Herefordshire Council

Agenda

Health and Wellbeing Board

Date:	**Monday 15 December 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	Sarah Shingler	Managing Director, Wye Valley NHS Trust
Members	Stephen Brewster	Voluntary and community sector representative
	Jon Butlin	Assistant Director (Prevention), Hereford & Worcester Fire and Rescue Service
	Zoe Clifford	Director of Public Health, Herefordshire Council
	Kevin Crompton	Independent Chair, Herefordshire Safeguarding Adults Board
	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
	John Hobbs	Corporate Director for Economy and Environment, Herefordshire Council
	Councillor Jonathan Lester	Leader of the Council, Herefordshire Council
	David Mehaffey	Executive Director of Strategy and Integration, NHS Herefordshire and Worcestershire Integrated Care Board
	Councillor Ivan Powell	Cabinet Member Children and Young People, Herefordshire Council
	Christine Price	Chief Officer, Healthwatch Herefordshire
	Tina Russell	Corporate Director for Children and Young People, Herefordshire Council
	Simon Trickett	Chief Executive, NHS Herefordshire and Worcestershire Integrated Care Board
	Superintendent Helen Wain	West Mercia Police

Agenda

Pages

1. APOLOGIES FOR ABSENCE

To receive apologies for absence.

2. NAMED SUBSTITUTES

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 15 September 2025.

HOW TO SUBMIT QUESTIONS

The deadline for the submission of questions for this meeting is 5.00 pm on Tuesday 9 December 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. TACKLING DOMESTIC ABUSE STRATEGY UPDATE 17 - 140

The report provides an update on the publication of Herefordshire's Domestic Abuse Strategy 2025-2028, outlining the governance arrangements and delivery mechanisms that underpin its implementation.

8. NEIGHBOURHOOD HEALTH UPDATE 141 - 166

An overview of recent developments under the National Neighbourhood Health Implementation Programme. This provides an opportunity for the Board to consider local service delivery models in the context of Minor Injury Units (MIUs) and Neighbourhood Health Centres.

9. LOCAL GOVERNMENT ASSOCIATION OFFER 167 - 170

The Health and Wellbeing Board have agreed to refresh the Health and Wellbeing Strategy in 2026. In preparation for this, the Local Government

Association have provided an offer of support for the Board to assess ways of working. The purpose of this paper is to present the offer available to the Board.

10. ANNUAL REPORT OF THE HEREFORDSHIRE ADULTS SAFEGUARDING BOARD (HSAB) 2024 TO 2025 171 - 206

For the Health and Wellbeing Board (HWB) to receive the Annual Report of the Herefordshire Adults Safeguarding Board (HSAB).

11. 2025 HEALTH PROTECTION ANNUAL REPORT 207 - 242

The purpose of this report is to share the 2025 Health Protection Assurance Forum's (HPAF) Annual Report with the Board. This serves to update the Herefordshire Health and Wellbeing Board on health protection system performance, achievements, and risks for 2025, as well as areas of development for 2026.

12. BETTER CARE FUND (BCF) QUARTER 2 REPORT 2025-26 243 - 258

To update the Health and Wellbeing Board (HWB) members on the Herefordshire's Better Care Fund (BCF) quarter 2 performance template 2025-26 and seek formal Health and Wellbeing Board approval.

13. DATES OF FUTURE MEETINGS AND WORK PROGRAMME 259 - 260

To confirm the dates of future meetings and consider any items for inclusion in the work programme for the Board.

The public's rights to information and attendance at meetings

You have a right to:

- 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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Bus maps are available here: www.herefordshire.gov.uk/downloads/download/78/bus_maps

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 15 September 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
Liz Farr	Corporate Director for Children and Young People, Herefordshire Council
Councillor Carole Gandy (Chairperson)	Cabinet Member Adults, Health and Wellbeing, Herefordshire Council
Hilary Hall	Corporate Director for Community Wellbeing, Herefordshire Council
Jane Ives (Vice-Chairperson)	Managing Director, Wye Valley NHS Trust
Councillor Jonathan Lester	Leader of the Council, Herefordshire Council
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:

Gemma Dando	Substitute for Corporate Director of Economy and Environment, Herefordshire Council
Superintendent Helen Wain	West Mercia Police

Note: Board members in attendance remotely could not vote on any decisions taken.

Others present in person:

Ben Baugh	Democratic Services Officer	Herefordshire Council
David Collyer	Acting Consultant in Public Health, General Practitioner	Herefordshire Council
Ryan Davies	Public Health Training Specialist Registrar	Herefordshire Council
Alexia Heath	Post 16 Senior Advisor	
Joanne Hodgetts	Associate Director, Neighbourhood Health	NHS Herefordshire and Worcestershire Integrated Care Board
Gillian Pearson	Head of Primary Care Network Development and Partnerships	Taurus Healthcare
Alfred Rees-Glinos	Licensing Support Officer	Herefordshire Council

Others in attendance remotely:

Jan Bailey	Press and Publicity Officer	Herefordshire Council
Jon Barnes	Operational Executive Lead	Wye Valley NHS Trust
Mohamed Essoussi	Public Health Programme Officer (Strategy and Partnerships)	Herefordshire Council
Marie Gallagher	Transformation and Improvement Lead	Herefordshire Council
Sarah Shingler	Managing Director, Wye Valley NHS Trust	Wye Valley NHS Trust

17. APOLOGIES FOR ABSENCE

Apologies for absence had been received from board members: Sue Harris (Director of Strategy and Partnerships, Herefordshire and Worcestershire Health and Care NHS Trust); Simon Trickett (Chief Executive, NHS Herefordshire and Worcestershire Integrated Care Board); and Tina Russell (Corporate Director for Children and Young People, Herefordshire Council). It was also noted that Ross Cook had recently left the position of Corporate Director for Economy and Environment (Herefordshire Council).

18. NAMED SUBSTITUTES

The following substitutes were noted: Gemma Dando (Chief Operating Officer – Resident Services) was in attendance remotely for the Corporate Director for Economy and Environment; and Liz Farr (Service Director, Education, Skills and Learning) was present in person for the Corporate Director for Children and Young People.

19. DECLARATIONS OF INTEREST

No declarations of interest were identified.

20. MINUTES

The minutes of the previous meeting were received.

Resolved: That the minutes of the meeting held on 9 June 2025 be confirmed as a correct record and be signed by the Chairperson.

21. QUESTIONS FROM MEMBERS OF THE PUBLIC

No questions had been received from members of the public.

22. QUESTIONS FROM COUNCILLORS

No questions had been received from councillors.

23. BOARD MEMBERSHIP AND ARRANGEMENTS FOR THE APPOINTMENT OF THE VICE-CHAIRPERSON

The board considered suggested clarifications to the Council's constitution in relation to the number of seats allocated to NHS Herefordshire and Worcestershire Integrated Care Board (ICB) and the arrangements for the appointment of the Vice-Chairperson, for onward recommendation to full Council.

Resolved:

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 (second sentence) 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.'

24. FIT FOR THE FUTURE: 10 YEAR HEALTH PLAN

David Mehaffey briefed the board on the key features of the '10 Year Health Plan For England: fit for the future', published by the government in July 2025. It was noted that the plan:

i. set out significant ambitions relevant to the key functions of the board, including to raise the healthiest generation of children ever, end the obesity epidemic, and create a smoke-free generation;

ii. highlighted three radical shifts - hospital to community, analogue to digital, and sickness to prevention; and

iii. identified transformative technologies – data, AI, genomics, wearables and robotics.

The requisite outputs included: five year strategic commissioning plans, produced by Integrated Care Boards; five year integrated delivery plans, produced by NHS providers; and neighbourhood health plans, developed by local authorities working in conjunction with partners and approved by health and wellbeing boards.

The principal discussion points included:

1. It was not certain whether the strategic commissioning plan would, in time, replace the 'NHS Five Year Joint Forward Plan'.

2. Reference was made to the similar ambitions articulated in the 'NHS Five Year Forward View', published in October 2014, and to the findings of the 'Independent investigation of the NHS in England', published in September 2024.

3. It was noted that resources had been directed towards the acute sector during the Covid-19 pandemic and the focus had now shifted back to prevention and integrated, community-based care.

4. The Chairperson noted that a new triage system had been introduced on 1 October 2025 but acknowledged ongoing public concerns around GP access and continuity. The Vice-Chairperson commented on health-seeking behaviours and the need to enhance public understanding around the appropriate use of services.

5. There was a discussion about the need for the board to review the 'Herefordshire Joint Local Health and Wellbeing Strategy 2023 - 2033' given the new policy landscape.

6. The government's 'ambition of establishing a Neighbourhood Health Centre in every community across the country' was questioned in the context of rural areas and there was a discussion about the need to make the best use of the assets available in Herefordshire.

7. The Vice-Chairperson reported that the new Wye Valley Community Diagnostic Centre was due to open shortly which would reduce pressure on the acute hospital and provide convenient access for patients.

Resolved: That

a) The contents of the report be noted, including the requirements to review and approve the development of Neighbourhood Health Plans; and

b) Work be commenced to refresh the Health and Wellbeing Strategy, with an indicative plan for its development to be presented to the next meeting in December 2025.

25. NEIGHBOURHOOD HEALTH PROGRAMME 2025/26

Joanne Hodgetts noted the neighbourhood health was integral to the '10 Year Health Plan For England: fit for the future' and presented the slides 'Neighbourhood Health Programme 2025/26', under the headings: *The approach for 2025/26*; *Priority cohorts*; *Herefordshire Health Programme – What have we achieved to date? What's next?*; *Working as Multi-disciplinary Neighbourhood Teams (MDNTs)*; *Key challenges*; *and What will success look like?*

The principal discussion points included:

1. Joanne Hodgetts explained that cohort identification had been informed by data and local knowledge; the initial focus was on people living with four or more long term conditions and having had one or more hospital admission in the past 12 months.

2. The Chairperson commented that there were areas of deprivation in some market towns but there could be good access to healthcare, whereas people in more rural areas may need to travel considerable distances to reach equivalent services.

3. Zoe Clifford said that the board should not lose sight of the need to improve the health and wellbeing of the whole population, and should look upstream to minimise the number of people becoming part of such cohorts.

4. A board member commented that the neighbourhood health plan needed to be multi-tiered, so that it supported the whole population to achieve good health and wellbeing, as well as providing intensive support to those with complex needs to enable them to live their best lives outside of the hospital environment.

5. The Vice-Chairperson referred to the 20% increase in the number of acute admissions for people over the age of 65 in the last two years and to analysis around admissions for people nearing end of life. It was emphasised that congestion in the emergency department had consequential impacts on all communities.

6. A board member highlighted the need to consider the role of the voluntary and community sector in urgent neighbourhood services and MDNTs.

7. Joanne Hodgetts commented on the benefits of high impact interventions and on the potential for learning from other areas involved in the national programme. Jon Barnes added that empowering people to stay at home for as long as possible would have benefits for the system but would also provide better experiences for individuals, families and communities.

In concluding the discussion, the Chairperson noted that progress with the Neighbourhood Health Programme was likely to be a regular item of business at future board meetings.

Resolved: That the report be noted.

26. GOOD WORK FOR EVERYONE: THE RELATIONSHIP BETWEEN WORK AND HEALTH

David Collyer provided the introduction to the slides 'Good work for everyone: The relationship between work and health' and further slides were presented as follows:

i. Alexia Heath presented the slides: *Get Britain Working Plan*; and *Get Marches Working Plan*, including objectives, key statistics, and summary of the priority groups for the Marches area.

ii. David Mehaffey presented the slides: *Finalising the Health and Work Strategy*; *The Vision*; *Four Strategic Ambitions*; and *Strategic Outcomes – Seeking to change*.

The Chairperson acknowledged that the partner organisations were significant employers in the county and invited board members to comment on the health and support pathways available to employees. Overviews were provided in respect of: Hereford & Worcester Fire and Rescue Service; West Mercia Police; Wye Valley NHS Trust; NHS Herefordshire and Worcestershire Integrated Care Board; and Herefordshire Council.

The Leader of the Council noted that job satisfaction and enjoyment at work were important to staff members' health and wellbeing.

iii. Gillian Pearson presented the slides: *Talk Wellbeing – WorkWell*; and *Talk Wellbeing – Workplace Health Checks*.

In response to questions, it was confirmed that: work was being undertaken with the agricultural sector, including through Hereford Livestock Centre and local ploughing matches; and that there had been engagement with hvoss (Herefordshire Voluntary Organisations Support Service) and ECHO (Extra Choices in Herefordshire) on the Get Marches Working Plan.

Resolved: That

a) progress towards the priority of achieving good work for everyone be noted;

b) the Herefordshire and Worcestershire ICS Health and Work Strategy be supported; and

c) member organisations consider how they can contribute further to this priority.

27. HEREFORDSHIRE PHARMACEUTICAL NEEDS ASSESSMENT 2025

Ryan Davies presented the slides 'Pharmaceutical Needs Assessment (PNA) 2025', under the headings: *Context* and *Process*; *Gap Analysis*; *Conclusions*; and *Recommendations*.

The principal discussion points included:

1. All pharmacies were required to provide essential services, including: dispensing of prescriptions; dispensing of repeatable prescriptions; disposal of unwanted medicines; promotion of healthy lifestyles; signposting people who require advice, treatment or support to relevant providers; support for self-care; and discharge medicines service.

The Chairperson questioned the extent to which dispensing practices in rural areas provided services beyond basic dispensing. Some of the challenges for dispensing practices were noted, including building space constraints.

2. Zoe Clifford commended the work undertaken on the PNA, as it provided a comprehensive summary of the current state of play in Herefordshire.

3. There was a brief discussion about the potential role of pharmacies in the development of neighbourhood health services.

4. There was also a brief discussion about the challenges for patients and family members in ordering prescriptions. It was reported that the ongoing development of the NHS App was helping to streamline processes and provide access to records, albeit recognising the need to promote digital health services and address barriers to access and use.

Resolved: That

a) the Pharmaceutical Needs Assessment (PNA) Draft Main Document (appendix 3 to the report) and its key statements and recommendations be noted;

b) Consultation Report (appendix 1 to the report) be noted; and

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

28. BETTER CARE FUND (BCF) QUARTER 1 REPORT 2025-2026

Hilary Hall updated the board on Herefordshire's Better Care Fund (BCF) quarter 1 performance template 2025/26, the main points included:

i. The delivery plan had been submitted by the deadline of 15 August 2025;

ii. The current position with national metrics at quarter 1 was summarised as follows:

- Emergency admissions to hospital for people aged over 65 per 100,000 population: local data showed that emergency admissions were not on track and attention was drawn to initiatives to avoid unnecessary admissions.

- Average length of discharge delay for all acute adult patients: local data indicated promising progress.

- Long-term admissions to residential care homes and nursing homes for people aged 65 and over per 100,000 population: there had been continuing reductions in long-term admissions.

iii. It was reported that the BCF was underspent at quarter 1, with underspending of the Disabled Facilities Grant offsetting high levels of demand in other funding streams, particularly hospital discharge services.

Resolved: That

a) the Better Care Fund (BCF) 2025/26 quarter one report at Appendix 1 submitted to NHS England, be approved retrospectively by the board; and

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

29. WORK PROGRAMME

The work programme for the board was considered. Arising from matters identified earlier in the meeting, it was noted that the next meeting would include items on: the refresh of the Health and Wellbeing Strategy; and neighbourhood health update.

Resolved:

That the updated work programme be agreed.

Note: As this was the last board meeting to be attended by Jane Ives prior to retirement, the Chairperson thanked Jane for all the work undertaken as Vice-Chairperson of the Health and Wellbeing Board, and as Chairperson of the One Herefordshire Partnership.

30. DATE OF NEXT MEETING

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

The meeting ended at 4.23 pm **Chairperson**

Herefordshire Council

Title of report: Tackling Domestic Abuse Strategy Update

Meeting: Health and Wellbeing Board

Meeting date: Monday 15 December 2025

Report by: Head of Resilient Communities

Classification

Open

Decision type

This is not an executive decision

Wards affected

(All Wards)

Purpose

The report provides an update on the publication of Herefordshire's Domestic Abuse Strategy 2025-2028, outlining the governance arrangements and delivery mechanisms that underpin its implementation.

The report highlights how the strategy aligns with the Health and Wellbeing Board's strategic priorities, particularly the aims of ensuring a best start in life for children and promoting good mental wellbeing throughout life.

It demonstrates the council's commitment to a coordinated, multi-agency response to domestic abuse, ensuring that prevention, early intervention, and support services are embedded within wider public health and community resilience frameworks.

Recommendation(s)

That:

a) The board receive and note the response to Domestic Abuse within Herefordshire; and

b) The board is asked to make any recommendations, or suggested actions, in connection to the report.

Further information on the subject of this report is available from
Kayte Thompson-Dixon, Tel: 01432 260727, email: Kayte.Thompson-Dixon@herefordshire.gov.ukl

Alternative options

1. There are no alternative options.

Key considerations

2. Domestic abuse is a significant matter of public health, has a huge impact on society and is one of the most pervasive of all social problems. It causes long term pain and suffering for those affected and their families, resulting in significant cost to public services and the local community. It is often a hidden crime that disproportionately affects women, with people experiencing domestic abuse often reluctant to report their situation.

3. This report and appendices refer to those who have experienced domestic abuse (DA) as "victims" as this is a widely understood term and is used in many publicly available reports. It is recognised that this terminology can be controversial, and different people may have preferences for other terms. The decision to use the term "victim" is purely for clarity and not an indication that other terms are not valid.

4. The Safe Lives prevalence tool uses data from the Crime Survey for England and Wales merged with local population and Multi Agency Risk Assessment Conference (MARAC) data to capture a true understanding of the prevalence of domestic abuse in a local area. The latest available data (year ending 2020 due to a period of suspended data collection during COVID-19) estimates that:

   a. There are 25,000 adult victims in Herefordshire who have experienced domestic abuse at some point in their lives since aged 16
   b. Of the total estimated adult victims 19,000 (68%) are female
   c. 8,000 victims have experienced domestic abuse in the last year, of these 68% were female
   d. Only a third of female victims and a quarter of male victims in the past year were 'visible' (visible relates to the number of victims who told a support professional organisation).
   e. 4,500 children were living in a household with domestic abuse present in the last year
   f. 4,500 people were using abusive behaviours in their intimate partner relationships in the past year, of these 20% were estimated to be serial perpetrators of domestic abuse.

5. People who have experienced or are experiencing domestic abuse may be affected in a number of ways, including significant and lasting impact on their physical and mental health, homelessness, loss of income or work and isolation from families and friends. Children can experience both short and long-term cognitive, behavioural and emotional effects as a result of witnessing or being victim to domestic abuse.

6. The strategy has been developed in consultation with a wide range of stakeholders through the Domestic Abuse Local Partnership Board, using data obtained and analysed for the Needs Assessment and incorporating qualitative data gathered from practitioners and people with lived experience of domestic abuse in Herefordshire.

7. The strategy will be implemented and monitored via an action plan held by the Local Partnership Board.

8. The Domestic Abuse Act 2021 addresses the impact of domestic abuse on children recognising that witnessing abuse can have long-term effects on their health and development.

9. The Domestic Abuse Strategy highlights the significant impact of domestic abuse on the mental health and well-being of victims. It emphasises the need for a comprehensive approach to address the physical, psychological and emotional health consequences of domestic abuse.

10. The strategy outlines several priorities and actions aimed at improving the health outcomes of domestic abuse victims. These include investing in specialist domestic abuse roles, promoting healthy relationships education in schools, and developing social media campaigns to support wider understanding of domestic abuse.

Community impact

11. By adopting and working in partnership to deliver the Domestic Abuse Strategy, the work is directly contributing to the Health and Wellbeing Board's core priorities as well as the Council Plan 2024-2028 priority area 1; People – We will enable residents to realise their potential, to be healthy and to be part of great communities that support each other. We want all children to have the best start in life.

12. More generally, this strategy positively impacts on priorities within the Council Plan including enabling people to access the housing they need, supporting people to feel safe in their communities and supporting all children to have the best start in life. As well as complementing the work of Talk Community in developing children and family community support.

13. The revised strategy is also directly relevant to the council's corporate parenting responsibilities, as nationally, incidence of domestic abuse is reported to be highest amongst 16 to 25 year olds. In addition, a significant proportion of care experienced children and young people are victims of domestic abuse.

Environmental impact

14. The council provides and purchases a wide range of services for the benefit of people living in 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.

15. Whilst the strategy will have minimal environmental impacts, consideration has been made to minimise waste and resource use in line with the Council's Environmental Policy such as sustainable approach to the Local Partnership Board meetings etc.

Equality duty

16. 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.

17. The mandatory equality impact screening checklist has been completed for this policy and it has been found to have high impact for equality.

18. Due to the scope of this policy and its potential impact on certain protected characteristics, an Equality Impact Assessment (EIA) is attached as an appendix to this report.

19. In summary, this activity impacts on protected characteristics as follows:

a. *Age.* According to the needs assessment carried out in 2024, half of all victims of recorded domestic abuse offences were aged 25-44 years, with the median age of victims being 30. The Domestic Abuse Act 2021 highlights the significant impact domestic abuse can have on children and young people, including their health, wellbeing, and development. The act also discusses the unique challenges faced by older victims of domestic abuse, such as dependency on the abuser for care and the potential for abuse to be overlooked or misinterpreted as age-related issues.

b. *Disability.* The needs assessment shows a significant number of domestic abuse victims are

disabled. Also, that 68% of disabled people referred to West Mercia Women's Aid (WMWA) had mental health issues. Additionally, over 50% of victims supported by the Independent Domestic Violence Advisor (IDVA) service in 2022/23 were recorded as disabled. Data suggests that disabled people may be more vulnerable to domestic abuse due to factors such as communication barriers, social isolation, and dependency on the abuser for care.

c. *Marriage and Civil Partnerships.* The domestic abuse act defines "personally connected" individuals as those who are married to each other, civil partners of each other, have agreed to marry one another (whether or not the agreement has been terminated), have entered into a civil partnership agreement (whether or not the agreement has been terminated), are or have been in an intimate personal relationship with each other, have or have had a parental relationship in relation to the same child, or are relatives.

d. *Pregnancy and Maternity*. The needs assessment shows over three-quarters of the people accessing refuge were either pregnant (12%) or had children in the household (65%).

e. *Sex*. SafeLives, a leading domestic abuse charity, estimate that around 8,000 people a year in Herefordshire experience domestic abuse: 5,500 (68%) females and 2,500 (32%) males. The local needs assessment data confirms that the majority of domestic abuse victims are female.

f. *Others*. The local needs assessment shows a notable link between domestic abuse and deprivation, with over 40% of all domestic abuse offences and incidents recorded in the most deprived parts of Herefordshire. There are challenges in accessing support services, particularly for those in rural areas. Rural victims are half as likely to report their abuse and face significant barriers in accessing support services.

g. *Health Inequalities*. The Domestic Abuse act addresses the impact of domestic abuse on children recognising that witnessing abuse can have long-term effects on their health and development. The Domestic Abuse Strategy also highlights the significant impact of domestic abuse on the health and wellbeing of victims. It emphasises the need for a comprehensive approach to address the physical, psychological, and emotional health consequences of domestic abuse.

20. The risks to equality impacts are mitigated through the Domestic Abuse Strategy. Decisions that inform the strategy are made by the council based upon its consultation with the Local Partnership Board, the needs assessment and further consultee responses. The Board takes a strategic and multi-agency approach to sharing knowledge and intelligence, identifying and, where possible, addressing gaps in support and prevention.

21. The council recognises the fact that domestic abuse has a huge impact on the lives of victims and is committed to listening and engaging with those with lived experience and supported by expert evidence base, to continuously learn and improve.

22. The council also acknowledges the gendered nature of domestic abuse but works to ensure our local response is accessible to all regardless of gender and other protected characteristics.

Resource implications

23. There are no direct financial implications for the council arising from the strategy. However, the Domestic Abuse Strategy requires the council to take action in collaboration with partner organisations including those actions which are mandatory under the Domestic Abuse Act 2021. This has and will be achieved through the established services commissioned by the council and additional grant resources provided by the government.

24. Domestic abuse provision in Herefordshire is also supported by funding from other public bodies, notably the office of the Police and Crime Commissioner (PCC). That funding supports

Independent Domestic Violence Advisers and the perpetrator intervention programmes, Drive and Men and Masculinity. The PCC commissions these services directly

Legal implications

25. The Council is required to appoint a Domestic Abuse Local Partnership Board under Section 58 of the Domestic Abuse Act 2021. This Board must be consulted during the production of the Domestic Abuse Strategy, as required by Section 57. There is a requirement to submit an annual report to the Secretary of State confirming that a local partnership board has been appointed, a local needs assessment has been undertaken and the strategy is in place and operating effectively.

Risk management

26. The risks associated with the delivery of the Domestic Abuse Strategy 2025–2028 have been appropriately identified and will be monitored through the council's governance and partnership arrangements. The strategy will be supported by a clear action plan, and risks will be recorded and escalated through the relevant risk registers and partnership boards. The approach taken aligns with the council's Risk Management Strategy and provides assurance that delivery will be monitored and managed in a controlled and proportionate manner.

Opportunity Strategy priorities need to be embedded across all partner organisations and progress needs to be measurable.	Mitigation A clear action plan has been developed to deliver the priorities of the strategy. Partner organisations will be accountable through the Local Partnership Board.
Opportunity The strategy provides a clear statement of the council's intention to, and a mechanism for, working together with partners to protect people from domestic abuse and prevent it from happening in the first place.	Mitigation A communication plan will be developed with the local partnership board to further enable a joint approach to prevention campaigns alongside a detailed action plan to develop the priorities within the strategy including enabling the right support at the right time for adults, children and young people experiencing domestic abuse.
Risk Lack of good quality data for needs assessment to inform strategy, action plan and subsequent commissioning of services remains a concern.	Mitigation The local partnership board will continue to work together to address gaps in data and seek new and efficient ways to capture and share data pertinent to demongraphics, prevelance and prevention activities.
Risk Inconsistent commitment or resource allocation from partner organisations, although accountablity is outlined through the partnership board there may be variability in capacity, funding or priorities across agencies.	Mitigation Formalise partner responsibiities through the partnership baord in the action plan and monitor delivery via agreed performance measures. Encourage continued senior-level engagement across all partners.
Risk External funding pressures or shifts in national policy priorities Changes in government policy or reductions in grant funding could limit the council or partners' ability to deliver the full scope of the strategy.	Mitigation Regular review of funding opportunities and strategic alignment with national policy. Contingency planning should be built into the strategy's delivery approach.
Risk Lack of engagement with under-represented groups or hard-to-reach communities Some communities affected by domestic abuse may remain invisible to services if engagement methods are not inclusive.	Mitigation Incorporate specific actions within the delivery plan to improve engagement and trust with marginalised or seldom-heard groups. Co-produce elements of service design where possible.
Risk Reputational risk if strategic outcomes are not delivered. Failure to demonstrate impact could reduce public confidence and risk future funding bids or scrutiny.	Mitigation Ensure that progress is measurable, with transparent reporting and clear outcome indicators embedded in the action plan.

Consultees

27. Stakeholder consultation was carried out during 2024. A detailed coproduction process has been completed with people with lived experience of domestic abuse which has directly

informed the priorities and actions in the strategy. A public consultation was completed in February 2025.

28. Consultation took place with political groups on 19 June 2025. The strategy was supported by attendees. Discussion included the interconnectivity of domestic abuse with other issues such as drug and alcohol use and mental health, the ongoing need for appropriate housing for victims of domestic abuse and some suggestions for future invitations for the Local Partnership Board to include We Are Farming Minds and the NFU. Queries were raised in relation to the vision and the effective measurement of success, these were all resolved satisfactorily during the meeting.

29. At the full Council meeting on 10 October 2025 a question was raised relating to the title of the strategy and whether this should include 'prevention'. Whilst there are a number of compelling reasons to include this in the title it is felt that including this phrase alone may narrow the perceived scope of the strategy which has been developed to capture the prevalence and consequence as well as prevention objectives. In addition, given the emphasis of the strategy and the DA legislation on capturing the voices of those with lived experience there is a risk of unintentionally minimising those experiences by appearing to be only future focussed rather than acknowledging there continue to be urgent needs of victims and survivors today. It is felt overall that a broader title encompasses the full spectrum of the strategy and is inclusive of the activities of all partners who contribute to the delivery plan, however to ensure that our intentions are clear the title of the strategy has been updated to 'Tackling Domestic Abuse'.

Appendices

Appendix 1 – Tackling Domestic Abuse Strategy for Herefordshire 2025-2028
Appendix 2 – Domestic Abuse in Herefordshire Final Needs Assessment 2024
Appendix 3 – Equality Impact Assessment
Appendix 4 – Presentation slides

Background papers

None identified.

Herefordshire Council

Domestic Abuse Strategy for Herefordshire 2025 to 2028

1. *Introduction*

This strategy has been developed by the Domestic Abuse Local Partnership Board in line with the requirements of the Domestic Abuse Act 2021.

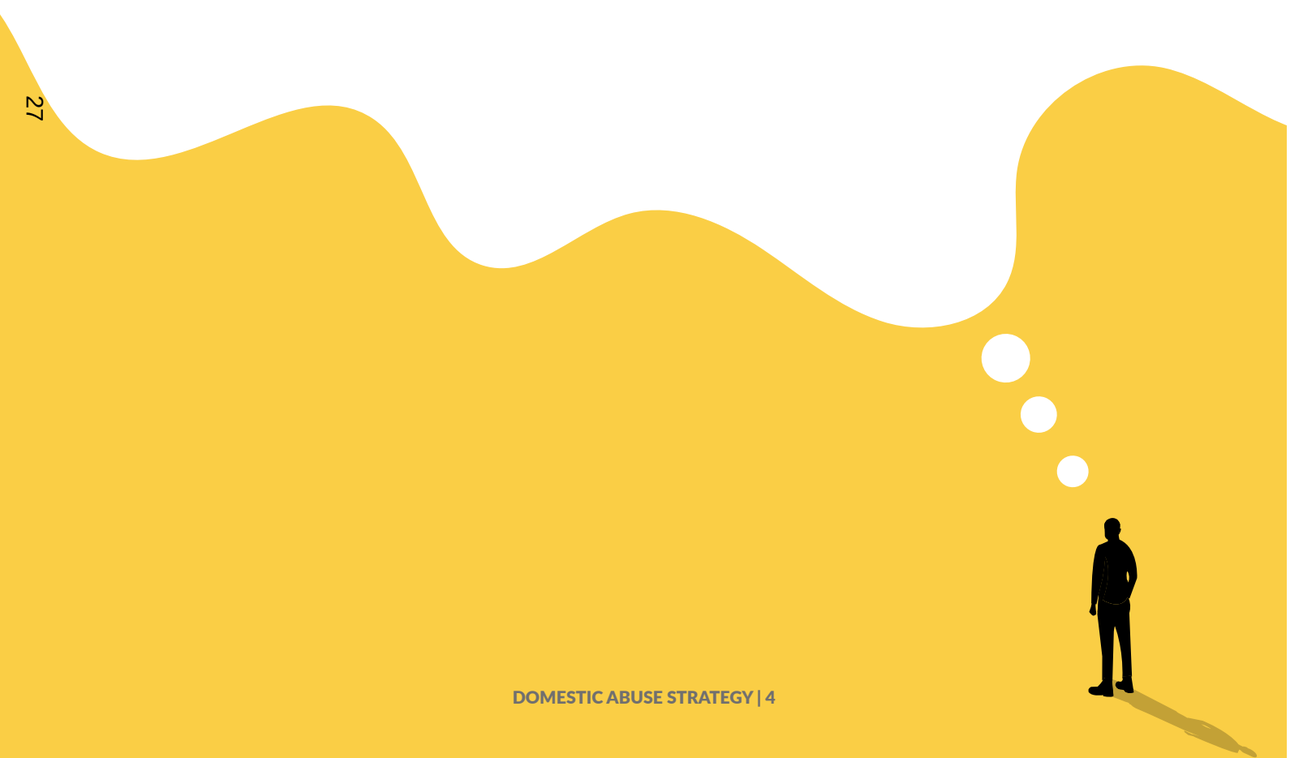
The Domestic Abuse Local Partnership Board is a group of organisations that are working together to improve outcomes for people experiencing domestic abuse. This is achieved through a strategic approach to sharing knowledge and intelligence, identifying and, where possible, addressing gaps in support and prevention. This strategy sets out the priorities and actions for the Domestic Abuse Local Partnership Board for the next 3 years.

The Board recognise the fact that domestic abuse has a huge impact on the lives of the people that experience it and are committed to listening and engaging with those with lived experience and supported by expert evidence base, to continuously learn and improve.

We also acknowledge the gendered nature of domestic abuse but work to ensure our local response to domestic abuse is accessible to all regardless of gender and other protected characteristics.

2. Herefordshire Vision for Domestic Abuse

For Herefordshire to be a county where domestic abuse is not tolerated and everybody can live free from abuse and harm, where people with lived experience of domestic abuse including children have access to the right support at the right time.



3. What is domestic Abuse?

The Domestic Abuse Act 2021 provides the following definition:

Behaviour of a person ("A") towards another person ("B") is "domestic abuse" if A and B are each aged 16 or over and are personally connected to each other, and the behaviour is abusive.

'Abusive behaviour' is defined as any of the following:

- Physical or sexual abuse
- Violent or threatening behaviour
- Controlling or coercive behaviour
- Economic abuse
- Psychological, emotional or other abuse

'Personally connected' is defined in the act as parties who:

- are married to each other
- are civil partners of each other
- have agreed to marry one another (whether or not the agreement has been terminated)
- have entered into a civil partnership agreement (whether or not the agreement has been terminated)
- are or have been in an intimate personal relationship with each other
- have, or there has been a time when they each have had, a parental relationship in relation to the same child
- are relatives

The national domestic abuse charity, Women's Aid provide an alternative definition of domestic abuse:

Domestic abuse as an incident or pattern of incidents of controlling, coercive, threatening, degrading and violent behaviour, including sexual violence, in the majority of cases by a partner or ex-partner, but also by a family member or carer. It is very common. In the vast majority of cases it is experienced by women and is perpetrated by men.

Domestic abuse can include, but is not limited to, the following:

- Coercive control (a pattern of intimidation, degradation, isolation and control with the use or threat of physical or sexual violence)
- Psychological and/or emotional abuse
- Physical or sexual abuse
- Financial or economic abuse
- Harassment and stalking
- Online or digital abuse

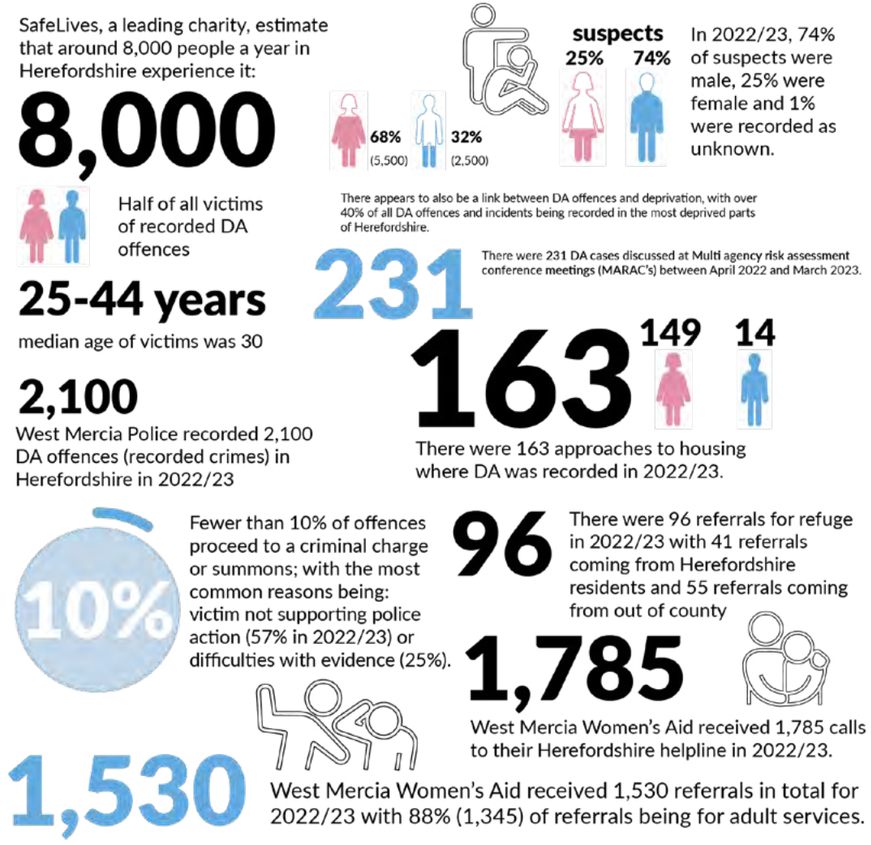
This definition recognises that domestic abuse is a pattern of behaviour, whereas the full legal definition indicates that domestic abuse can be a one-off incident.

4. *Key Achievements over the last 3 years*

- Recommissioned domestic abuse services in Herefordshire, to extend their reach and increase the amount of safe accommodation available in the county.
- Commissioned the co-ordination of a lived experience advisory network to ensure that the voices of people with lived experience of domestic abuse are at the heart of what we do.
- Secured additional investment for the Sanctuary Scheme (installation of target hardening equipment) in Herefordshire, giving people experiencing domestic abuse the option to stay at home where it is deemed safe to do so.
- Co-located domestic abuse specialists in Early Help and Edge of Care/Home teams at Herefordshire Council to ensure a robust understanding and response to domestic abuse
- Reviewed, updated and secured funding for domestic abuse training for professionals and volunteers across Herefordshire.
- Secured funding to pilot the IRIS programme.
- Developed our relationship with the Police and Crime Commissioner and domestic abuse commissioners across West Mercia to share best practise and maximise service provision.
- Increased our understanding of domestic abuse in Herefordshire through needs assessments.

5. Understanding Domestic Abuse in Herefordshire

A needs assessment of domestic abuse in Herefordshire was carried out in 2024. Below are some of the key findings:



The full **2024 needs assessment** is available on the **Herefordshire Council website**.

6. Lived Experience Engagement

The lived experience advisory network was established in 2023 and since then people with lived experience of domestic abuse have been asked to give the Local Partnership Boards in Herefordshire and Worcestershire feedback about their experiences of the domestic abuse system via surveys, focus groups and working groups.

Five focus groups were held (four face to face and one virtual) specifically to inform the priorities and actions in this strategy. Three with women, one with young people and one with men, all of whom have lived experience of domestic abuse. Below is a summary of some of the feedback received through these sessions and through surveys that have been completed over the last 18 months

'(There is) Still so much stigma and shame attached to domestic abuse.'

'School is safer than home.'

'You worry that no one will believe you and then when you finally find the courage to talk it is used against you.'

'Having to repeat what happened over and over again was hard. I was like I've already told the Police this but I had to tell everyone again. It was exhausting.'

'It is hard to make someone see why you made certain choices when they don't understand what you were going through. They couldn't see that the choices I made were to protect myself and my children.'

'He played the system and manipulated professionals and made me feel more isolated and controlled even though I had left the relationship'

'He has used the TAF process to continue the abuse.'

'They just couldn't see what he was doing and made me feel like I was the problem for not wanting to cooperate with the person making our lives a living hell.'

'I thought it would get better once I left, but it didn't.'

'You are never free of your perpetrator if you have children.'

'The abused always seems to have to flee - there just isn't the available housing stock to house families in an emergency.'

'Coming out of refuge there is no help to move in. The kids had no furniture and we were told to make it fun and camp out on the floor. No help to decorate an empty shell when suffering PTSD, SEN kids, sorting finances, alone with zero support and family court and criminal proceedings.'

'(The) system lacks positive responses.'

'CPS / Social workers need more specialist training to educate them about domestic abuse.'

'Guidance isn't clear / system is not clear. So many pit falls. The end goal is just to be safe!'

'(Need) Better promotion of services and support available.'

'Onus is all on the women to protect themselves'

'Professionals need training to understand what coercive control is.'

'Professionals need to name the behaviours and acknowledge them. Onus is all on the woman.'

'Need to improve signposting and improved co-ordination.'

'When all the people involved on my case started working together that's when it got better.'

'Professionals need to work more closely with each other; I feel invisible.'

'(Need) Support with mental health, promote what people deserve e.g. the chance to rebuild your life.'

'Education and training and understanding (are needed).'

'A single person can save your life.'

7. Priorities and Actions

Priority One
Improve awareness and prevention

- Improve early identification and support for people affected by domestic abuse through the continuation of the IRIS programme which offers specialist training and support for GP practices.
- Cultivate a generation of young people better equipped to recognize and navigate healthy relationships, thereby preventing domestic abuse from an early age.
- Raise awareness through social media, educating the wider community about the signs of domestic abuse and the support available.
- Create a robust network of support, offering expert guidance and intervention through specialist domestic abuse roles.
- Integrate prevention in recommissioning activities to ensure that domestic abuse prevention remains a priority across all services.
- Increase public awareness and utilisation of protective measures such as Claire's Law and Sarah's Law, to save lives.

Priority Two
Improving understanding of domestic abuse and support services

- Build a comprehensive understanding of domestic abuse in Herefordshire, to aid targeted interventions and resource allocation.
- Review and invest in domestic abuse training ensuring that communities, volunteers, and professionals are equipped to recognise and address coercive control effectively.
- Ensure that domestic abuse training is mandatory for all Herefordshire Council social care and housing teams to enhance their ability to support victims and challenge victim-blaming attitudes, ensuring a more empathetic and effective response.
- Actively challenge victim-blaming across services to shift the focus from the victim to the abuser, promoting accountability and support for those experiencing abuse.
- Involve people with lived experience of domestic abuse to empower them and ensure that solutions are tailored to their needs, creating a more effective support system.
- Influencing domestic abuse training for wider professionals e.g. Police and Magistrates will create a more informed and cohesive response across agencies, improving the overall handling of domestic abuse cases.
- Understand the impact of domestic abuse on children to better tailor support to their needs and reduce the harm caused by domestic abuse.
- Gain insight into elder abuse prevalence to help address the specific needs of older victims, ensuring they receive appropriate support and protection.
- Share recommendations from domestic abuse homicide reports with the Domestic Abuse Local Partnership Board to incorporate valuable learning into future practices, enhancing the effectiveness of interventions.
- Investment in the Sanctuary Scheme will provide people with lived experience with safe housing options, allowing survivors to remain in their homes when safe to do so, thereby reducing homelessness and instability.
- Understanding the link between domestic abuse and increased risk of suicide will inform preventive measures, potentially saving lives by addressing the underlying causes and providing timely support to those in need. **Research on intimate partner violence, suicidality and self-harm** showed that past-year suicide attempts were 2 to 3 times more common in victims of intimate partner violence than non-victims.

Priority Three
Improve joint working and coordination across services

- Implementing the recommendations from the Safe Lives Review and actively participating in Family Courts working groups will foster a collaborative environment to address domestic abuse more effectively.
- Working with partners to address the perceived lack of support for low-medium risk clients and reducing waiting lists for commissioned services will ensure timely support for more victims.
- Ensuring consistent attendance and a clear focus on addressing the behaviours of those who harm within Multi Agency Risk Assessment Conferences (MARAC) will improve the response to high-risk cases.
- Foster professional relationships and enhance understanding of the domestic abuse system through the domestic abuse professionals' network.
- Explore systems that involve people experiencing domestic abuse from the start to empower them to be part of the solution, creating more effective outcomes.
- Improve access to safe accommodation with support and move-on options to ensure safety and aid recovery.
- Improve access to long term affordable housing solutions through the promotion and use of the 'special circumstances' clause in section 106 agreements.
- Ensure that families receive the specialist support they need by promote their services across social care teams to increase referrals.

Priority Four
Hold perpetrators to account for their behaviour

- Inform and influence the use and enforcement of protective orders ensuring victims gain increased trust in the legal measures designed to protect them, resulting in greater safety and stability.
- Reduce repeat offenses and increase deterrents against abuse through enhanced training opportunities for professionals to equip them with the skills needed to hold perpetrators to account.
- Collaboration with the Police, Crime Commissioner and people with lived experience of domestic abuse will ensure that perpetrator programmes are effective, offering long-term measurable reductions in risk.
- Increase justice to victims and reduce the prevalence of domestic abuse by working closely with police colleagues to support victim cooperation in legal actions.
- Provide a practical solution to maintaining victims' sense of security and stability by considering housing provision for perpetrators where it is safe to do so.

8. Accountability and Governance

This strategy is designed to be flexible to adapt to changing needs and national guidance.

The Domestic Abuse Local Partnership Board is responsible for the implementation of this strategy. It will oversee its effectiveness, delivery plans and direct funding commitments, monitoring progress and deploy working groups as needed.

The strategy is underpinned by an action plan that will be championed by each partner within the Domestic Abuse Local Partnership Board. The actions set out above will be further developed and will be directly linked to agencies to ensure that they have effective mechanisms in place that contribute to its delivery.

Feedback from people with lived experience will continue to form a vital part of reviewing progress and commissioning of services. We will work to inform and continually improve our provision by listening to the voice of survivors, exploring the experiences of families affected by domestic abuse and evaluating the behaviours of perpetrators who have interacted with our services.

The Domestic Abuse Local Partnership Board will provide quarterly briefings to Herefordshire Community Safety Partnership and provide regular update to the Safeguarding Boards so we can work in partnership to tackle domestic abuse in Herefordshire.

9. Measuring Progress

- A multi-agency domestic abuse dashboard will be further developed allowing tracking of numbers of people accessing services and trends.
- Feedback from the Lived Experience Advisory Network – to ensure we maintain an understanding of people's perceptions, views, and experiences, and use them to inform future service design and delivery.
- Workforce data, for example progress on domestic abuse training.
- Grant and contract monitoring data, that ensures funding assigned to projects and initiatives (in-house or commissioned) is delivering against stated aims and objectives.
- Learning and insight from Domestic Homicide Reviews and other safeguarding reviews where domestic abuse was an aspect of the case.

10. References

The **Womens Aid website** has information and support about domestic abuse.

Appendix 2

DOMESTIC ABUSE IN HEREFORDSHIRE 2024

Final Version

April 2025

Herefordshire Council

CONTENTS

If you need help to understand this document, or would like it in another format or language, please contact us on 01432 261944 or e-mail researchteam@herefordshire.gov.uk

Introduction

This report presents a summary of the findings of a needs assessment completed by Herefordshire Council using data from a range of sources.

