - the integrated work from all teams, including P1 reablement provider is helping to reduce the gap between DRD and actual discharge. However LOS in all pathways remains a concern- action underway to ensure therapy resource available earlier in pathway to prevent overstays- investment in therapy should see reduction in LOS and double handed care provision- awaiting authorisation from One Herefordshire and D2A Board. Continued reliance on spot beds due to issues with bedded D2A pathway provider- Q2 planned for review of provision to agree next steps to reduce spot provision use. Community Hospital beds continue to be utilised to support discharges from Acute for patients awaiting D2A Neighbourhood Health programme underway.

Did you use local data to assess against this headline metric?	No
If yes, which local data sources are being used?	

Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes

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 Q2 (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	469.6	130.0	130.2	130.2	130.2
	Number of admissions	180.0	238.0	65.9	66.0	66.0	66.0
	Population of 65+*	50683.0	50683.0	50683.0	50683.0	50683.0	50683.0

Do you want to update your Residential Admissions metric plan?	No

Please enter plan number of admissions within the specific quarter

Please 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. ↓

Updated Plan

		2025-26 Plan Q1 (April 25-June 25)	2025-26 Plan Q2 (July 25-Sept 25)	2025-26 Plan Q3 (Oct 25-Dec 25)	2025-26 Plan Q4 (Jan 26-Mar 26)	What is the rationale behind the change in plan?
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	0.0	0.0	0.0	0.0	N/A - plan has not been updated
	Number of admissions					
	Population of 65+*	50683.0	50683.0	50683.0	50683.0	

Assessment of whether goal has been met:	On track to meet goal
If a goal has not been met please provide a short explanation, including noting any key mitigating actions.	N/A
You can also use this box to provide a very brief explanation of overall progress if you wish.	47.98 per 56,000 population (94.7 per 100,000 population)

Did you use local data to assess against this headline metric?	Yes
If yes, which local data sources are being used?	Internal monthly dashboard based on s

Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes

Better Care Fund 2025-26 Q1 Reporting Template

5. Income & Expenditure

Selected Health and Wellbeing Board: Herefordshire, County of

Source of Funding	2025-26 Planned Income	Updated Total Plan Income for 25-26	Q1 Year-to-Date Actual Expenditure	Checklist: Complete:
DFG	£2,815,031	£3,373,393	£508,846	Yes
Minimum NHS Contribution	£19,447,855	£19,447,855		Yes
Local Authority Better Care Grant	£8,367,748	£8,367,748		Yes
Additional LA Contribution	£0	£0		Yes
Additional NHS Contribution	£0	£0		Yes
Total	**£30,630,634**	**£31,188,996**		

	Original	Updated	% variance	
Planned Expenditure	**£30,630,635**	£31,188,996	**2%**	Yes

		% of Planned Income	
Q1 Year-to-Date Actual Expenditure	£7,537,850	**24%**	Yes

If Q1 Year-to-Date Actual Expenditure is exactly 25% of planned income, please provide some context around how accurate this figure is or whether there are limitations.	n/a	Yes
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.	Change in planned expenditure is due to DFG funding carried forward from 2024/25. This change has been agreed by partners	Yes

Health and Wellbeing Board Work Programme 2025/26

Agenda item	Report from	Frequency	Purpose	Notes
Mon 15 September 2025, 2.00 pm – Board meeting in public				**[Agenda publication: Fri 5 September 2025]**
Board membership and arrangements for the appointment of the vice-chairperson	Democratic Services	Ad-hoc	Decision	
Fit for the Future: 10 Year Health Plan	David Mehaffey / Simon Trickett	Ad-hoc	Information	
Neighbourhood Health	Jon Barnes / Zoe Clifford / Joanne Hodgetts	Ad-hoc	Information	
Good work for everyone: the relationship between work and health	David Collyer / Judy Gibbs	Ad-hoc	Information	
Herefordshire Pharmaceutical Needs Assessment 2025	Ryan Davies		Decision	
Better Care Fund Quarter 1 report 2025-2026	Marie Gallagher / Nicola Williams	Quarterly	Decision	
Mon 15 December 2025, 2.00 pm – Board meeting in public [Thematic focus on the core priorities of best start in life and good mental health and interlinked work areas]				**[Agenda publication: Fri 5 December 2025]**
Update paper on Best Start in Life and Good Mental Health action plans for 2025/27 Overview of the BSiL national strategy; national targets for 2-2½ yr development reviews and Good Level of Development at end of reception, including local task and finish group report and recommendations. Include an update on family hubs.	Lindsay MacHardy / Kristan Pritchard / Julia Stephens	Quarterly	Information	
Domestic Abuse Strategy	Kayte Thompson-Dixon / Elliott Nixon	Ad-hoc	Information	
Health Protection Assurance Report		Annual	Information	
Better Care Fund Quarter 2	Marie Gallagher / Nicola Williams	Quarterly	Decision	

Agenda items to be scheduled				
Oral Health Improvement Board Update	Public Health	Annually	Information	*2024/25 skipped; see scrutiny item, 27 January 2025:* Dental services in Herefordshire
Tobacco Alliance Annual Report	Isobel Adams	Annual	Information	*Arising from Tobacco Control Plan item at board meeting 17 March 2025.*
Director of Public Health Annual Report	Zoe Clifford	Annual	Information	
Pharmaceutical Needs Assessment (PNA) Recommendation Action Matrix	Public Health	Annual	Information	*Arising from PNA 2025 item at board meeting 15 September 2025.*