The Domestic Abuse Act 2021 introduced the requirement for all Local Authority areas to produce a domestic abuse needs assessment and states that the document is refreshed annually. The legislation also requires that Local Authorities have a Domestic Abuse strategy in place. Combined with ongoing engagement with, and feedback from, people with lived experience of domestic abuse in Herefordshire, these documents bring together data to inform decision making, service planning and strategy development.

While prompted by the Domestic Abuse Act 2021 requirements, this needs assessment is not restricted to safe accommodation support. We sought to build a comprehensive picture of domestic abuse in Herefordshire including need, demand for services, service provision, and feedback from survivors and professionals.

The prevention of domestic abuse and the protection of all victims lies at the heart of the Domestic Abuse Act 2021. The measures within the Act seek to:

- Promote awareness by introducing a statutory definition of domestic abuse and recognising children as victims in their own right.
- Protect and support victims by establishing in law the office of Domestic Abuse Commissioner, introducing new domestic abuse protection notices and domestic abuse protection orders and placing a new duty of local authorities to provide support to victims in refuges and other forms of safe accommodation.
- Hold perpetrators to account by extending the definition of some existing offences and creating a new offence of non-fatal strangulation.
- Transform the justice response by helping victims to give their best evidence in the criminal court through the use of video evidence, screen etc and ensuring that victims of abuse do not suffer further trauma in family court proceedings by being cross-examined by the perpetrator.
- Improve performance – driving consistency and better performance in the response to domestic abuse.

Promoting Safety - Herefordshire's strategy for addressing domestic abuse 2021-24 was published in May 2022. The strategy is supported by an action plan that is driven forward by Herefordshire's Domestic Abuse Local Partnership Board, a multi-agency board established to ensure that a joined-up approach is taken to tackling domestic abuse. A new strategy will be developed using the data from this needs assessment

This report refers to those who have experienced domestic abuse (DA) as "victims" as this is a widely understood term and is used in many of data sources. It is recognised that this terminology can be controversial, and different people may have preferences for other terms. The decision to use the term "victim" is purely for clarity and not an indication that other terms are not valid. Data from the different sources do not necessarily relate to the same victims, although there will be some overlap.

Definition of Domestic Abuse

The Domestic Abuse Act 2021 provides the following definition:

Behaviour of a person ("A") towards another person ("B") is "domestic abuse" if A and B are each aged 16 or over and are personally connected to each other, and the behaviour is abusive. 'Abusive behaviour' is defined as any of the following:

- physical or sexual abuse
- violent or threatening behaviour
- controlling or coercive behaviour
- economic abuse
- psychological, emotional or other abuse

'Personally connected' is defined in the act as parties who:

- are married to each other
- are civil partners of each other
- have agreed to marry one another (whether or not the agreement has been terminated)
- have entered into a civil partnership agreement (whether or not the agreement has been terminated)
- are or have been in an intimate personal relationship with each other
- have, or there has been a time when they each have had, a parental relationship in relation to the same child
- are relatives

Women's Aid provide an alternative definition of domestic abuse:

"Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality."

Estimated prevalence of domestic abuse in Herefordshire

The SafeLives prevalence tool uses data from the Crime Survey England and Wales (CSEW) merged with local population and Multi Agency Risk Assessment Conference (MARAC) data to capture a true understanding of the prevalence of domestic abuse in a local area. The information provided details the estimated number of victims who have experienced DA, not the number of victims who have accessed services.

Please note that the SafeLives data comes with the following caveats: The CSEW dataset used is for the year ending in March 2020. This is due to a period of suspended data collection during the Covid 19 pandemic, resulting in the March 2022 dataset which had much lower response rates and highly suppressed figures affecting the quality of estimates. CSEW data is to be updated with the July 2023 dataset when available. Older (75+) victim prevalence rates are based on a proxy rate from the CSEW for abuse in the past year only for those aged 60-74. This is because there is no CSEW prevalence rate data for the year ending in March 2020 for those aged 75+. It should also be noted that CSEW surveys are completed face to face and within the home on a voluntary basis, which may impact on reporting of domestic abuse. The national sample for CSEW is 28,000.

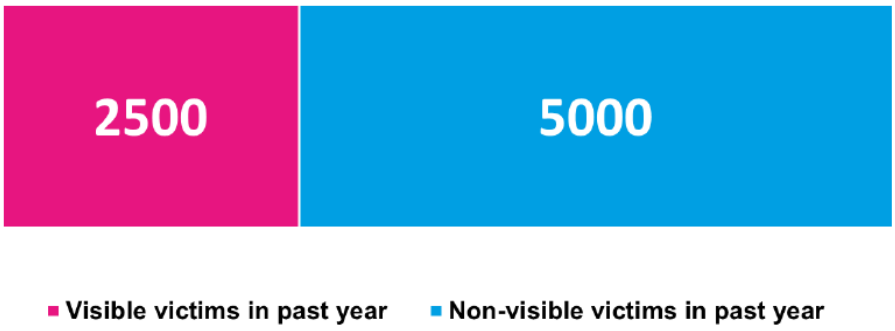
<u>Prevalence of adult victims – since the age of 16</u>

- SafeLives estimate there are 25,000 adult victims in Herefordshire who have experienced domestic abuse at some point in their lives since the age of 16.
- An estimated 15% of these adult victims will have experienced both partner and family abuse.
- Of the total estimated adult victims 19,000 (68%) are estimated to be female.
- Of the total estimated adult victims 9,000 (32%) are estimated to be male.

Prevalence of adult victims – in the past year

- SafeLives estimate there are 8,000 adult victims in Herefordshire who have experienced domestic abuse at some point in the last year.
- They estimate that around 8% of those adult victims will have experienced both partner and family abuse.
- Of the total estimated adult victims in the past year, 5,500 (68%) are estimated to be female.
- Of the total estimated adult victims in the past year, 2,500 (32%) are estimated to be male.

Prevalence of adult victims – in the past year – visible victims



- This infographic shows the estimated number of **visible** adult victims in the local area in the past year. SafeLives estimate that a **third (34%) of female victims** and a **quarter (24%) of male victims** in the past year were visible. This calculation uses a combination of MARAC data to show visible high-risk victims and data from the Crime Survey for England and Wales (CSEW) for visible non-high risk victims as they reported in the CSEW that they had "told other support professional or organisation."

Visible victims = the estimated number of adult victims in the local area who have experienced domestic abuse in the past year and who could be considered as wishing to access services. This is as they reported in the CSEW that they had "told other support professional or organisation". This calculation uses a combination of MARAC data to show visible high-risk victims and CSEW data for visible non-high risk victims.
Non-visible victims = the estimated number of adult victims in the local area who have experienced domestic abuse in the past year and who could be considered as not wishing to access service / not visible to services.
Caveat: MARAC data recording can vary amongst local areas depending on their MARAC processes, for instance some have triaging systems where not all the initial referrals are recorded. These differences will impact on the prevalence estimations for visible high-risk victims.

Prevalence – in the past year – partner abuse (IPV)

- SafeLives estimate that there were 5,500 adult victims in the local area who have experienced partner abuse in the past year.

- SafeLives estimate that there were 4,500 children living in a household with partner abuse in the past year.
- SafeLives estimate that there were 4,500 people using abusive behaviours in their intimate partner relationships in the past year in the local area.
- Of those 20% are estimated to be serial perpetrators of domestic abuse.

Caveat.
Uses estimations of 41% of households with partner abuse having children in with an average of 1.85 children per household – this data comes from the ONS, with details in SafeLives 'A safe fund' report.

Methodology of the Needs Assessment

This report applies the latest intelligence on domestic abuse (DA) in Herefordshire gathered from:

- West Mercia Police
- West Mercia Women's Aid (WMWA)
- Multi Agency Risk Assessment Conference (MARAC)
- Housing Solutions
- Adult Social Care
- Children's Social Care
- Cranstoun
- Health Partners
- West Mercia Probation

All of the above services/departments were asked to provide data on the overall numbers of domestic abuse (for example, requests for support or DA flags recorded). They were also asked to provide demographic and socioeconomic data. Many of the services/departments were unable to provide the level of detail requested and this is discussed in more depth later in this report.

The majority of data utilised within this needs assessment is based upon data collected from April 2022 to March 2023. This is to build upon the data collected in the previous needs assessment which covered April 2021 to March 2022. In order to provide services/departments with sufficient time to collate the data required, we were unable to obtain data in time for this financial year (April 2023 – March 2024). We recognise this is a limitation and intend to address this in the next full needs assessment (due to be completed in 2026/27) which will include the most current and up to date information.

In addition to the quantitative data collected above, this needs assessment includes qualitative data which was gathered from practitioners and people with lived experience of domestic abuse in Herefordshire. This data is incorporated throughout the needs assessment with recommendations provided at the end of each section. Qualitative data was provided via the Lived Experience Advisory Group at WMWA, the SafeLives Review of the DA System in Herefordshire produced in 2023 and through opportunities to feedback via email in relation to this needs assessment.

We would like to express our sincere thanks for the data and feedback provided.

Demographic and Composition Population Features of Victim/ Survivors in Herefordshire

This section aims to answer the following question: **What are the demographics or population features of victim/survivors identified in Herefordshire and accessing services in Herefordshire?**

The following data was requested from all key services/organisations:

Demographic data:
- Age
- Gender identity
- Marital status
- Sexual identity
- Disability
- National identity/Ethnic group

Socio-economic characteristics:
- Household structure
- Occupation
- Household income
- Education

Information on marital status, household structure, occupation, household income and education was not provided.

Age

- Police

  Figure 1 shows that around half of all victims of recorded DA offences were aged 25-44 years, this proportion has been seen each year since 2017/18. The median age of victims was 30. The data shows that despite the majority of DA offences being committed against those aged 25-44, DA offences affect people of all ages in Herefordshire.

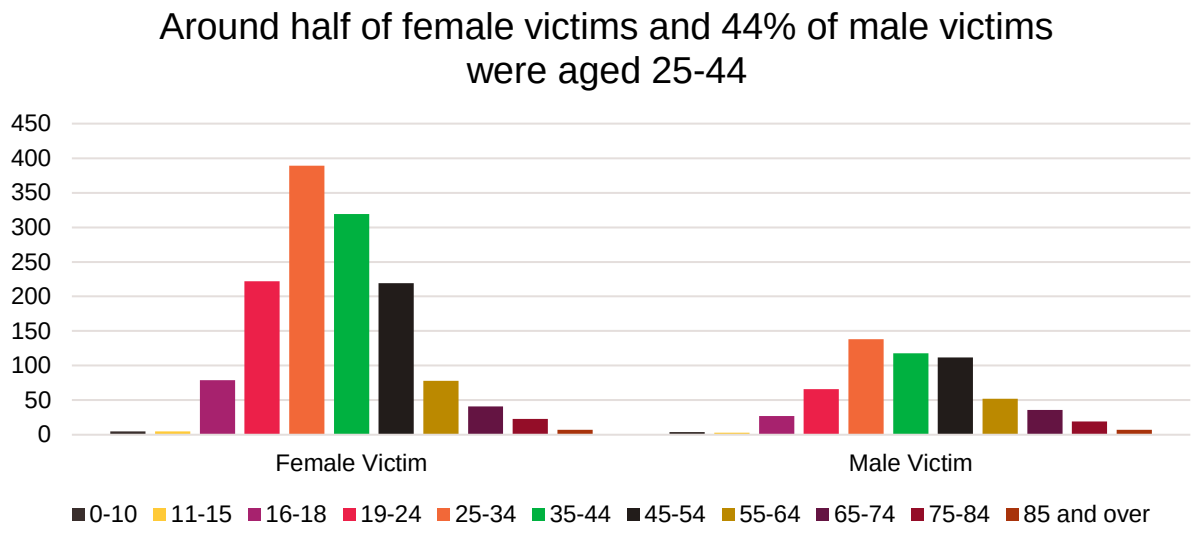


Figure 1. Age profile of victims of DA offences in Herefordshire in 2022/23

- MARAC

  Of the 231 cases discussed at MARAC between April 2022 and March 2023, the majority of victims were aged between 25-34 years (71 cases) and 35-44 years (63 cases), reflecting the data above. There were 4 victims aged 16-18 years and 10 victims over the age of 75 years.

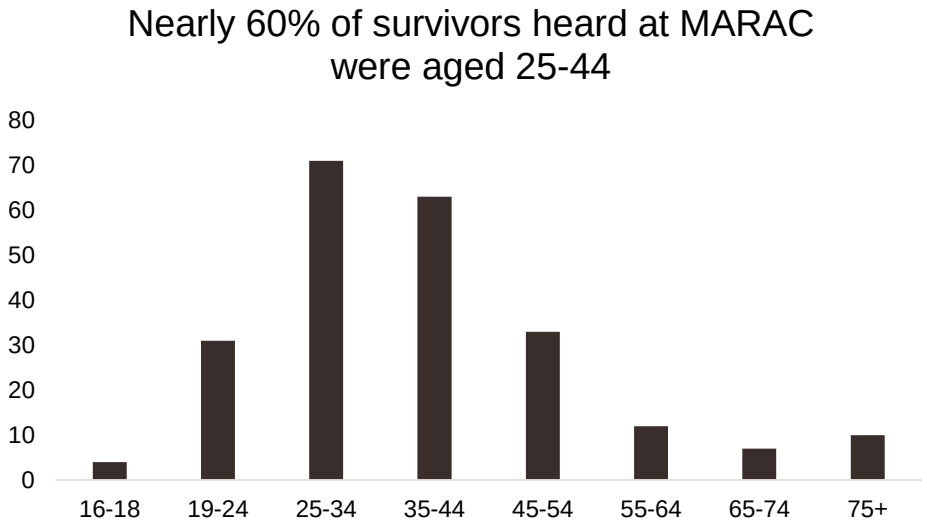


Figure 2. Age profile of victims discussed at MARAC in Herefordshire in 2022/23

- WMWA

  Most service users were aged 26-45 (640, 59%) with the age categories 31-35 and 36-40 both having the largest number of clients (177, 16%). There were only 30 clients aged 61+ (3%) supported in 2022/23.

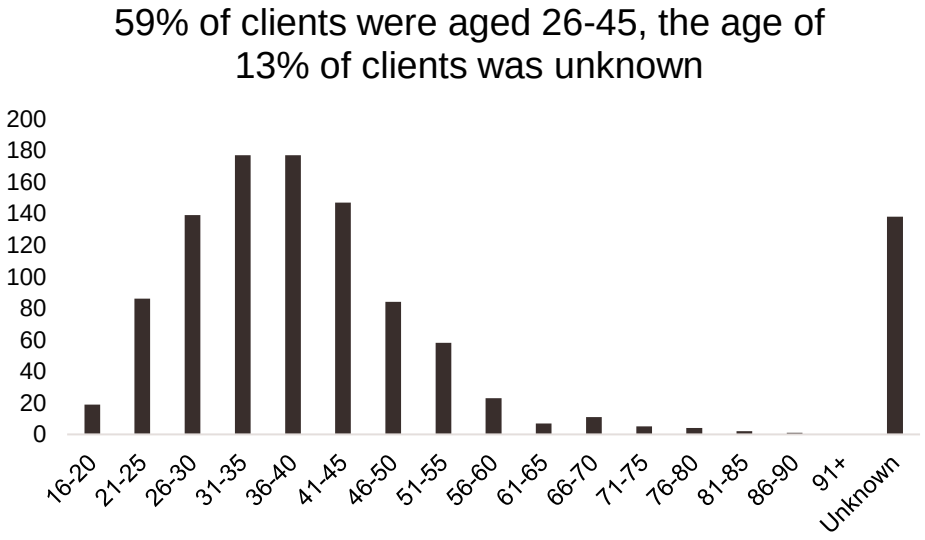


Figure 3. Age profile of clients accessing WMWA services in Herefordshire in 2022/23

- Independent Domestic Abuse Advisor (IDVA) service

  Experts in domestic violence, IDVA's prioritise victim safety in every aspect of their work. They provide vital emotional and practical support to victims and survivors, to reduce the risk posed by the perpetrator[1].

  From April 2018 to March 2023, those aged 25-34 were most likely to be supported by IDVA, accounting for around a third of all cases. However, since April 2021 there has been a noticeable increase in those aged 35-44 being supported. In addition, there has been an increase in the number of older victims being supported by the IDVA service, although numbers still remain much lower than younger age groups; in 2018/19 those aged 65+ accounted for 4% of victims, this had increased to 9% of victims in 2022/23.

[1] Domestic abuse response in the UK - SafeLives

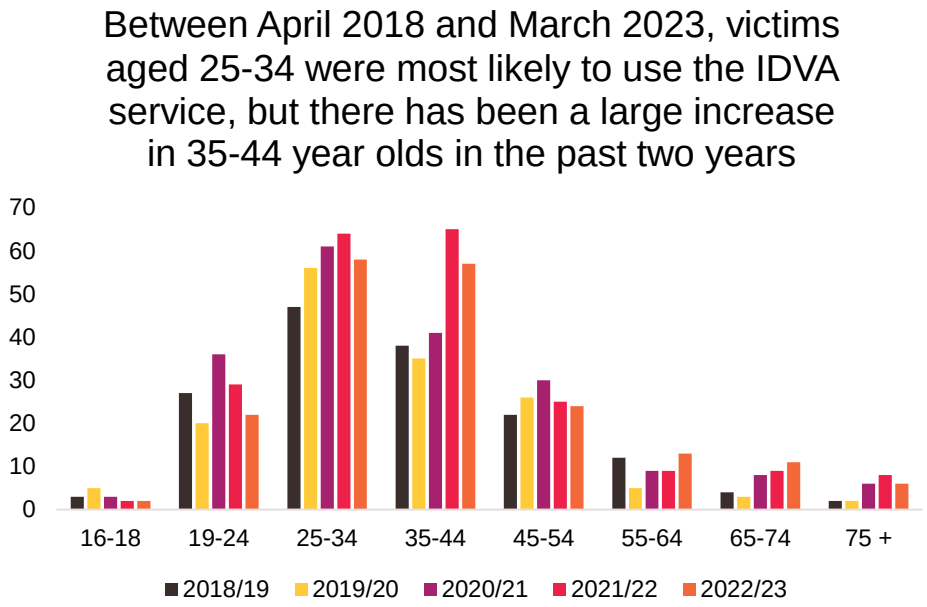


Figure 4. Age profile of clients accessing the IDVA service in Herefordshire, 2018-2023

- Health

  GPs across Herefordshire have been seeing patients across all age ranges where DA has been recorded, however, the majority of people were aged between 25 and 44 years.

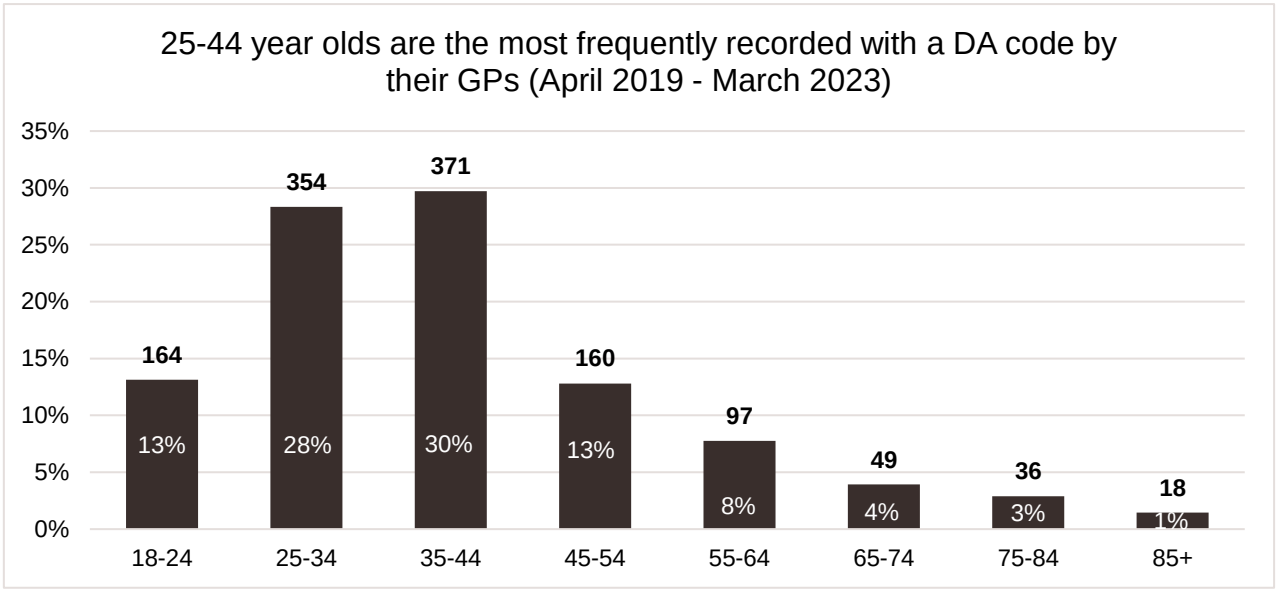


Figure 5. The proportions of DA codes recorded by GPs in Herefordshire by age band, 2019-2023

- Adult Social Care

Most referrals to ASC in 2022/23 where DA is flagged as a factor were for those aged 80-89 for both males and females. However, there are still numerous referrals made for younger adults, with those aged under 40 making up over 25% of referrals. This demographic is markedly different to ASC referrals where DA is not flagged, where those aged under 40 account for only 14% of non-DA referrals.

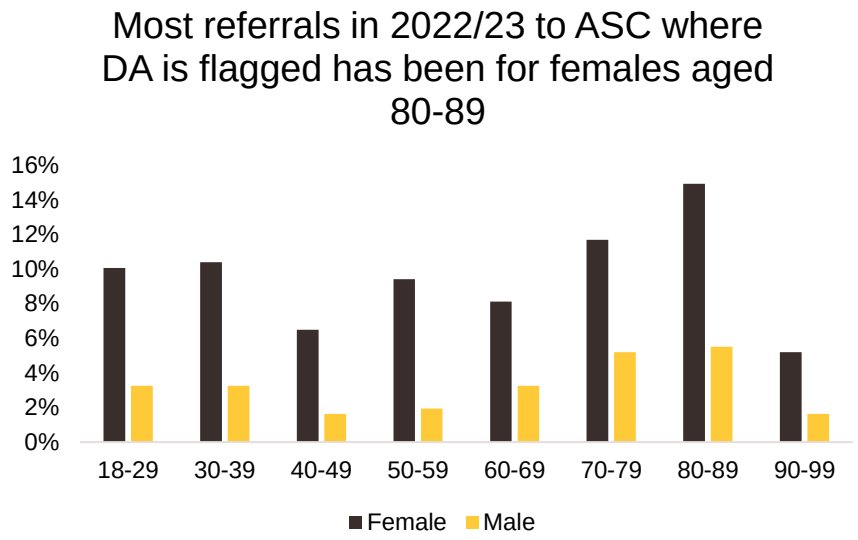


Figure 6. Age profile of ASC referrals where DA is flagged in Herefordshire in 2022/23

- Data on the age range of those accessing Housing Solutions in Herefordshire was requested but not provided.

- The 2023 SafeLives Report estimated prevalence based upon the Crime Survey for England and Wales:
  - SafeLives estimate that there were 1,000 young victims (aged 16-24) of DA in the last year in Herefordshire.
    The CSEW only provides prevalence rates for 16-19 and 20-24 year olds; therefore, an average of these two was calculated for the 18-24 group.
  - SafeLives estimate that there were 1,500 older victims aged 60+ in the last year in Herefordshire.
    Older (75+) victim prevalence rates are based on a proxy rate from the CSEW for abuse in the past year only for those aged 60-74. This is because the CSEW only surveys adults aged 74 and under about their experiences of DA, so there is no prevalence data available for 75+ age group.

Summary:

- The most common age group for victim/survivors of DA in Herefordshire was 25-44 years across all agencies but ASC (Police, MARAC, WMWA, IDVA and Health).
- In contrast, most referrals to ASC in 2022/23 where DA is flagged as a factor were for those aged 80-89 for both males and females.

- Based upon the estimated prevalence figures provided by SafeLives (2023), it is evident that figures for younger and older victims are not represented in the data shared by key services/organisations.

Gender identity

- Police

  Figure 7 shows the number of DA victims in Herefordshire recorded by West Mercia Police by gender. Based on the estimated prevalence in Herefordshire, this only accounts for 30% of expected female victims, and 24% of expected male victims. This supports the fact that DA is often a hidden crime which is under reported.

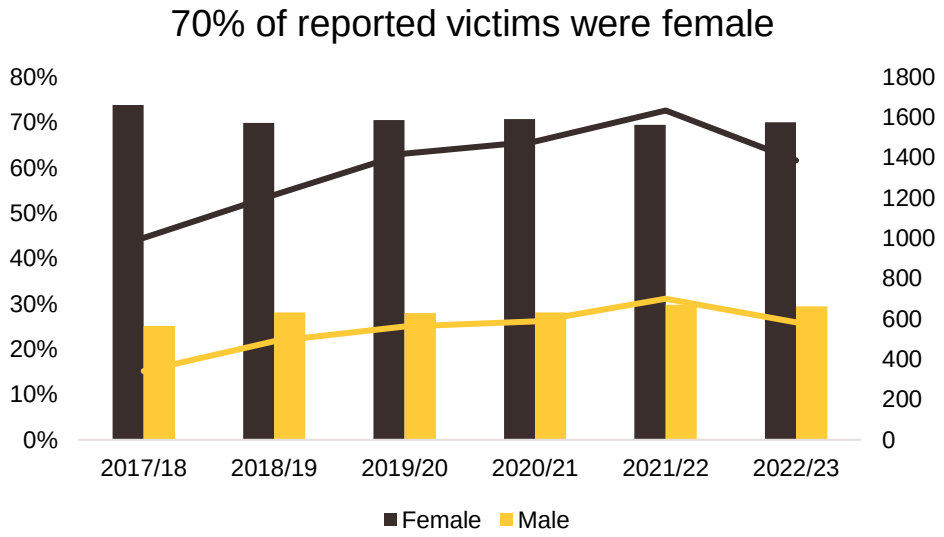


Figure 7. Gender profile of victims of DA offences in Herefordshire in 2022/23

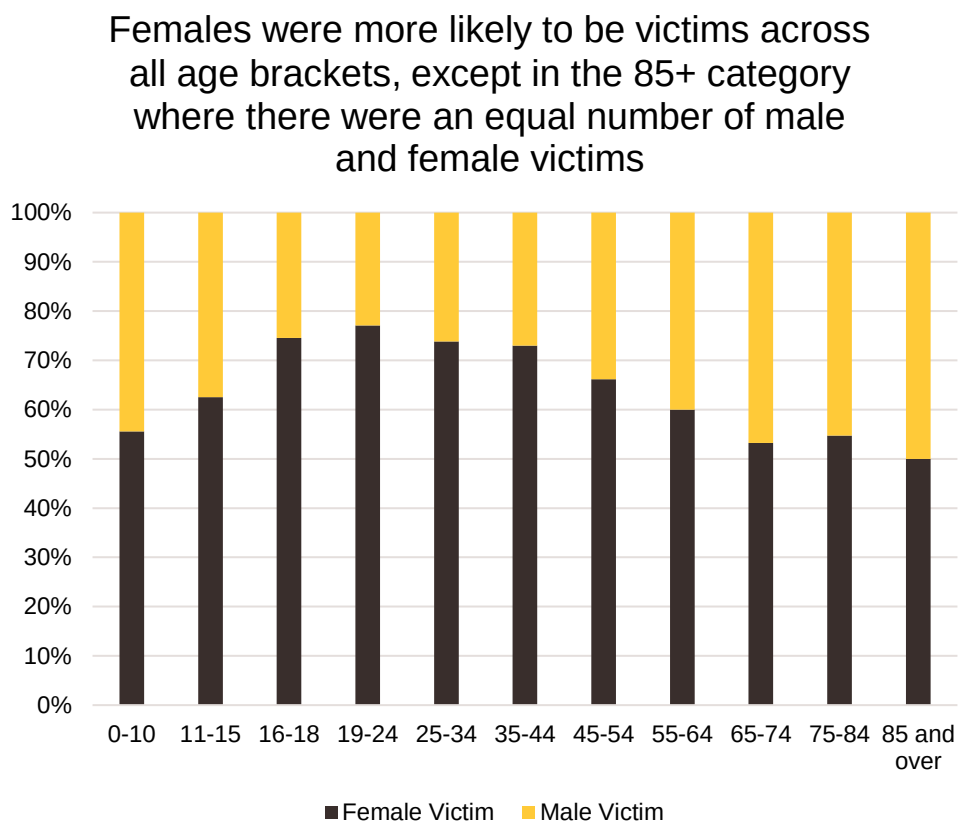


Figure 8. Gender profile of victims of DA offences in Herefordshire in 2022/23

- MARAC

  For the year 2022, there were fewer male victims recorded at Herefordshire MARAC (4.8%) compared with national data (6.2%) but the figure for Herefordshire was higher than that of Most Similar Forces (MSFs) (4.4%) and the West Mercia police force area (3.4%). 95.2% of victims discussed at MARAC in Herefordshire during this time period were female.

- WMWA

  In 2022/23 84% of people who accessed WMWA's support were female, 1% were male and the gender of 15% of clients was unknown (not recorded).

- IDVA

  Females accounted for 97% of all victims supported by the IDVA service between April 2018 and March 2023, with males accounting for the remaining 3% of victims. In this time period, no non-binary victims and fewer than 5 transgender victims have been supported by the IDVA service.

- Health

  The number of DA codes recorded for female patients was higher than for male patients across all age categories. 72% of all codes were recorded for female patients in the last four years.

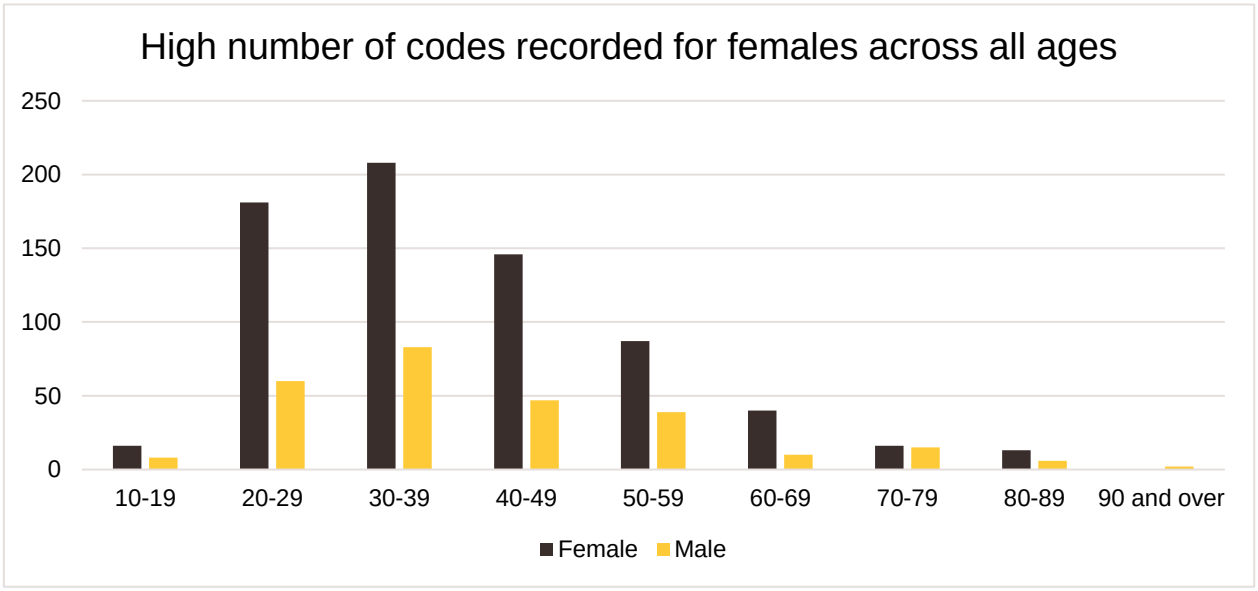


Figure 9. Gender profile of patients with DA codes recorded in Herefordshire, 2019-2023

- Housing Solutions

  As can be seen in Figure 10, there were 163 approaches to housing where DA was recorded in 2022/23. Of these, 163 instances (91%) were from females and 14 (9%) were from males.

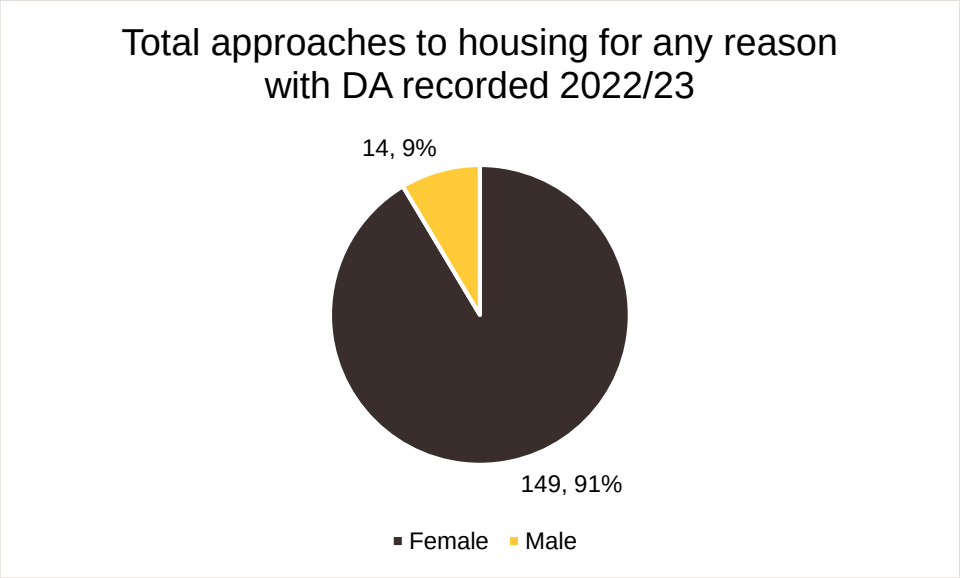


Figure 10. Gender profile of those approaching housing with DA recorded in 2022/23

- Adult Social Care

  Of the 310 people referred to ASC in 2022/23 where DA is flagged, 75% were female which is slightly higher than the previous year but largely in line with the pattern over the previous four years.

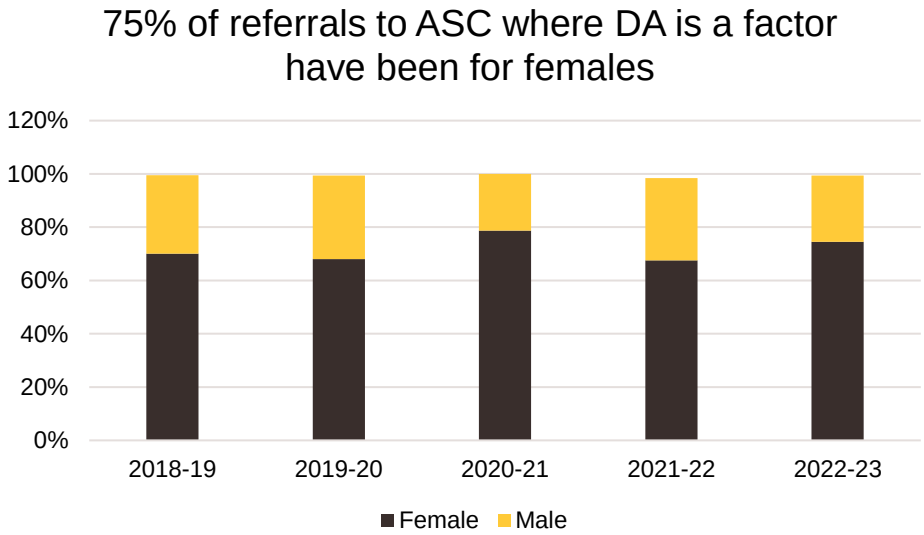


Figure 11. Gender profile of ASC referrals where DA is a factor, 2018-2023

Summary:

- It is evident from the data provided by all agencies that the majority of victim/survivors reporting DA and accessing DA services in Herefordshire are female.

Sexual identity

- Data on sexual identity was not provided by the Police, Health, Housing or Adult Social Care.

- MARAC

  In 2022, just 0.4% of MARAC cases involved a person from an LGBTQ+ group (compared to 1.4% nationally).

- WMWA

  In 2022/23, over 60% of referrals to WMWA were for people who identified as heterosexual, the sexuality of 37% of referrals was unknown, and all other sexualities made up the remaining 2% of referrals.

  681 (63%) people who accessed WMWA's support were heterosexual, the sexuality for 381 (35%) users was unknown and 16 (1%) people were either lesbian, bisexual or gay. WMWA did not support anyone who identified as pansexual in 2022/23.

- IDVA

  Victims who are heterosexual are most represented by IDVA, making up 94% of cases in 2022/23, with lesbian/gay making up 2% of cases, bisexual making up 2% with the final 2% being recorded as other/unknown.

  Since 2018/19 the number of other/unknown has fallen from 14% which indicates there has been better recording of victims' sexuality, this has corresponded in an increase in the number of heterosexual victims being recorded, whereas the number of gay, lesbian and bisexual victims has remained constant across the time period.

- 2023 SafeLives Report estimated prevalence based upon the Crime Survey for England and Wales
  - We estimate that there were 1,500 LGBT+ victims of domestic abuse in the past year. *The prevalence statistic for LGBT+ people is based on the CSEW aggregate.*

<u>Summary:</u>

- It is evident that the vast majority of victims accessing DA services in 2022/23 identified as heterosexual.

Disability

- Data on disability was not provided by the Police, MARAC, Health, Housing or Adult Social Care.

- WMWA

  400 (33%) people who were referred to WMWA were recorded as having a disability in 2022/23. Of those with a disability, 68% was related to mental health, 20% was physical, 8% learning disability, 2% visual disability and 2% was related to hearing.

  322 (30%) people who utilised WMWA services were reported as having a disability. Two thirds of those who were identified as having a disability reported their disability was related to mental health, 24% had a physical disability, 8% had a learning disability, 2% a visual disability and 1% had a disability relating to hearing.

- IDVA

  The number of disabled victims being supported by the IDVA service has increased over the period April 2018 to March 2023, with over 50% of victims being supported by IDVA service in 2022/23 recorded as having a disability compared to 30% in 2018/19. The data does not break down the types of disabilities so it is unclear what additional needs IDVA clients may be experiencing or how they can be best supported.

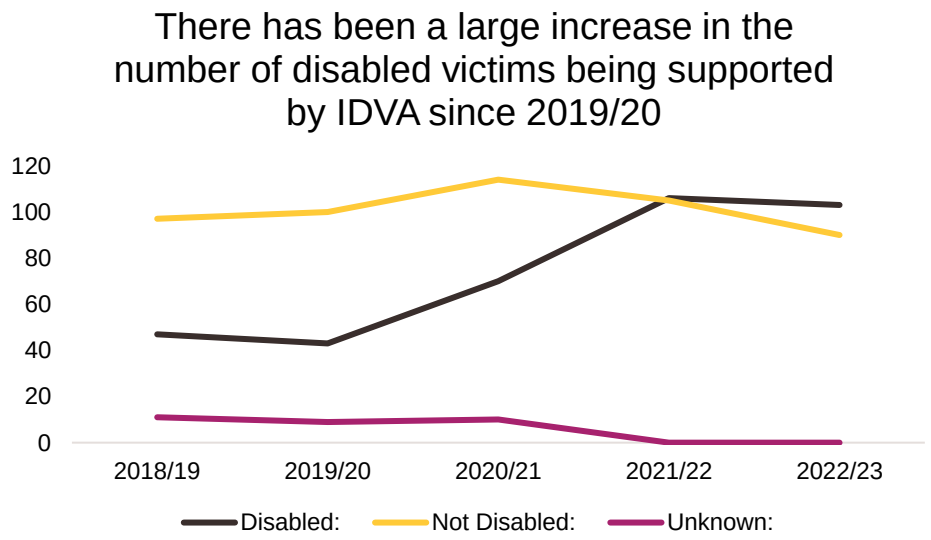


Figure 12. Disability profile of clients receiving IDVA support, 2018-2023

- 2023 SafeLives Report estimated prevalence based upon the Crime Survey for England and Wales
  - SafeLives estimate that there were 1,500 Disabled victims of domestic abuse in Herefordshire in the past year.

Summary:

- Disability data was only provided by WMWA services making comparisons difficult. However, the numbers reported (particularly from the IDVA service) show that a significant number of victim/survivors accessing support within Herefordshire have a disability.

National identity/Ethnic group

- Police

  Between April 2022 to March 2023, 96% of DA victims for whom an ethnic appearance was recorded by West Mercia Police were determined as being White – North European. This is an unusual way of recording ethnicity as it relies on officers determining a victim's ethnic appearance, and White – North European would encompass those who are White-British, who make up the majority of Herefordshire's population, but could also include other White minority groups. There are also a large number of victims who have no ethnic appearance recorded, so this data is very limited and makes it difficult to draw any conclusions.

  For 2022/23 the data also records the individual's self-defined ethnicity; where ethnicity was stated, 92% of victims identified as White British, this is similar to the proportion of White-British people within Herefordshire as a whole which is 91%. The only other ethnic group which accounted for more than 1% of victims, was Any Other White Background, which 5% of victims identified as, which is reflective of the proportion seen in the general population in Herefordshire.

- MARAC

  In 2022, 10% (33) of victims discussed at MARAC were from an ethnic minority group (compared to 16% nationally). When compared to the ethnicity makeup of the county (3.1% ethnic group other than White), this is a higher representation.

- WMWA

  The majority of referrals were for people with a White British ethnicity (71%), although this is still lower than the proportion of White British people in the county as a whole (91%). The ethnicity of 19% of referrals was unknown, 2% of referrals were for people who were Eastern European (this is not an ethnicity recorded in the Census so cannot be compared to overall population in the county) and 2% for those with a Black African ethnicity (higher than the Black African population as a whole in Herefordshire which is 0.2%). No other ethnicity made up over 1% of referrals.

  71% of adults who utilised WMWA support were White British and the ethnicity of 19% of clients was reported as unknown. People who were Eastern European and Black African each made up 2% of clients, no other ethnicity made up more than 1% of adults utilising WMWA's support.

- IDVA

Between April 2018 and March 2023, over 90% of those supported by the IDVA service were recorded as being white. However, the data does not breakdown ethnicity beyond these broad categories, so it is unclear whether these victims were all white British or whether other white ethnicities were being represented.

- Data on the gender profile of those accessing Housing Solutions in Herefordshire was requested but not provided.

- Adult Social Care

  In 2022/23, where the ethnicity was recorded, all but 2 of the people referred to ASC where DA was a factor were recorded as white. The data does not breakdown ethnicity further, so it is not possible to determine how many of these people are “White: British” or how many are “White: Other”, which is the largest ethnic minority group in Herefordshire. In addition, 12% of people referred did not have their ethnicity recorded, so it is difficult to fully understand the ethnic demographics of people who are referred to ASC where DA is flagged.

- 2023 SafeLives Report estimated prevalence based upon the Crime Survey for England and Wales
  - We estimate that there were 100 Black, Asian and racially minoritised victims who have experienced domestic abuse in the past year.
    The CSEW does not accurately reflect the impact of domestic abuse on Black Asian and racially minoritised people, thus, we multiply the number of victims with the Black Asian and racially minoritised proportion of the area including the following: 'Asian, Asian British or Asian Welsh', 'Black, Black British, Black Welsh, Caribbean or African', 'Mixed or Multiple ethnic groups', 'White: Gypsy or Irish Traveller', 'White: Roma', and 'Other ethnic group' (data obtained from the ONS census 2021).

Summary:

- The large majority of victim/survivors reporting DA and accessing services in Herefordshire were recorded as white. This reflects the general population in Herefordshire, however, there are some issues related to all white ethnicities being recorded under one umbrella (i.e., white British and white other).

Perpetrator demographics

- Police

  In 2022/23, 74% of suspects were male, 25% were female and 1% were recorded as unknown.

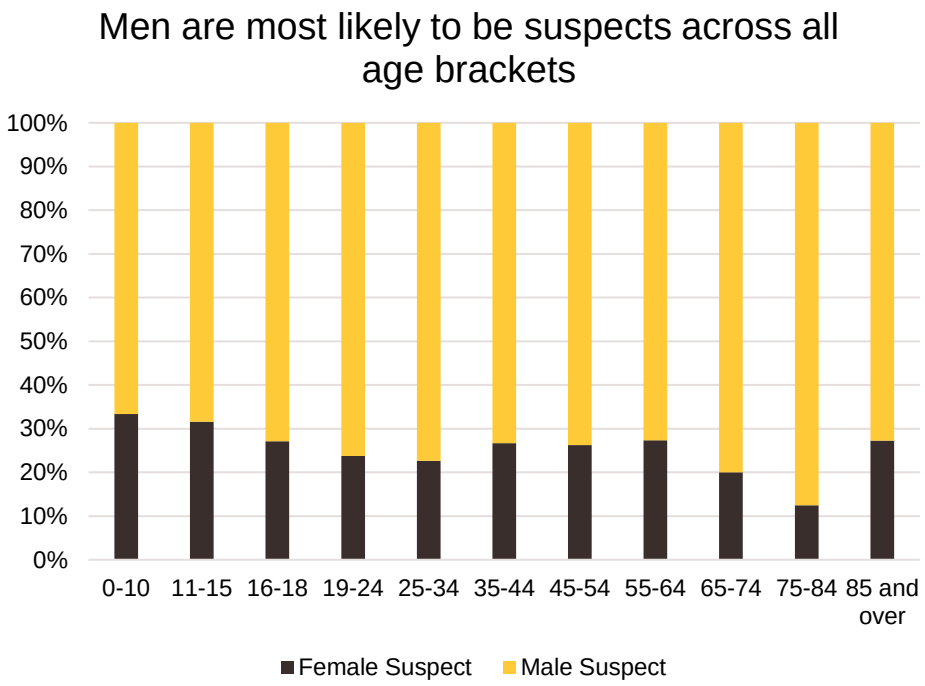


Figure 13. Gender profile of suspects of DA offences in Herefordshire in 2022/23

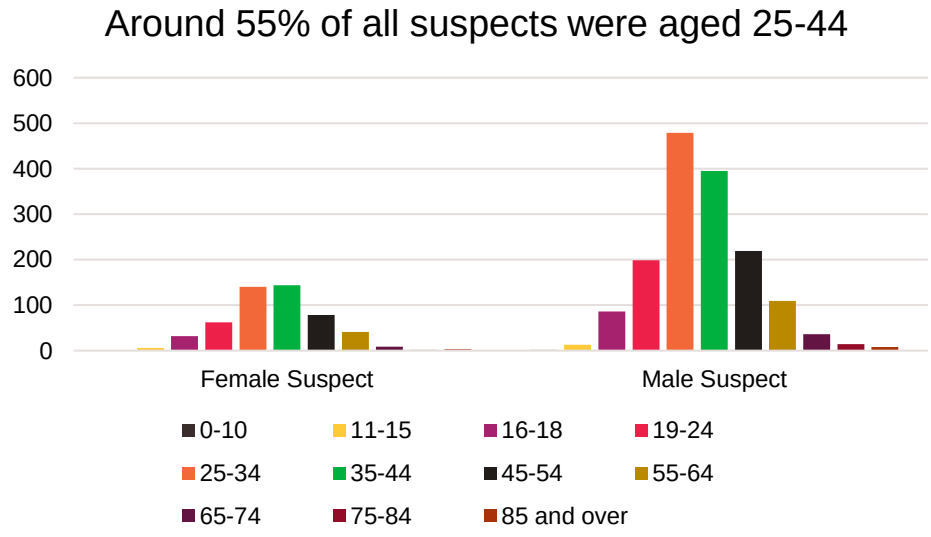


Figure 14. Age profile of suspects of DA offences in Herefordshire in 2022/23

Relationship type demographics

- Adult Social Care

For 82% of people referred to ASC where DA was flagged (and the source of risk was recorded) the source of risk was identified as either a family member or a partner. In total, 40% of people that were referred identified a partner as the source of risk and 42% cited a family member as the source of risk, however the source of risk varies across the age groups.

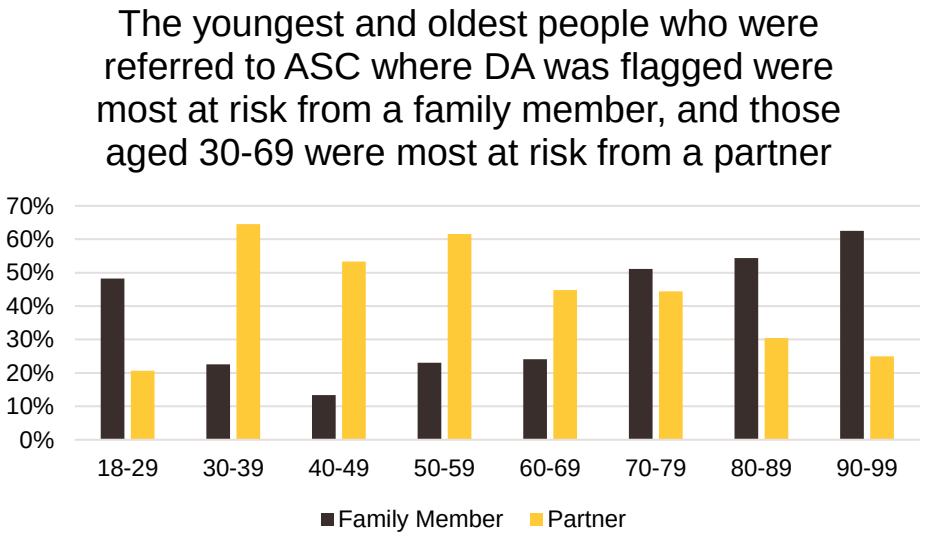


Figure 15. Age profile and relationship type for ASC referrals with a DA flag in Herefordshire in 2022/23

CSEW suggests that partner abuse is around twice as prevalent as familial abuse, which does not match this data. This might suggest that familial abuse is disproportionately prevalent in those who have care and support needs. However, this is the only data set that separates out partner abuse to familial abuse, so it is not known whether this pattern is seen across Herefordshire or is specific to those with care and support needs.

Limitations

- During this process it became apparent that services'/agencies do not currently gather the breadth of data required for this needs assessment (this has also been found by many local authorities nationally).
- Only the IDVA service were able to provide data on victims' marital status and no agency/service was able to provide data on socio-economic characteristics. The IDVA service stated that data on the victim's employment status is recorded, but in 79% of cases the status is recorded as unknown so it is not possible to accurately consider this data.
- There is a lack of data regarding the type of relationship recorded between victim and perpetrator (i.e. intimate relationships, familial relationships), only ASC provided this data.
- Agencies/services use a range of categories when collating their data making direct comparisons difficult (for example, age categories).

Recommendations

- Significant improvements are required with regards to data collection across several services. This includes both demographic and socioeconomic factors. The data collection template developed for DA needs assessments should continue to be utilised moving forward, to guide the development of enhanced data collection across Herefordshire. More accurate data recording is required in the future to provide more meaningful insights.
- The collection and consideration of equalities data and information, to routinely identify and respond to need on a consistent basis, is particularly important in enabling us to improve our response to DA victim/survivors with complex needs and/or multiple disadvantage/ intersectionality (particularly LGBTQ, people from ethnic minority backgrounds and Disability).
- The number of people with protected characteristics accessing services is lower than CSEW data suggests it should be. As such, steps need to be taken to identify, understand and address the barriers faced by victim/survivors with protected characteristics within Herefordshire. This could include undertaking work with survivors who have lived experience to understand the issues and barriers they may be experiencing and implement a plan of action to address these. For example, is there a lack of knowledge around the services that are available and/or are there issues relating to the accessibility of these services?
- An increased focus on capturing the demographic composition features of perpetrators of DA in the future. This could then be used to inform and target prevention efforts.
- Additional data needs to be gathered around the issue of domestic abuse in older people to enable a better understanding of this issue and what support is required. A multi-agency approach is required to improve data collection on domestic abuse in older people within Herefordshire. All relevant partner agencies need to collect accurate records to identify where domestic abuse among older people has occurred (i.e., West Mercia Police, WMWA and, importantly, within health and social care settings).
- Further exploration on the variance in data on age is also needed – for example, comparisons between the ASC data and the police/WMWA data which varies for older victim/survivors.
  There are concerns that DA perpetrated against older victims is not always recognised as DA, but instead classified as “Elder Abuse”, which then means that victims are not receiving specialist DA support. This is an area that requires further exploration, including an appraisal of the needs to determine which services would be best placed to provide the kind of support that will meet those needs.
  Herefordshire has an older population profile compared to England and Wales averages, so we could reasonably expect to see higher levels of DA amongst the elderly, which is not the case.

Children and Young People

Children Social Care

Children's Social Care (CSC) have provided data where DA is recorded as a primary issue.

Table 1 shows how many contacts, assessments and plans were recorded with DA as the primary issue in 2022/23. Unfortunately this data does not include the total number of contacts/assessments/plans so it is not possible to establish the proportion of contacts where DA is the primary issue. The data also does not include cases where DA is an issue but not the primary issue, so there may be more cases where DA is present but is not included in this table.

As data was not provided in 2021/22, it is not possible to consider any trends to see if the number of cases with DA has changed over time.

Table 1. DA recorded as primary issue in CSC in 2022/23

Total contacts to Front Door with DA recorded as primary issue	449
Total initial assessments with DA recorded as primary issue	193
Total child protection plans with DA as primary issue	34
Total Children in Need plans with DA as primary issue	72
Total Early Help involvement with DA as primary issue	43

Referrals to CSC can come from a number of sources, but as can be seen in Figure 16, the number of referrals are not equal amongst sources, with 69% of referrals in 2022/23 coming from the police, with primary health and schools being the second and third most common referral agencies.

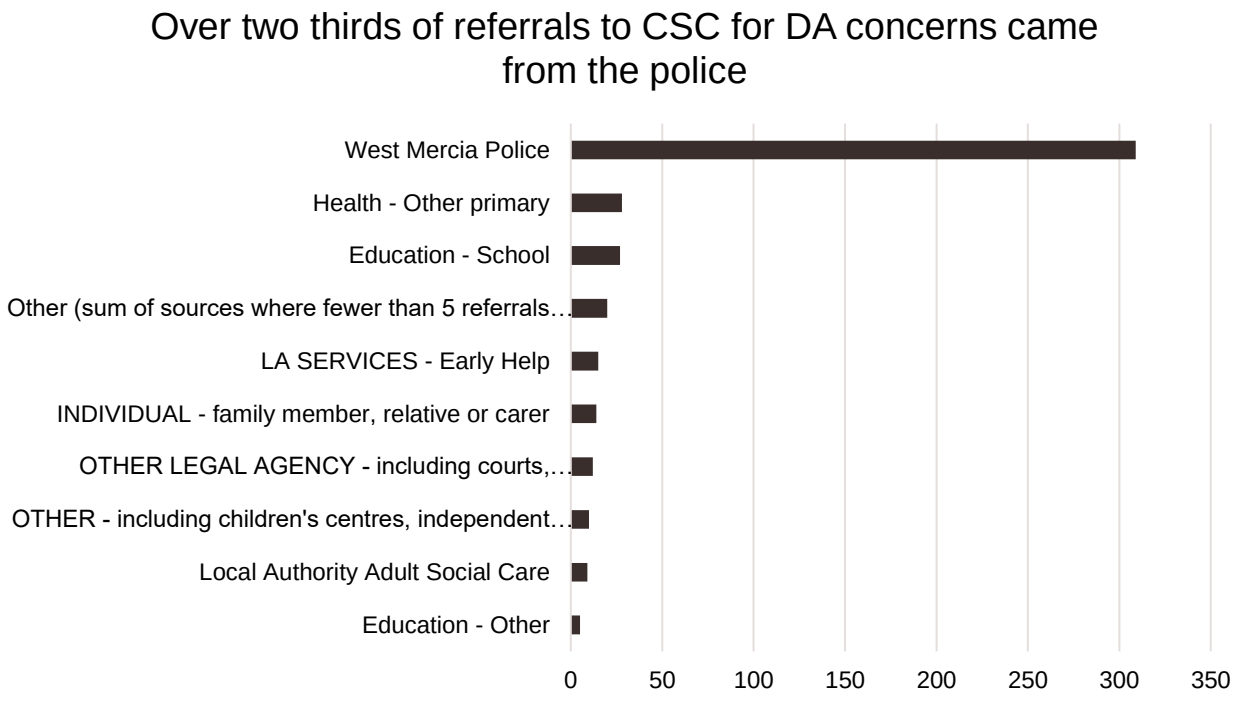


Figure 16. Source of referrals to CSC in 2022/23 for DA concerns

WMWA Children and Young People Services

WMWA provides support to children and young people who have been affected by domestic abuse. Their work has a strong focus on self-esteem, self-care and on understanding healthy relationships. This includes support for young people who are themselves experiencing abuse in their teen relationships.

WMWA have the following services available across Herefordshire which are run through their WMWA Children and Young People Services (CYP) team:

Helping Hands is for children aged 7-12. The group will help to increase children's understanding of feeling safe and to explore and promote behaviours which will contribute to a safe environment.

The Children and Young People Recovery Toolkit is an evidenced based 8-week programme for any young person that has witnessed or experienced domestic abuse and are able to take part in a group. Children & Young People must not be living with domestic abuse any more to be able to safely attend. The aim of the group is to help children and young people cope and recover from the trauma that domestic abuse can cause. It is integrated in its approach using a combination of trauma – informed resilience focused work, specific trauma focused cognitive behavioural therapy and person–centred therapeutic principles.

CRUSH is a structured group for young people that are affected by ANY form of domestic abuse whether it is witnessed, experienced or perpetrated and is suitable for both young men and young women.

The Young Person's Independent Domestic Violence Advisors (YPIDVAs) provide support to individual young people – aged 13-19 – who are currently experiencing domestic or teenage relationship abuse and who are considered high risk. The YPIDVA will work alongside the young person and other professionals to create an individual safety and support plan, bringing a specialist understanding of the impact experiencing abuse can have on young people. WMWA's YPIDVA's can also provide advice and resources to professionals working with young people who are impacted by domestic abuse, and can support an identified lead professional to complete domestic abuse/healthy relationships work with a young person if this better suits the needs of the individual.

Bespoke support is available to children whose needs would be better met via support from a worker that they already have a relationship with; WMWAs Children & Young People's team can support professionals to complete work directly. This could include safety planning, feelings and self-esteem work and healthy relationships.

Referrals:

- 185 referrals to WMWA for children and young people were made in 2022/23, of these 121 referrals were recorded as refused. The most common reasons for refusal were: needs met elsewhere – referred to another service within WMWA (30%), other (16%), needs met elsewhere – referred to partner agency (13%) and unable to contact client (13%).
- Nearly half of referrals for children and young people were internal (44%), large proportions of referrals also came from Early Help (23%) and Children's Services (15%) with smaller numbers coming from other sources such as education and employment (8%), self-referral (3%) and health services (3%).
- Those aged 6-10 made up the majority of referrals (43%), followed by 0-5 (33%), 11-15 (22%), and 16-20 (2%). There is an overlap between adult services and CYP service for the older cohort as some 16-20 year olds were supported by adult services.
- 65% of referrals were for CYP who are White British, the ethnicity of 27% of referrals was unknown and no other ethnicity accounted for more than 2% of referrals.
- There was an equal split of referrals by gender with males and females both making up 39% of referrals, the gender of the remaining 22% of referrals was unknown.
- Of the 185 referrals, 28 (15%) recorded a disability. Of this number 57% had mental health issues, 25% had a learning disability and 18% had a physical disability.

Profile of CYP receiving support:

- WMWA supported 96 CYP in 2022/23.

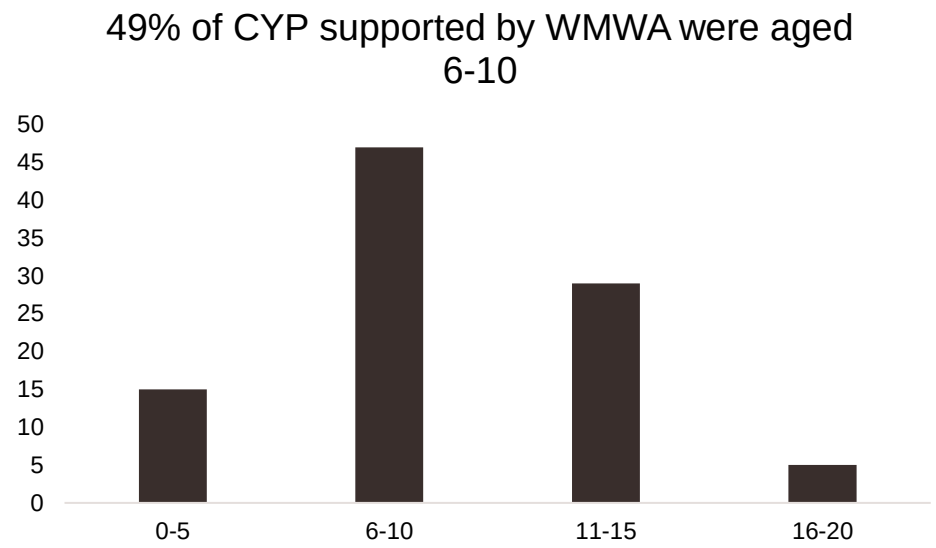


Figure 17. Age profile of CYP supported by WMWA in 2022/23

- Nearly half of the children supported were aged 6-10, 30% were aged 11-15, 16% were 0-5 and 5% were aged 16-20. There were also 16-20 year olds supported by WMWA via their adult services.
- Two thirds of CYP supported by WMWA were White British and the ethnicity of 22% was unknown. No other ethnicity had 5 or more CYP clients.
- 14 (15%) of the CYP supported were recorded as having a disability, with mental health recorded as the most common disability.

IDVA

- Nearly two-thirds of victims supported by IDVA between April 2018 and March 2023 had children in the household; 51% of cases refer to a single adult with children, 13% of cases having more than one adult and children in the household and 36% are for adult(s) with no children.

Refuge:

- Over three quarters of the people accessing refuge were either pregnant (12%) or had children in the household (65%).

Recommendations:

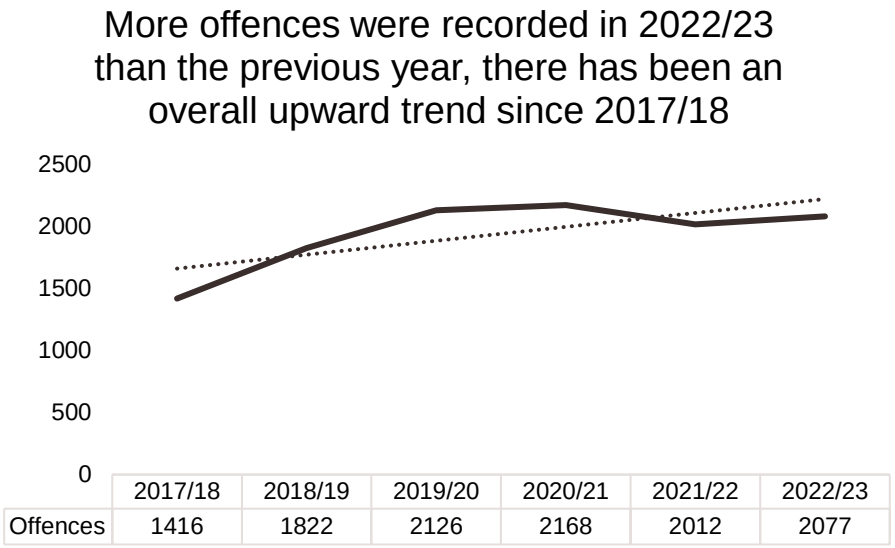
- Only 15% of 185 referrals to WMWA CYP services came from Children's Social Care. Further exploration of what steps can be taken to increase these numbers should be undertaken.
- It would also be beneficial to establish how many of the CSC cases with DA recorded as a primary issue resulted in referrals to WMWA CYP services and how many were supported in house.

Domestic Abuse – Incidents and Homicides

West Mercia Police Data

The following data was provided by West Mercia Police in April 2024 and covers offences recorded in Herefordshire that had a DA “flag”. Since April 2015, crimes should be “flagged” as being domestic abuse-related by the police if the offence meets the government definition of domestic violence and abuse.

Figure 18 shows that there has been an increase in the number of recorded DA offences in Herefordshire in 2022/23 compared to the previous year, and although offences are lower than they were in 2019/20 and 2020/21, there has been an upward trend since 2017/18. This may be due to an actual increase in DA offending, but the figures could also be affected by other factors such as better recording and recognition of DA within the police or an increase in the reporting of crime. However, the levels are far below the CSEW and SafeLives estimates for Herefordshire.



	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Offences	1416	1822	2126	2168	2012	2077

Figure 18. Number of DA offences recorded by West Mercia Police by year in Herefordshire

Of the 2077 offences recorded in 2022/23, 1907 were recorded with an outcome. Of these, over half resulted in the victim not supporting (or withdrawing support of) police action (57%). The proportion of offences resulting in victims not supporting police action is the lowest it has been since 2017/18, which is a welcome development. However, the number of charge/summons remains low, despite a small increase being seen since 2021/22.

Figure 19 shows the 4 most common outcomes for DA offences. It is not clear from the data why the majority of victims are not supporting police action, but it is clearly not unusual for victims to

do so. Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services suggested that police forces need to undertake further work in order to understand the circumstances in which victims do not support police action and what additional steps can be taken to address this. In order to support a prosecution, police and prosecutors should consider pursuing evidence led prosecutions wherever possible. This is the case in Herefordshire where officers are advised to consider evidence led investigations on all DA cases where the victim is not supportive (taking into account the other evidence available). Officers have access to a toolkit on the WMP intranet and the college of policing provide advice and investigation strategies.

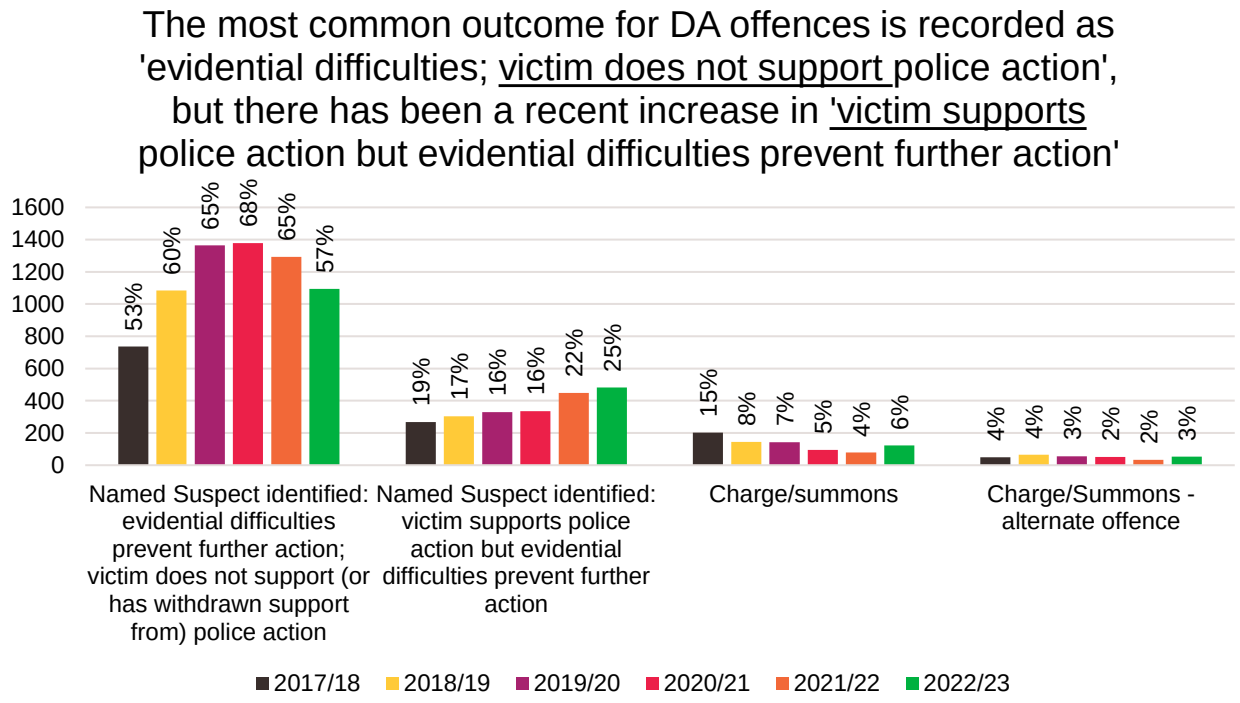


Figure 19. Top most common outcomes of offences recorded by West Mercia Police in Herefordshire

Domestic abuse offences by area

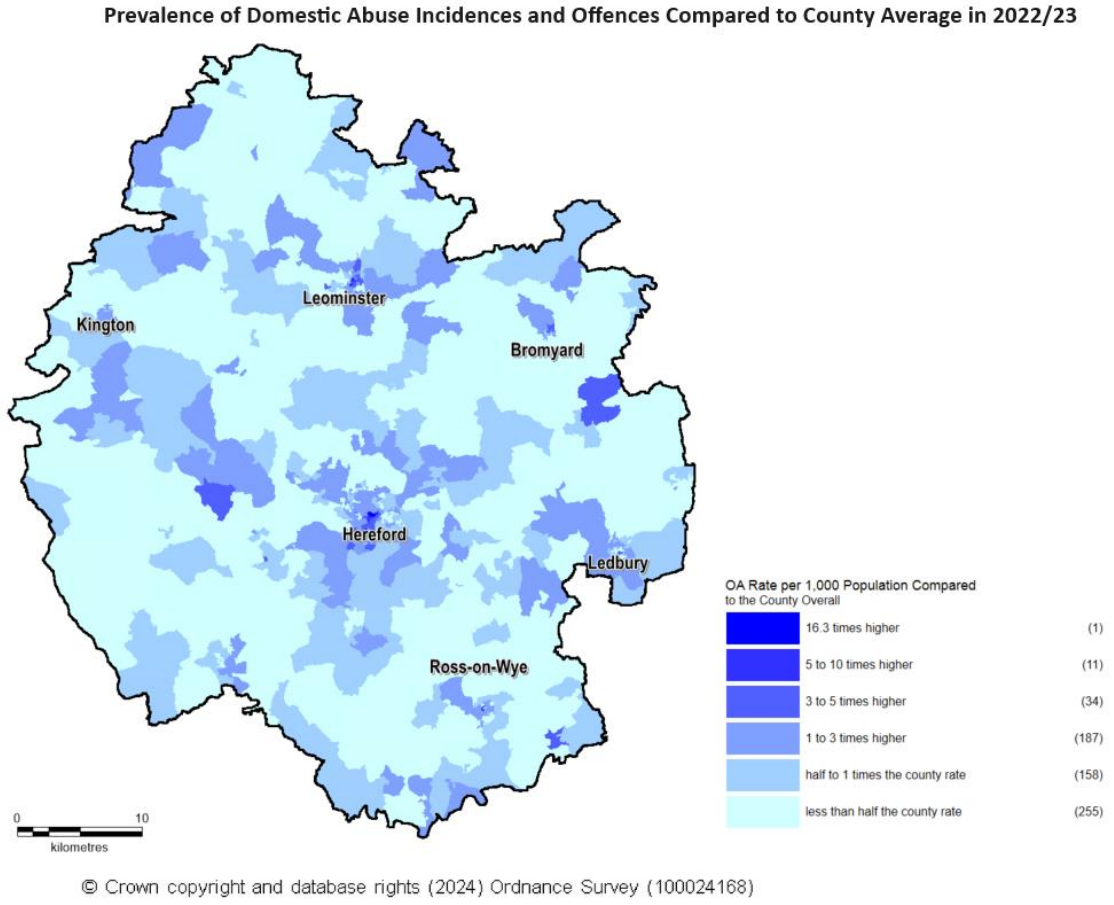


Figure 20. Map showing levels of police reported DA incidents/offences around Herefordshire compared with the county as a whole.

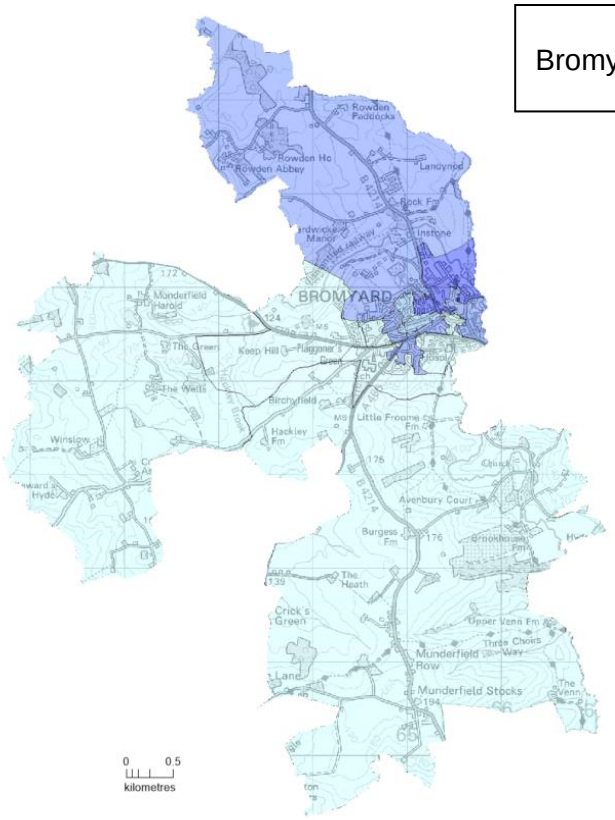
Levels are defined by the proportion of addresses within an Output Area (OAs) where a police reported incident or offence has been committed, between April 2022 and March 2023.

Over half (51%) of OAs with levels that are twice or more than the average for Herefordshire are located in Hereford city; followed by around 16% in Leominster, 8% in Ledbury, 6% in Ross-on-Wye and 5% in Kington. The remaining 13% are dotted randomly around the county. Of particular note, there has been a significant increase in the number of incidences and offences recorded in Leominster compared to last year (9% to 16%).

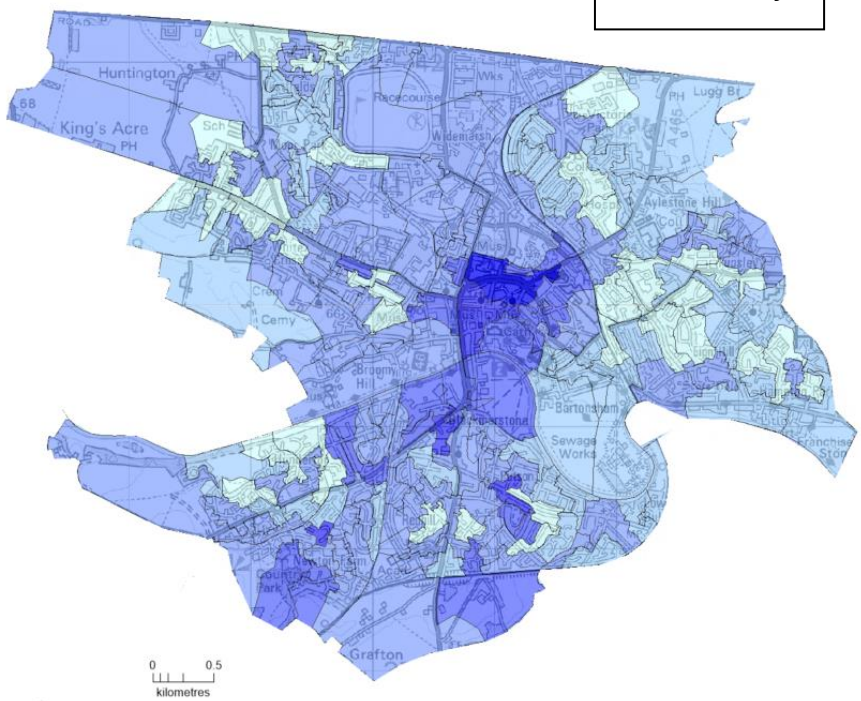
The highest level was recorded in Hereford City Centre, which had rates over 16 times the county average (the only area with rates above 10 times the county average). This area largely consists of commercial properties, including shops, pubs, restaurants and the railway station. Offences and incidences are recorded at the location of where the incidence/offence takes place rather than the home address of the victim or suspect, so this may suggest that a number the incidences/offences are occurring not in the home, but instead when out. Other areas with notably high rates (above 5x county rate) include the John Kyrle area of Ross-on-Wye, areas of South Leominster and areas of South Hereford.

The below figures show a map of hotspots of DA incidences and offences prevalence vs county average.

Bromyard

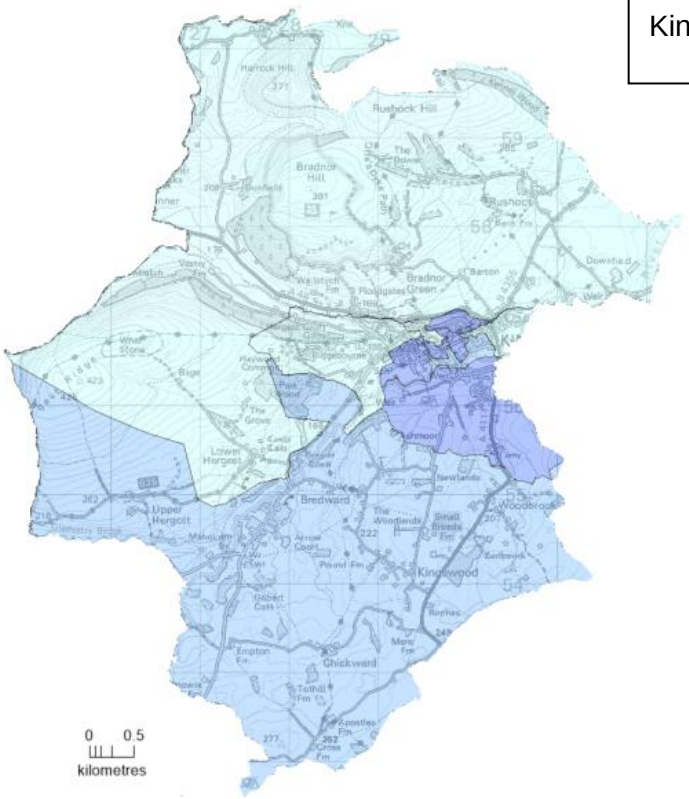


Hereford City

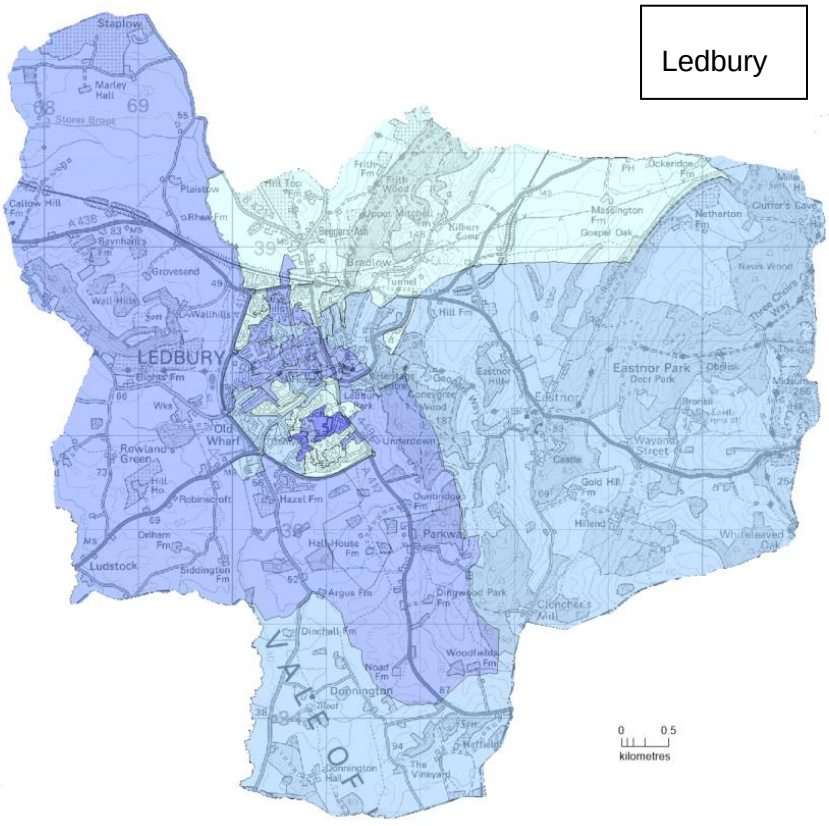


elligence Unit

Kington



Ledbury



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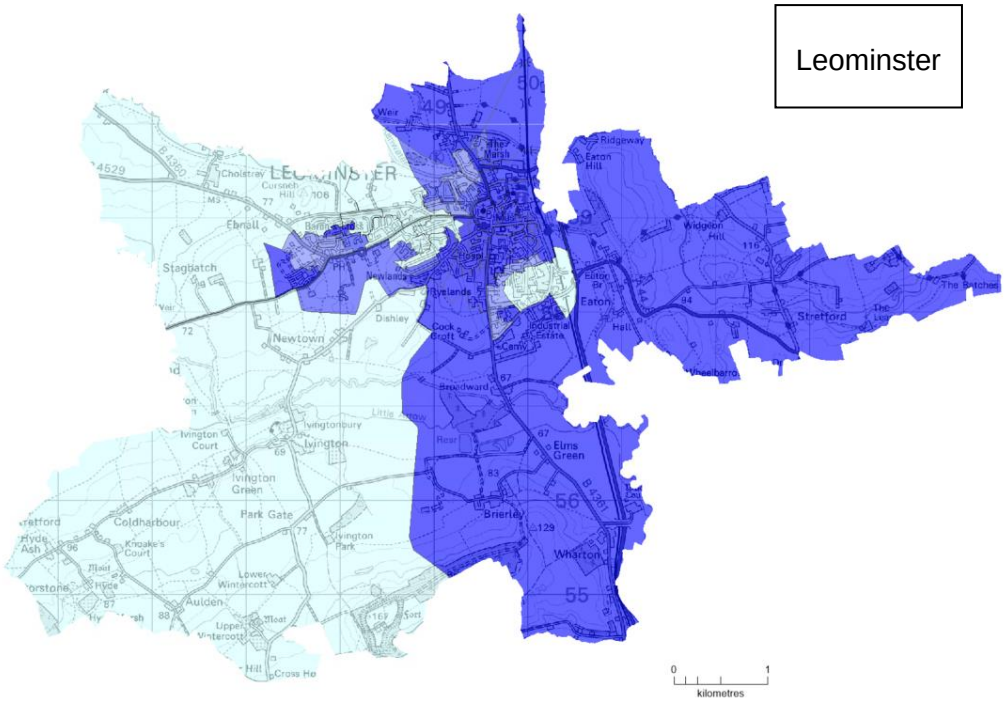
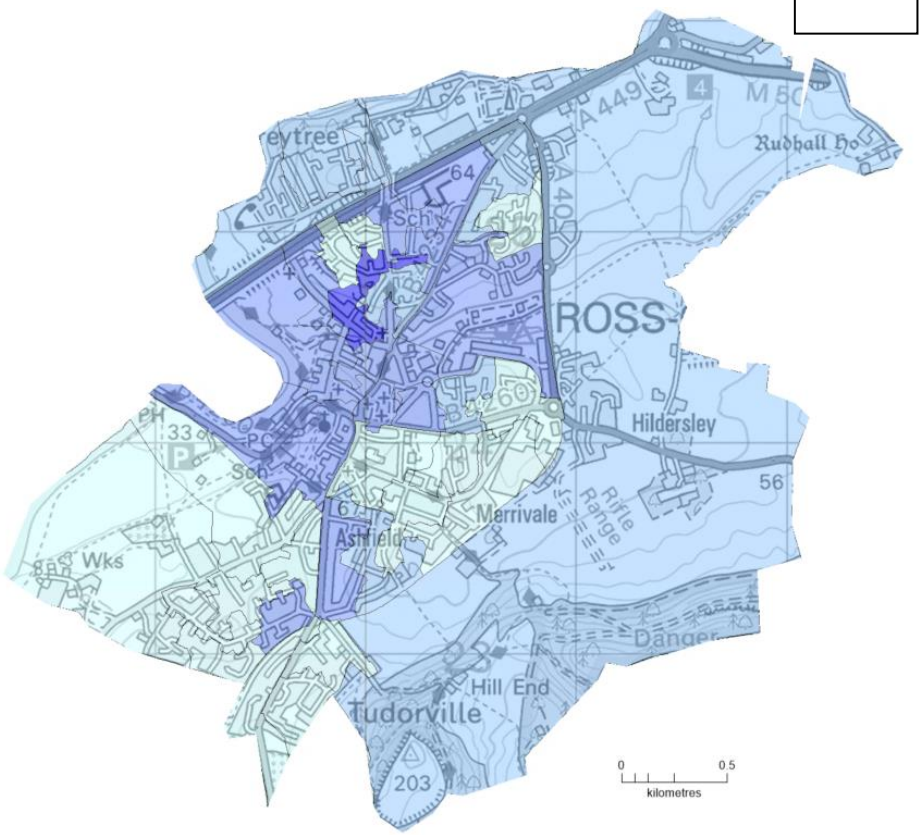
Leominster



Ross



There appears to also be a link between DA offences and deprivation, with over 40% of all DA offences and incidents being recorded in the most deprived parts of Herefordshire, as seen in Figure 21.

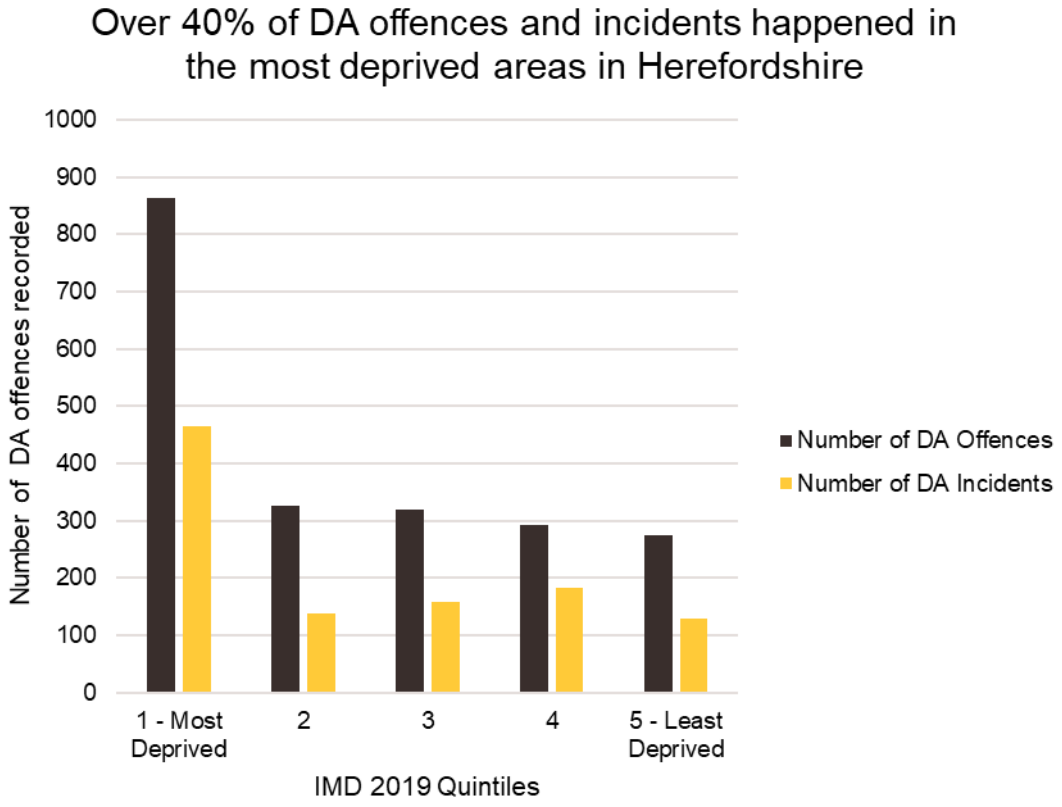


Figure 21. Number of offences with DA flag recorded in 2022/23 in Herefordshire by IMD 2019 quintile

For context, Herefordshire has the fourth lowest population density in England, with 188,700 residents scattered all over its 842 miles. Over half (100,800; 53%) live in areas defined as 'rural', with the majority of these (81,400 people; 43% of the total) in the most rural 'village and dispersed' areas. A third of the population live in Hereford city (61,900 people), and a fifth in one of the five market towns – Leominster (11,900), Ross (11,100), Ledbury (9,600), Bromyard (4,700) and Kington (3,200). The rural nature of Herefordshire and pockets of isolation are challenging in terms of access to services and understanding the prevalence of domestic abuse.

The National Rural Crime Network issued a report on domestic abuse in rural areas in 2019. The report highlighted the commonalities and differences between rural and urban experiences based upon a comprehensive examination of the impact of rurality on domestic abuse victims and services. The key findings were as follows:

- Abuse lasts, on average, 25% longer in rural areas.
- The policing response is largely inadequate.
- The more rural the setting, the higher the risk of harm.
- Rurality and isolation are deliberately used as weapons by abusers.
- Close-knit rural communities facilitate abuse.
- Traditional, patriarchal communities control and subjugate women.
- Support services are scarce – less available, less visible and less effective.
- Retreating rural resources make help and escape harder.
- The short-term, often hand to mouth funding model has created competing and fragmented service provision.
- An endemic date bias against rural communities leads to serious gaps in response and support.

Domestic homicides

A Domestic Homicide Review (DHR) means a review of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by— (a) a person to whom he was related or with whom he was or had been in an intimate personal relationship, or (b) a member of the same household as himself/herself, held with a view to identifying the lessons to be learnt from the death.

The purpose of a DHR is to:
a) establish what lessons are to be learned from the domestic homicide regarding the way in which local professionals and organisations work individually and together to safeguard victims;
b) identify clearly what those lessons are both within and between agencies, how and within what timescales they will be acted on, and what is expected to change as a result;
c) apply these lessons to service responses including changes to inform national and local policies and procedures as appropriate;
d) prevent domestic violence and homicide and improve service responses for all domestic violence and abuse victims and their children by developing a co-ordinated multi-agency approach to ensure that domestic abuse is identified and responded to effectively at the earliest opportunity;
e) contribute to a better understanding of the nature of domestic violence and abuse; and
f) highlight good practice.

Police data for Herefordshire in 2022/23 recorded no homicides where DA was a factor.

Herefordshire's Community Safety Partnership received one referral for a Domestic Homicide Review (DHR) between April 2022 and March 2023. This review is on-going and further details relating to this case will not be provided within this report to preserve the anonymity of the individuals involved. Lessons learnt from the DHR will be shared with organisations across the county once the review has been completed. They will also be used to inform the action plan for the Domestic Abuse Local Partnership Board.

Domestic Violence Disclosure Scheme - Clare's Law

Clare's Law, or the Domestic Violence Disclosure Scheme (DVDS), enables the police to release information about any previous history of violence or abuse a person might have.

Under Clare's Law you can:

- Apply for information about your current or ex-partner because you're worried they may have a history of abuse and are a risk to you (right to ask).
- Request information about the current or ex-partner of someone you know because you're worried they might be at risk (right to know).

Table 2. DVDS data from West Mercia Police in 2023

	Total	Right to ask	Right to know
Number of DVDS applications received in 2023	188	134	54
Number of applications which resulted in disclosure in 2023	75	49	26
Number of applications which did not result in disclosure in 2023 (Non-Disclosure)	59	46	13
Number of applications which were withdrawn in 2023	54	39	15
Reasons applications were withdrawn	- The applicant or person at risk has indicated that they don't require the information because they have left the relationship and have no intention of resuming or having any further contact. - The person at risk has declined the information.		
Other reasons for non-disclosure	The only other reason for non-disclosure is self-explanatory in that there is no previous history to disclose.		

- The above figures demonstrate that 40% of the total DVDS applications received in 2023 resulted in disclosure (37% of right to ask and 48% of right to know applications).
- 31% of the total DVDS applications did not result in disclosure as there was no previous history to disclose (34% of right to ask and 24% of right to know disclosures).
- 29% of the total DVDS applications were withdrawn (29% of right to ask and 28% of right to know disclosures). This could be for a variety of reasons, for example, the applicant or person at risk has indicated that they don't require the information because they have left the relationship and have no intention of resuming or having any further contact or the person at risk has declined the information.

- It is evident that there is a significant difference in the number of disclosures delivered when the application is based upon a right to know request as opposed to a right to ask request. This may be due to the fact that the majority of right to know requests are submitted by professionals who may already have prior knowledge of a perpetrator's DA offending history.

These figures are generally in line with those provided by the West Mercia police force and national figures for the year ending March 2023:

- 50.2% of 'Right to Know' applications resulted in disclosure in West Mercia (105 of 209) and 42.4% of 'Right to Know' applications resulted in disclosure nationally (7,609 of 17,925), compared to 48.1% in Herefordshire (26 of 54).
- 31.6% of 'Right to Ask' applications resulted in disclosure in West Mercia (215 of 681) and 35.8% of 'Right to Ask' applications resulted in disclosure nationally (9,829 of 27,419) compared to 36.6% in Herefordshire (49 of 134).

Domestic Violence Protection Notices and Domestic Violence Protection Orders

Domestic Violence Protection Orders (DVPOs) and Domestic Violence Protection Notices (DVPNs) were rolled out across all 43 police forces in England Wales from 8 March 2014. DVPOs are a civil order that fills a "gap" in providing protection to victims by enabling the police and magistrates' courts to put in place protective measures in the immediate aftermath of a domestic violence incident where there is insufficient evidence to charge a perpetrator and provide protection to a victim via bail conditions. It is important to note that bail with conditions and protective measures can be used simultaneously to build up greater protection for the victim.

A DVPN is an emergency non-molestation and eviction notice which can be issued by the police, when attending to a domestic abuse incident, to a perpetrator. Because the DVPN is a police-issued notice, it is effective from the time of issue, thereby giving the victim immediate support. Within 48 hours of the DVPN being served on the perpetrator, an application by police to a magistrates' court for a DVPO must be heard. A DVPO can prevent the perpetrator from returning to a residence and from having contact with the victim for up to 28 days. This allows the victim a degree of breathing space to consider their options with the help of a support agency. Both the DVPN and DVPO contain a condition prohibiting the perpetrator from molesting the victim.

- Data shared by West Mercia Police show that from April 2022 to March 2023, three DVPNs and three subsequent DVPOs were issued/granted.
- These numbers are particularly low due to a number of issues which have since been addressed by the central team within Herefordshire (for example, magistrates and judges not authorising these orders where there were bail conditions already in place).
- Following these efforts, numbers have increased substantially with data from April 23 to Feb 24 showing that a total of 35 DVPNs were issued and a total of 29 DVPOs.

Probation:

West Mercia Probation Service was unable to provide the data required for the time period requested (April 2022 to March 2023). They did, however, share the data below which represents the DA picture for Herefordshire Probation at the time the data was shared (29/02/2024):

Table 3. DA data provided by Probation on 29/02/2024

Cases recorded with at least one DA flag	199
Cases flagged as DA victim	21
Cases flagged as DA perpetrator	172
Cases flagged as DA history	36
Individuals with a requirement or condition to complete the Building Better Relationships (BBR) programme	30
Number of individuals who have completed the BBR programme in the past 12 months	8

Recommendations:

- As outlined above, most domestic abuse offences in Herefordshire which resulted in no further action were recorded as 'evidential difficulties - victim does not support police action', with a recent increase in 'victim does support police action but evidential difficulties' also preventing further action'. As such, further efforts should be made to explore this in more depth including ways in which to reduce these numbers.
- Regarding DA in a rural context, several important recommendations have been provided by the National Rural Crime Network Report (2019) to include:
  - Services and commissioners must analyse demand by postcode in future, using a common definition of rurality to develop a meaningful dataset, ensuring prevention and intervention work is also targeted at areas where there is apparently little demand – this report strongly indicates there will be demand, just hidden. Crime data provided within this report can be utilised to achieve the above.
  - Education and outreach must be prioritised and must focus on symptoms and patterns of abuse. Greater education and awareness is needed in rural areas regarding the warning signs of domestic abuse and the ability to act or help a victim to act. GPs and religious groups like church communities are the most likely allies in rural areas. Access and reference to Clare's Law, the right to ask, needs to be made more public in rural areas so that victims know they have an option to revert to.
    Resources need to be freed up to allow an effective awareness campaign to be provided to rural communities which target the recognition of behaviours symptomatic of domestic abuse. We believe that bringing symptoms into the spotlight is more effective than talk about domestic abuse per se.

- Domestic Abuse Service Commissioners need to proactively consider servicing rural communities. Incidence rates for domestic abuse are slightly higher in urban areas as evidenced by the CSEW - 4.6% in urban areas vs 3.9% in rural areas. Commissioners have an obligation to take a data-led approach to plan service provision, but for Commissioners with significant rural areas there must also be an obligation to ensure that data adequately represents the potential for domestic abuse cases in rural areas. With the knowledge that rural victims are half as likely to report incidents, outreach activity should be directed at low incidence or no incidence areas. Efforts should be made to look at where reporting of abuse is not happening, as well as where it is. I.e. are there very low incidences in some areas for no apparent reason and are there demographics and deprivation indices would suggest there should be more incidents?

These recommendations will be integrated into the domestic abuse new action plan which will form part of the new Domestic Abuse Strategy.

Health and Adult Social Care Data

Health

General Practice
The following data was provided by Taurus, the GP practice federation in Herefordshire for the time period from April 2019 to March 2023.

The figures are counts of when a GP records a code relating to DA on a patient's record, a list of the codes can be found in Appendix A.

There was a marked increase in the number of patients with a recorded DA code in 2021/22 across all age groups, but the figures fell in 2022/23 to the levels recorded in 2020/21. This could be that face to face GP appointments resumed and that they were able detect DA amongst their patients which was not the case in 2019/20 when the majority of the appointments were conducted online or via telephone. The number of patients with mental ill health and also

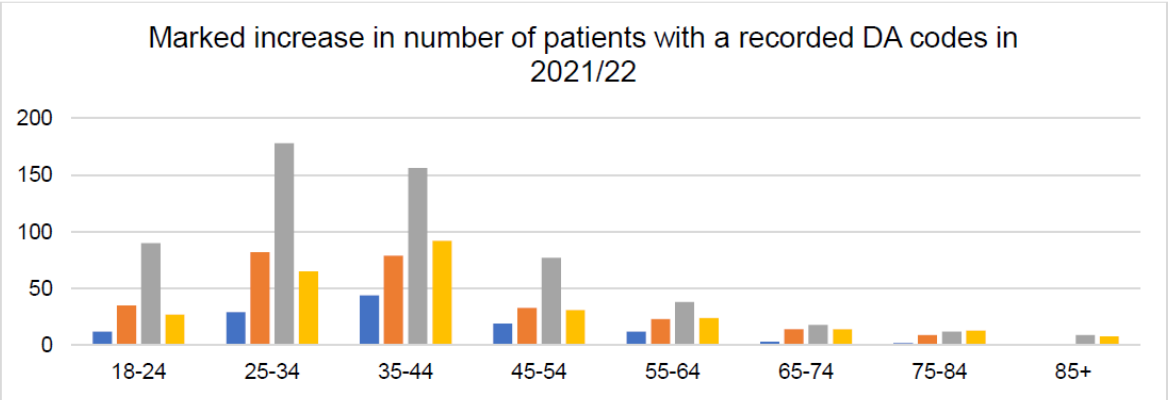


Figure 22. The count of DA codes recorded by GPs in Herefordshire by age group and by year, 2019-2023

recorded with a DA code has doubled between 2021/22 and 2022/23 although in context the numbers are small.

Around 45% of patients who were recorded with DA code live in an area that is in the top 25% most deprived areas in Herefordshire.

GP practices are working together with community, mental health, social care, pharmacy, hospital and voluntary services in their local areas in groups of practices known as primary care networks (PCNs). These enable greater provision of proactive, personalised, coordinated and more integrated health and social care for people close to home. There are five PCNs which cover the whole of Herefordshire and a small area of the bordering county of Worcestershire. Three that cover more rural areas and market towns; East Herefordshire, North West Herefordshire, South West Herefordshire, and two based in Hereford City; Hereford Medical Group (HMG) and Wargrave, Belmont and Cantilupe (WBC).

According to Figure 23 the highest number of DA codes recorded per 1,000 registered patients were recorded by GP practices in the North and West primary care network (PCN) areas over the last four years (from April 2019 to March 2023). In particular, The Ryeland surgery in Leominster (one of the GP practices included in North & West PCN) recorded the most DA codes. It may be helpful to investigate further as to why this is the case. The IRIS programme has been piloted in Herefordshire during 2023//24; IRIS is a specialist DA training, support and referral programme for GP surgeries. It is anticipated that this will positively impact the recording of DA whilst ensuring that GP surgeries have the skills and resources needed to support victims of domestic abuse to access specialist services.

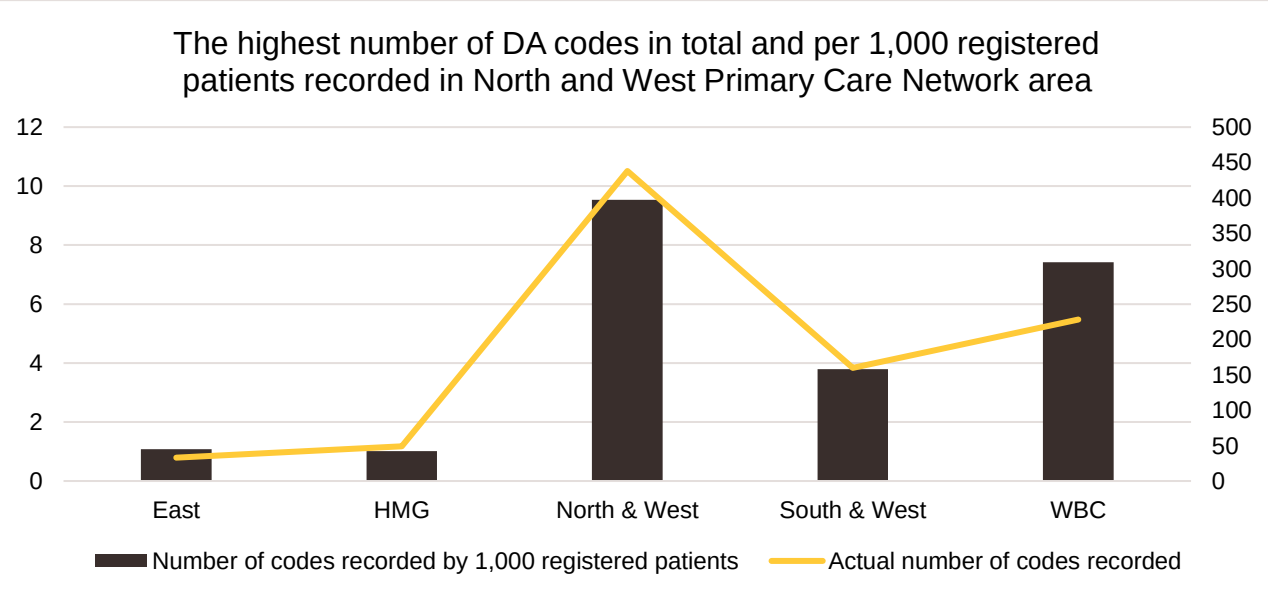


Figure 23. The count of DA codes recorded by GPs in Herefordshire by PCN

Adult Social Care

There are two ways of recording DA in Herefordshire Council's adult social care safeguarding referral recording system. One way of recording domestic abuse is ticking 'DA' box from a list of 'type of abuse'. And the other way is flagging DA as a factor when recording other types of abuse. In 2022/23, 1,588 people were referred to adult social care, 310 of these individuals referred had DA flagged as a factor, and a further 3 people were referred where domestic abuse was the abuse type but DA was not flagged as a factor. Referrals where DA was the abuse type or where DA was flagged accounted for 20% of the people referred to adult social care in 2022/23.

In 2022/23 there has been an almost two-fold increase in the number of people referred to ASC where DA is recorded as a factor compared to 2020/21, as can be seen in the graph below.

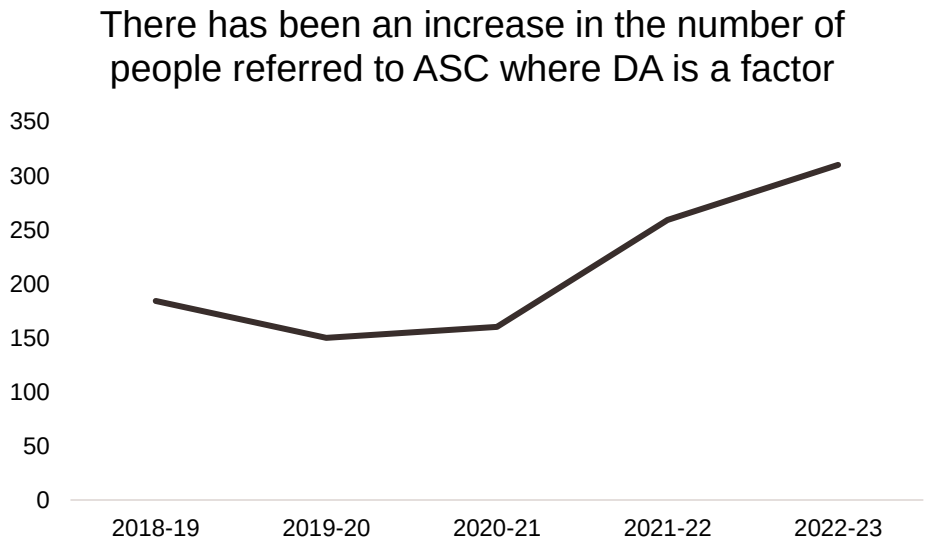


Figure 24. The number of people referred to ASC where DA is a factor between 2018 and 2023

In 2022/23, psychological/emotional abuse was cited as a source of abuse for 60% of people who were referred to ASC where DA was flagged. People can be referred for more than one type of abuse which is why the number of people referred for each abuse type adds up to more than the total number of people referred.

Table 4. The type of abuse cited in people referred to ASC where DA was flagged.

Abuse Type	Number of people referred for this type of abuse	% of people referred for

		this type of abuse
Psychological/Emotional	187	60%
Physical	134	43%
Domestic Abuse	121	39%
Financial and Material	104	34%
Neglect and Omission	52	17%
Self Neglect	47	15%
Sexual	23	7%
Sexual Exploitation	8	3%
Discriminatory	6	2%
Modern Slavery	4	1%
Organisational	4	1%
Total number of people referred to ASC where DA is a flag	310	

Since 2018/19, there have been fewer people referred for phyical abuse where DA is flagged, but an increase in the number of people who are referred for financial and material abuse.

Referrals to ASC can come from numerous different sources, with 21 potential sources listed in the data, although the numbers of referrals from each source can vary considerably. Between 2018/19 and 2022/23, most referrals came from Wye Valley Trust (16%), however, there has been a considerable increase in the number of referrals coming from the police since 2021/22, rising from 5% of people referred in 2020/21, to 14% of people referred in 2022/23. The table below shows the 10 most common sources of referral for people referred to ASC where DA is flagged, which account for 99% of all people referred between 2018/19 to 2022/23.

Table 5. Source of referrals to ASC where DA is flagged between 2018 and 2023

Source of referral	2018-19	2019-20	2020-21	2021-22	2022-23	Grand Total

WVT - Acute	23	27	29	33	41	146
Other	23	20	21	44	39	139
Family Member	25	9	24	29	36	120
Social Care staff	16	23	12	42	29	118
Police	6	3	8	31	43	85
Health - other	9	10	12	22	34	84
Provider - Dom Care	11	15	11	15	13	59
GP	11	9	5	13	23	59
WVT - Community	15	10	13	8	14	58
Housing	13	8	11	10	15	54

MARAC

SafeLives describes Multi-Agency Risk Assessment Conference (MARAC) as *"a meeting where information is shared on the highest risk domestic abuse cases between representatives of local police, health, child protection, housing practitioners, Independent Domestic Violence Advisors (IDVAs), probation and other specialists from the statutory and voluntary sectors. After sharing all relevant information they have about a victim, the representatives discuss options for increasing the safety of the victim and turn these into a co-ordinated action plan. The primary focus of the MARAC is to safeguard the adult victim. The MARAC will also make links with other fora to safeguard children and manage the behaviour of the perpetrator. At the heart of a MARAC is the working assumption that no single agency or individual can see the complete picture of the life of a victim, but all may have insights that are crucial to their safety. The victim does not attend the meeting but is represented by an IDVA who speaks on their behalf."*

There were 231 DA cases discussed at MARAC's between April 2022 and March 2023. This equates to 30 cases per 10,000 population, which is relatively low compared with national figures (49) but high compared with the West Mercia area (24) (Domestic Abuse in England and Wales, ONS, 2023).

There has been a notable increase in the number of cases discussed at MARAC – Figure 25. Alongside this overall increase in cases, the number of children in households of MARAC cases has been increasing too. The average number of children in households per case discussed in

Herefordshire during 2022/23 was 1.7; compared with 1.3 nationally, 1.2 for MSFs and 1.4 for the West Mercia policing area.

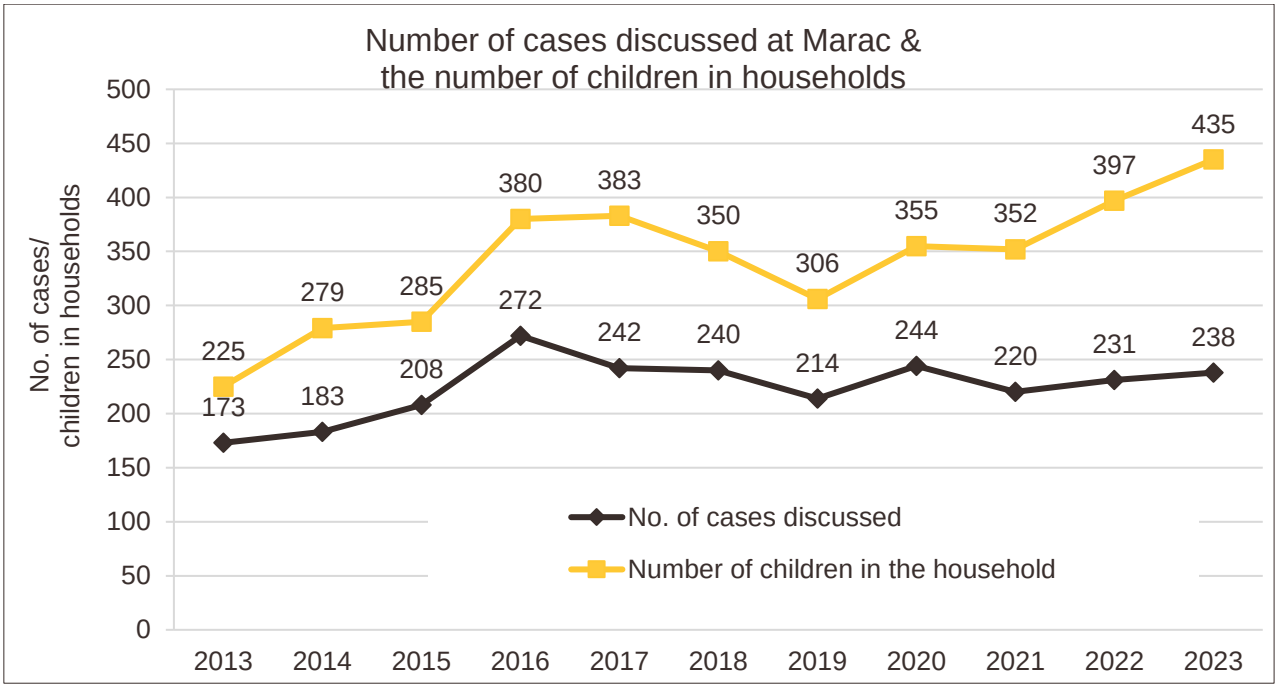


Figure 25. The number of cases discussed at MARAC and the number of children in households discussed at MARAC between 2013 and 2023.

Of the total number of cases discussed at MARACs in 2022/23, 17.75% (41) were repeat cases. Herefordshire's repeat cases figure is significantly lower than the national (33%), MSFs (30%) and West Mercia policing area (25%) figures.

There has been a continuous increase in the number of high-risk domestic abuse cases discussed in MARAC over the last 10 years, with the large majority of referrals (63%) coming from the police followed by the IDVA service. In terms of police referrals specifically, this is slightly less than the national (66%) but equivalent to West Mercia figures (63%).

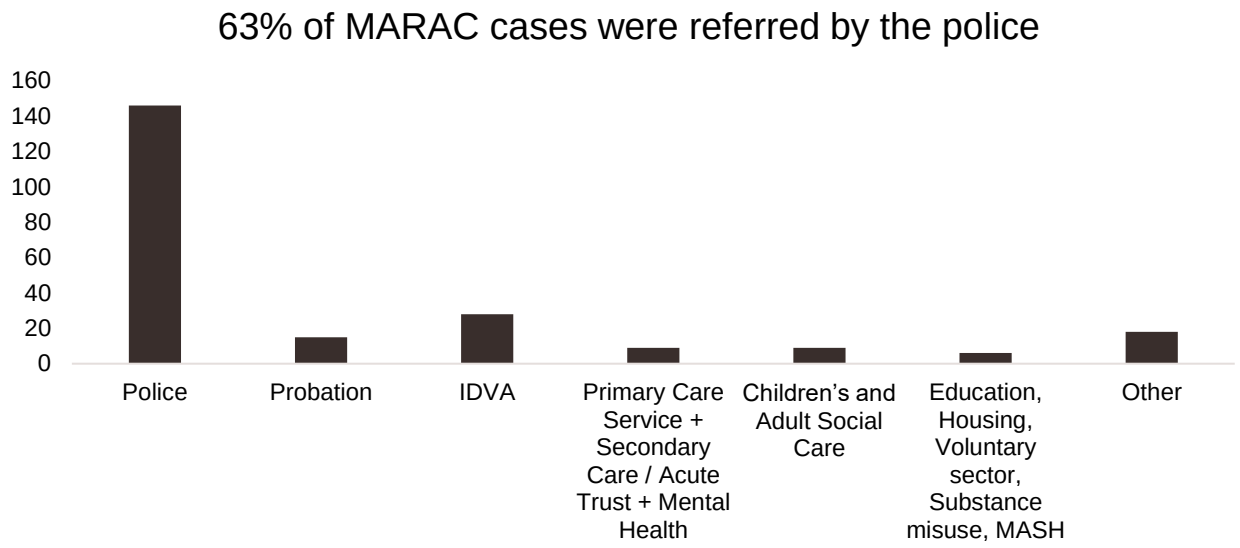


Figure 26. The source of MARAC referrals, 2022-2023

There were fewer victims aged 16-17 years in the cases discussed in Herefordshire MARAC meetings (0.9% of all cases) compared to other areas; 1.3% nationally and 2.2% in the West Mercia police force area.

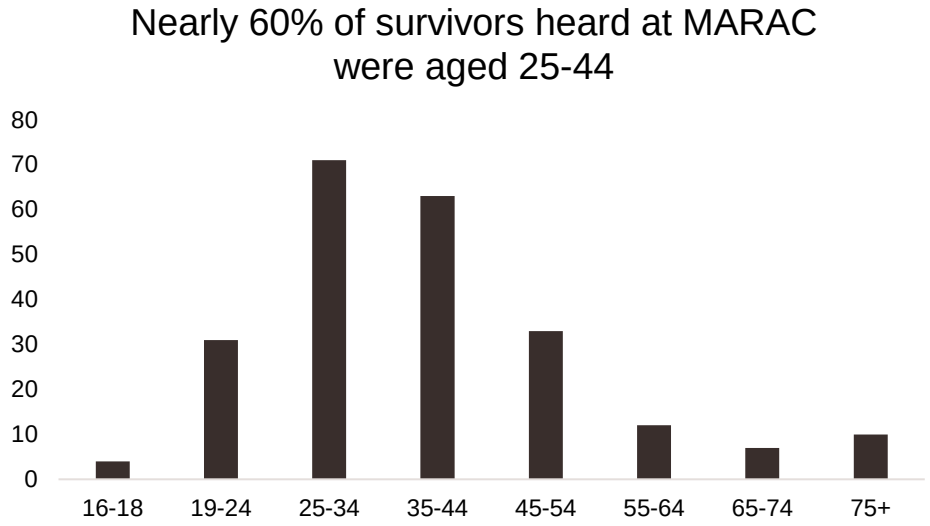


Figure 27. Age profile of victim/survivors discussed at MARAC in the 2022-2023 time period

Whilst data relating to the 2022/23 period specifically is not available for the following demographic factors, data relating to the year 2022 is provided.

Just 0.4% of cases involved a person from an LGBTQ+ group (compared to 1.4% nationally).

There were fewer male victims recorded in Herefordshire (4.8%) compared with national data (6.2%) but the figure for Herefordshire was higher than that of MSFs (4.4%) and the West Mercia police force area (3.4%).

In 2022, 10% (33) of cases discussed at MARAC were from an ethnic minority group (compared to 16% nationally). When compared to ethnicity makeup of the county (3.1% ethnic group other than White), this is a higher representation.

Data was requested regarding the relationship between the victim/survivor and perpetrator of the cases heard at MARAC, however, this was not available.

Practitioner engagement: Feedback from the 2023 SafeLives Report (interview and survey feedback from professionals)

- 76% felt the MARAC Greatly or Somewhat improved the safety of victims
- 79% felt the MARAC Greatly or Somewhat improved the safety of children
- 60% felt the MARAC Greatly or Somewhat addresses the behaviour of those who harm

- Professionals frequently commented on MARAC working well. They referred to MARAC chairing, governance, as well as agencies generally seeing the value in it.
- Lack of attendance was referenced in regards to key people missing or reduced capacity, possibly resulting in inconsistent attendance and sending in of information. One professional pointed out how the lack of key individuals with knowledge meant insufficient challenge was available.
- Repeat cases were also highlighted as a concern.

Feedback provided by professionals in relation to MARAC:

"The MARAC is well run and works well, it is effectively chaired by someone with great experience and is well attended by professionals." Professional, Domestic Abuse Service.

"More awareness for professionals needed from MARAC and to understand why some cases don't go/aren't applicable to go to MARAC." Professional, Voluntary or community sector

"I think referral could be scrutinised more and other options discussed for cases not quite meeting the criteria. I have witnessed MARAC's being full a month before they happen. How can this be a response to a high-risk victim if they have to wait to get on to an agenda?" Professional, Domestic Abuse Service

"Training to provide the right attendees to Multi Agency meeting to share relevant information". Professional, Domestic Abuse Service

MARAC themes and reflections from the SafeLives review

- The nine core agencies were present during the observed meeting, with the exception of substance misuse service.
- Some good action planning was observed.
- Risk identification around animals and subsequent actions was impressive.
- Children's social services were present but represented by a multi-agency safeguarding hub (MASH) lead. This process should ideally be reviewed to ensure all relevant

information and action planning can be as effective as possible; thus being represented by a senior manager within CSC. There was a significant lack of actions from this agency.
- Statutory housing representation demonstrated best practice from this core agency at MARAC.
- Action planning was not SMART (specific, measurable, achievable, relevant and timely) in the majority of the cases.
- Issues around identification of the primary victim and person who harms was demonstrated, which potentially was caused by a lack of domestic abuse knowledge and confidence.
- Too much historic information and duplication of information.
- The chair displayed skill and empathy; with examples of intervention which would not have occurred without this person.
- Overall conscious and unconscious victim blaming and judgement, was peppered throughout the cases. This was compounded by a couple of cases overtly displaying compassion for the person who harms and not the victim, for example, language and terminology highlighted empathy for the perpetrator at the expense of displaying detrimental language towards the victim. The victim did not engage and used substances, thus little time was spent on her needs/wants and safety planning, as agencies overall felt her too difficult.
- There appeared to be a large emphasis on the victim providing disclosure and engaging without agencies being proactive to support them achieving this.
- Lack of victims' voice and institutional challenging in the room in many cases.
- Use of laws such as stalking and harassment and coercive control appeared to be missed.
- Lack of preparation by many representatives.
- No representatives gave bespoke timings according to risk with their actions.

Recommendations:

- To address the above improvements as identified by the SafeLives review.
- There needs to be a clearer focus on addressing the behaviours of those who harm within MARAC.
- Improvements in data collection are needed for future needs assessments. Specifically around certain demographic factors and the relationship type between victims and perpetrators.
- The number of cases discussed at MARAC in Herefordshire where victims are from an ethnic minority group, LGBTQ+, disabled or male are very low. CSEW data suggests that DA is actually more prevalent in people with disabilities and those who are from the LGBTQ+ community. This suggests that there are likely to be unseen disabled and LGBTQ+ victims and efforts should therefore be made to promote services to people with protected characteristics.

Non-Accommodation Based Domestic Abuse Service Provision

Victim/Survivor Services

The IDVA Service

WMWA IDVAs are specialist trained Domestic Abuse safety workers who support people who are at high risk of immediate and significant harm from domestic abuse. IDVAs work with both male and female victims/survivors across Herefordshire.

IDVA's are specialist workers providing a lifeline for victims at a time when they are most vulnerable, supporting them in making their own decisions to preserve their well-being. IDVAs provide both emotional and practical support and information, enabling them to make their own choices about the action that they wish to take in order to promote their long-term safety. IDVA services in Herefordshire are predominately funded by the Police and Crime Commissioner for West Mercia.

IDVAs work closely with a range of organisations to help victims to get the best possible support, and to ensure that the support is well coordinated. IDVAs are independent of all statutory agencies and advocate specifically for the victims of domestic abuse, ensuring that their voice is heard by the other agencies that are working to support them. Client confidentiality is guaranteed unless there is a safeguarding concern, and will only be reviewed if the IDVA feels that they need to share information about concerns for someone's safety.

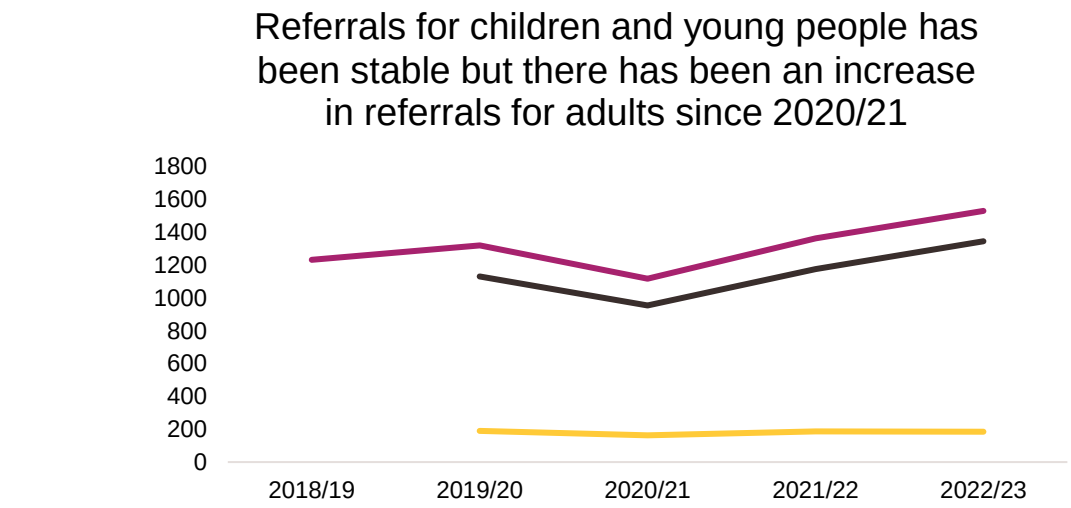
In 2022/23, 193 people were supported by the IDVA service in Herefordshire.

<u>Professional feedback – Interviews (SafeLives Report):</u>

IDVAs were spoken of highly. Their presence at MARAC meetings, interactions with victims, and their ability to be easily contacted were all identified as positives for both staff and victims.

West Mercia Women's Aid

- 1,530 referrals in total for 2022/23 with 88% (1,345) of referrals being for adult services. Most referrals for adult services were either self-referral (62%) or internal referral (25%) with a small number coming from other sources including Children's Services (4%), Health Services (2%) and Police (2%).
- 165 adult referrals were refused, the most common reasons for refusal were: other (30%); unable to contact client (20%), no space/capacity to support (16%) and client does not want support (15%).
- Just over half of the referrals received were for helpline support (679), 448 referrals were for group support (33%), 7% were for refuge (98) and the remaining 9% of referrals were split between the extended housing support project, 1-2-1 support (complex needs and marginalised communities) and Men & Boys.
- WMWA supported 1,078 adult service users in 2022/23 in Herefordshire.



Rate of Referrals to West Mercia Women's Aid in 2022/23 in Herefordshire per 1,000 Population

Figure 28. Number of referrals to WMWA adult and CYP services between 2018 and 2023.

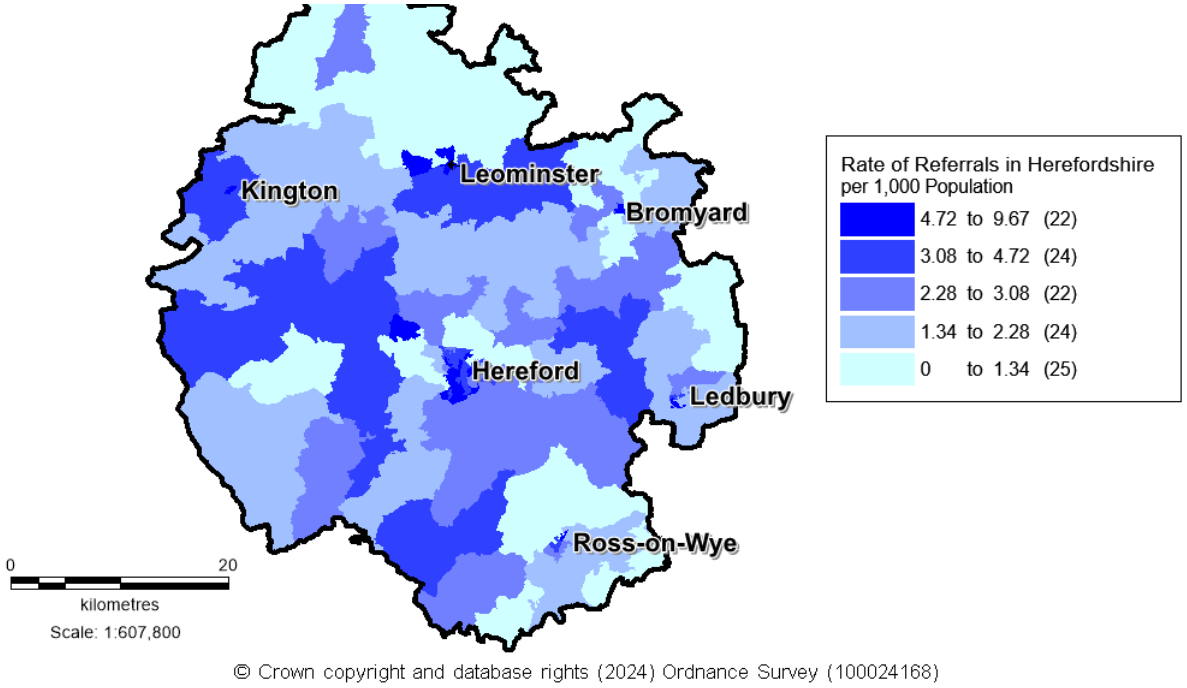


Figure 29. Rate of referrals to West Mercia Women's Aid in 2022/23 in Herefordshire per 1,000 population

Between April 2022 to March 2023, Hereford South West had the most referrals to WMWA per 1,000 residents at 7 referrals per 1,000 residents, followed by South Leominster and Hereford South (5 & 4 per 1,000 residents respectively). Penyard, Llangarron & Goodrich and Colwall, Cradley & Wellington had the fewest referrals with fewer than 2 referrals per 1,000. The data shows that whilst

WMWA did receive referrals from across the county, most referrals came from Hereford and Leominster.

- WMWA helpline

  WMWA Helpline is both the main 'front door' of WMWA services, and a service in itself. All calls are kept confidential unless there are concerns for someone's safety. Trained workers will support anyone who calls the Helpline – providing information and advice on safety planning, reporting to the Police, housing, and access to both WMWA services and those of other agencies. Sometimes the most effective thing they do is just to listen, and believe, and let callers know that they are not alone and that there is help out there for them – as and when they are ready.

  WMWA received 1,785 calls to their Herefordshire helpline in 2022/23, 75% of these calls were repeat contact and 25% were first contact.
  WMWA received 3,002 calls to their helpline across Herefordshire and Shropshire in 2022/23 although 553 calls were hung up before the system transferred calls. Of the remaining 2,449 calls, 40% were answered, 41% were unanswered due to the worker being busy and 19% of calls were unanswered due to the line being engaged. Please note that WMWA have changed their helpline resourcing model since this time.

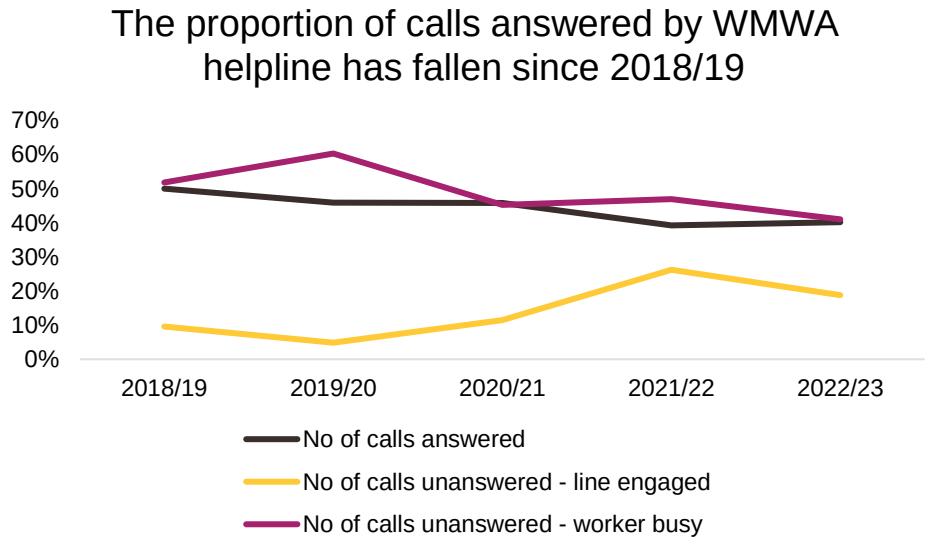


Figure 30. The proportion of helpline calls answered by WMWA, 2018-2023.

- The Recovery Pathway Group Programmes

  WMWA's 'Recovery Pathway' is a programme of safe and welcoming groups that help survivors to build their own knowledge and confidence, and to help and support each other on their recovery journey. Groups include the Freedom Programme, Power to Change and Recovery Toolkit and a programme to support parents where children have been affected. When groups are unable to meet, then WMWA provide support over the

telephone or through online forums. Support is available to women living in their own homes or in temporary accommodation, and for those at all stages of an abusive relationship – whether they are still in the relationship or have left. All groups are conducted within strict rules of confidentiality, respect and kindness. Bringing together women with a common experience of domestic abuse also helps to develop a network of survivors who can continue to support each other long after the Recovery programme has concluded.

Number of referrals received to group programmes during the 2022/23 period: 448
Group service users completing programme of support during the 2022/23 period:

- Number of Service Users who completed programme of support = 171
- Number of Service Users who did not complete programme of support = 147

Perpetrator Programmes

Risk factors for domestic abuse perpetration

Research has suggested that particular factors are associated with an increased risk of perpetrating domestic abuse. It is key to note that these 'risk factors' are not causal, rather they are factors which have been associated with domestic abuse perpetration. In other words, their presence does not cause domestic abuse but can make it more likely to occur.

It is also important to recognise that risk factors exist across multiple levels of influence - *individual, relationship, community and societal* – and there is often a complex interaction between these factors, as well as those which would be considered protective.

A summary of the key risk factors for domestic abuse perpetration, as outlined in the academic literature (Clemmow et al., 2023; Morrison et al., 2022; SafeLives, 2019), are provided below:

- Attitudes and behaviours – hostility towards women, misogynistic and patriarchal beliefs, permissive attitudes towards violence, attitudes that condone or normalise domestic abuse.
- Adverse childhood experiences – exposure to violence during childhood (including witnessing domestic abuse within the home) and/or direct experience of abuse during childhood.
- Mental health problems – depression, anxiety, personality disorders, suicidal ideation/attempts.
- Substance misuse – drug and alcohol abuse.
- External factors – recent stress, financial difficulties, unemployment, criminal peers.

Research has suggested that the underlying drivers for domestic abuse perpetration differ for men and women (Clemmow et al., 2023). There is very limited evidence regarding risk factors for perpetrators of domestic abuse against older adults, which is a key area of focus within Herefordshire (Bows et al., 2022).

It is key to gain an understanding of the role that such factors can play in order to inform early intervention efforts aimed at reducing the likelihood of an individual perpetrating domestic abuse (for example, via preventative programmes delivered within schools).

- DRIVE programme

  - The Drive Project is a collaborative approach to tackling domestic abuse, by liaising with police officers, support agencies, caseworks and directly with those presenting abusive, challenging and violent behaviour. Drive provides a case manager who acts as a single point of contact for perpetrators. This project focuses on high risk and serial perpetrators, in order to encourage more engagement with recovery programmes and tackle the greatest risk of harm. Referrals to the Drive programme either come from MARAC via partner agencies or directly from the police.
  - According to the case management system for Hereford Drive, between 01 April 2022 and 31 March 2023, there were:
    - 62 cases allocated
    - 62 cases completed
    - 62 victims/survivors provided with services
    - 141 children and young people involved
  - These figures are higher than the 2021/2022 time period where 52 cases were allocated and only 16 completed.
  - The University of Bristol undertook an independent, three year, evaluation of the Drive Project during its first phase of delivery (2016-19). The evaluation concluded that the Drive Project reduces abuse and the risk perpetrators pose.

- Men and Masculinities programme

  - The Men & Masculinities programme is an evidence based programme that provides a safe space for people who have engaged in abusive, harmful and damaging behaviour within their relationships. The 24-week programme is voluntary and explores what it means to display appropriate behaviour within relationships and highlights how conflict, aggression and anger can deeply impact the lives of others. Importantly, the programme also offers a linked (ex-) partner support service.
  - Between April 2022 and March 2023, 42 men attended the Men and Masculinities programme in Herefordshire, with 20 completing the programme.

Practitioner engagement: Local support provision for victims and families – Feedback from the 2023 SafeLives Report

As part of their review of the domestic abuse system in Herefordshire, SafeLives carried out a survey and interviews with practitioners working across the domestic abuse system and victims.

- Three quarters of respondents (75%) described it as easy or very easy to share information with other agencies and refer to specialist domestic abuse services.
- Two in ten respondents (22%) felt it was difficult or very difficult to find services that could help them.

Professionals were asked the following question: When you identify a victim or family is experiencing domestic abuse, what do you usually find to be the biggest challenges in ensuring they get the support they need?

- Responses identified victim-survivor engagement as the greatest challenge due to lack of trust in services, perpetrator behaviour, and maintaining support.
- Comments on funding, capacity, and waiting lists were also identified as challenges in ensuring support with professionals providing the following quotes:

  "Lack of funding for one-to-one support for victims deemed as low- medium risk. Waiting lists also for services, highlighted for a number of services."

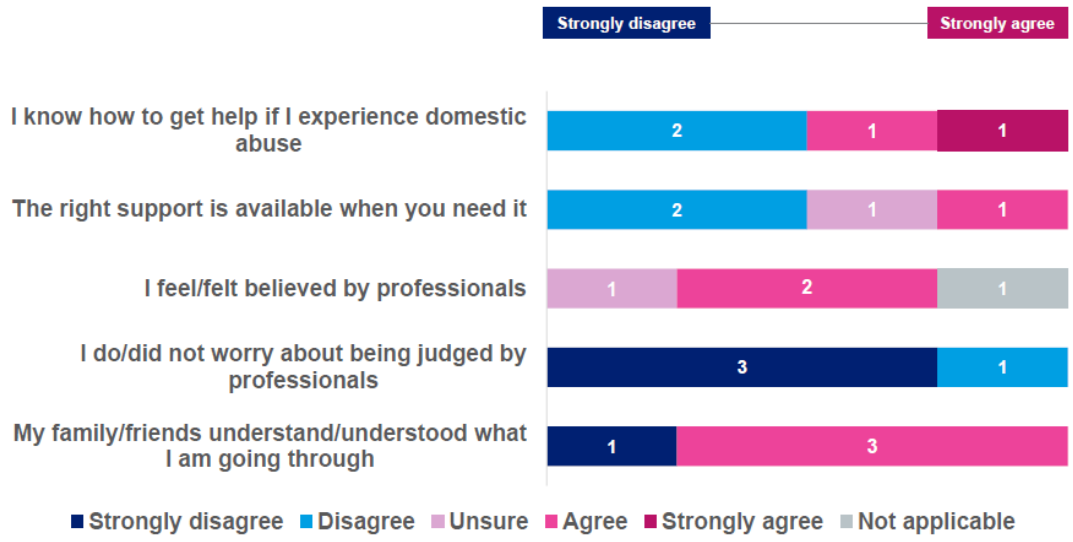
  "Lack of resources across voluntary and statutory agencies, lack of housing, lack of 1-2-1 community support."

  "The shortage of services available for the numbers of individuals and families affected. How far people might have to go to access refuge support and the impact this has on theirs and their children's' lives."

Survivor engagement: Victim/Survivor Survey and Interviews (SafeLives Report 2023)

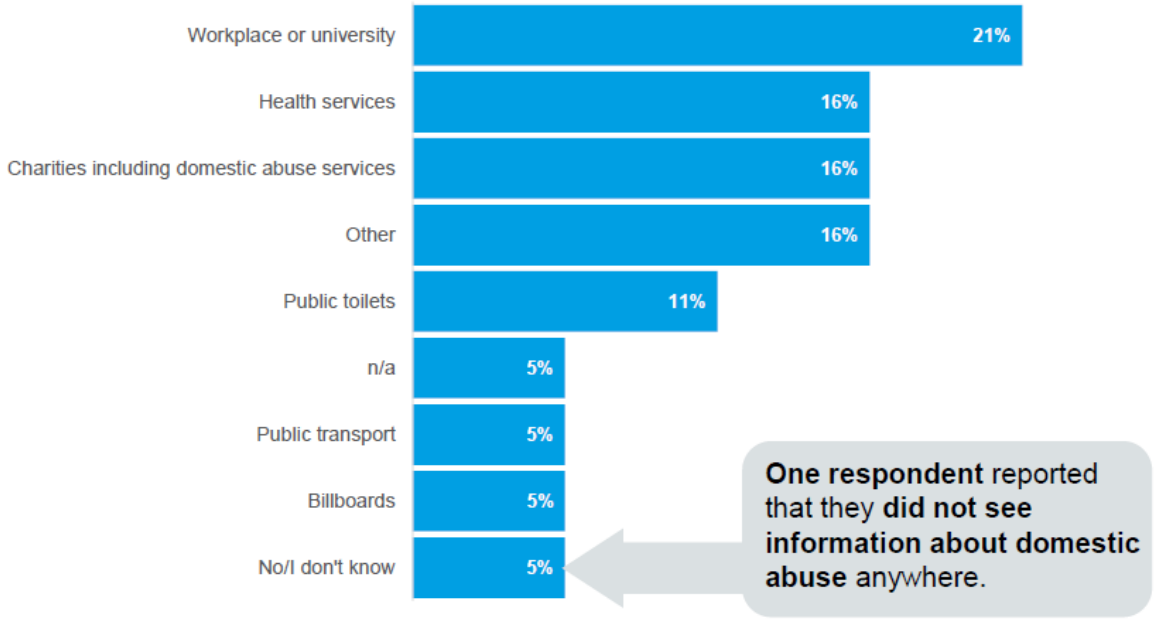
Experience of seeking help

Respondents rated how much they agreed with the following statements:



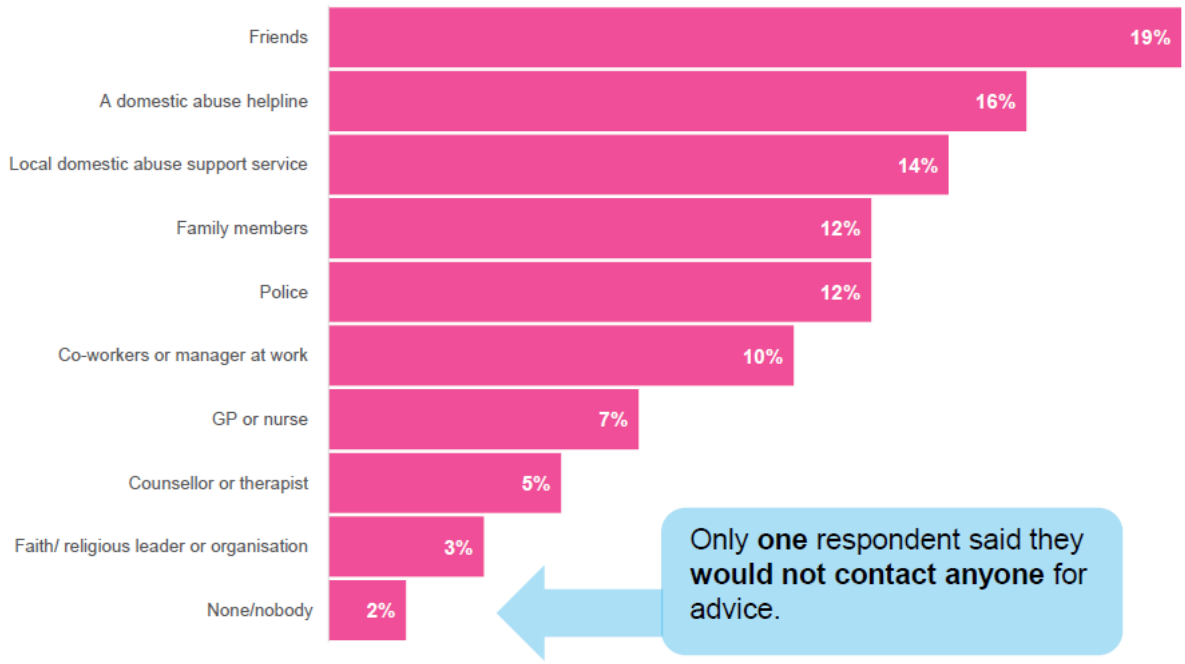
Awareness of domestic abuse support

In the local area, respondents most commonly had seen information about domestic abuse in workplace or place of study, followed by health services, charities, and other spaces.



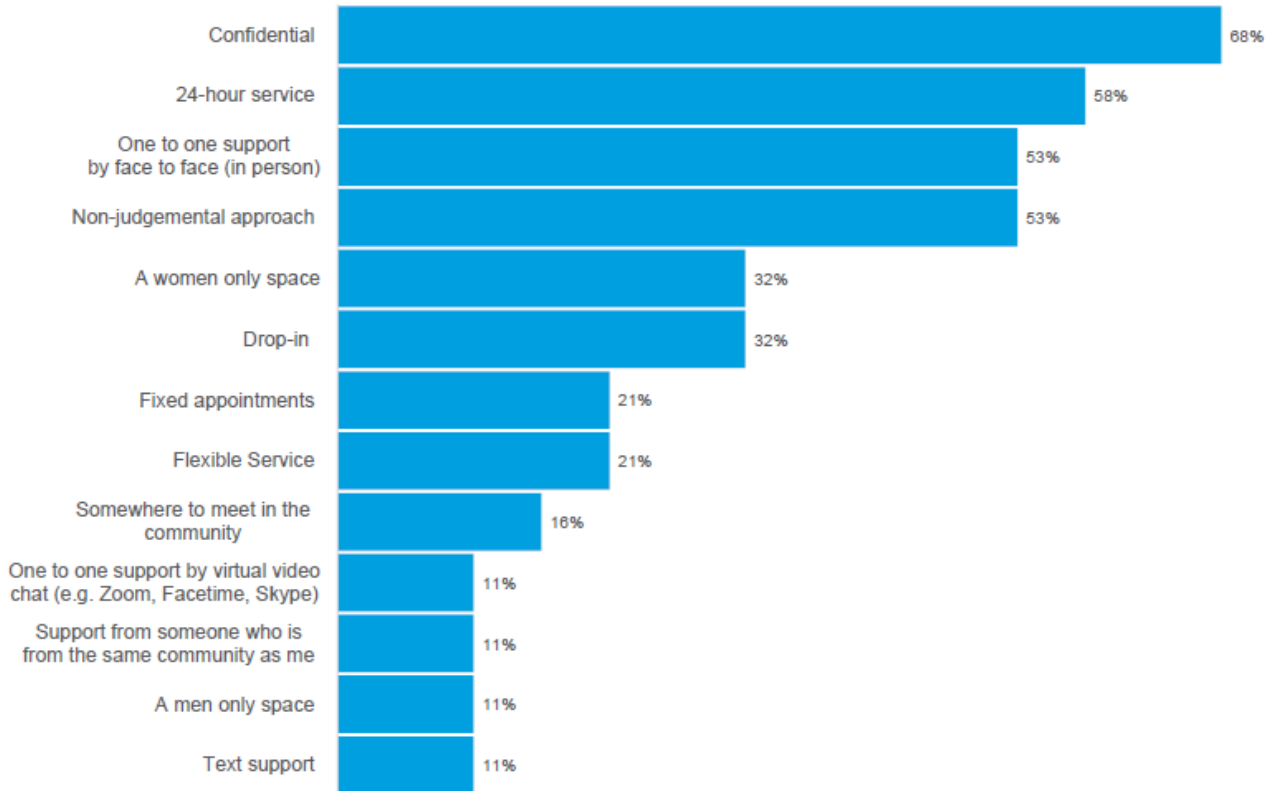
Preferred support and services for victims

Respondents would most likely contact friends, a domestic abuse helpline or a local domestic abuse support service for advice if they experienced domestic abuse in the future.



Preferred support and services for victims

It was most important to respondents that support was confidential, a 24-hour service, in person, and non-judgemental.



Recommendations:

- Regarding support for victim/survivors in the community – Work needs to be undertaken to address the perceived lack of support for low-medium risk clients and the waiting lists for these services.
- Consideration needs to be given to the operating model of the helpline; only 40% of calls were answered.
- Feedback from those with lived experience showed that some were unsure of how they could get help if they were experiencing DA. As such, on-going efforts should be made to raise awareness of the support services available and how to access these by engaging with the community using a variety of methods.
- In addition, further efforts need to be made with regards to improving understanding of DA across public-facing agencies to ensure they provide effective responses (for example, by facilitating appropriate referrals into specialist services). This can be addressed via the provision of effective and accessible training.
- Following on from the above, understanding and working to improve referral numbers from external agencies to specialist DA support services. For example, those provided by WMWA as only 4% of referrals were received from social care, 2% from health services and 2% from the police.

Domestic Abuse Safe Accommodation

In this section we will be looking at service mapping, noting the safe accommodation that currently exists in Herefordshire. Much of the data obtained was provided by the local safe accommodation services who provided information on the services they provide.

Safe accommodation provision

Herefordshire currently meets recommended minimum number of refuge spaces based upon the Council of Europe's recommendation of one unit* of safe accommodation per 10,000 population.

According to the latest ONS Census data from mid-2021, the population of Herefordshire was 187,600, meaning a minimum of 19 units of safe accommodation is required within the county.

During the 2022/2023 time period, Herefordshire offered 19 units of safe accommodation in total, as outlined below:

- A 10 unit refuge provided by WMWA
- 9 units of dispersed safe accommodation provided by Connexus in partnership with WMWA
- Additional units of dispersed safe accommodation were commissioned during this period but were not in full use (4 units).

**One unit refers to accommodation for one person or one person and their children. Units can vary in size and the number of children they can house. In Herefordshire, all 19 units are self-contained accommodation.*

It is important to note that those seeking safe accommodation often access a refuge outside of their local area due to the potential risks associated with remaining in the area they originally resided in. In addition, they are largely dependent on where refuge spaces are available at the time, meaning they may have to access safe accommodation in a different area to where they originally presented. As such, it is difficult to quantify local demand given that refuges are a national provision and current figures indicate that there is a national shortage in the number of units of safe accommodation available based upon the recommendations provided by the Council of Europe, as outlined below.

Table 6. The recommended number of safe accommodation units in England and Herefordshire

	England	**Herefordshire**
Population (ONS Census data from mid-2021)	56,536,000	187,600
Number of units of safe accommodation	4,332	19

Recommended number of units of safe accommodation (based on the Council of Europe's recommendation of 1 units per 10,000)	5,654	19

A particular strength of the DA housing provision within Herefordshire relates to the flexibility of the accommodation available. For example, dispersed units are available to male or female victim/survivors and several units allow pets (something that we know is a key barrier that prevents many victim/survivors of DA from accessing safe accommodation). The Pets and Domestic Abuse Survey conducted by the Dogs Trust (2019) found the following:

- 97% of professionals said pets are often used as a means of controlling and coercing someone experiencing domestic abuse.
- 9 out of 10 professionals said that some survivors won't leave their home without knowing their pet will be safe.

Other DA Housing Related Services within Herefordshire:

The aim of the following services is to ensure that victim/survivors of domestic abuse can stay in their own home by improving the safety and security of their properties. These measures can prevent homelessness and reduce the need for other forms of safe accommodation such as refuge.

- Sanctuary / Target Hardening - Provided by West Mercia Police

  The aim of this scheme is to improve the safety and security of victim/survivors through the installation of target hardening measures at their home address. This can include the installation of security measures such as additional lighting and the fitting of new locks.

  Target hardening is available to all high risk victim/survivors in Herefordshire where appropriate to their specific situation. The service is offered by the Design Out Crime Officer at West Mercia Police. 171 people in total received this service between April 2022 and March 2023.

- Smart Water initiative - Provided by West Mercia Police.

  Smartwater is a DNA based property marking solution which has been deployed by Police forces and community safety partnerships throughout the country for a number of years. It is first and foremost a deterrent to those intent on criminality, particularly acquisitive crime. Overt signage is deployed promoting the use of SmartWater within the property and or/area. The basis for this initiative is to deploy Smartwater at the addresses of high risk victims of domestic abuse and to notify the perpetrator of its deployment as a deterrent.

  The overarching principles of the initiative are:

  - To improve confidence in domestic abuse victims.

- To improve the partnership approach to protecting domestic abuse victims.
- To bring offenders who continue to pose a risk to justice.

There are two types of Smartwater products being used, a basic Home Security Kit (Level 1) and for some victims also 'Smart Tag', a hand held spray device (Level 2). Both these items have their own DNA properties so are unique to the victim and their address and can be used to identify that a suspect has been in the vicinity of a victim or their home.

The first referral to this service was received on May 23rd 2022 and there were a total of 34 referrals from this date to the 31st March 2023. Of these 34 referrals, 25 victim/survivors received a service from the SmartWater initiative.

West Mercia Police spoke to 15 victims who had received the SmartWater initiative and received the following feedback:

- 14 stated there had been no further incidents since the SmartWater letter was sent. There was 1 repeat incident but this was a chance meeting and the perpetrator did not attend the home address.
- All stated that they felt safer, reassured and that their confidence in West Mercia Police had increased. They would all recommend SmartWater.

- Home Fire Safety Visits - Provided by Hereford & Worcester Fire and Rescue Service

  A Home Fire Safety Visit is a free home safety visit that is tailored to an individual's needs. The visit includes a home safety check to help reduce the risk of arson in the home and to ensure victims feel safer in their own homes. This includes the checking and fitting of smoke alarms and other equipment (such as the installation of fire reduction letterboxes) where required.

  Between the April 2022 and March 2023 the Fire Service received 29 MARAC referrals. Visits were successfully completed for 27 of these referrals. This consisted of 6 safe and well checks, 20 Home Fire Safety Checks and 1 equipment only visit. Two of the referrals did not result in a visit (1 was refused and 1 did not answer the door/phone).

<u>WMWA</u>

Refuge:

- There were 96 referrals for refuge in 2022/23 with 41 referrals coming from Herefordshire residents and 55 referrals coming from out of county. Of those which came from out of county, 16 came from Worcestershire, 6 from Birmingham, 5 from Telford & Wrekin, 4 from Dudley and 3 from Shropshire. Worcestershire has consistently been the source of most of the out of county referrals since 2018/19.
- Since 2018/19 there have been more referrals from out of county, however, the number of referrals from within Herefordshire has been rising since 2020/21.

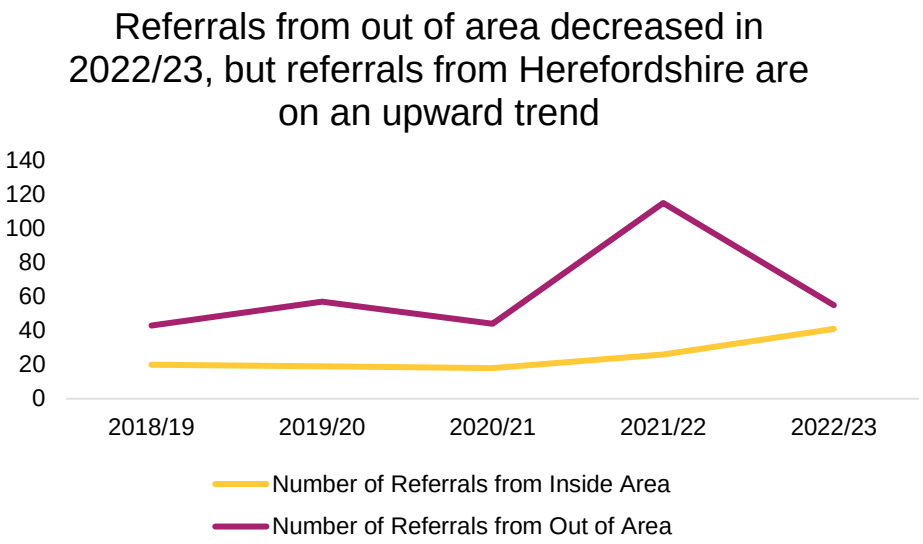


Figure 31. The number of refuge referrals from inside area and out of area from 2018 to 2023

- Of the 96 referrals in 2022/23, nearly 60% were denied with no space or clients not wanting to continue with the referral cited as the most common reasons for denial.

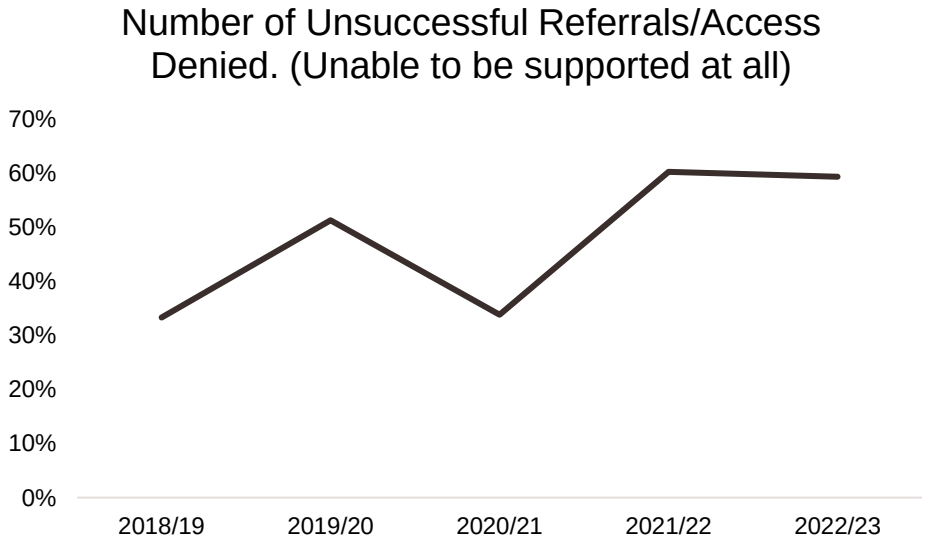


Figure 32. The number of unsuccessful referrals/access denied to refuge by WMWA, 2018-2023

- 55% of referrals between April 2018 and March 2023 were classed as medium risk, 30% as high risk and 15% as standard risk.
- Between April 2018 and March 2023, almost a quarter of referrals for refuge were self-referral and a similar number came through the local helpline.
- Referrals that came through WMWA's website were classified as either a self-referral or professional referral until 2021/22 when it was added as a distinct route for referral.

Table 7. The source of referrals to WMWA refuge between 2018 and 2023

Source of referral	April 2018-March 2023
Self-Referral	138
Local Helpline	136
Other Professional	108
Website *These referrals have only been logged since 2021/22, they were previously classified as self-referral or referral from a professional*	72
Housing	54
Police/Criminal Justice	27
Local Authority	23
Medical	8
National Domestic Abuse Helpline	0
Other	0
Total	566

- Nearly half of the people accessing refuge were previously living in social housing, 23% had come from temporary accommodation, 16% lived in other supported housing, 9% were private renters and 5% were private/owner occupiers before moving into refuge.
- The average length of stay between 2018/19 to 2022/23 was 85 days, which is similar to the average length of stay seen in 2022/23 which was 84 days.

Demographic composition/population features of service users accessing refuge:

- Over 70% of the people accessing refuge between April 2018 and March 2023 were aged between 25 and 44. There were no referrals for anybody aged 75+, and only 18 for those aged 55-74 of which 56% were refused. There were 7 referrals to refuge for 16-18 year olds during this time period but all referrals were declined as they are referred to Children's Social Care who would then be accommodated in suitable supported accommodation for that age group. i.e. Connexus Young Persons Service.
- Between April 2018 and March 2023 all but 1 of the people accessing refuge identified as female, during this period 2 people who did not identify as female were refused access to refuge.
- 83% of people accessing refuge were heterosexual, 15% had another sexual orientation or preferred not to disclose, and 2% identified as bisexual.

- 77% of people accessing refuge were white, 7% were Asian/Asian British, 5% Black/Black British, 4% Mixed ethnicity, 2% Gypsy/Roma/Traveller and 5% from other/unknown ethnicity.
- Between April 2018 to March 2023, there were 42 referrals for people who have a visa, are an asylum seeker, refugee or have no immigration leave/expired leave. Of these 42 referrals, 33 people with these immigration statuses were able to access refuge accommodation.
- 204 referrals were made for refuge for people who were recorded as having a disability, of which 108 were accepted, meaning that disabled people made up 49% of all people accessing refuge. 61% of the disabled people in refuge were recorded as having mental health issues, 17% had a physical disability, 12% had a learning difficulty, 7% had other long-term conditions, 2% had a visual impairment and 1% had a speech impairment or communication difficulties.

Pathway Mapping Examples

Some examples of pathway mapping for victim/survivors of DA in Herefordshire have been provided by the specialist DA organisation, WMWA. These anonymised examples explore the end-to-end journey taken by DA victim/survivors, and their children, in trying to access DA support within safe accommodation during the 2022/23 time period. This includes detailing what a pathway of support in Herefordshire looks like, from victim/survivors needing support, to accessing and receiving support and then to moving on from support. Five examples are provided within Appendix D of this report and they capture a range of victim/survivors including those with complex needs. These examples are included in order to provide context and identify some potential themes/barriers associated with accessing DA housing provision in Herefordshire.

Survivor Engagement - Lived Experience Advisory Group (LEAG) Housing Survey

The first LEAG survey was produced and disseminated in June 2023. The survey focuses on feedback from those who have experienced the current Housing provision. This was distributed internally, to partner professionals, online and via the WMWA website, social media and survivor network. Further details relating to the methodology can be found in Appendix B.

The survey closed on 31st July 2023 and there were a total of 28 responses. 12 of the 28 responses were from survivors residing in Herefordshire (11 female and 1 male).

Figure shows what each Herefordshire participants' housing status was both before and after accessing support for domestic abuse.

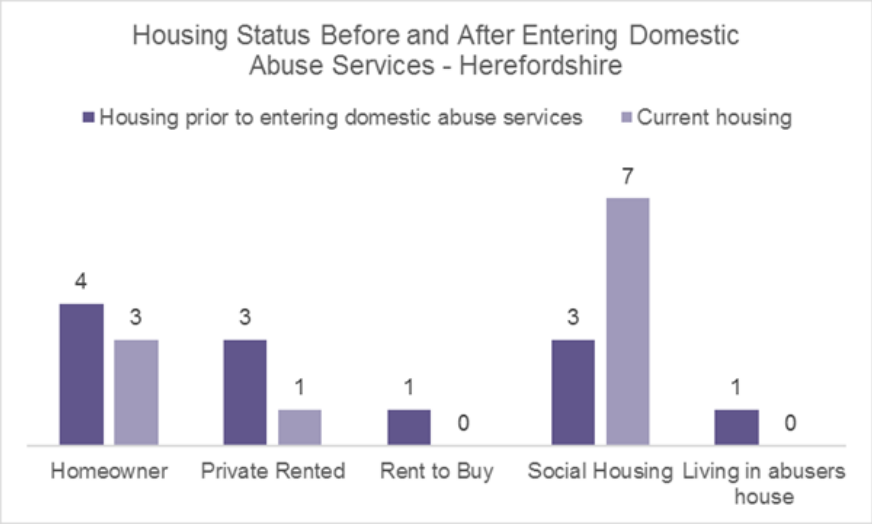


Figure 33. LEAG survey - Housing status of participants before and after entering domestic abuse services in Herefordshire

The survey indicated that just over half of victim/survivors stated that they were homeowners prior to entering DA services and the majority of victim/survivors stated that they were living in social housing after entering DA services. However, it appears the largest change before and after entering DA services related to victim/survivors leaving privately rented accommodation and accessing social housing instead.

These figures demonstrate the importance of ensuring that victim/survivors have adequate access to social housing. Domestic Abuse is recognised in the Council's housing allocations scheme. There is no requirement for victims of domestic abuse to have a local connection to Herefordshire in line with statutory guidance.

Figure illustrates how survey participants residing in Herefordshire rated their experience of the housing system on a scale of 1 (Unsatisfactory) to 5 (excellent).

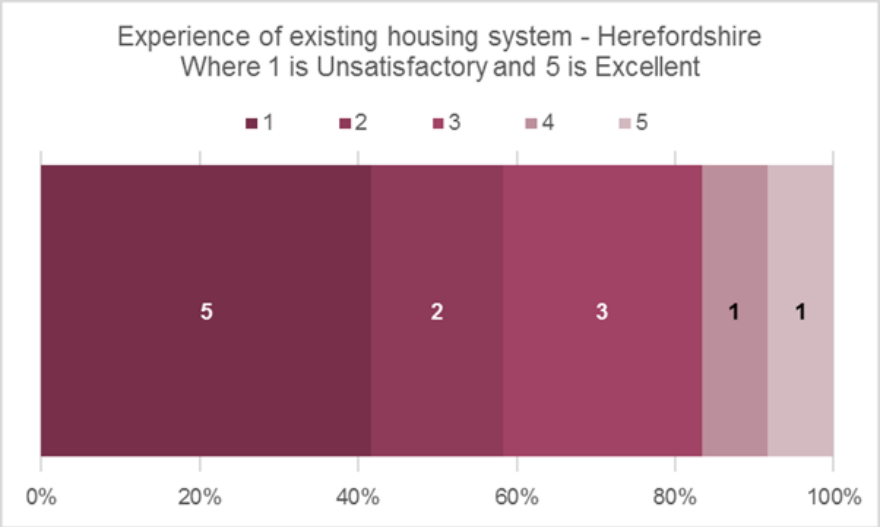


Figure 34. LEAG survey - Participants experience of the existing housing system

As outlined above, the majority of participants rated their experience as 'unsatisfactory.' The free text boxes in the following questions provided opportunity for further elaboration. When asked where gaps lie in current housing provision, participants made the following comments:

"The abused always seems to have to flee - there just isn't the available housing stock to house families in an emergency."

"Coming out of refuge there is no help to move in. The kids had no furniture and we were told to make it fun and camp out on the floor. No help to decorate an empty shell when suffering PTSD, SEN kids, sorting finances, alone with zero support and family court and criminal proceedings."

"Support with process of staying in existing housing"

There were also some suggestions made for new services that had been beneficial in other areas:

"*At a previous property in XXXX the police installed a direct line 'emergency phone' at my home and sent a specialist to assess the safety of the property. This has never been offered or mentioned in Herefordshire but would benefit so many."*

In the initial questions, participants had started to advocate for support with remaining in their existing properties. When asked about this directly 63% of respondents opted for staying in their own home rather than being supported to move to alternative accommodation (Figure).

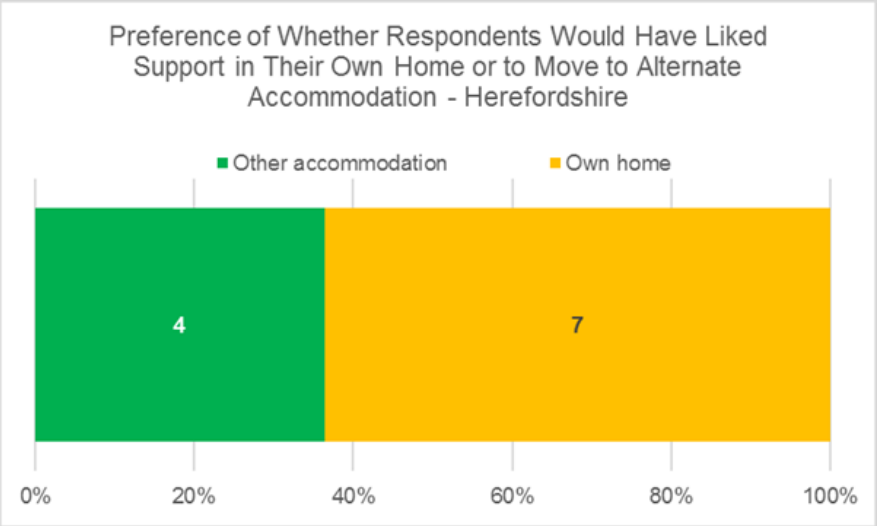


Figure 35. LEAG survey - Participants preference regarding support to stay in their own home or moving to alternative accommodation

When asked to elaborate on ways in which they could be supported to feel safer in their own homes, the following comments were made:

"Make sure the perpetrator had restrictions in the area I live"

"Target hardening and police understanding coercive control better"

"Housing understanding more on how abuse works and providing panic alarms or safe rooms for victims if they prefer to stay in the home."

"Support with making the property safer e.g., help with funding for doors, fences etc. to make it more secure."

Practitioner Engagement

Email feedback was sought from practitioners working with victim/survivors and/or perpetrators of DA within Herefordshire. The specific questions asked can be found in Appendix C, however, the following themes were identified:

- Strengths of current DA housing provision

  "My thoughts based on my experiences during my health visiting career are that housing provision has progressed greatly over the last few years. Refuge provision is so much better now that survivors can move into self-contained flats rather than an old, unpleasant building based around communal-living. It's also great that there are other satellite properties in the community that survivors can utilise." Professional, NHS Trust.

  "[Housing Solutions Officer] really understood DA and has influenced the service provided to survivors by the Housing Solutions Team. Hopefully the new person in post will continue the good work. I always felt like I could contact [Housing Solutions Officer] directly if I was supporting a survivor and she would do her best to help the survivor. I

think another massive strength in Herefordshire is the amazing support provided by the three women's aid workers in XXXX refuge. Survivors gain so much from the support these workers provide to both the adult and child victims." Professional, NHS Trust.

- Gaps in current housing provision

"The issue always revolves around the lack of available accommodation in Herefordshire and therefore victims of DA are offered emergency accommodation in Travelodge's or similar establishments in Hereford, Worcester and Gloucester and can often be accommodated there for several weeks (months). Whilst I know their first priority should be their personal safety, it must appear to many of the victims of DA that they are being punished due to the actions of the perpetrator." Professional, West Mercia Police.

"I think housing is a problem in general in Herefordshire as there is short supply, so this must be impacting on the options for victim/survivors." Professional, NHS Trust.

"There is a real need for more available/allocated housing/flats (permanent accommodation) for victims of DA. I understand this is all down to budgets and therefore it is extremely unlikely that anything will change." Professional, West Mercia Police.

"The LA is placing families in hotels which should not be the case and is inappropriate. There is no cooking facilities and the family are in just one room. The stress this can cause will lead to families/women returning to the abusive relationship. Some are often placed in temp out of area which can affect support networks, school attendance, etc." Professional, Domestic Abuse Service.

"Sometimes, however, survivors and young children have been placed in really unsuitable properties with really unsuitable neighbours (who actually pose a risk of harm) so that hasn't always been helpful for survivors who have already left their comfortable homes. I wondered, is the need great enough to have another refuge, potentially in Ross or Leominster?" Professional, NHS Trust.

"My understanding is that Housing Solutions have over the last 12 months changed in the way they deal with DA victims and instead of having specialist DA housing officers, the DA cases are spread amongst the available staff. From my perspective, having staff dedicated to victims of DA was a better way of supporting victims' housing needs and allowed us the opportunity to liaise with persons who understood the needs of DA victims and were aware of the ongoing cases we were dealing with and what would assist/help the individual victim's needs." Professional, West Mercia Police.

"Women fleeing unable to access Homepoint if they have a mortgage. They can look at private renting but we have a lack of privates within our area, or they are unaffordable (this is another issue to add to the list). Just because someone has a mortgage it may take years for the equity to be released, for e.g., if perp seeks legal in regards to him keeping the home until the children reach a certain age. We have had this recently and a woman had to view a bedsit within a property that contained drug addicts – this adds to their vulnerability or leaves the woman to feel they have no choice but to return to the abusive relationship." Professional, Domestic Abuse Service.

"Storage of furniture/belongings – the Code of Guidance states that the LA should provide this but they don't do this. This could deter a woman to leave if it means losing what they have built up over the years/losing their belongings." Professional, Domestic Abuse Service.

"Housing Associations insist on applicants paying RUF (rent up front) which is generally a month. Without the VRF we would have many families unable to access social housing. They are mainly in receipt of benefits so RUF would be wholly unaffordable." Professional, Domestic Abuse Service.

"Homepoint advertise properties that can only be bid on by those that have a Sec 106 Local Connection. Women fleeing from other areas won't have the LC but would very much like to be part of a community and would use the local amenities, such as schools, shops, parks, GP, etc. This shouldn't be a blanket policy but part of looking to the applicant's individual situations. The team are now aware that this is being looked at." Professional, Domestic Abuse Service.

- Housing for perpetrators of DA

"Whilst I think the needs of victims should always come first, if there is available accommodation for perpetrators to access away from the victim's address, then this would make perfect sense and would help in reducing the level of risk to the victim. Once the perpetrator is away from the victim's address then we can look at putting in the appropriate security measures to protect the victim." Professional, West Mercia Police.

"Re-housing perpetrators is a tricky one. In some ways it could be helpful if the survivor wants to stay in the home. I think it is something that could be explored as I don't feel I know enough about it currently." Professional, NHS Trust.

Recommendations

- Although based upon a small number of participants, it is evident from both the quantitative and qualitative data provided above that the majority of victim/survivors who responded to the survey would have preferred to remain in their own homes as opposed to accessing other accommodation. It is also clear that access to target hardening was considered particularly important in terms of supporting victim/survivors to feel safer in their own homes.
  This is further supported by a report by the West Mercia Police and Crime Commissioner (Senker & Scott, 2020) which highlighted that many victims want to remain in their own homes, and feel that being the one that has to leave is an additional "punishment".
  Whilst each situation will be unique, efforts should be made to allow victims to stay in their home if this is their wish and it is safe to do so.
  Further work could be undertaken here to understand and map the current pathways in place for the Sanctuary Scheme. However, it is relevant to note that during the time period this Needs Assessment relates to (2022-2023), target hardening was offered by the Design Out Crime Officer at West Mercia Police only. More recently, additional funding was secured for 2 years in 2023 to add capacity to the sanctuary scheme in

Herefordshire. The additional capacity is being delivered through the Councils You at Home Service who will be installing the sanctuary equipment. Data in relation to the provision of this service will be included in the refresh of next year's DA Needs Assessment.

- There needs to be more consideration around the low number of victim/survivors aged 55 and above accessing safe accommodation (particularly those aged 75+ years). It is evident from the data provided above that victim/survivors aged 75 years and above are not accessing safe accommodation within Herefordshire. There were no referrals to WMWA for anybody aged 75+ years between April 2018 and March 2023 and referrals were particularly low for those aged between 55 and 74 years.
- As stated above, 47% of referrals to refuge for disabled people were refused. Further work needs to be undertaken to understand why this number of referrals were refused and what steps can be taken to reduce this.
- Regarding DA in a rural context, several important recommendations have been provided by the National Rural Crime Network Report (2019) to include:
  - Providing better access to refuge and safe houses for rural catchments.
  - One of the key differences between rural and urban refuges is the need for rural victims to stay more local to their former home due to the ties they feel they have with children's schools and the immediate area. By contrast, urban victims can more easily relocate in other parts of a city. The need for some continuity of a former life in the area victims are living in, is key to their ability to move on. Where it is deemed safe to do so a rural relocation should be made available.
  - While acknowledging the difficulty we believe that refuges and particularly the options for safe houses should be planned, financed and maintained regionally more than locally where there may be more likely to cuts as budgets continue to be squeezed. Partnerships with Housing Associations for refuge or safe houses may prove a more viable alternative and allow for distribution across rural as well as urban fringe locations. Local control of housing supply should continue to ensure the primary selection of victims and particularly those with children to rehome.

Housing and Homelessness Data

Data provided by the Housing Solutions Team within Herefordshire Council indicates that there were 157 instances where DA victims presented for temporary accommodation between April 2018 and March 2023. It is important to note that the number of presentations are not equal to the number of victims as some victims presented for temporary accommodation more than once during this period. Domestic abuse is extremely complex and we know that:

- 85% of victims sought help on average five times from professionals in the year before they got effective help to stop the abuse (SafeLives, 2023).
- On average victims experience 50 incidents of abuse before getting effective help (FearFree, 2023).

According to data in figure 36, the number of presentations for temporary accommodation has been increasing in recent years. It is likely that with increasing national awareness of domestic abuse, more victims realise their situation and flee from abusive homes hence there is an increasing demand for temporary accommodation. However, SafeLives reports that as a consequence of the cost-of-living crisis, victims face no choice other than remaining in unsafe homes or been homeless due to the financial hardship. Other national charities also warn that the current housing crisis is having a devastating impact on victims, putting them at greater risk of violence and abuse.

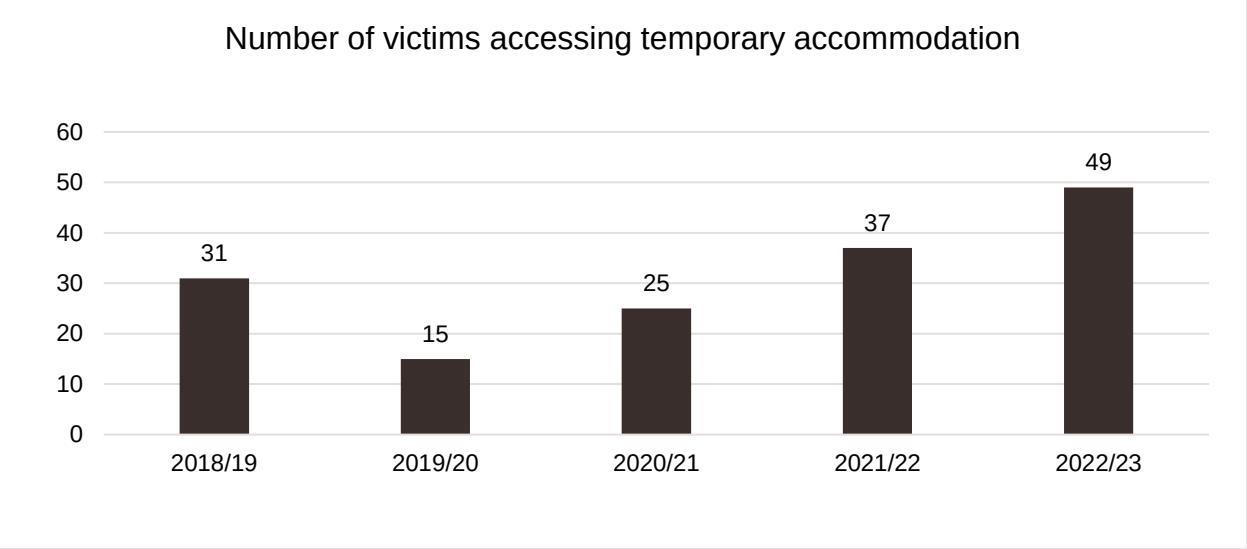


Figure 36. Number presentations of DA victims accessing temporary accommodation April 2018 - March 2023.

Note: Please note that these figures do include some repeat presentations as outlined above.

Women make up 86% of DA victims supported by Housing Solutions Team in Herefordshire, many with children or pregnant (52%). However, there is a marked increase in single females accessing temporary accommodation in the year ending March 2023.

Table 8. The makeup of DA victims presenting for temporary accommodation, between April 2018 and March 2023

Victim/s	**No.**	**%**
Female alone	57	36%
Female with child/ren	73	46%
Pregnant female (with or without children)	9	6%
Male alone	16	10%

Male with child/ren	2	1%
Total	157	100%

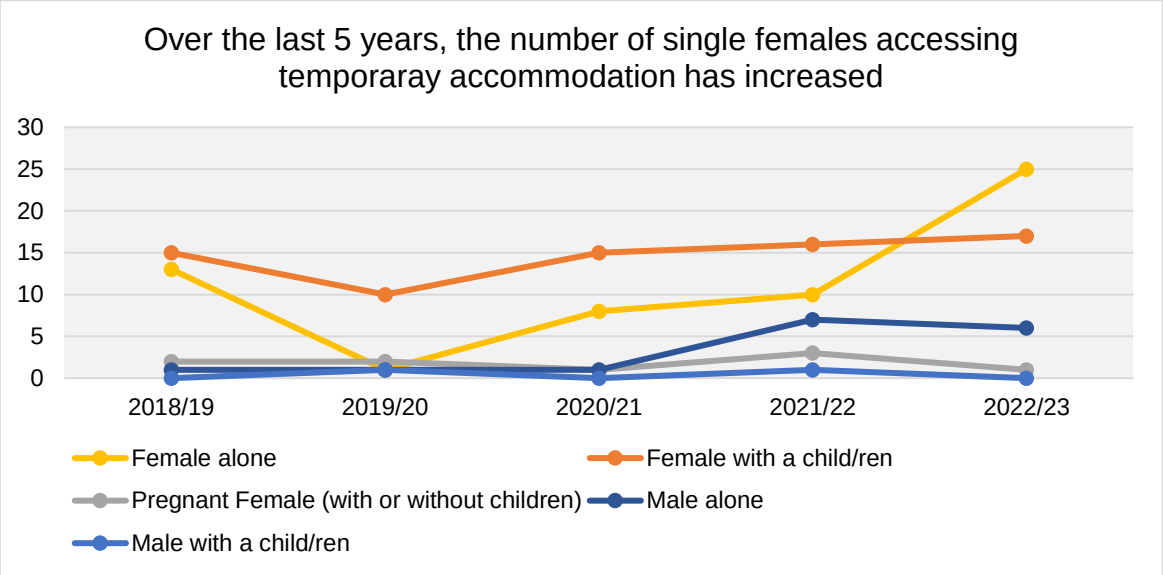


Figure 37. The makeup of DA victims who have accessed temporary accommodation, 2018-2023

There were 41 households registered with Home Point in need of accommodation as a result of domestic abuse in 2021/22 and the figure has increased to 50 households in 2022/23.

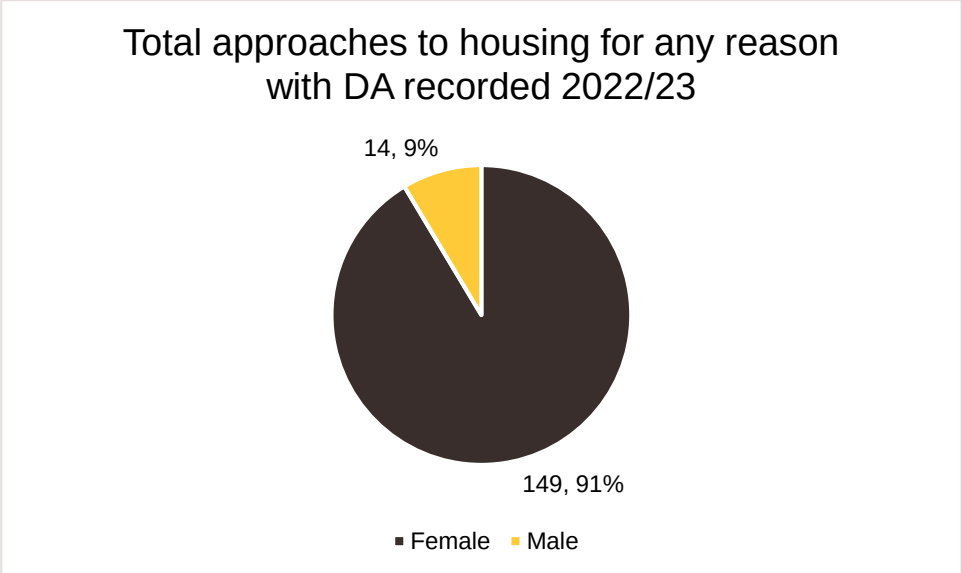


Figure 38. The number of approaches to housing with DA recorded in 2022/23

There were 163 approaches to housing where DA was recorded in 2022/23. Of these 163 instances, 91% were from women and 9% were from men. All 14 approaches by men were accepted, but 2 approaches by women were refused as the applicants were not eligible for access to public funds. All of those who were accepted were considered to be in / reason to believe priority need due to DA.

Figure shows that in 2022/23, 57 women and 7 men were accommodated in temporary accommodation due to being DA victims/survivors, with the majority being placed in a B&B/hotel.

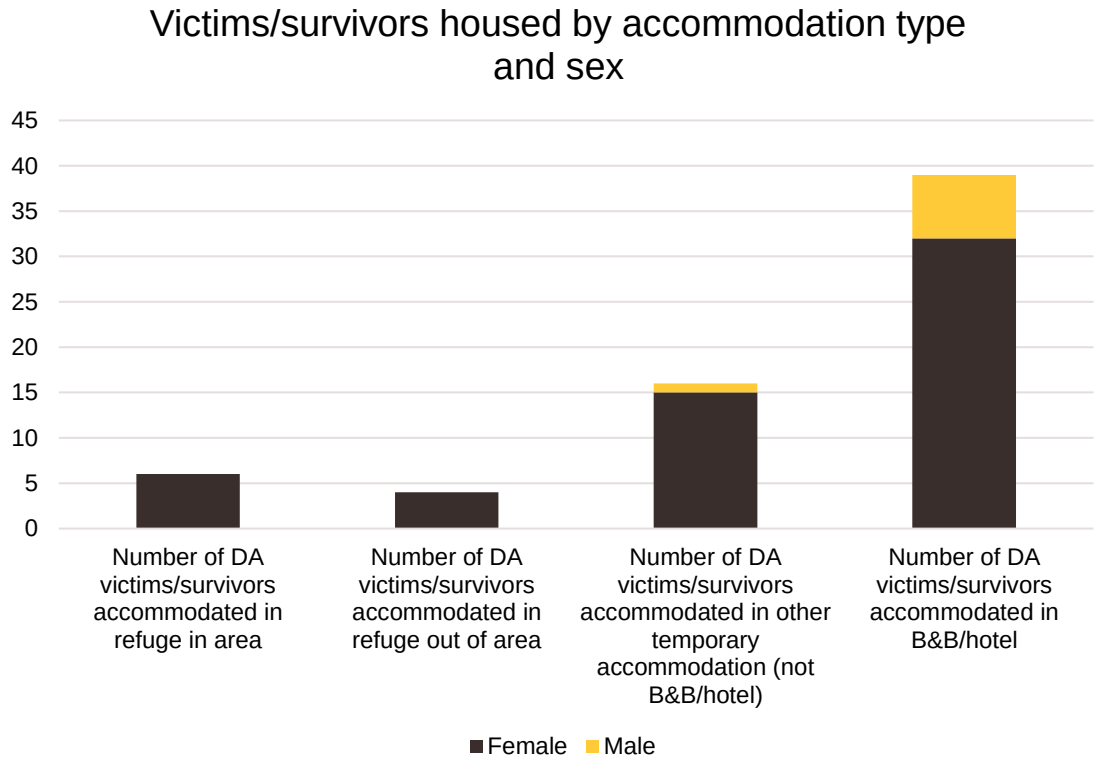


Figure 39. Number of victims/survivors housed by accommodation type and sex in 2022/23

The reasons why the prevention and relief duties ended for victims/survivors are outlined in Table 9 and Table 10. Table 11 outlines the reasons why main duty was discharged, with nearly 90% of women accepting a social housing offer.

Table 9. Reasons for ending of prevention duty for applicant who approached with DA in 2022/23

Prevention duty ended for those applicants who approached with DA	Female	Male
Homeless	24	0
Secured alternative accommodation for 12 or more months	11	0
Contact lost	9	0
Secured existing accommodation for 12 or more months	5	0
Secured alternative accommodation for 6 months	3	0
Secured existing accommodation for 6 months	2	0
Withdrew application / applicant deceased (Retired)	1	0

Table 10. Reasons for ending relief duty for those applicants who approached with DA in 2022/23

Relief duty ended for those applicants who approached with DA	Female	Male
56 days elapsed	53	4
Contact lost	25	6
Secured accommodation for 12 months	18	2
Secured accommodation for 6 months	10	0
Withdrew application / applicant deceased (Retired)	4	2
No longer eligible	1	0

Table 11. Main duty discharge reason for applicants who approached with DA in 2022/23

Main duty Discharge Reason	Female	Male
Accepted a Housing Act 1996 Pt6 social housing offer	42	2

Accepted a Private Rented Sector offer	3	1
Applicant withdrew or lost contact	1	0
Ceased to occupy temporary accommodation	1	0

Recommendations:

- Several recommendations have been identified for housing solutions specifically:
  1. The importance of having key members of staff within housing solutions who have specialist knowledge of DA and can build a strong rapport with relevant services.
  2. More housing support for victim/survivors who have a mortgage.
  3. More housing support for victim/survivors who have fled from another area and therefore do not have a 'local connection'.
- The importance of ensuring that Herefordshire Council adopts a Whole Housing Approach, with consideration given to gaining Domestic Abuse Housing Alliance (DAHA) Accreditation.
- More consideration is needed around the provision of housing for DA perpetrators (where the victim/survivor wishes to remain in their own home).

Next Steps and Recommendations

Demographic and composition population features of victim/survivors in Herefordshire

- Significant improvements are required with regards to data collection across several services. This includes both demographic and socioeconomic factors. The data collection template developed for DA needs assessments should continue to be utilised moving forward, to guide the development of enhanced data collection across Herefordshire. More accurate data recording is required in the future to provide more meaningful insights.
- The collection and consideration of equalities data and information, to routinely identify and respond to need on a consistent basis, is particularly important in enabling us to improve our response to DA victim/survivors with complex needs and/or multiple disadvantage/ intersectionality (particularly LGBTQ, people from ethnic minority backgrounds and Disability).
- The number of people with protected characteristics accessing services is lower than CSEW data suggests it should be. As such, steps need to be taken to identify, understand and address the barriers faced by victim/survivors with protected characteristics within Herefordshire. This could include undertaking work with survivors who have lived experience to understand the issues and barriers they may be experiencing and implement a plan of action to address these. For example, is there a lack of knowledge around the services that are available and/or are there issues relating to the accessibility of these services?

- An increased focus on capturing the demographic composition features of perpetrators of DA in the future. This could then be used to inform and target prevention efforts.
- Additional data needs to be gathered around the issue of domestic abuse in older people to enable a better understanding of this issue and what support is required. A multi-agency approach is required to improve data collection on domestic abuse in older people within Herefordshire. All relevant partner agencies need to collect accurate records to identify where domestic abuse among older people has occurred (i.e., West Mercia Police, WMWA and, importantly, within health and social care settings).
- Further exploration on the variance in data on age is also needed – for example, comparisons between the ASC data and the police/WMWA data which varies for older victims.
  There are concerns that DA perpetrated against older victims is not always recognised as DA, but instead classified as “Elder Abuse”, which then means that victims are not receiving specialist DA support. This is an area that requires further exploration, including an appraisal of the needs to determine which services would be best placed to provide the kind of support that will meet those needs.
  Herefordshire has an older population profile compared to England and Wales averages, so we could reasonably expect to see higher levels of DA amongst the elderly, which is not the case.

Children and Young People

- Only 15% of 185 referrals to WMWA CYP services came from Children's Social Care. Further exploration of what steps can be taken to increase these numbers should be undertaken.
- It would also be beneficial to establish how many of the CSC cases with DA recorded as a primary issue resulted in referrals to WMWA CYP services and how many were supported in house.

West Mercia Police Data

- As outlined above, most domestic abuse offences in Herefordshire which resulted in no further action were recorded as 'evidential difficulties - victim does not support police action', with a recent increase in 'victim does support police action but evidential difficulties' also preventing further action’. As such, further efforts should be made to explore this in more depth including ways in which to reduce these numbers.
- Regarding DA in a rural context, several important recommendations have been provided by the National Rural Crime Network Report (2019) to include:
  - Services and commissioners must analyse demand by postcode in future, using a common definition of rurality to develop a meaningful dataset, ensuring prevention and intervention work is also targeted at areas where there is apparently little demand – this report strongly indicates there will be demand, just hidden. Crime data provided within this report can be utilised to achieve the above.
  - Education and outreach must be prioritised and must focus on symptoms and patterns of abuse. Greater education and awareness is needed in rural areas regarding the warning signs of domestic abuse and the ability to act or help a victim to act. GPs and religious groups like church communities are the most likely allies in rural areas. Access and reference to Clare’s Law, the right to ask, needs to be made more public in rural areas so that victims know they have an option to revert to.

Resources need to be freed up to allow an effective awareness campaign to be provided to rural communities which target the recognition of behaviours symptomatic of domestic abuse. We believe that bringing symptoms into the spotlight is more effective than talk about domestic abuse per se.

- Domestic Abuse Service Commissioners need to proactively consider servicing rural communities. Incidence rates for domestic abuse are slightly higher in urban areas as evidenced by the CSEW - 4.6% in urban areas vs 3.9% in rural areas. Commissioners have an obligation to take a data-led approach to plan service provision, but for Commissioners with significant rural areas there must also be an obligation to ensure that data adequately represents the potential for domestic abuse cases in rural areas. With the knowledge that rural victims are half as likely to report incidents, outreach activity should be directed at low incidence or no incidence areas. Efforts should be made to look at where reporting of abuse is not happening, as well as where it is. I.e. are there very low incidences in some areas for no apparent reason and are there demographics and deprivation indices would suggest there should be more incidents?

MARAC

- To address the MARAC improvements as identified by the SafeLives review.
- There needs to be a clearer focus on addressing the behaviours of those who harm within MARAC.
- Improvements in data collection are needed for future needs assessments. Specifically around certain demographic factors and the relationship type between victim/perpetrator.
- The number of cases discussed at MARAC in Herefordshire where victims are from an ethnic minority group, LGBTQ+, disabled or male are very low. CSEW data suggests that DA is actually more prevalent in people with disabilities and those who are from the LGBTQ+ community. This suggests that there are likely to be unseen disabled and LGBTQ+ victims and efforts should therefore be made to explore these findings further.

Non-accommodation based domestic abuse service provision

- Regarding support for victim/survivors in the community – Work needs to be undertaken to address the perceived lack of support for low-medium risk clients and the waiting lists for these services.
- Feedback from those with lived experience showed that some were unsure of how they could get help if they were experiencing DA. As such, on-going efforts should be made to raise awareness of the support services available and how to access these by engaging with the community using a variety of methods.
- In addition, further efforts need to be made with regards to improving understanding of DA across public-facing agencies to ensure they provide effective responses (for example, by facilitating appropriate referrals into specialist services). This can be addressed via the provision of effective and accessible training.
- Following on from the above, understanding and working to improve referral numbers from external agencies to specialist DA support services. For example, those provided by WMWA, as only 4% of referrals were received from social care, 2% from health services and 2% from the police.

Domestic abuse safe accommodation

- Although based upon a small number of participants, it is evident from both the quantitative and qualitative data provided by those with lived experience that the majority would have preferred to remain in their own homes as opposed to accessing other accommodation. It is also clear that access to target hardening was considered particularly important in terms of supporting victim/survivors to feel safer in their own homes.
  This is further supported by a report by the West Mercia Police and Crime Commissioner (Senker & Scott, 2020) which highlighted that many victims want to remain in their own homes, and feel that being the one that has to leave is an additional "punishment".
  Whilst each situation will be unique, efforts should be made to allow victims to stay in their home if this is their wish and it is safe to do so.
- Further work could be undertaken here to understand and map the current, scope, pathways in place for the Sanctuary Scheme. However, it is relevant to note that during the time period this Needs Assessment relates to (2022-2023), target hardening was offered by the Design Out Crime Officer at West Mercia Police only. More recently, additional funding was secured for 2 years in 2023 to add capacity to the sanctuary scheme in Herefordshire. The additional capacity is being delivered through the Councils You at Home Service who will be installing the sanctuary equipment. Data in relation to the provision of this service will be included in the refresh of next year's DA Needs Assessment.
- There needs to be more consideration around the low number of victim/survivors aged 55 and above accessing safe accommodation (particularly those aged 75+ years). It is evident from the data provided above that victim/survivors aged 75 years and above are not accessing safe accommodation within Herefordshire. There were no referrals to WMWA for anybody aged 75+ years between April 2018 and March 2023 and referrals were particularly low for those aged between 55 and 74 years.
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Housing and homelessness data

- Several recommendations have been identified for housing solutions specifically:

  - The importance of having key members of staff within housing solutions who have specialist knowledge of DA and can build a strong rapport with relevant services.
  - More housing support for victim/survivors who have a mortgage.
  - More housing support for victim/survivors who have fled from another area and therefore do not have a 'local connection'.
- The importance of ensuring that Herefordshire Council adopts a Whole Housing Approach, with consideration given to gaining Domestic Abuse Housing Alliance (DAHA) Accreditation.
- More consideration is needed around the provision of housing for DA perpetrators (where the victim/survivor wishes to remain in their own home).

The above recommendations will be integrated into the new domestic abuse action plan which will form part of the new Domestic Abuse Strategy.

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Appendix

Appendix A

Table 2 Count of DA codes recorded by Herefordshire GPs

Code Term	2018	2019	2020	2021	Total
Advice about domestic abuse	1	0	2	0	3
Advice about domestic violence	2	2	1	0	5
DASH (Dom Abuse Stalking Harassment HBV) 2009 Risk Checklist	0	6	0	0	6
DASH (Domestic Abuse, Stalking and Harassment and Honour Based Violence) 2009 Risk Checklist	0	0	8	22	30
Domestic abuse	0	1	12	2	15
Domestic abuse of adult	0	0	3	0	3
Domestic abuse victim in household	4	0	0	0	4
History of domestic abuse	3	7	12	1	23
History of domestic emotional abuse	1	1	1	0	3
History of domestic sexual abuse	1	0	0		1
History of domestic violence	10	10	11	3	34
Routine enquiry about domestic abuse	1	4	7	7	19
Routine enquiry about domestic abuse declined		0	1	0	1
Routine enquiry about domestic abuse not made	1	0	0	0	1
Victim of domestic abuse	23	22	35	17	97

Appendix B

Lived Experience Advisory Group (LEAG) Housing Survey

The survey focuses on feedback from those who have experienced the current Housing provision. This was distributed internally, to partner professionals, online and via the WMWA website, social media and survivor network.

The survey included the following questions:

1. Prior to entering domestic abuse services what was your housing status? Options: home owner, rent to buy, private rented, social housing, other – please specify (free text box)
2. What is your current housing status? Options: home owner, rent to buy, private rented, social housing, other – please specify (free text box)
3. What are you experiences of the existing housing system? Please rate your experience of existing housing system (1- unsatisfactory to 5 – excellent).
4. Where do you feel the gaps lie in the housing system? (free text box)
5. What support have you benefited from in accessing housing? (free text box)
6. Are there services you have seen elsewhere that you would benefit from locally? (free text box)

7. Would it be your preference to be supported to stay in your own home or to move to alternative accommodation? Options: own home, other accommodation.
8. Are there ways in which you could be made to feel safer in your own home? (free text box)

Appendix C

Practitioner engagement – The below questions were distributed amongst relevant agencies/organisations working with victim/survivors and/or perpetrators of DA in Herefordshire

1. Are the existing housing support provisions for victim/survivors of DA in Herefordshire currently meeting need?

   If no, please expand. (I.e. what are the gaps in DA housing service provision in Herefordshire? Do we need additional options and what would this look like taking into account factors such as the age/sex of the victim/survivor and the size, number and location of the units?)

2. What are the key challenges victim/survivors face when accessing DA housing services in Herefordshire?
3. What are the strengths of the existing housing support provisions for victim/survivors of DA in Herefordshire? (I.e. what works well)
4. What are your thoughts on the provision of housing for perpetrators of DA (where the victim/survivor wishes to remain in their own home) – is this something that you would like to see explored / developed?
5. Any other comments:

Appendix D

Pathway Mapping Examples

Identification/Entry Point

Referred to WMWA by Herefordshire Housing Solutions

Victim/Survivor Needs within Safe Acc

Required self-contained safe accommodation with support for complex needs

Support Given Or Reason for Service Denial

Support declined due to current dynamics within refuge and client complex needs of alcohol detox, type 1 Diabetes, Schizophrenia, mental health crisis situation, personality disorder.

Follow On Support

Engaged with Turning Point

MARAC referral

Signed up to WMWA Freedom Group programme but did not attend

Offered Helpline.

Outcome

Unknown as no further contact.

Identification/Entry Point
Female with one child
Police referral via helpline
High risk
Safeguarding
Drug recovery programme

Victim/Survivor Needs within Safe Acc
Accommodated out of area until refuge space became available.
Solicitor accidentally provided refuge address to perpetrator.
Referred to extended refuge.

Support Given Or Reason for Service Denial
Furnished extended refuge (self-contained within community setting) for 16 months rent up front

Follow On Support
Floating Support - Grants for equipping new home, grants for school uniform,
Support with ongoing post separation harrassment, threats, family court, civil protection,
Housing Options
Benefits and food bank

Outcome
Moved to own tenancy
Settling in visit
Offered recovery pathway group programmes

Identification/Entry Point
Referred by primary school via helpline

Victim/Survivor Needs within Safe Acc
Safe accommodation for her and two children requested

Support Given Or Reason for Service Denial
Client felt unable to cope with moving into refuge
IDVA allocated
Police DARO involved
Safety planning completed

Follow On Support
Civil options discussion - Occupation Order
Housing options discussed
Freedom Programme - Online details sent for client to complete
Emotional support provided
Helpline number provided and encouraged to call should she want support in the future

Outcome
Stayed with family for short time
Returned to family home without perpetrator present
Husband planned to return to family home and agreed to behaviour change
Children's Social Care involved
No further contact with WMWA

Identification/Entry Point

Woman with one child

Children's social care referral via helpline

Victim/Survivor Needs within Safe Acc

Refuge accommodation

High risk DASH 20

Child in Need plan in place

Support Given Or Reason for Service Denial

Refuge accommodation for 9 months

IDVA support

MARAC referral

Nurture Parenting through domestic abuse group programme

Follow On Support

Freedom Programme

Surviving Economic Abuse referral

Family court

Housing options

Benefits and debt

Prohibited Steps order

Crime Risk Survey on new property

Harrassment and threats to kill extended family

Safeguarding

Grants for new home items and rent up front

Wellbeing - Nature Tots, Gym membership, Children's Centre

Parenting support

Outcome

Moved to own tenancy

Had to give up her job

Perpetrator located her and broke into house and kidnapped child

Temporary accommodation in hotel provided

Police escort to home to collect belongings - homeransacked and all belongings destroyed

Emergency transfer provided by landlord

Identification/Entry Point
Male who has physical disabilities
Called helpline due to being in temporary accommodation
Had previoulsy been accommodated in extended refuge

Victim/Survivor Needs within Safe Acc
Safe accommodation offered via extended refuge

Support Given Or Reason for Service Denial
Referred to IDVA
Accommodation offered - not able to accept
Men & Boys group support offered - not able to attend
MARAC referral
Safeguarding referral

Follow On Support
Offered community support

Outcome
Spent a period of time in hospital in another area.
Moved out of area.

Herefordshire Council

Appendix 3

Equality Impact Assessment (EIA) Form

1. Service Area/Directorate

Name of Head of Service for activity being assessed:
Directorate:
Name of lead person for this activity:
Individual(s) completing this assessment: Hannah McSherry / Wendy Dyer
Date assessment completed: 12.03.25

2. What is being assessed

Activity being assessed (eg. policy, procedure, budget, service redesign, strategy etc.)

Domestic Abuse Strategy 2025- 2028

What is the aim, purpose, or intended outcome of this activity?

The Domestic Abuse Act 2021 places a range of new duties on Local Authorities including:

a) Appoint a multi-agency Domestic Abuse Local Partnership Board, which will be consulted in the implementation of the new Act.
b) Assess the need for accommodation-based domestic abuse support in their area for all victims or their children, including those who come from outside the area.
c) Develop and publish a strategy for the provision of such support to cover the local authority locality, having regard to the needs assessment.
d) Give effect to the strategy (through commissioning or de-commissioning decisions) including the provision of safe accommodation.
e) Monitor and evaluate the effectiveness of the strategy, reviewing it every three years.

Herefordshire Council carried out a domestic abuse needs assessment in 2024 and have used the information captured through this process, along with information gathered through the Safelives domestic abuse systems review and feedback from people with lived experience to develop a new Domestic Abuse strategy in line with the guidance issued alongside the 2021 Act.

The strategy reviews activities undertaken though the previous Domestic Abuse Strategy and outlines the activities that will be taken forward to prevent and tackle domestic abuse in Herefordshire during the lifetime of the strategy.

Who will be affected by the development and implementation of this activity?

- ☒ Service users
- ☒ Communities
- ☒ Children
- ☒ All staff
- ☐ Staff at a particular location
- ☐ Visitors to the county
- ☒ Carers
- ☐ Patients
- ☐ All part-time staff
- ☐ Other:

Is this:

- ☒ Review of an existing activity/policy
- ☐ New activity/policy

☐ Planning to withdraw or reduce a service, activity or presence?

3. Background information and findings

What information and evidence have you reviewed to help inform this assessment? (name your sources, eg. demographic information, usage data, Census data, feedback, complaints, audits, research)

A full needs assessment of domestic abuse has been undertaken using a range of data sources across local support providers and stakeholders as well as sub regional, regional and national data, this was completed in October 2024.

Additionally, we have used legislation, research and policy documents to inform and develop the strategy.

Summary of engagement or consultation undertaken (eg. who you've engaged with, and how, or why do you believe this is not required)

Stakeholder consultation was carried out during 2024. A detailed coproduction process has been completed with people with lived experience of domestic abuse which has directly informed the priorities and actions in the strategy. A public consultation was completed in February 2025.

Feedback has been used to inform the strategy.

Summary of relevant findings (it is possible that you will have gaps in your evidence. You must decide whether you need to fill in the gaps now, and if it is feasible to do so. It might be that collecting robust information forms part of your action plan below)

The need assessment completed provides a comprehensive analysis of domestic abuse in Herefordshire for the year 2022/23, covering various aspects including demographics, service provision, and recommendations for improvement which include:

- Challenges in data collection and service provision, particularly regarding demographic and socioeconomic factors, which need to be addressed to improve support for victims.
- Support for children and young people affected by domestic abuse includes various programs.
- The number of recorded domestic abuse offences has increased, with a significant proportion of cases not progressing due to lack of victim support for police action.
- There is a need for more housing support for domestic abuse victims, including those with mortgages and those without a local connection, to ensure they have safe accommodation.
- The MARAC process is effective but requires improvements in data collection and addressing the behaviour of perpetrators to enhance victim safety.

The strategy has identified four key priority areas where actions are needed to improve services and support available, these are set out below.

Improve awareness and prevention
Improving understanding of domestic abuse and support services
Improve joint working and coordination across services
Hold perpetrators to account for their behaviour

4. The Public Sector Equality Duty

Will this activity have a positive, neutral or negative impact on our duty to:

Equality Duty	Positive	Neutral	Negative
Eliminate unlawful discrimination, harassment, victimisation?	☒	☐	☐
Advance equality of opportunity between different groups?	☒	☐	☐
Foster good relations between different groups?	☒	☐	☐

Explain your rationale here, and include any ways in which you could strengthen the capacity of this activity to promote equality (remember to add anything relevant into your action planning below)

The strategy has been developed in line with the requirements of the Domestic Abuse Act 2021.

A Domestic Abuse Local Partnership Board is in place, this consists of a group of organisations that are working together to improve outcomes for victims of domestic abuse. This is achieved through a strategic approach to sharing knowledge and intelligence, identifying and, where possible, addressing gaps in support and prevention. The strategy sets out the priorities and actions for the Domestic Abuse Local Partnership Board for the next 3 years.

The Board recognise the fact that domestic abuse has a huge impact on the lives of victims and are committed to listening and engaging with those with lived experience and supported by expert evidence base, to continuously learn and improve.

The board also acknowledges the gendered nature of domestic abuse but work to ensure our local response to domestic abuse is accessible to all regardless of gender and other protected characteristics.

The equality duty is strengthened through the following actions:

1. Commissioning of a lived experience advisory network to ensure that the voices of people with lived experience of domestic abuse are at the heart of what we do.
2. Secured additional investment for the Sanctuary Scheme (installation of target hardening equipment) in Herefordshire, giving victims the option to stay at home where it is deemed safe to do so.
3. Co-located domestic abuse specialists in Early Help and Edge of Care/Home teams at Herefordshire Council to ensure a robust understanding and response to domestic abuse
4. Offering specialist domestic abuse training for professionals and volunteers across Herefordshire to increase understanding of domestic abuse and the support services that we have in place.
5. Securing funding for the continuation of the IRIS programme to support early intervention and prevention through GP surgeries.
6. Developed our relationship with the Police and Crime Commissioner and domestic abuse commissioners across West Mercia to share best practice and maximise service provision.
7. Work with Adult Social Care colleagues to gain greater insight into the prevalence of elder abuse in Herefordshire.
8. Gain feedback from children and young people and review research to better understand the impact of domestic abuse on their lives.
9. By offering a range of specialist services for people to access e.g. floating support, specialist services for children etc.
10. Fostering good relationships through the DA Local Partnership Board, DA professionals network, West Mercia DA commissioners working group and through the lived experience advisory group.

11. The impact of this activity

Consider the potential impact of this activity on each of the equality groups outlined below and explain your rationale. Please note it is possible for the potential impact to be both positive and negative within the same equality group. Remember to consider the impact on staff and service users (current and potential) and partner organisations. It may be useful to include data within these sections if you know the diversity make-up of the people likely to be affected.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Rationale
Age (include safeguarding, consent and child welfare)	☒	☐	☐	According to the needs assessment carried out in 2024, half of all victims of recorded domestic abuse offences were aged 25-44 years, with the median age of victims being 30. The Domestic Abuse Act 2021 highlights the significant impact domestic abuse can have on children and young people, including their health, wellbeing, and development. The act also discusses the unique challenges faced by older victims of domestic abuse, such as dependency on the abuser for care and the potential for abuse to be overlooked or misinterpreted as age-related issues. The Domestic Abuse Act 2021 asks local authorities to have particular regard to victims and their children with relevant protected characteristics as per the Equality Act 2010 and states that they must be able to access the support that they need. Under this duty, local authorities must ensure the appropriate and adequate support within safe accommodation that meets the needs of all victims including those with relevant protected characteristics, additional and / or multiple complex needs and whose support needs may not be able to be met within non-specialist domestic abuse safe accommodation. The duties under the act are reflected in the council's Domestic Abuse Strategy and commissioned services which should result in a potential positive impact on age ensuring that victims/survivors have access to the right support at the right time regardless of age.
Disability (consider attitudinal, physical, financial and social barriers, neuro-diversity, learning disability, physical and sensory impairment)	☒	☐	☐	The needs assessment shows a significant number of domestic abuse victims are disabled. Also, that 68% of disabled people referred to West Mercia Women's Aid (WMWA) had mental health issues. Additionally, over 50% of victims supported by the Independent Domestic Violence Advisor (IDVA) service in 2022/23 were recorded as disabled. Data suggests that disabled people may be more vulnerable to domestic abuse due to factors such as communication barriers, social isolation, and dependency on the abuser for care. Abuse can take various forms, including physical, emotional, financial, and sexual. For disabled victims, it can also include withholding care,

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Rationale
				medication, or mobility aids, and restricting access to necessary support services. Disabled victims may face additional barriers to reporting abuse, such as fear of losing their caregiver, lack of accessible reporting mechanisms, and concerns about not being believed or taken seriously. The council's strategy emphasises the need for support services to be accessible and tailored to the specific needs of victims. This includes: • providing information in accessible formats, ensuring physical accessibility of services, and training staff to understand and respond to the unique challenges faced by individuals. • collaboration between multiple agencies, including health and social care services, the police, and specialist domestic abuse services ensuring a comprehensive and coordinated local response to need.
Gender Reassignment (include gender identity, and consider privacy of data and harassment)	☐	☒	☐	The needs data highlights the number of non-binary and transgender victims supported by the Independent Domestic Violence Advisor (IDVA) service is very low. Specifically, between April 2018 and March 2023, no non-binary victims and fewer than five transgender victims have been supported by the IDVA service. Data on gender identity was not provided by the Police, Health, Housing, or Adult Social Care services as part of the needs assessment. The challenges in data collection need to be addressed to better understand the impact on this group however the Domestic Abuse Act 2021 Statutory Guidance includes important considerations for individuals who have undergone or are undergoing gender reassignment: • Individuals who have undergone or are undergoing gender reassignment may face unique forms of abuse related to their gender identity. This can include emotional abuse, such as threats to "out" them, or physical and sexual abuse that targets their gender identity. There can be significant barriers to accessing support for these individuals, including fear of discrimination, lack of understanding from service providers, and concerns about being misgendered or not taken seriously.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Rationale
				The council's strategy and commissioned services emphasise the need for domestic abuse services to be inclusive and sensitive to the needs of transgender individuals. This includes providing training for staff on gender identity issues and ensuring that services are welcoming and accessible to all.
Marriage & Civil Partnerships	☒	☐	☐	The domestic abuse act defines "personally connected" individuals as those who are married to each other, civil partners of each other, have agreed to marry one another (whether or not the agreement has been terminated), have entered into a civil partnership agreement (whether or not the agreement has been terminated), are or have been in an intimate personal relationship with each other, have or have had a parental relationship in relation to the same child, or are relatives. Domestic abuse within marriage can often involve coercive control, where one partner exerts power and control over the other through various means, including emotional, psychological, and financial abuse. Married individuals may experience economic abuse, where the abuser controls access to financial resources, limiting the victim's independence and ability to leave the abusive relationship. The council's strategy and commissioned support services emphasise the importance of accessible support services for married victims of domestic abuse, this includes safe housing options which would have a positive impact on this group.
Pregnancy & Maternity (consider working arrangements, part-time working, infant caring responsibilities)	☒	☐	☐	The needs assessment shows over three-quarters of the people accessing refuge were either pregnant (12%) or had children in the household (65%). Women make up 86% of domestic abuse victims supported by the Housing Solutions Team in Herefordshire, many with children or pregnant (52%). Whilst the domestic abuse strategy for Herefordshire does not specifically address pregnancy, although it is acknowledged that pregnancy can be a trigger for domestic abuse, and existing abuse may get worse during pregnancy or after giving birth. Midwives ask pregnant women about domestic abuse as part of their checks. However, the strategy does talk about investment in the IRIS programme, which is a GP based programme of education and support which focuses on early intervention and prevention of domestic abuse. The strategy highlights the impact of domestic abuse on various vulnerable groups and

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Rationale
				the importance of providing support to all victims, regardless of their circumstances.
Race (including Travelling Communities and people of other nationalities)	☐	☒	☐	The Herefordshire DA needs assessment data shows the majority of victims are from white ethnic backgrounds. However, the needs assessment also shows there are challenges in data collection which need to be addressed to better understand the impact on people from different nationalities. The Domestic Abuse Act acknowledges the additional cultural and linguistic barriers that victims from ethnic minority backgrounds may face, and the need for culturally sensitive support and intervention. The council's strategy and commissioned support services emphasise the importance of accessible support services ensuring a commitment to inclusivity and non-discrimination in providing support and services to victims of domestic abuse.
Religion & Belief	☒	☒	☐	Data from the needs assessment on religion and belief was not provided by the Police, Health, Housing, or Adult Social Care services. This highlights the need for better data collection. The Domestic Abuse Act 2021 asks local authorities to have particular regard to victims and their children with relevant protected characteristics as per the Equality Act 2010 and states that they must be able to access the support that they need. This duty is reflected in the council's updated Domestic Abuse Strategy and should result in a potential positive impact.
Sex (consider issues of safety and sexual violence, part-time work)	☒	☐	☐	SafeLives, a leading domestic abuse charity, estimate that around 8,000 people a year in Herefordshire experience domestic abuse: 5,500 (68%) females and 2,500 (32%) males. The local needs assessment data confirms that the majority of domestic abuse victims are female. The duties under the act are reflected in the council's Domestic Abuse Strategy and commissioned services which should result in a potential positive impact by ensuring that victims/survivors have access to inclusive and sensitive support services regardless of sexual identity.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Rationale
Sexual Orientation	☐	☒	☐	The domestic abuse act recognizes the distinct experiences of LGBTQ+ victims, including the potential for abuse to be linked to their sexual orientation or gender identity. The act also covers the experiences of male victims of domestic abuse, highlighting the stigma and underreporting that can occur. The Domestic Abuse Strategy for Herefordshire emphasises the importance of ensuring that the local response to domestic abuse is accessible to all individuals, regardless of their sexual orientation.
Others: carers, care leavers, homeless, social/ economic deprivation (consider shift-patterns, caring responsibilities)	☒	☐	☐	The local needs assessment shows a notable link between domestic abuse and deprivation, with over 40% of all domestic abuse offences and incidents recorded in the most deprived parts of Herefordshire. There are challenges in accessing support services, particularly for those in rural areas. Rural victims are half as likely to report their abuse, and face significant barriers in accessing support services. The strategy outlines several priorities and actions aimed at improving awareness, understanding, and joint working across services. These include investing in specialist domestic abuse roles, promoting healthy relationships education in schools, and developing social media campaigns to support wider understanding of domestic abuse. Additionally, the strategy emphasises the importance of training professionals to understand coercive control and its impact, as well as the need for a non-victim-blaming approach.
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from unequal distribution of social, environmental & economic conditions)	☒	☐	☐	The domestic abuse act addresses the impact of domestic abuse on children recognising that witnessing abuse can have long-term effects on their health and development. The Domestic Abuse Strategy also highlights the significant impact of domestic abuse on the health and well-being of victims. It emphasises the need for a comprehensive approach to address the physical, psychological, and emotional health consequences of domestic abuse. The strategy outlines several priorities and actions aimed at improving the health outcomes of domestic abuse victims. These include investing in specialist domestic abuse roles, promoting healthy relationships education in schools, and developing social media campaigns to support wider understanding of domestic abuse.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Rationale
				Further investment has been secured for the continuation of the IRIS project in Herefordshire to support GP practices with early intervention and prevention of domestic abuse.

Where a negative impact on any of the equality groups is realised after the implementation of the activity, the activity lead will seek to minimise the impact and carry out a full review of this EIA.

12. Action planning

What actions will you take as a result of this impact assessment? (you will need to include actions to mitigate any potential negative impacts)

The strategy is underpinned by an action plan that will be championed by each partner within the Domestic Abuse Local Partnership Board. The actions will be further developed and directly linked to agencies to ensure effective mechanisms are in place for delivery.

13. Monitoring and review

How will you monitor these actions?

Needs assessments are an important precursor to developing local strategies. A full needs assessment should be conducted at a minimum every 3 years, with a refresh being undertaken on an annual basis to ensure any change in demand or support requirements are adequately captured. This will be used to inform the strategy and resulting actions.

Accountability and Governance

The strategy and associated action plan is designed to be flexible and adapt to changing needs and national guidance. The Domestic Abuse Local Partnership Board is responsible for its implementation, overseeing effectiveness, delivery plan, and funding commitments. Feedback from people with lived experience will continue to inform progress and commissioning of services.

Measuring Progress

Progress will be measured through a multi-agency domestic abuse dashboard, feedback from the Lived Experience Advisory Network, workforce data, grant and contract monitoring data, and learning from Domestic Homicide Reviews.

The strategy will be implemented by the Local Partnership Board, a multi-agency partnership. The council will be required to report to the Government annually.

When will you review this EIA?

The EIA will be reviewed at least every 3 years at the same time as the strategy is updated

14. Equality Statement

- All public bodies have a statutory duty under the Equality Act 2010 to give due regard to how they can improve society and promote equality in every aspect of their day-to-day business. This

means that they must consider, and keep reviewing, how they are promoting equality in decision-making, policies, services, procurement, staff recruitment and management.

- Herefordshire Council will challenge discrimination, promote equality, respect human rights, and design and implement services, policies and measures that meet the diverse needs of our population, ensuring that none are placed at a disadvantage over others.

Signature of person completing EIA

Hannah McSherry and Wendy Dyer

Date signed 13.03.25

Appendix 4

Tackling Domestic Abuse Strategy 2025-2028

Introduction

The Tackling Domestic Abuse Strategy has been developed by the Domestic Abuse Local Partnership Board in line with the requirements of the Domestic Abuse Act 2021.

The Board is a group of organisations working together to improve outcomes for people experiencing domestic abuse through a strategic approach to sharing knowledge and intelligence, identifying and addressing gaps in support and prevention.

Domestic abuse has a huge impact on the lives of the people that experience it and we are committed to listening and engaging with those with lived experience and supported by expert evidence base, to continuously learn and improve.

The strategy acknowledges the gendered nature of domestic abuse but seeks to ensure our local response to domestic abuse is accessible to all regardless of gender and other protected characteristics.

Vision

‘Herefordshire aims to be a county where domestic abuse is not tolerated, and everyone can live free from abuse and harm. People with lived experience of domestic abuse, including children, should have access to the right support at the right time.’

Definition of Domestic Abuse

In summary the Domestic Abuse Act 2021 defines domestic abuse as abusive behaviour between individuals aged 16 or over who are personally connected.

Abusive behaviour includes;

- physical abuse and violence
- sexual abuse
- threatening behaviour
- controlling or coercive behaviour
- economic & financial abuse
- psychological & emotional abuse
- or other abuse.

Personally connected means;

- Married
- Civil partners
- Engaged
- Agreed to be civil partners
- Are in or have been in an intimate relationship
- Had a parental relationship with the same child.
- Are relatives

Understanding domestic abuse

Safelives Review

This independent review of the domestic abuse system was undertaken in 2023/24. This review included working with partners, stakeholders and people with lived experience of domestic abuse to identify strengths, weaknesses and gaps in services and support. The review resulted in a variety of recommendations that have been integrated into the needs assessment, strategy and the action plan.

Needs Assessment

A needs assessment carried out in 2024 revealed that an estimated 8,000 people a year in Herefordshire experience domestic abuse, with the majority being women.

Lived Experience Engagement

The lived experience advisory network was established in 2023, and feedback from people with lived experience has been gathered through surveys, focus groups, and working groups. This feedback has informed the priorities and actions in the strategy.

Voices of Lived Experience

(There is) still so much stigma and shame attached to domestic abuse.

School is safer than home.

Having to repeat what happened over and over again was hard. I was like I've already told the Police this but I had to tell everyone again. It was exhausting.

You worry that no one will believe you and then when you finally find the courage to talk it is used against you.

You are never free of your perpetrator if you have children.

It is hard to make someone see why you made certain choices when they don't understand what you were going through.

Priorities

Improve awareness and prevention: Early identification and support, educating young people, raising awareness through social media, and integrating prevention in recommissioning activities.

Improving understanding of domestic abuse and support services: Comprehensive understanding, mandatory training, challenging victim-blaming, involving people with lived experience, and understanding the impact on children and older people.

Improve joint working and coordination across services: Implementing recommendations, addressing support for low-medium risk clients, improving access to safe accommodation, and promoting long-term affordable housing solutions.

Hold perpetrators to account for their behaviour: Influencing protective orders, reducing repeat offenses, collaborating with the Police and Crime Commissioner, and considering housing provision for perpetrators.

Links to HWB Priorities: Best Start in life for Children

1. Reducing Exposure to Harm

Children who witness or experience domestic abuse face significant risks to their physical, emotional, and cognitive development. Preventing DA helps ensure children grow up in safe, stable environments—critical for a healthy start in life.

2. Breaking the Cycle of Abuse

Early intervention and support for families affected by DA reduces the likelihood of intergenerational cycles of violence. This promotes resilience and positive relationships for children as they grow.

3. Safeguarding and Protection

The DA strategy emphasises multi-agency collaboration and safeguarding, ensuring that children's needs are prioritised when abuse occurs.

4. Supporting Parental Wellbeing

Helping parents escape abusive situations and access support improves their mental health and stability, which directly benefits children's wellbeing and development.

5. Education and Awareness

The strategy includes prevention and education initiatives, such as teaching young people about healthy relationships. This equips children with skills to make informed choices and fosters emotional wellbeing from an early age.

6. Access to Services

Improved access to housing, health, and social care services for families affected by DA ensures children receive holistic support—meeting both immediate safety needs and long-term developmental goals.

Links to HWB Priorities: Good mental wellbeing throughout life

1. Reducing Trauma and Psychological Harm

Domestic abuse is a major cause of anxiety, depression, PTSD, and other mental health conditions. Preventing abuse and providing early intervention reduces exposure to trauma, helping individuals maintain better mental health across their lifespan.

2. Supporting Recovery and Resilience

The strategy includes access to specialist support services, safe accommodation, and therapeutic interventions. These measures help survivors rebuild confidence and emotional stability, which are essential for long-term mental wellbeing.

3. Breaking Cycles of Abuse

By addressing root causes and holding perpetrators accountable, the strategy aims to prevent repeated harm. This reduces chronic stress and instability that can negatively impact mental health over time.

4. Promoting Healthy Relationships

Education and awareness initiatives within the strategy teach young people about healthy relationships and coercive control. This fosters emotional resilience and reduces the risk of future abuse, supporting mental wellbeing from early life onward.

5. Multi-Agency Coordination

Improved joint working ensures timely access to mental health services for those affected by DA. This integrated approach helps individuals receive holistic care, addressing both safety and psychological needs.

Links to other priorities….

- Shared focus on vulnerability – DA often intersects with complex needs.
- Housing and homelessness prevention – DA is a leading cause of homelessness.
- Coordinated multi-agency response – alignment with Complex Lives and housing strategies.
- Breaking cycles of crisis – early intervention reduces chronic instability.

Governance and Measuring Progress

Accountability and Governance

The strategy and associated action plan is designed to be flexible and adapt to changing needs and national guidance. The Domestic Abuse Local Partnership Board is responsible for its implementation, overseeing effectiveness, delivery plan, and funding commitments. Feedback from people with lived experience will continue to inform progress and commissioning of services.

Measuring Progress

Progress will be measured through a multi-agency domestic abuse dashboard, feedback from the Lived Experience Advisory Network, workforce data, grant and contract monitoring data, and learning from Domestic Homicide Reviews.

AGENDA ITEM 8

Herefordshire Council

Implementation of the Neighbourhood Health Framework: Respons.ibilities and approach for the Health and Wellbeing Board

Meeting: Health and Wellbeing Board

Meeting date: 15 December 2025

Report by: Jo Hodgetts, Associate Director, Neighbourhood Health, One Herefordshire Partnership

Classification

Open

Decision type

This is not an executive decision

Wards affected

All

Purpose

To update the Health and Wellbeing Board (HWB) on the new responsibilities arising from the (draft) National Neighbourhood Health Framework (2025) and to seek endorsement for the proposed local approach to meet these requirements.

To provide an update to members on progress as one of 43 sites nationally partaking in wave one of the National Neighbourhood Health Implementation Programme (NNHIP).

Recommendation(s)

That the Health and Wellbeing Board:

a) note the new requirements set out in the draft National Neighbourhood Health Framework, including the requirement to produce an Interim Strategic Neighbourhood Health Plan by April 2026 and an underpinning interim Operational Plan by September 2026;

b) endorse the proposed approach to develop these plans in partnership and review the membership;

Further information on the subject of this report is available from
Joanne Hodgetts, Associate Director, Neighbourhood Health
One Herefordshire Partnership

c) confirm HWB members to lead and attend the task and finish group for strategic plan development;

d) note the progress to date with the National Neighbourhood Health Implementation Programme (NNHIP);

e) the Health and Wellbeing Board agree to receive further progress updates at each meeting and provide strategic direction as required; and

f) endorse the proposed change in One Herefordshire Partnership governance structure, functions and form and note the establishment of the Herefordshire Health and Care Partnership Board and the Herefordshire Neighbourhood Health Delivery Board.

Alternative options

1. Do Nothing: Not recommended. The framework sets out new national requirements that apply to all HWBs. Herefordshire is expected to exceed national timelines due to membership of the NNHIP. Failure to comply would weaken Herefordshire's alignment with national expectations and risk fragmented planning.

2. Develop plans through a single organisation: Not recommended. The framework requires neighbourhood planning to be jointly owned across the NHS, local authority, VCSE and community partners. A single-agency approach would fail to meet the standard for integration.

Key considerations

The role of the Health and Wellbeing Board in neighbourhood health

3. Under the National Neighbourhood Health Framework, and as referenced in the Strategic Commissioning Framework, Health and Wellbeing Boards will be required to act as the strategic system leader for the development of an interim Strategic Neighbourhood Health Plan (by April 2026). This will set the immediate local priorities for 2026/27 for orientating services towards a Neighbourhood Health service, with a plan for how areas will work together to address broader priorities by April 2027 and oversight of the development of an underpinning, interim operational Plan (by September 2026). This is in addition to current responsibilities for setting the strategic direction for health and wellbeing, driving integration and reducing inequalities.

4. The Framework is clear that HWBs should have broad, representative membership capable of leading neighbourhood health planning. HWBs are required to review and if needed, refresh its membership to ensure alignment with these expectations, and review existing governance structures eg place committees and joint executive boards, describing clear lines of accountability, decision-making authority, and mechanisms for public engagement and scrutiny.

The Strategic Neighbourhood Health Plan

5. The Strategic Neighbourhood Health Plan should:
   a. identify and address the health and wellbeing priorities of the local population;
   b. determine the wider partnership working that is needed to obtain maximum benefit from the full range of services and activities that contribute to the community's health and wellbeing;
   c. determine how services are organised in individual neighbourhoods and across the place.

6. It should be informed by the joint strategic needs assessment (JSNA), the ICB's joint forward plans, and any other system or place level plans deemed relevant. It should also incorporate

the nationally set objectives for neighbourhood health. The strategic plan will be an addendum to the Joint Local Health and Wellbeing Strategy (JHWS) and align with wider health and care local strategies. The framework sets out expectations for partners to work together with the HWB to establish the first strategic plan for delivery including the minimum:

a. define neighbourhood footprints (at approximately 30-50,000 population), around “natural communities” that will be used as the basis for service delivery at neighbourhood level, jointly agreed by local government and NHS partners.

b. set a shared vision and priority outcomes for place and neighbourhoods based on local population needs, encompassing recognised national frameworks (NHS Outcomes, Adult Social Care Outcomes, Public Health Outcomes) and include process, people and population outcomes.

c. set out the components of the neighbourhood health service that are most relevant to addressing the proposed outcome objectives covering core services and additional services that meet the needs of the local area. This could include health services, adult social care, children's services, mental health services, public health services, other relevant local government services, and services provided by VCSE partners and local carer organisations. The plan should articulate how different services will work together to serve the needs of different cohorts.

d. include plans to establish integrated neighbourhood teams (INTs), ensuring as a minimum that there is a plan by April 2026 to cover people with complex needs at higher risk of hospital admissions. This may include peoplewith multiple long-term conditions; people living with frailty; people receiving care in their own homes or a care home; people nearing end of life; people living with disabilities, including learning disabilities; people with severe and enduring mental illness; unpaid carers; and children and families. This should follow a life course approach.

e. leadership and accountability arrangements at place level (in the form of provider partnerships) and for each neighbourhood for the delivery of neighbourhood health - including who is responsible for annual operational neighbourhood health plans. The HWB may decide to establish just one multi-neighbourhood provider partnership to cover the whole place; or may choose to have two or more separate provider partnerships covering individual neighbourhoods or multi-neighbourhoods.

The Operational Neighbourhood Health Plan

7. The Operational Plan must detail delivery arrangements to implement the strategic plan based on the principle that 2026/27 will be a transition year to work towards the delivery of a comprehensive neighbourhood health plan from April 2027.

8. The Operational Plan should be developed by a place based partnership and approved by the HWB. It is for local areas to determine their place arrangements; however the framework notes the expectation that place based partnerships will operate as effective partnership arrangements between the NHS, local government and other community partners, with delegated authority from the ICB and others as appropriate.

9. The operational plan will be an annual plan detailing the actions partners will take in order to deliver the strategic vision, including workforce, funding, governance, estates, data sharing, community engagement, evaluation, and performance metrics. Partners are expected to work together under the leadership of HWB to:

a. agree integrated working arrangements both at place level and in each neighbourhood

b. establish a timetable and mechanism for resolving and/or changing necessary arrangements within 2026/27 where the agreed neighbourhood geography has a significant impact on current primary care network (PCN) arrangements

c. agree a timetable for implementation of the agreed INTs to align to the agreed populations of each neighbourhood

d. conduct an audit of resources and capabilities across partners (NHS, local authority, providers, VCSE partners) in each neighbourhood and those available to support at place and ICS level

e. develop plans for sustainable leadership and skills development at a neighbourhood and place level that will enable the medium-longer term change in culture and ways of working needed to achieve the three shifts

f. conduct continuous engagement with the local population throughout 2026/27 to ensure that these, and subsequent, plans align with local priorities and that the citizen's voice is reflected accordingly

10. The 10-year plan sets the ambition for a Neighbourhood Health Centre to be established in every community. A neighbourhood health centre archetype is under development nationally which will be published in due course, and will support our local discussion around our current assets and services such as the future of minor injury units versus neighbourhood health centres.

11. The operational Neighbourhood Health Plan should include plans to jointly deliver integrated intermediate care services; further guidance is expected imminently to describe the Better Care Fund (BCF) reform

<u>Current engagement in developing neighbourhood health in Herefordshire</u>

12. The National Neighbourhood Health Implementation Programme team (NNHIP) has been active in Herefordshire since the launch of the programme in late September. The first 6 weeks focused on identifying stakeholders and establishing governance mechanisms to drive the programme forward and accelerate our local delivery. A cross sector and cross organisational core team is established and attended the first regional learning event in Leicester at the end of October.

13. Our locally agreed key NNHIP deliverables include:

a. Establish and accelerate delivery of a new model of multi-disciplinary neighbourhood teams

b. Achieve measurable improvements in health outcomes and tangible improvement in key metrics for a targeted cohort

c. Build leadership capacity across the system - Strengthen leadership within health, care, and the voluntary, community, and social enterprise (VCSE) sectors to drive integration and sustainability.

d. Develop stronger governance and accountability at place

e. Test and develop new contractual and financial models

14. A local workshop was held with the Herefordshire NNHIP team on 25/11/25, facilitated by our national coach with a focus on "turning commitment to action". The outputs will form an outline delivery plan with commitment to establishing a functional integrated neighbourhood team in at least one PCN area by January 2026.

15. The NNHIP team will focus on NNHIP delivery alongside development of wider strategic and operational planning, testing and learning in the 'outer layer' of the Neighbourhood Health circle, focusing on prevention.

16. The 26/27 priorities for delivering Neighbourhood Health from a health perspective will still be focused in the inner most circle: (people who have moderate to severe frailty, are living in a

care home, people who are housebound or people at the end of life). The focus is on reducing unnecessary non-elective admissions and bed days through the work of the INTs in providing better and more joined up care for the target cohort.. Health and Wellbeing Board will need to consider how to balance this with the wider overall prevention continuum and 'the outer layers' of the onion diagram.

17. The ICB commissioned General Practice via the local Clinical Excellence and Innovation Fund (CEIF), renamed the Neighbourhood Health Delivery Framework (NHDF) to begin developing Integrated Neighbourhood Teams. The focus for 2025/26 will be on adults living with frailty, severe frailty, those likely to be in their last year of life, and people with unidentified frailty and unmet needs such as those with multiple long-term conditions with rising risk of acute deterioration, which is in line with local need and national direction. There will be an additional specific focus on residents from Lower Super Output Areas (LSOAs). PCNs have developed delivery plans and are being supported by the core team to operationalise phase one of the teams by January 2026.

18. One Herefordshire Partnership members held a workshop in early November to explore partners' priorities, review the current membership and governance structure, testing the suitability of current functions and form. A refresh of both membership, function and form is underway, to form two boards:

a. One Herefordshire Health and Care Partnership Board

- Develop the partnership arrangement to support new system archetypes including Wye Valley NHS Trust being named as the 'host' lead provider, development of shadow Integrated Health Organisation status and neighbourhood provider contracts
- Agree and oversee contractual agreements at Place, such as the Better Care Fund and contracts delegated by the H&W Integrated Care Board
- Approve priorities, programmes, plans and objectives
- Receive updates on progress against the objectives and performance of integrated services
- Ensure that appropriate engagement with the public, service users and staff has taken place

b. One Herefordshire Neighbourhood Health Delivery board

The NHDB has responsibility for delivery of all national and local operational plans as described in the Model Framework for Neighbourhood Health plans:

- Develop interim Operational Plan specifying delivery actions, resources, and partner responsibilities (by Q2 2026/27)
- Develop comprehensive Neighbourhood Health Plan (by April 2027)
- Direction and oversight of place-based delivery for the:
  - core components of Neighbourhood Health
  - key steps for implementation described in the Model Neighbourhood document,
  - Herefordshire's locally defined priorities
- Approve workstream priorities, objectives, plans and improvement projects
- Receive progress updates on workstream delivery impact and outcomes
- Ensure that appropriate engagement with the public, service users and staff has taken place

19. One Herefordshire Partnership has appointed an SRO for Neighbourhood Health: Dr Nigel Fraser, LMC Secretary and GP Partner, the wider governance arrangements are being finalised, including appointment of Executive Director accountable officers from partner organisations for shared accountability and distributed leadership.

20. Health and Wellbeing Board members are asked to review and endorse the proposed change in One Herefordshire Partnership governance structure, functions and form and the establishment of two boards.

Proposal for developing Neighbourhood Health Plans for Herefordshire

21. The recommended approach to developing the Strategic Plan is to create a time limited multi-agency task and finish group led by and including members of the HWB, with several consecutive workshops, facilitated by our national coach, to support the review of governance and membership, develop the vision for Neighbourhood Health in line with the current HWB strategy, identify priorities, and explore and agree the principles, ways of working and behaviours required for success.

22. The group would then agree their individual responsibilities for contributing to the narrative and develop a ‘plan on a page’ to begin wider engagement for the interim strategic plan alongside the narrative development. The group will collectively work out the underpinning deliverables, checking direction, key milestones and development progress with the HWB.

23. 2026/27 would entail developing a more detailed, longer term strategic plan which we suggest would coincide with the HWB strategy refresh and ICB strategic plan refresh.

24. The operational plan would then be developed in a similar manner, with a task and finish group led by the Neighbourhood Health SRO.

Community impact

25. Implementation of the national Neighbourhood Health Framework directly supports the priorities of the Health and Wellbeing Strategy, including reducing health inequalities, improving prevention and early intervention, strengthening community resilience, and integrating care around local neighbourhoods.

26. The approach places strong emphasis on community voice, building on understanding and relationships from within Herefordshire’s VCSE partnerships.

27. The proposals have the potential for positive impact on children, young people, and families by strengthening early help, community support, and multi-agency working, consistent with the council’s corporate responsibilities.

Environmental impact

28. As this report concerns strategic planning and governance arrangements, environmental impacts are minimal; however, all future neighbourhood delivery plans will consider sustainable travel, digital enablement, and carbon reduction opportunities.

29. Neighbourhood-based models of care support sustainability by reducing unnecessary travel, supporting early intervention, and enabling care closer to home. This can contribute indirectly to carbon reduction and improved air quality.

Equality duty

30. The Public Sector Equality Duty applies. The initial equality impact screening checklist indicates a low impact at this stage because this report concerns strategic planning rather than direct service change
31. A full Equality Impact Assessment will be completed alongside the Strategic Neighbourhood Health Plan when specific neighbourhood priorities, cohorts, and delivery models are agreed.

Resource implications

32. There are no immediate quantifiable financial implications arising from this report, as delivery of the Strategic and Operational Neighbourhood Health Plans will be supported through existing organisational resources within One Herefordshire partners. However, it is imperative that all organisations enable their relevant and appropriate workforce members to prioritise contributing their time to the programme. This is likely to require organisations to agree where other priorities are paused in the interim.

33. This is proposed to be managed through the refined One Herefordshire Health and Care Partnership Board, and Neighbourhood Health Delivery Board. Any future or unresolved resource requirements will be identified through the development process and quantified details brought back to the HWB if necessary.

Legal implications

34. The Health and Wellbeing Board carries out statutory functions as required by the Health and Social Care Act 2012. The board's functions are set out in Part 3.5.25 of the council's constitution.

Risk management

35. Key risks include:
    a. Non-compliance risk: failure to meet national requirements leading to regulatory scrutiny.
    b. Delivery risk: insufficient cross-partner capacity to produce high-quality plans.
    c. Engagement risk: lack of community involvement could weaken local legitimacy.
    d. Alignment risk: poor coordination with ICB, JSNA and existing strategies could lead to duplication or gaps.

36. These risks and further identified risks will be developed and managed through One Herefordshire governance and added to the partnership risk register, escalated to HWB as necessary.

Consultees

37. One Herefordshire Partnership, ICB planning leads, Neighbourhood Health SRO, VCSE representatives, and primary care leaders have been engaged in development of the proposed approach.

38. Wider community engagement will be undertaken through VCSE networks and Healthwatch as part of strategic and operational plan development.

Appendices

Appendix 1 – Presentation slides: Neighbourhood Health: How can this approach drive prevention

Background papers

None identified.

Links to NHS England publications:

- Strategic commissioning framework
- Medium term planning framework - delivering change together 2026/27 to 2028/29

Glossary of terms, abbreviations and acronyms used in this report

HWB – Health and Wellbeing Board
NNHIP – National Neighbourhood Health Implementation Programme
PCN – Primary Care Network
JSNA – Joint Strategic Needs Assessment
BCF – Better care Fund
INTs – Integrated Neighbourhood Teams
NHDF – Neighbourhood Health Delivery Framework
JLHWS – Joint Local Health and Wellbeing Strategy
VCSE – Voluntary, Community and Social Enterprise sector

NEIGHBOURHOOD HEALTH

How can this new approach drive prevention?

Cardiovascular disease

Dr David Collyer

Consultant in Public Health
General Practitioner

david.collyer2@herefordshire.gov.uk

Why is prevention important?

“sickness to prevention”

“Prevention is as important at seventy years old as it is at age seven.”

Prevention is better than cure. DHSC, 2018

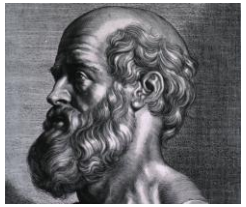
Department of Health & Social Care

“An ounce of prevention is worth a pound of cure”

Benjamin Franklin, 1736

"The function of protecting and developing health must rank even above that of restoring it when it is impaired.“

Hippocrates, 460 BC-370 BC



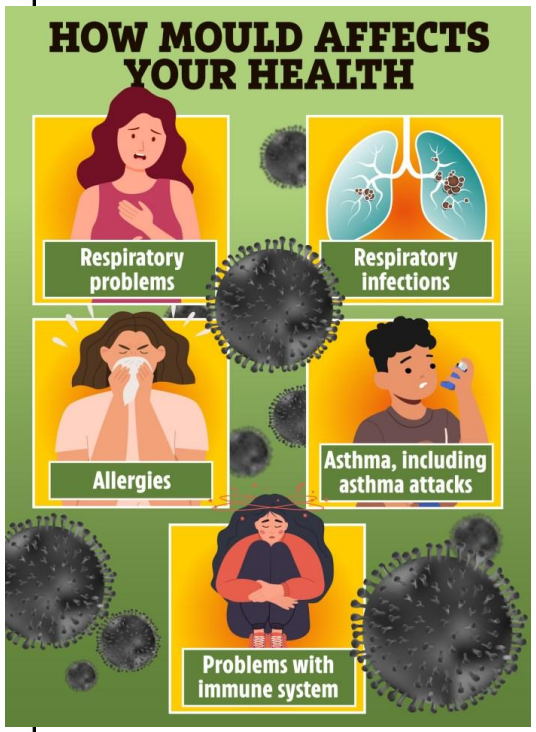
“Neighbourhood health – the idea isn’t radical but implementing it would be” The King’s Fund

Return on investment

Housing interventions to keep people warm, safe and free from cold and damp are an efficient use of resources. Every £1 spent on improving homes saves the NHS £70 over 10 years.

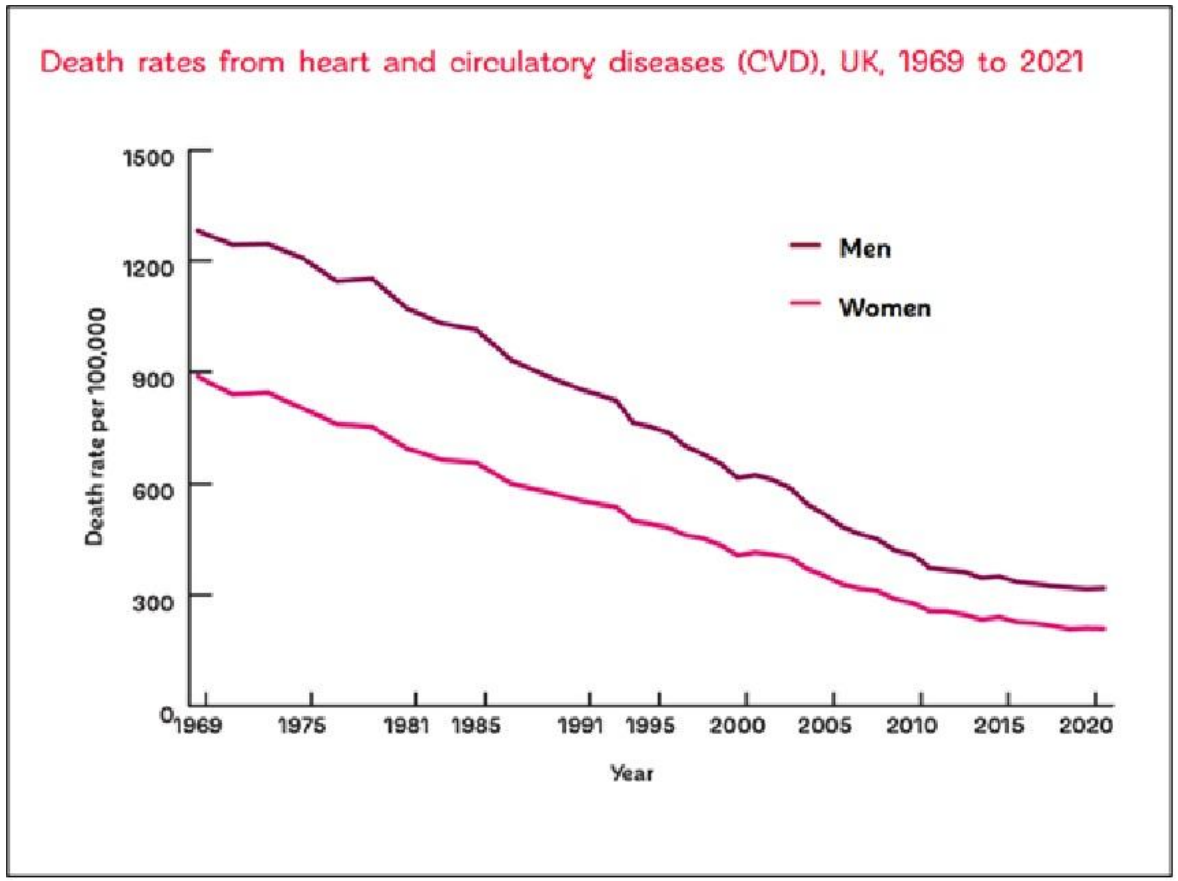
The King's Fund

Local Government Association



Why choose cardiovascular disease?

Leading cause of **premature** death in UK



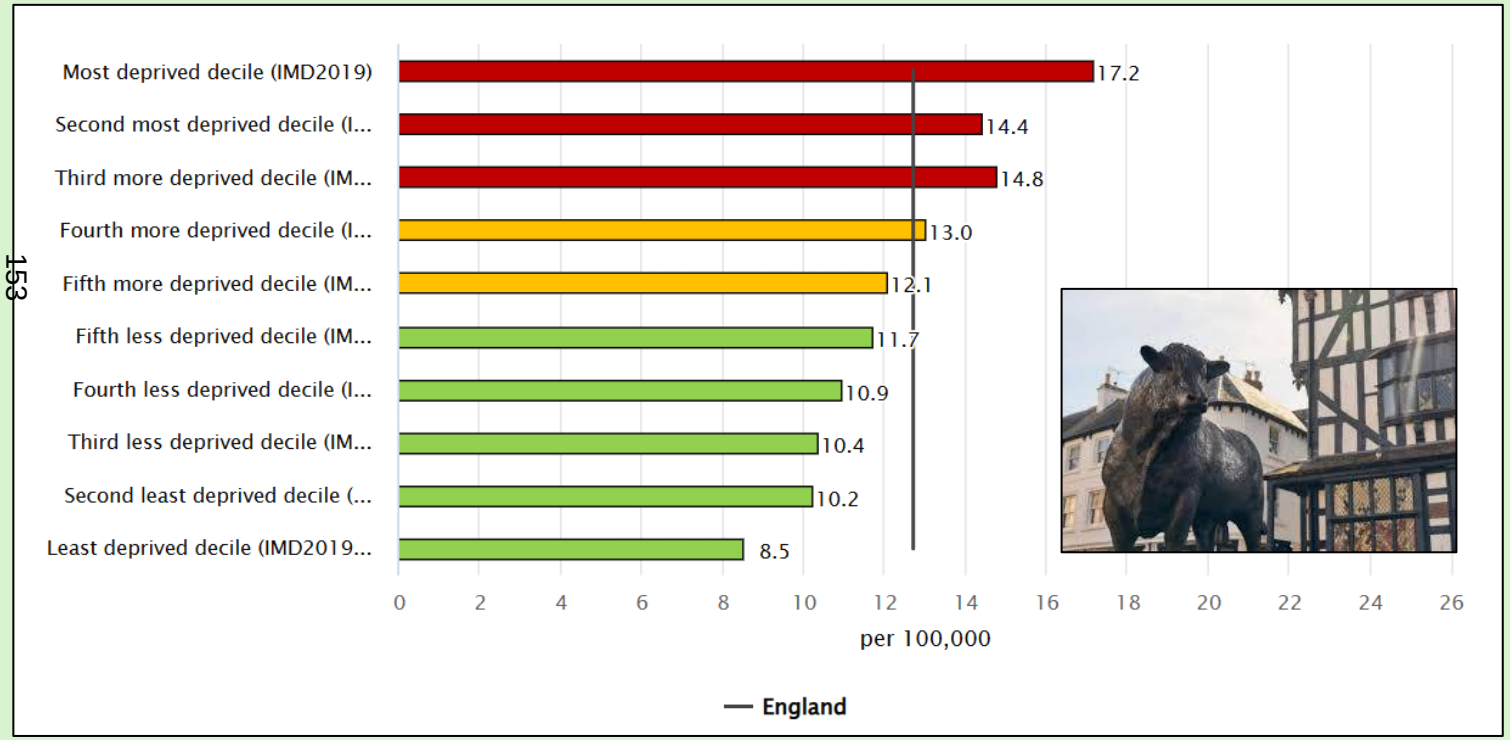
"Care for cardiovascular conditions is going in the wrong direction" Darzi Report, 2024

"This is the single biggest area where the NHS can save lives over the next 10 years"

NHS Long Term Plan (2019)

Premature mortality from stroke, Herefordshire

Directly standardised rate per 100,000. 2022-2024 data.



153

Premature mortality from cardiovascular disease across England

Directly standardised rate per 100,000 population, 2022-2024

Richmond upon Thames

46

Blackpool

136

"Health inequalities are not a footnote to the health problems we face, they *are* the major health problem" Michael Marmot

9 modifiable risk factors are responsible for 90% of the cases…

Effect of potentially modifiable risk factors associated with myocardial infarction in 52 countries (the INTERHEART study): case-control study

THE LANCET

Issue 9438, September 11, 2004

Tobacco	**Poor diet**	**High cholesterol**
Hypertension	**Lack of exercise**	**Overweight/obesity**
Diabetes	**Psychosocial stress**	**Excess alcohol**

Up to 80% of premature deaths from CVD are preventable

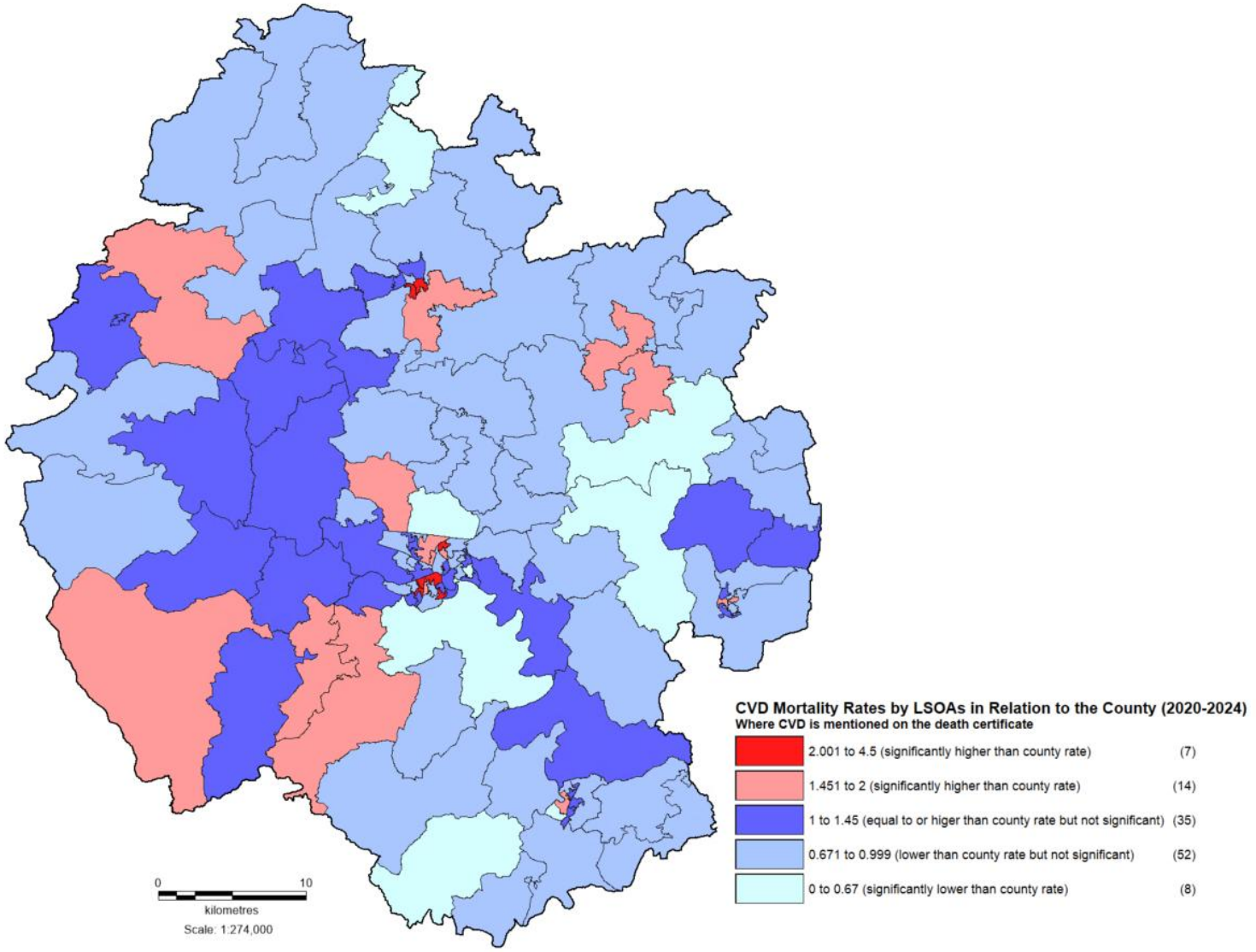
Understanding CVD need at Neighbourhood level

CVD Mortality

Snapshot of CVD Mortality Data by LSOA – DSR and Relative to County Rate (1.0)

E01014047	Leominster - Gateway	4.22
E01013989	College Estate	2.41
E01013994	Hunderton	2.17
E01014048	Leominster Grange	2.13
E01014074	Bishop's Meadow-Hunderton	2.08
E01013995	Golden Post-Newton Farm	2.07
E01014073	Putson	2.04
E01014020	Black Mountains	1.88
E01014006	Burghill	1.62
E01014084	Golden Lion	1.61
E01013986	Barr's Court	1.60
E01014003	Bromyard Rural	1.59
E01014066	Ross Riverside	1.55
E01014086	Courtyard	1.51
E01014002	Avenbury, south Bromyard	1.51
E01014098	Kingsbridge	1.50
E01014045	Leominster - Castlefields & Rural	1.49
E01014071	Redhill-Belmont Road	1.48
E01014035	Ledbury Central	1.47
E01014056	Knillshall	1.47

CVD Mortality Rates (any mention on death certificate) by LSOAs in Relation to County Rate (2020-2024)

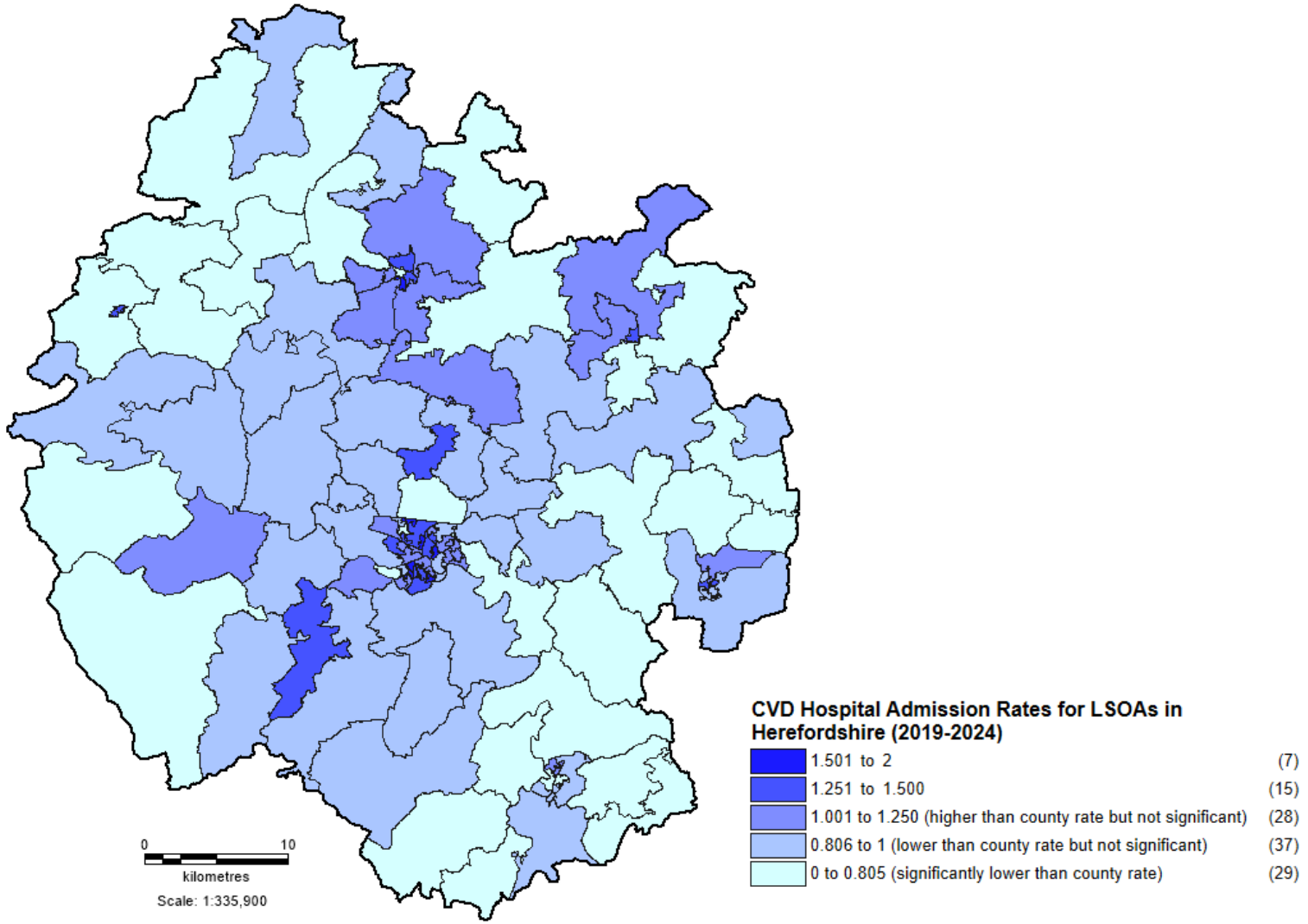


CVD Admissions

Snapshot of CVD Admissions Data by LSOA – DSR and Relative to County Rate (1.0)

E01014047	Leominster - Gateway	182.6	1.88
E01013994	Hunderton	177.2	1.82
E01013995	Golden Post-Newton Farm	159.9	1.64
E01014086	Courtyard	157.6	1.62
E01014073	Putson	154.2	1.58
E01014011	Hospital	150.3	1.54
E01014088	Kempton Avenue	146.5	1.51
E01014071	Redhill-Belmont Road	142.4	1.46
E01014005	Bromyard Central	141.6	1.46
E01014010	Hereford City centre	140.2	1.44
E01014034	Kington central	134.3	1.38
E01014084	Golden Lion	131.8	1.35
E01014072	Redhill-Ross Road	130.7	1.34
E01014070	Broadleys	130.3	1.34
E01014077	Kings Acre-Green Lane	129.5	1.33
E01014035	Ledbury Central	128.9	1.32
E01014042	Leominster - Ridgemoor	128.1	1.32
E01014048	Leominster Grange	125.8	1.29

Hospital Admissions Rate (CVD) for LSOAs in Herefordshire (2019-24)



Significantly higher mortality & admissions (hot spots)

	IMD	Urban/ Rural	MR All	Sig	MR 1A	Sig	AR	Sig
Barr's Court	5	Rural	1.6	SH	2.13	SH	1.29	SH
Hunderton	2	Urban	2.17	SH	1.94	SH	1.82	SH
Ledbury Central *	5	Rural	1.47	SH	1.55	SH	1.32	SH
Leominster - Castlefields & Rural	5	Urban	1.49	SH	1.63	SH	1.22	SH
Leominster - Gateway	2	Urban	4.22	SH	3.73	SH	1.88	SH
Leominster Grange	2	Urban	2.13	SH	1.89	SH	1.29	SH
Putson	3	Urban	2.04	SH	2.19	SH	1.58	SH
Golden Lion	6	Urban	1.61	SH	2.09	SH	1.35	SH
Bromyard Central	3	Rural	0.86	NS	1.55	SH	1.46	SH
Hospital	4	Urban	1.13	NS	1.67	SH	1.54	SH
Kington central	4	Rural	1.38	NS	1.54	SH	1.38	SH
Redhill-Belmont Road	2	Urban	1.48	NS	1.59	SH	1.46	SH
Courtyard	4	Urban	1.51	SH	1.23	NS	1.62	SH

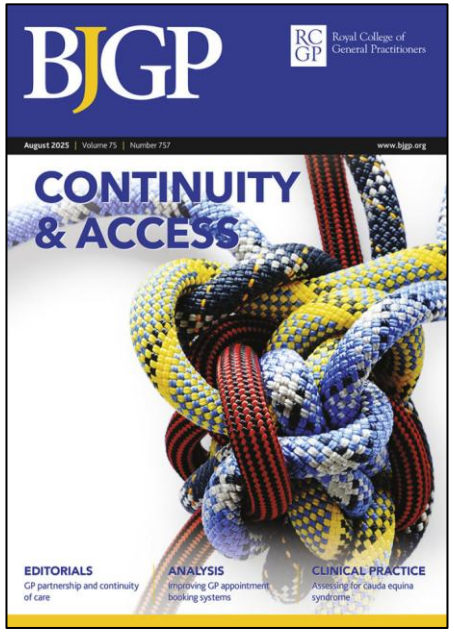
Tertiary prevention

Cardiac/stroke rehabilitation

Augmented reality rehab

TEC Virtual House

GP continuity



Priority cohort

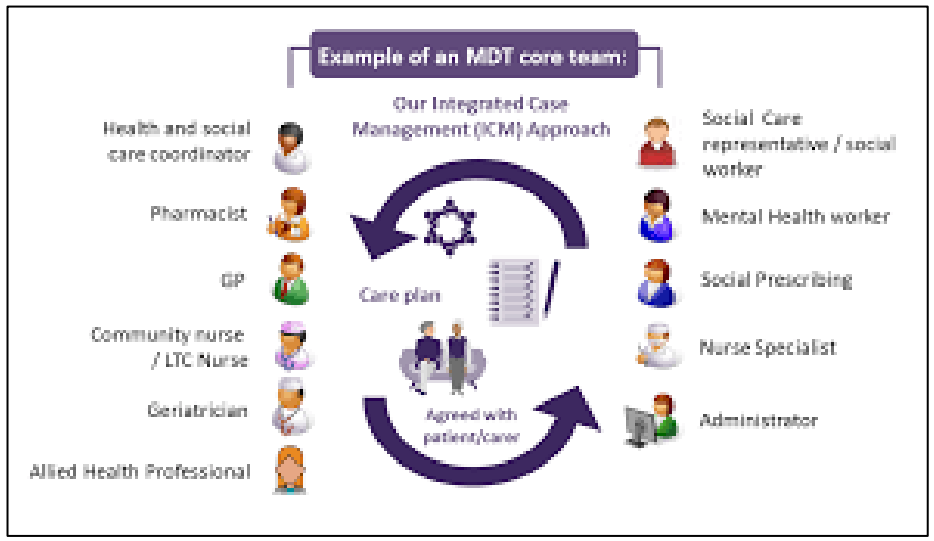
4 LTCs + 1 admission

Total people = 1,129

≥ 1 condition is CVD = 777

i.e. nearly 70% have CVD

Neighbourhood MDT



Prevention in Adult Social Care Strategy

Herefordshire Council

Secondary prevention

TALK WELLBEING

NHS HEALTH CHECK

Helping you prevent

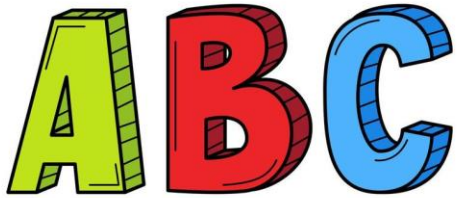
diabetes | heart disease | kidney disease | stroke & dementia

Universal offer, targeted offer, workplace health checks

Role of Neighbourhood Health Centres

Technology enabling diagnosis / monitoring

Helping people know their 'ABC'
- Atrial fibrillation, blood pressure, cholesterol



Abdominal Aortic Aneurysm (AAA) screening

Primary prevention

Hereford Cycle Track

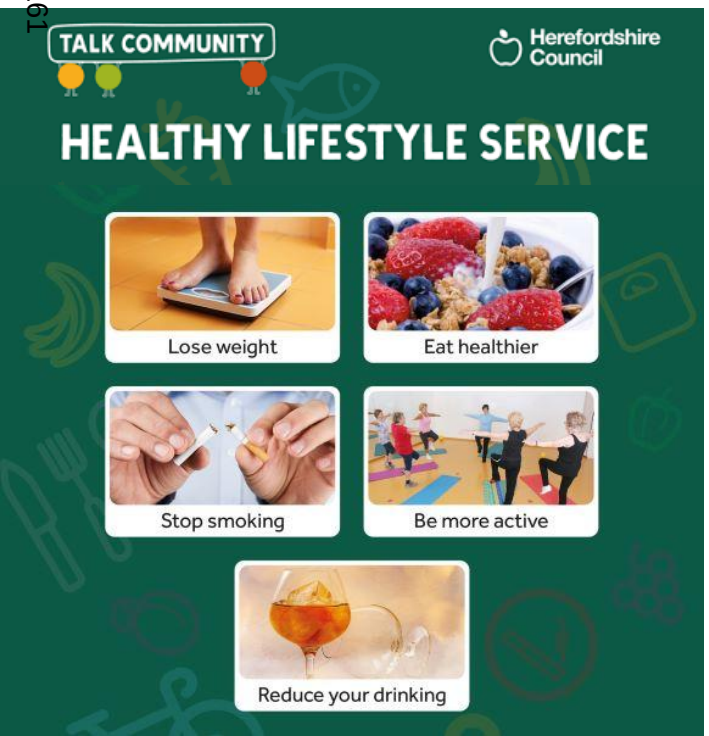
SERIOUSLY Social AWARDS 2024 WINNERS

Active Herefordshire Worcestershire

PARK YOGA

halo
www.haloleisure.org.uk

RAMBLERS WELLBEING WALKS Herefordshire



Obesity Pathway Innovation Programme funding
- bid entered for H&W

There's a common consumer product that kills half its users

TOBACCO BREAKS HEARTS

Choose health, not tobacco

31 MAY: WORLD **NO TOBACCO** DAY #NoTobacco

TOGETHER LET'S BEAT TOBACCO

WORLD HEART FEDERATION

FCTC WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL SECRETARIAT

World Health Organization

Smoking cessation – cross-cutting prevention

- Primary, secondary and tertiary prevention!
- Smoking linked to CVD… and COPD, 16 cancers, diabetes…
- Leading avoidable cause of death worldwide

TALK COMMUNITY

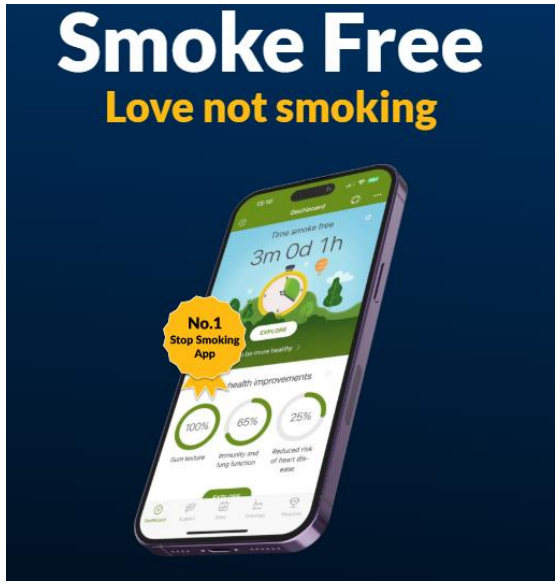
Herefordshire Council

HEALTHY LIFESTYLE SERVICE

Q1 2025/26

4 week quit rate
59%

Cost per quit
£117



Very Brief Advice
(VBA)

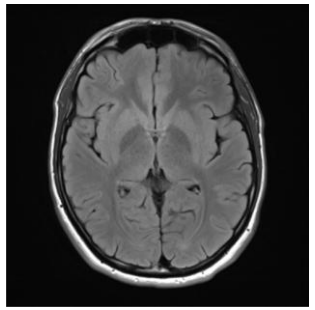
Ask, Advise, Act

“30 seconds to save a life”

There are opportunities for prevention at every stage of the CVD ‘pathway’

Wider determinants | Primary prevention | Secondary prevention | Early diagnosis | Treatment | Tertiary prevention

NHS HEALTH CHECK



Smoking cessation

Neighbourhood Health

NEIGHBOURHOOD HEALTH

How can this new approach drive prevention?

Any questions?

Dr David Collyer

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General Practitioner

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AGENDA ITEM 9

Herefordshire Council

Title of report: Local Government Association offer

Meeting: Health and Wellbeing Board

Meeting date: 15 December 2025

Report by: Zoe Clifford

Classification

Open

Decision type

This is not an executive decision

Wards affected

All wards

Purpose

The Health and Wellbeing Board have agreed to refresh the Health and Wellbeing Strategy in 2026. In preparation for this, the Local Government Association have provided an offer of support for the Board to assess ways of working. The purpose of this paper is to present the offer available to the Board.

Recommendation(s)

That:

a) The Health and Wellbeing Board agree to the offer of support from the Local Government Association to review ways of working in preparation for the Health and Wellbeing Strategy refresh later in 2026.

Alternative options

1. For the Health and Wellbeing Board to undertake their own review of ways of working. However, there is value in having external facilitation.

2. To commission an alternative external provider to under to undertake a review. However, there is likely to be costs associated with this and it is beneficial to have a provider which is familiar with Health and Wellbeing Boards, the associated statutory duties and necessary governance.

3. To do nothing. This would not be of benefit to the forthcoming Health and Wellbeing Strategy refresh.

Key considerations

4. **Background**

The Local Government Association (LGA) provides tailored support to leadership for health and care through the Partners in Care and Health Programme (ADASS & LGA), which is funded by the Department of Health and Social Care (DHSC) and provided free of charge to councils.

Herefordshire Health and Wellbeing Board have invited the LGA in to review ways of working at the board.

5. **Objectives:**

- Support the Health and Wellbeing Board (HWB) to have clearer understanding of where it is – and can – make a difference by adding value, having impact and not duplicating work being done elsewhere
- Support the HWB to explore and gain clarity on the role of the board as a strategic partnership, with clarity on statutory role as well as the role beyond that
- Support to navigate partnership working and governance complexity at system, place and neighbourhood levels for maximum collective impact
- To consider what the intention is for Herefordshire with its neighbourhood health plan, what are the gaps, what is the implementation plan, how are partners going to get there, to ensure the board is fit for purpose and future proofed
- Provide clarity on the role and purpose of the Health and Wellbeing Board in relation to the wider determinants of health, within the local and strategic context including in relation to governance
- Test the potential for ways of working as a strategic partnership based on the model of what works and learning from elsewhere

6. **Expected outcomes/benefits:**

- Clarity on how the partnerships currently operate, in relation to health and care, and in relation to communities, neighbourhoods, and prevention
- Purpose and roles of the HWB identified and clarified, including the distinct role within the partnership landscape
- Potential of the HWB as a strategic partnership explored
- Partnership working is strengthened and partners supported to maximise impact through ways of working

7. **Proposed approach**

Drawing on expertise from working around the country, the LGA will spend some time with the Health and Wellbeing Board to:

- Understand the governance/partnership arrangements for health and care
- Attend the 15 December 2025 Health and Wellbeing Board to set the scene for the board to this development work and answer any questions.
- Undertake 1:1 conversations with partners to understand what works well and the potential for improvement
- Provide recommendations for the best way forward
- Facilitate a workshop/s to pull together findings and insights to enable discussion and agree next steps at a workshop on the 12 January 2026 (tbc).
- Potential for further support as agreed following the initial workshop

8. **Evaluation of impact**

Feedback at the end of the support to determine how the support has been received and immediate impact/improvement.

Three to six month follow up to determine how the support has added value.

Community impact

9. The proposed offer will benefit the Health and Wellbeing Strategy refresh in 2026 which in turn will have a positive impact on communities by prioritising local health and wellbeing needs.

Environmental impact

10. Through the refresh of the Health and Wellbeing Strategy, there is likely to be a positive impact on the environment.

Equality duty

11. The Health and Wellbeing Strategy addresses health inequalities and the process of refreshing this and assessing the Health and Wellbeing Board ways of working is likely to enhance this further.

Resource implications

12. This proposed approach requires the time of Health and Wellbeing Board members to one-to-one interviews with the LGA and attendance at a workshop in January 2026.

Legal implications

13. None identified.

Risk management

14. None identified.

Consultees

15. None identified.

Appendices

None

Background papers

None identified.

Glossary of terms, abbreviations and acronyms used in this report

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

AGENDA ITEM 10

Herefordshire Council

Title of report: Annual Report of the Herefordshire Adults Safeguarding Board (HSAB) 2024 to 2025

Meeting: Health and Wellbeing board

Meeting date: Monday 15 December 2025

Report by: Independent Chair of the HSAB

Classification

Open

Decision type

This is not an executive decision

Wards affected

(All Wards)

Purpose

For the Health and Wellbeing Board (HWB) to receive the Annual Report of the Herefordshire Adults Safeguarding Board (HSAB). It is a requirement of the Care Act 2014 that the HSAB annual report is sent to:

- the chief executive and leader of the local authority which established the SAB
- any local policing body that is required to sit on the SAB
- the local Healthwatch organisation
- the chair of the local health and wellbeing board.

Recommendation

That:

a) The Health and Wellbeing Board considers the HSAB Annual Report 2024/25 and discusses the effectiveness of the arrangements for safeguarding adults in Herefordshire.

Alternative options

The Chair of HWB could choose not to bring the report to the HWB and circulate it for information.

Further information on the subject of this report is available from Kevin Crompton, Kevin.Crompton@herefordshire.gov.uk

Key considerations

1. Under the Care Act 2014 each local authority must set up a Safeguarding Adults Board (SAB). The main objective of a SAB is to assure itself that local safeguarding arrangements and partners act to help and protect adults in its area who meet the criteria for safeguarding.

2. A Safeguarding Adults Board has three core duties:

    - It must publish a strategic plan for each financial year that sets how it will meet its main objective and what the members will do to achieve this. The plan must be developed with local community involvement, and the SAB must consult the local Healthwatch organisation. The plan should be evidence-based and make use of all available evidence and intelligence from partners to form and develop its plan.

    - It must publish an annual report detailing what the SAB has done during the year to achieve its main objective and implement its strategic plan, and what each member has done to implement the strategy as well as detailing the findings of any safeguarding adults reviews and subsequent action

    - It must conduct any safeguarding adults review in accordance with Section 44 of the Act.

3. The HSAB Annual Report 2024/25 covers the period 1 April 2024 to 31 March 2025. It outlines the progress of the partnership in delivering the priorities of the Strategic Plan 2023-2026.

4. The current priorities for the HSAB are:

    - Self-neglect - improving our response to understanding and managing self-neglect needs, making sure all agencies understand and respond to self-neglect.

    - Exploitation - addressing the safeguarding issues and challenges arising from criminal exploitation including ‘cuckooing’, sexual exploitation, modern slavery, county lines, human trafficking and financial exploitation.

    - Prevention - supporting initiatives and activities which prevent or reduce abuse and neglect and keep people safe.

    - Neglect and omission - understanding the profile of neglect and omission occurrences within the county and identifying approaches and resources to mitigate the impact.

    - Board effectiveness - ensuring the Board fulfils its statutory duties and is effective in its role of assurance of the safeguarding system.

5. The Board has also decided to focus on:

    - Transitions for those moving from a child to an adult service, service to service or service to discharge in a safe and positive way.

    - Following the Thematic Review into adults with multiple and complex needs the Board has also been monitoring provision for those ‘rough sleeping’ in Herefordshire

6. In 24/25 16 referrals for potential Safeguarding Adults Reviews (SAR) were received, which was a significant increase on five referrals in the previous year:

    - Seven did not meet criteria for review as individuals either did not have Care and Support needs or there was no evidence that multi-agency working was ineffective.

- During the triage meeting for one referral the Joint Case Review Group (JCR) identified extensive domestic abuse in the life of the individual, it was therefore decided that a joint Domestic Homicide Review (DHR) / SAR approach was most appropriate.

- Four referrals for SARs were scoped and then found to not meet criteria, however learning was identified. Examples of learning identified are –

    - Strengthening of the Complex Adults Risk Management (CARM) process
    - Improving multi-agency practitioners' understanding of the Mental Capacity Act (MCA) and the confidence to carry out MCA assessments
    - Lack of professional curiosity
    - Poor recording

    All reviews have an action plan including multi-agency recommendations which are regularly updated.

7. The majority of the key performance data set out in the Annual Report is from the national survey 2023/24. This shows that in the county 74.5% of service users 'felt safe,' which is a small decrease from 77.2% the previous year, but higher than the West Midlands (72.5%) and All England (71.1%) averages. The Board will continue to consider factors that are leading to 25.5% who do not feel safe. The Board does take assurance though from the number who said that services provided made them feel safe.

8. The Annual Report includes an analysis of safeguarding concerns raised with partners. The number of concerns dropped by 35%, following a similar drop of 34% in the previous year. This is attributed to the changes that were introduced into the service whereby all referrals are triaged prior to being sent to the safeguarding team. This ensures that only safeguarding referrals progress, which enables the safeguarding team to deal more effectively with those cases.

9. There is analysis of those subject to abuse. The majority were females (58%) and the most common location was 'own home' (54%). This demonstrates how important it is that communities remain vigilant when it comes to vulnerable adults and acting if they suspect any form of abuse.

10. Progress made by the Board and the subgroups is contained within the Annual Report. In general, the subgroups are delivering against the programme set out in the Business Plan but still face challenges related to the staffing capacity of partners.

11. In summary, whilst the partnership acknowledges there is more to do, it is working well and has reset the Business Plan and the work of the subgroups to continue its progress in 2025/26.

12. The HSAB is also holding a Development Day with partners in December 2025, to review and set priorities for the next Strategy Plan cycle, which will start April 2026.

Community impact

13. The report includes information on the effectiveness of work in the community, and how HSAB engages with communities.

Environmental impact

14. There are no general implications for the environment arising from this report.

Equality duty

15. 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.

16. The mandatory equality impact screening checklist has been completed for this activity and it has been found to have low impact for equality.

17. Due to the potential impact of this project/decision/activity being low, a full Equality Impact Assessment is not required. However the following equality considerations should be taken into account when making a decision about this activity/project:

    17.1 The HSAB Annual Report notes that the largest age band of individuals affected by safeguarding concerns in 2024-25 was people over the age of 65, who represented 54% of all concerns.

    17.2 In 2024-25, more safeguarding concerns were raised about females (58%), compared with males (42%).

    17.3 At its development day on 04/12/2025, HSAB members recognised that there is currently limited information reported on protected characteristics of individuals where there are adult safeguarding concerns. This has been identified as an area to strengthen.

    17.4 The HSAB Annual Report has been formatted to meet accessibility standards. It is published on the safeguarding partnerships website and is therefore available publicly to all.

Resource implications

18. There are no resource implications associated with this report. The resource implications of any recommendations made by the HWB will need to be considered by the responsible body or the executive in response to those recommendations or subsequent decisions.

Legal implications

19. By receiving the report the HWB assists the HSAB to meet its statutory requirements.

Risk management

20. There are no risk implications identified emerging from the recommendation in this report.

Consultees

None

Appendices

Appendix A – HSAB Annual Report 2024-25

Background papers

None identified.

Herefordshire Safeguarding Adults board

Annual Report 2024-25

Contents

Foreword

As Chair of the HSAB I want to begin by thanking all the safeguarding partners and Herefordshire's strong communities for all they have done during the year to ensure that Herefordshire is a good place to be if you are a vulnerable adult or have care needs. This is reflected in the headline data within the report which shows that 75% of adults who use services feel safe. The data also shows that Herefordshire compares well with statistical neighbours and national averages. This is all very positive and reflects the levels of commitment I see in partner agencies and community groups.

There are however things that the Board is focusing on to make the current position even better. During the year we have for example had a specific focus on adults with multiple and complex needs, many of whom do not meet the criteria for support under the Care Act (2014). As partners we are reviewing our current support services to explore if we can give more support to this group. We have also jointly commissioned a learning review with the Herefordshire Safeguarding Children Partnership (HSCP) to consider how effectively we support care experienced young people into their adult life.

We are also working closely with the HSCP to look at how young people identified as at risk or experiencing exploitation can continue to get support as they enter adulthood.

One challenge we have had this year has been the capacity of all agencies to engage in the work of the Board. As noted in the report, changes, particularly in senior staff, often leave gaps in terms of the Chairing of subgroups or the progression of key elements of our work. Despite this the report outlines a number of activities in our business plan that have been progressed and are contributing to a more effective partnership. This has been particularly the case with the development of more regular and consistent performance data to inform our work.

Finally, I wish to be the clear that the HSAB continues to fulfil its statutory responsibilities in respect of Safeguarding Adults Reviews, publishing an Annual Report, and a Strategic Plan.

In 2025/26 we will be reviewing our Strategic Plan. This gives the Board an opportunity to reflect on our work to date and set new ambitions for the future.

Kevin Crompton

Independent Chair HSAB

The role of the Safeguarding Adults Board

The overarching purpose of a Safeguarding Adults Board (SAB) is to help and safeguard adults with care and support needs. It does this by:

- assuring itself that local safeguarding arrangements are in place as defined by the Care Act 2014 and statutory guidance,
- assuring itself that safeguarding practice is person-centred and outcome-focused
- working collaboratively to prevent abuse and neglect where possible,
- ensuring agencies and individuals give timely and proportionate responses when abuse or neglect have occurred,
- assuring itself that safeguarding practice is continuously improving and enhancing the quality of life of adults in its area.

SABs have three core duties. They must**:**

- develop and publish a strategic plan setting out how they will meet their objectives and how their member and partner agencies will contribute,
- publish an annual report detailing how effective their work has been,
- commission safeguarding adults reviews (SARs) for any cases which meet the criteria for these.

The Herefordshire Safeguarding Adults Board (HSAB) follows the six safeguarding principles:

1. Empowerment: people being supported and encouraged to make their own decisions and give informed consent
2. Prevention: it is better to take action before harm occurs
3. Proportionality: the least intrusive response appropriate to the risk presented
4. Protection: support and representation for those in greatest need
5. Partnership: local solutions through services working with their communities – communities have a part to play in preventing, detecting and reporting neglect and abuse
6. Accountability and transparency in safeguarding practice

HSAB promotes Making Safeguarding Personal by:

Developing a safeguarding culture that focuses on the personalised outcomes desired by people with care and support needs who may have been abused is a key operational and strategic goal. HSAB aims to do this through:

- a broader participation strategy
- accessible information to support participation of people in safeguarding support
- a focus on qualitative reporting on outcomes as well as quantitative measures
- advocacy
- person-centred approaches to working with risk
- policies and procedures that are in line with a personalised safeguarding approach
- strategies to enable practitioners to work in this way, by looking at the skills they need and the support they are getting to enable this shift in culture

Strategic priorities

The Strategic Plan for 2023-26 was approved at Board May 2023 and includes a yearly business plan. This forms the foundation for the work of the subgroups to deliver the desired outcomes to safeguard the residents of Herefordshire.

The current priorities for the HSAB are:

- **Self-neglect** - improving our response to understanding and managing self-neglect needs, making sure all agencies understand and respond to self-neglect.
- **Exploitation** - addressing the safeguarding issues and challenges arising from criminal exploitation including 'cuckooing', sexual exploitation, modern slavery, county lines, human trafficking and financial exploitation.
- **Prevention** - supporting initiatives and activities which prevent or reduce abuse and neglect and keep people safe.
- **Neglect and omission** - understanding the profile of neglect and omission occurrences within the County and identifying approaches and resources to mitigate the impact.
- **Board effectiveness** - ensuring the Board fulfills its statutory duties and is effective in its role of assurance of the safeguarding system.

The Board has also decided to focus on:

- Transitions for those moving from a child to an adult service, service to service or service to discharge in a safe and positive way.
- Following the Safeguarding Adults Review on adults with multiple and complex needs, the Board has also been monitoring provision for those 'rough sleeping' in Herefordshire and commissioned the development of a multiple complex vulnerabilities strategy.

What does safeguarding look like in Herefordshire?

Every year the local council takes part in a survey, commissioned by the government, collecting multi-agency performance data and asking individuals about their experience of care. The data from this survey is used to produce national data comparing local authority areas. The latest data available is from the 23/24 survey. 24/25 data will be available in late autumn 2025.

Some key highlights from the 23/24 survey are:

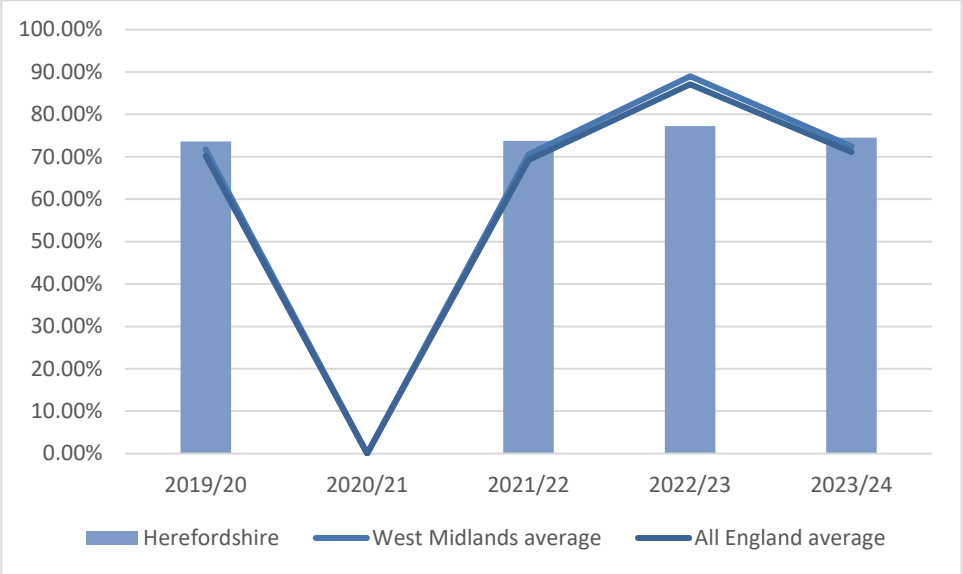
Proportion of people who use services who feel safe

Safety is fundamental to the wellbeing and independence of people using social care, and the wider population. Feeling safe is a vital part of service users' experience and their care and support. While Herefordshire compares well with West Midlands and national averages, the Board will continue to consider what factors are making over 25% of people not saying they feel safe, an increase on the previous year's figure. This dip in people saying that they feel safe is also reflected in the West Midlands and National data.

Proportion of service users who say they feel safe:

Area	2019/20	2020/21	2021/22	2022/23	2023/24
Herefordshire	73.6%	n/a	73.8%	77.2%	74.50%
West Midlands average	71.7%	n/a	70.5%	89.0%	72.50%
All England average	70.2%	n/a	69.2%	87.1%	71.10%

Please note 2020/21 due to Covid surveys were not conducted so data unavailable



Quality of life of people who use services

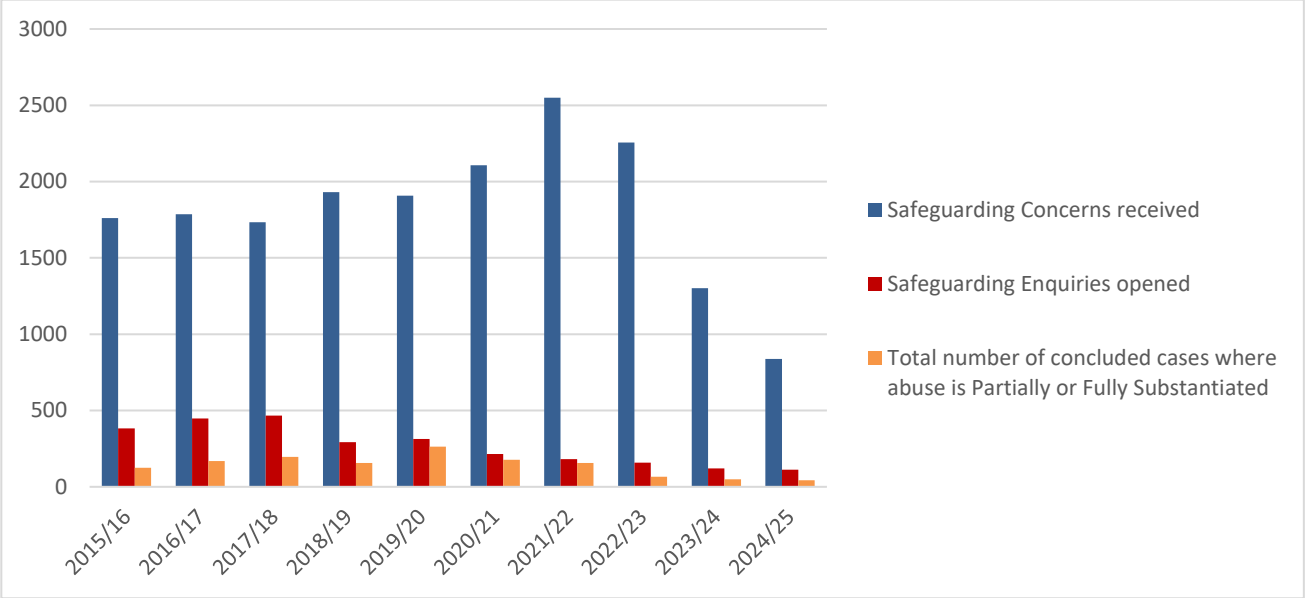
Herefordshire is ranked 7th nationally on the quality of life measure:

Area	2023/24
Herefordshire	19.8
West Midlands average	19.1
All England average	19.1

Safeguarding concerns

The following graphics relate to circumstances where safeguarding concerns were raised. All of this data is from the Local Authority information systems as currently limited information is available from partner agencies.

Safeguarding concerns raised



The number of concerns accepted onto the case management system has decreased over this reporting period by around 35%, from 1301 in 2023/24 to 839 in 2024-25. This is the lowest figure over the past 10 years. This is due to more robust triaging of referrals before they are progressed to the adult safeguarding team and recorded as a safeguarding concern, as described below. While the number of safeguarding enquiries opened is similar to the previous year (112 in 2024-25, compared with 120 in 2023/24), this has also reduced in the previous 10 years.

The Senior Practitioner continues to triage all referrals before sending to the safeguarding team to respond. This is to ensure only appropriate safeguarding referrals progress to the safeguarding team, rather than all referrals, which previously meant the team were working on referrals that could have been signposted elsewhere. Work continues in building confidence in agencies to refer directly into other areas of support such as mental health or care assessments.

The Board will now discuss with partners how we can understand the numbers being triaged which are referred to other support pathways (it is currently not possible to record these on the case management system).

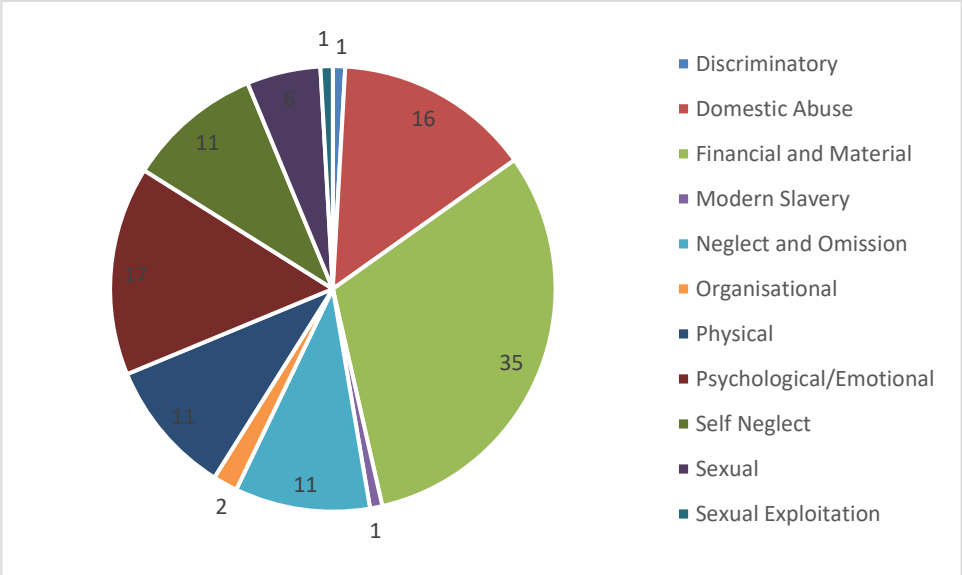
Characteristics of those affected by safeguarding concerns

In Herefordshire during 2024-25 the largest age band of individuals affected by safeguarding concerns was people over the age of 65, who represented 54% of all concerns. More safeguarding concerns were raised about females, compared with males.

42% of individuals involved in safeguarding concerns were male

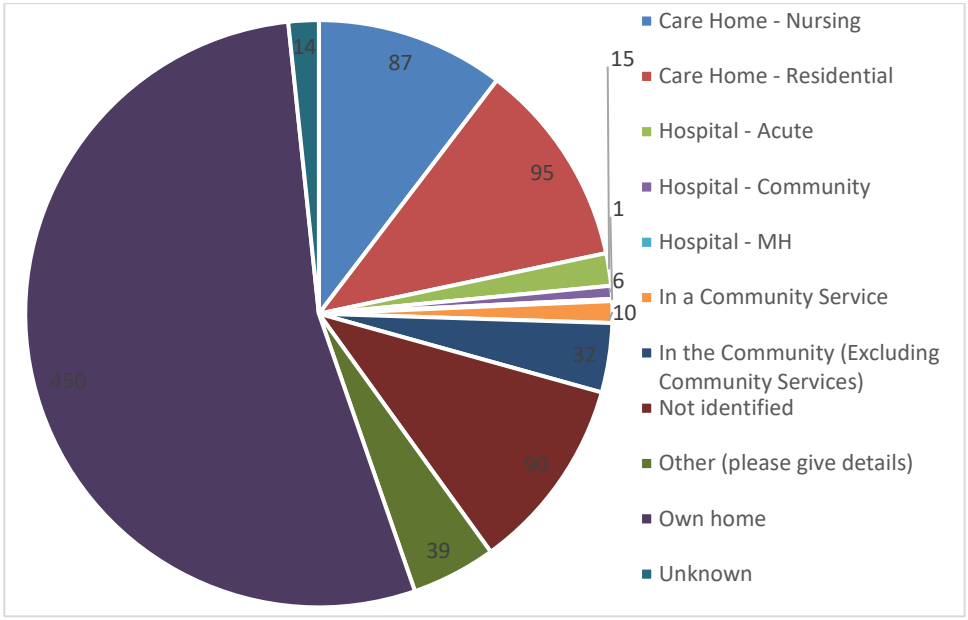
58% of individuals involved in safeguarding concerns were female

Types of abuse subject to safeguarding enquiries



In 2024-25, Financial and Material was the most commonly type of abuse subject to a safeguarding enquiry. Previously it was Financial and Material abuse and Psychological / Emotional abuse.

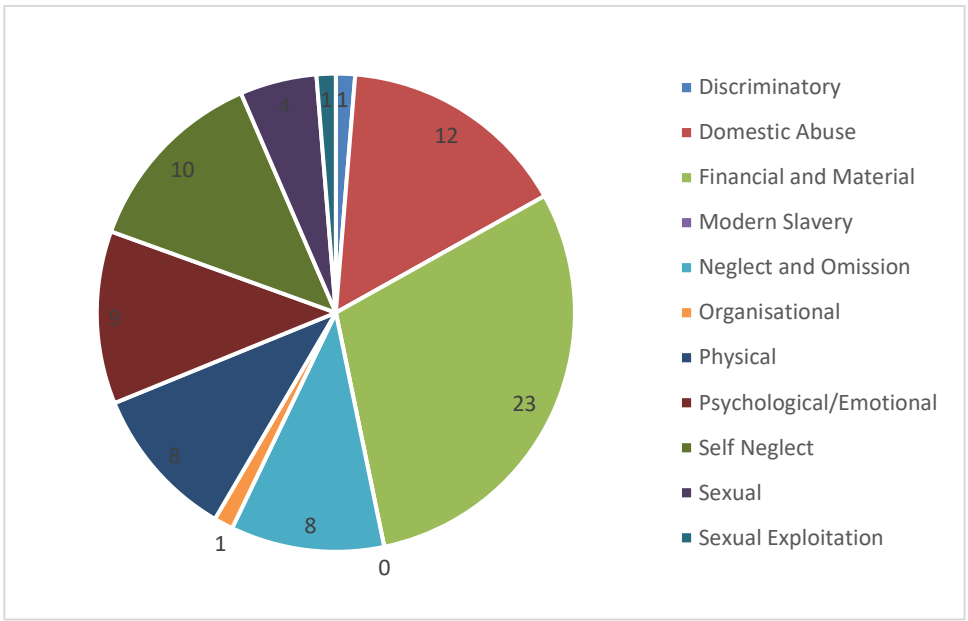
Where abuse has occurred



The diagram above depicts the location of the concern at the time of this being raised with the local authority.

Once again, the most common location was in a person's own home (54%).

The most common type of abuse that people suffer from in their own home is Financial & Material (23%)



Source of risk

The “source of risk” was personally known to the individual in 51% of 2024-25 concluded safeguarding enquiries, compared with 49% of 2023-24 concluded enquiries.

The “source of risk” was providing a service to the person in 26% of 2024-25 concluded safeguarding enquiries, compared with 24% of 2023-24 concluded enquiries.

Mental Capacity

In 2024-25, of the 82 concluded safeguarding enquiries, 57 individuals had mental capacity and 25 lacked capacity.

This is similar to 2023-24 where, of the 119 safeguarding enquiries that were completed, 71 people had mental capacity, and 33 were deemed to lack mental capacity.

Advocacy

In 2024-25, 36% of those lacking capacity were provided with either formal or informal advocacy. This is a decrease from 2023-24, when there 45% of those lacking capacity had advocacy.

Making Safeguarding Personal

In 2024-25, 46% of people or their representatives were asked what they wanted the outcome of their safeguarding enquiry to be. This is a drop from 69% in 2023-24.

Outcomes were partially or fully achieved in 85%of concluded enquiries in 2024-25, which is similar to 84% in 2023-24.

In comparison with the previous year, there were more enquiries that concluded were the risk of abuse or neglect to the person remained. There was a similar number where the risk was removed.

The outcome of concluded enquiries was:

2023-24	2024-25	Action
20%	20%	Risk Removed
63%	51%	Risk Reduced
17%	29%	Risk Remained

Repeated learning from reviews has highlighted limited take up of Hereford and Worcester Fire and Rescue Service Home Safety visits. A representative from the service raised their concerns with the Board. As a result of this, monitoring of the number of visits and the source of referral has commenced. Analysis of referral source will take place during 2025/26 to review whether awareness raising has made any impact

Qtr	Safe & Well Check	Home Fire Safety Check	Equipment Only	**2023-2024**	Safe & Well Check	Home Fire Safety Check	Equipment Only	**2024-2025**
Q1	131	58	23	**212**	105	90	16	**211**
Q2	100	74	15	**189**	115	86	8	**209**
Q3	88	99	21	**208**	88	86	12	**186**
Q4	90	106	17	**213**	68	98	15	**181**
Total	**409**	**337**	**76**	**822**	**376**	**360**	**51**	**787**

Safe and well checks have now been superseded; all referrals are now carried out as Home Fire Safety Visits which are free home safety visits that are tailored to an individual's needs.

The visit includes a home safety check to help reduce the risk of fire in the home, including the checking and fitting of smoke alarms where required. This includes alarms suitable for those with a hearing impairment and giving advice on a fire escape plan.

Equipment Only visit type is where the bare minimum fire safety guidance is given and equipment is fitted.

The following are some examples of where it is used:

- Immediately following a domestic incident / 999 call. The occupier may then receive a follow-up full visit by a technician or fire crew in the days/weeks which follow.
- Where faulty equipment is swapped out but they've had a full visit in the last few years
- Where it's a high-risk occupier but there are no Prevention Technicians immediately available so crews will respond and make them safe where no equipment/insufficient equipment is present. A Prevention Technician will then complete a thorough follow-up visit.

Another learning point has been around rough sleeping and homelessness. As a result, the local authority rough sleeper outreach team lead presented to Board current progress against the Rough Sleeping Strategy and agreed data to be provided each month.

Rough sleeper data:

Demographic	January '25 Month End	January '25 Month Total	February '25 Month End	February '25 Month Total	March '25 Month End	March '25 Month Total
Total Number Rough Sleepers	4	14	1	9	4	6
Male	3	11	1	7	4	5
Female	1	3	0	2	0	1
Transgender	0	0	0	0	0	0
Non-Binary	0	0	0	0	0	0
Unknown	0	0	0	0	0	0
Ages - Under 18	0	0	0	0	0	0
18 - 24	1	2	0	1	0	0
25 - 34	1	4	0	1	1	1
35 - 44	0	3	0	3	2	3
45 - 54	2	4	1	4	1	1
55+	0	1	0	0	0	1
Unknown	0	0	0	0	0	0

The above chart shows the number of instances at month end and total per month of rough sleepers and their ages at time of instance.

How the Board works to deliver results

The Board brings together representatives from:

- Herefordshire Council social care and public health teams
- Herefordshire and Worcestershire Integrated Commissioning Board (responsible for the commissioning of health care)
- Wye Valley NHS Trust and Herefordshire and Worcestershire Health and Care NHS Trust (health care providers)
- Healthwatch
- West Mercia Police
- National Probation Service
- West Midlands Ambulance Service NHS Foundation Trust
- Hereford & Worcester Fire and Rescue Service
- Members from provider and voluntary services

This multi-agency approach ensures that all partner organisations work cohesively, using the same information and communicate consistent messages to provide the strategic direction for the work undertaken on their behalf.

It is the task of the Strategic Board to agree the priorities for the year, in consultation with Healthwatch and the community.

Subgroups develop work plans which contain the activity required to deliver the priorities. Each subgroup chair is responsible for reporting successes, developments and any barriers to progress to the Board.

What the subgroups have delivered this year

Performance and Quality Assurance (PAQA)

Terms of reference:
This group is responsible for data quality, audit and effective information systems to meet current and future expected national and local data reporting requirements, enable performance to be managed, and to provide reasonable assurance on the quality of local safeguarding.

Activity in 2024-25:
An updated performance dataset has been agreed and now includes data from other agencies, including health. This will be improved upon in the following year. The granularity of data available is still limited and system updates have been requested, these will be delivered during 25/26.

The publication of a Worcestershire SAR Dorothy, which involved a Herefordshire resident, included a recommendation for an audit of out of county placements. This took place in May 2025. Findings, which have been shared with the Board, concluded that most of the placements were as a result of personal choice. Where there was no degree of choice, this was due to a lack of suitable commissioned specialist places. Annual reviews were carried out in most cases but better use could be made of other professionals' reviews, such as continuing health care reviews, allowing for a more holistic assessment to inform care planning. This learning was shared with the relevant teams.

Quoracy has been achieved at every meeting that took place. While PAQA has sought to extend its membership to non-statutory partners, this has not yet been achieved and attendance remains an ongoing element of PAQA discussion.

Challenges:
Some meetings were cancelled during the year, due to member capacity and the hand-over to a new Chair. Of the seven planned meetings, four took place, including 2 in-depth data discussion meetings.

One of the meetings cancelled was the exploitation audit that was scheduled for May 2024. This was postponed to 2025-26 as members had limited capacity due to the demand from scoping reports for potential Safeguarding Adults Reviews.

Training and Workforce Development

Terms of reference:
This group is responsible for agreeing and maintaining Herefordshire's competency framework and provides evidenced assurance that partner agencies are meeting the requirements of the framework.

The group has particular responsibility to promote and facilitate multi-agency development opportunities for all practitioners, including disseminating learning from case reviews. By undertaking such activities, the group seeks to empower the workforce to be skilled and confident in adult safeguarding.

Activity in 2024-25

As a consequence of the Chair (from Herefordshire Council Adult Social Care) transitioning to a new role, the Vice Chair (from Hoople Care Ltd) assumed the position of Chair effective from February 2025. As a result, the Vice Chair position became vacant, although is expected to be filled early 2025/2026.

Attendance from multi-agency partners has largely remained consistent for the period of 2024/2025, with members meeting three times. One meeting was cancelled due to the availability of the Chair and Vice Chair and a significant number of apologies received from members competing demands; however, the Partnership Team shared the necessary updates via email to ensure everyone remained informed of key developments to help inform and guide practice.

During this reporting period, members of Training and Workforce Development have contributed to a number of priorities as set out in the HSAB Business Plan, including Exploitation and Prevention. For example, this includes:

- the development of an Adult Exploitation Toolkit and Pathway and a Child to Adult Transitions Exploitation Pathway;
- promotion of Herefordshire's All Age Carers Strategy, including when and how to refer for a Care and Support Assessment and Young Carers Assessments;
- continued promotion of the Complex Adult Risk Management (CARM) processes through the Partnership bulletin, Safeguarding Adults Week and Herefordshire's Safeguarding Children and Adults Practitioner Forum (April 2025);
- planning and delivering presentations to support Safeguarding Adults Week (18-22 November 2024);
- securing training via West Mercia Police on Adult Exploitation Awareness, starting in 2025/2026. There are plans to combine this with training on child exploitation, aligning with the 'Think Family' approach to ensure a holistic and integrated understanding of exploitation risks across all age groups.

Multi-Agency Adult Safeguarding Courses offered in 2024-2025 and attendance figures:

Between 1st April 2024 – 31st March 2025, a total of 491 learners attended multi-agency safeguarding courses, which is slightly lower than 610 who attended courses in 2023-24. The breakdown of courses and attendance is below:

Domestic Abuse Courses

Event	Attended
Courageous Conversations in Domestic Abuse and Sexual Violence (Specialist)	22
Domestic Abuse and Learning Difficulties in Adults	5
Domestic Abuse and Sexual Abuse – Active Bystander Training	53
Domestic Abuse and Sexual Violence Training Level 1	69
Domestic Abuse and Sexual Violence Training Level 2 (Targeted)	46
Domestic Abuse and Sexual Violence Training Level 3 (Specialist)	20
Multi-Agency Risk Assessment Conferences (MARAC) Awareness	57
Working with Perpetrators of Domestic Abuse	31

Substance Use Courses

Event	Attended
Delivering Substance Use Brief Interventions for Adults	12
Drug and Alcohol Awareness Training	45
Overdose Awareness and Naloxone Training	43

Mental Capacity courses

Event	Attended
Mental Capacity Act 2005 and DOLS – Understanding and Application	88
TOTAL all courses	**491**

Evaluations from specialist and targeted Domestic Abuse and Sexual Violence training demonstrates positive impact. For example, when asked "how will the course inform your future practice?" responses include:

> "A more active listener, feel more confident to support and signpost the victim."

> "I am aware of what other things are considered to be abuse that I may have overlooked previously."

Evaluations from Delivering Substance Use Brief Interventions for Adults courses demonstrates that attendees feel either 'confident' or 'very confident' in being able to apply learning in their everyday practice. When asked "how do you intend to apply the learning?" responses include:

> "Around 50% of our referrals are affected by addiction. I will be using the tools and conversational structure in all of my future sessions."

> "I will focus on my motivational interviewing skills to ensure I am using the Feedback, Responsibility, Advise, Menu for change, Empathy, and enhancing Self-efficacy (FRAMES) components and ask why someone is not at zero on the sliding scale."

Learning events:
A Safeguarding Children and Adults Practitioner Forum was held in October 2024 and saw 62 delegates attend to hear numerous presenters covering topics including:

- Restorative Practice
- Our Voice –Young People's perspectives
- Herefordshire All Age Carers Strategy
- An introduction to Herefordshire's Sexual Violence Strategy

Feedback from this event demonstrates practitioners being able to articulate how they plan to transfer their learning into practice. For example, *[All Age Carers Strategy],* one attendee stated,

> "to use contacts from today for supporting the carers on our staff team, both employed and volunteers."

Safeguarding Adults Week took place from 18-22nd November 2024 with the core theme being around "Working in Partnership" by way of encouraging practitioners to share their knowledge of safeguarding, learn from others and ultimately create safer cultures. Each day focused on a specific aspect of safeguarding, including developing professional curiosity,

working effectively with supported individuals, establishing professional boundaries, recognising exploitation and professional and organisational learning. Members of Training and Workforce Development contributed to the planning of this event by either delivering presentations or sourcing suitable presenters from their respective organisations.

The following feedback was received from Safeguarding Adults Week, as attended by 68 practitioners across the week. When asked “what has been the most impactful moment of the presentation for you?” responses include:

- Professional Curiosity - sharing views of multi-agencies on the underlying factors we don’t necessarily see/hear that we must all aim to consider regarding adult safeguarding
- Breaking the Cycle: finding out about support networks to tap into for people with complex needs
- Secondary Trauma: learning about secondary trauma impact, recognising how it can affect us all in different ways and to be accountable for how we deal with it by seeking support
- County Lines and Cuckooing: I didn’t know what ‘county lines’ or ‘cuckooing’ referred to, so it has been a very educational session.

When asked how attendees planned to use any new learning, respondents shared:

- [Closed Cultures] – ‘mindful of building in reflective loops robust for preventatively tackling and disrupting closed culture development.’
- [Cuckooing and County Lines] – ‘to consider the signs of such activity when working with patients and multi-disciplinary teams.’
- [Secondary Trauma] – ‘to implement techniques within working day’.

Challenges
It has not been possible to test the efficacy of the Adult Exploitation Toolkit and Pathway and Child to Adult Transitions Exploitation Pathway during this period of reporting due to changes in Lead Officer roles and the limited promotion of these toolkits. This will continue to be a focus moving into 2025-26.

Next steps 2025/26
With renewed motivation to promote the Adult Exploitation Toolkit and Transitions Pathway, it is envisaged that, once widely disseminated and embedded into practice, we will begin to better understand its value and impact.

Further promotion of carers assessments is planned by Adult Social Care colleagues, to coincide with Carers Week in June 2025.

Planning is underway for Safeguarding Adults Week 2025, as well as upcoming Practitioner Forums scheduled for July and October 2025.

Joint Case Review (JCR)

Terms of reference:
The Joint Case Review subgroup (JCR) is accountable to the Herefordshire Childrens Safeguarding Partners, Herefordshire Safeguarding Adults Board and Herefordshire Community Safety Partnership and oversees Safeguarding Adult Reviews, Local Child Safeguarding Practice Reviews, and Domestic Homicide Reviews.

The Herefordshire Children's Safeguarding Partnership has a legal duty to undertake reviews of serious child safeguarding cases (Local Child Safeguarding Practice Reviews LCSPR's) where children have died or suffered serious harm, the criteria for such reviews is set out in Working Together 2023.

The Care Act 2014 states that Safeguarding Adult Boards (SABs) must arrange a Safeguarding Adult Review (SAR) when an adult with care and support needs in its area dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked together more effectively to protect the adult. The criteria for such reviews is set out in the Care Act 2014 (See Care Act Guidance 2016). The Chair of HSAB has the responsibility for decision making about whether to conduct a review in individual cases.

Overall responsibility for establishing a Domestic Homicide Review rests with the local Community Safety Partnership (CSP) Statutory Guidance under section 9(3) of the Domestic Violence, Crime and Victims Act 2004 (the 2004 Act).

Activity in 2024/25

- 16 referrals for Safeguarding Adults Reviews were received, an increase of 220% from the previous year.
- Seven did not meet criteria for review as the individuals either did not have care and support needs or there was no evidence multi-agency working was ineffective.
- During the triage meeting for one referral, JCR identified domestic abuse in the life of the individual, it was therefore decided that a joint DHR / SAR approach was most appropriate. An author is yet to be commissioned to complete this review, it will be reported on at a later date.
- Four referrals for SAR's were scoped but did not meet criteria, however learning was identified.
- The learning identified included:
  - strengthening of the CARM process
  - improving multi-agency practitioners understanding of the Mental Capacity Act and the confidence to carry out assessments
  - lack of professional curiosity
  - poor recording

These learning points mirror those found in previous years and work has taken place to ensure that practitioners become better versed in these topics.

All reviews have an action plan including multi-agency recommendations, which are regularly updated.

SARs published 2024-25

The Board has published one SAR during this year. This case involved the separate suicides of a mother and daughter. (See report for Carol and Susan)

Findings

- Recognising the caring responsibilities and support needs of family members when an adult is in a full-time residential placement,
- Advocacy and support for family members and informal carers,
- Information sharing and use of professionals meetings,

- Use of the formal process for Resolving Professional Disagreements when there are concerns about decision making.

This review also highlighted areas of good practice, including in this case, good use of mental capacity assessments and hearing the voice of the cared for.

Two further SARs and a joint SAR / DHR were commissioned during this year but are yet to be published. These will be reported on fully in next years annual report.

Policies and procedures

Terms of reference:
Work is undertaken jointly with Worcestershire (as we have many partners working across both Counties). We have a working protocol that has been signed off by both Boards.

Activity 2024-25
During the 2024-25 year, we updated our Mental Capacity Act Guidance. The review of Complex Adults Risk Management continues and will be finalised during the 25/26 year.

Herefordshire also contributes to the West Midlands Regional Policy Group, which is responsible for the regional procedures.

Appendix 1. Business Plan Progress

PRIORITY ONE - Self-neglect and Hoarding – Year two
Deliverable: All practitioners recognise and respond to instances of self-neglect and hoarding, understanding the difficulties in engaging with those who display these behaviours.

Activity	Group	Q1	Q2	Q3	Q4	RAG
Review and update if necessary self-neglect dataset	PAQA			Review		Complete

Progress Regular updates are received by PAQA. An average of 14 concerns are raised per month.

Activity	Group	Q1	Q2	Q3	Q4	RAG
Incidents of self-neglect are responded to in line with policy	PAQA	Y1 Report and action plan to Board, findings included in bulletin, practitioner forum			Agree Y2 hypothesis and audit, to include review of Y1 action plan and review of any relevant policies	Complete

Progress Audit report presented to Board and action plan agreed. Actions included raising awareness of the clutter rating, CARM meetings and HWFRS fire safety checks. Audit format agreed, will follow 23/24 process to allow for direct comparison of practice. Audit will be carried out Q2 25/26.

Activity	Group	Q1	Q2	Q3	Q4	RAG
Practitioners are aware of appropriate tools when working with self-neglect	TWD	Review self-neglect tools & resources on Partnership website	Self-neglect presentation at Practitioner Forum	Self-neglect scheduled message in Partnership Bulletin	T&WD to review activity required for Self-neglect awareness in Yr 3	Complete

Progress Website information has been updated
Updated self-neglect policy (joint with Worcestershire) has been launched and disseminated across the partnership

Activity	Group	Q1	Q2	Q3	Q4	RAG
Self-neglect and hoarding group	Independent Chair				Report to Board: to include recommendation regarding Year 3	At risk

Progress Due to long term sickness it had not been possible to re-establish this group. However a new Chair has been identified and an initial meeting has taken place during this year. Regular meetings are now scheduled through 25/26.

PRIORITY TWO - Exploitation – Year two
Deliverable: All practitioners recognise and respond to instances of exploitation.

Activity	Group	Q1	Q2	Q3	Q4	RAG
Review and update if necessary, exploitation dataset	PAQA			Review		At risk

Progress Discussions have been held with regard to how this data may look and no consensus has been reached. PAQA will further explore who holds what data and develop this work during 2025/26.

Activity	Group	Q1	Q2	Q3	Q4	RAG
A “home invasion” procedure that protects the adult being criminally exploited in their homes	P and P	Finalise and present to Board				In progress

Progress This action sits under the remit of the Police, policy updates to reflect the new language are underway and will be shared with Board partners once completed

Activity	Group	Q1	Q2	Q3	Q4	RAG
Review adult exploitation strategy and pathway ensuring that those transitioning from childrens are safeguarded	P and P				Review	At risk

Progress Draft pathway has been agreed, due to changes in personnel and also capacity within the system it has not been possible to further this work on embedding the pathway as much as anticipated.

Activity	Group	Q1	Q2	Q3	Q4	RAG
Raise awareness of the adult exploitation toolkit and pathway	TWD	Agree exploitation implementation plan with partners		Tbc – Practitioner forum presentation on Exploitation Pathway		Complete

Progress Exploitation implementation plan has been discussed and agreed with partners. Pathway is included in exploitation training as delivered by Police vulnerability trainers.

Activity	Group	Q1	Q2	Q3	Q4	RAG
Practitioners recognise and use appropriate tools when working with exploitation including assessing mental capacity	TWD		T&WD to plan Yr2 & Yr3 activity depending on exploitation implementation plan			At risk

Progress Yr 2 activity was postponed for reasons as cited above
Training regarding adults exploitation and vulnerabilities has been commissioned. 2 sessions will be delivered during 25/26

Activity	Group	Q1	Q2	Q3	Q4	RAG
Assurance of professionals understanding and use of the exploitation toolkit	PAQA			Agree hypothesis and audit, to include review of Y1 actions and any relevant policies		At risk

Progress Yr 1 audit was postponed for reasons as cited above. This is now scheduled for Q2 2025-26

PRIORITY THREE - Prevention – Year two
Deliverable: The Board fulfils its duties under the Care Act in improving peoples independence and wellbeing, developing and promoting services that support this

Activity	Group	Q1	Q2	Q3	Q4	RAG
Implement a multi-agency safeguarding approach to the safeguarding front door	Strategic Partners				Review of arrangements	At risk

Progress A proposal has been agreed at Board, however the departure of the PSW during this reporting year has impeded progress. A new role has been created within ASC with a responsibility for taking this activity forward.

Activity	Group	Q1	Q2	Q3	Q4	RAG
Implement an effective approach to working with adults with multiple disadvantage	Strategic partners	Receive MEAM and BRAVE annual reports				In progress

Progress Board has commissioned the development of a multi-agency MCV task and finish group that will be responsible for developing a strategy and subsequent workstreams to develop an effective approach. This will include the voice of those affected. Quarterly updates will be provided.

Activity	Group	Q1	Q2	Q3	Q4	RAG
Improve understanding of when to refer for Care and Support Assessment	TWD		Partnership Bulletin Scheduled message		Partnership Bulletin Scheduled message	In progress

Progress Promotion of Herefordshire's All Age Carers Strategy, including when and how to refer for a Care and Support Assessment has been undertaken. Further resources to be developed during 25/26

Activity	Group	Q1	Q2	Q3	Q4	RAG
Improve understanding of when to refer for Carers Assessment	TWD	Practitioner Forum presentation – Carer Assessments Partnership Bulletin - Carers Week promotion	Resources/learning dissemination via TWD	Partnership Bulletin scheduled message		In progress

Progress Promotion of Herefordshire's All Age Carers Strategy, including when and how to refer for a Carers Assessments has been undertaken. Further resources to be developed during 25/26

Activity	Group	Q1	Q2	Q3	Q4	RAG
Improve understanding of when to refer for Young Carers Assessment	TWD	Practitioner Forum presentation – Carer Assessments Partnership Bulletin - Carers Week promotion	Resources/learning dissemination via TWD	Partnership bulletin scheduled message		In progress

Progress Promotion of Herefordshire's All Age Carers Strategy, including when and how to refer for a Young Carers Assessments has been undertaken. Further resources to be developed during 25/26

Activity	Group	Q1	Q2	Q3	Q4	RAG
Re-audit of MSP	PAQA				Agree hypothesis and audit, to include review of any relevant policies	Cancelled/ Amended

Progress Capacity issues across the partnership has delayed the audit. However, performance information shows this is a low risk area.

Activity	Group	Q1	Q2	Q3	Q4	RAG
Assurance that professionals understand when to refer for assessment	PAQA			Agree hypothesis and audit, to include review of any relevant policies		At risk

Progress Capacity issues across the partnership has delayed the audit. A targeted piece of work will review this area during 25/26

Activity	Group	Q1	Q2	Q3	Q4	RAG
Complex Adult Risk Management (CARM) coordinator role is established	Community Wellbeing	JD and PS approved	Interviews	Appointment		At risk

Progress Although the coordinator role is yet to be agreed this is part of the consideration of the MCV task and finish group.

Activity	Group	Q1	Q2	Q3	Q4	RAG
Improve knowledge and awareness of CARM process	TWD	Promotion CARM via TWD (slides, recording, briefing) Practitioner Forum CARM presentation	Partnership bulletin scheduled CARM message	Partnership bulletin scheduled CARM message	TWD to review activity required for CARM awareness in Yr 3	Complete

Progress CARM has been included within practitioner forums and Partnership bulletins

Activity	Group	Q1	Q2	Q3	Q4	RAG
Review of CARM procedure	Policies/ Procedures				Light touch review of CARM	Complete

Progress CARM process has been reviewed and results presented to Board. A task and finish group has been established to consider the findings. This will report back to Board during 2025 / 26

PRIORITY FOUR - Year two – Neglect and Omission
Deliverable: Practitioners working within Herefordshire recognise the signs of neglect and omission and respond appropriately

Activity	Group	Q1	Q2	Q3	Q4	RAG
Review and update if necessary neglect and omission dataset	PAQA			Review		Complete

Progress	Regular updates are received by PAQA. An average of 23 concerns are raised per month.

Activity	Group	Q1	Q2	Q3	Q4	RAG
Audit of cases (Neglect and Omission)	PAQA	Present Y1 audit findings to Board		Agree hypothesis and audit, to include review of any relevant policies	Present Y2 audit findings to Board	Cancelled/ Amended

Progress	Re-audit has not been completed during 24 / 25 due to capacity issues. It has been agreed by the Board that this is a low-risk area based on the results of the Y1 audit.

Activity	Group	Q1	Q2	Q3	Q4	RAG
Development and implementation of professional resources	P and P				Using outcomes from audit assess the need to update policies or procedures	Cancelled/ Amended

Progress	No additional policies or procedures have been identified as a result of audit activity

Activity	Group	Q1	Q2	Q3	Q4	RAG
Development and implementation of professional resources	TWD	T&WD agree implementation plan for Neglect & Omission resources	Development and implementation of professional resources		Using outcomes from audit assess the need to develop and implement professional resources	Cancelled/ Amended

Progress	No additional training or resources have been identified as a result of audit activity

Activity	Group	Q1	Q2	Q3	Q4	RAG
End of year report to Board					Progress against this priority – Board decision	Cancelled/ Amended

Progress	No activity against this priority was undertaken during 24/25

PRIORITY FIVE – Board Effectiveness – Year two
Deliverable: The Board fulfils all of its statutory functions under the Care Act

Activity	Group	Q1	Q2	Q3	Q4	RAG
Light touch update of regional audit tool	PAQA	Collate responses	Initial report to Board	Challenge events	Final report to Board	At risk

Progress	Due to changes in personnel the regional audit tool was not available for partners during the 24/25 reporting period. This has now been rectified and a full audit will be completed during 25 / 26

Activity	Group	Q1	Q2	Q3	Q4	RAG
Review governance surrounding this and other partnerships and boards	Independent Chair				Review of new arrangements	Complete

Progress	The independent Chair continues to keep governance under review, regularly attending other partnership and board meetings

Activity	Group	Q1	Q2	Q3	Q4	RAG
Develop and implement an agreed multi-agency outcomes / dataset for the Board.	Strategic leads PAQA		Current performance reporting requested from Partners	Review returns		In progress

Progress	Work continues on developing a multi-agency reporting system that reflects safeguarding across the whole system

Activity	Group	Q1	Q2	Q3	Q4	RAG
Develop and implement an agreed audit programme, which will test the extent to which learning from SARs has impacted front line delivery.	Strategic leads PAQA					At risk

Progress Audit plan had been agreed based on priorities and SAR findings for 24/25 however capacity across the system means that one audit only was completed for this reporting year. This audit was an agreed action from a joint SAR with Worcestershire and findings were reported to Board

Activity	Group	Q1	Q2	Q3	Q4	RAG
Develop and implement a communications strategy for the Board, raising awareness of how to recognise and respond to adult safeguarding issues.	Strategic leads					Complete

Progress Limited work has been undertaken this reporting year, HSAB has produced a resource for use within provider environments and this has been disseminated widely.

Activity	Group	Q1	Q2	Q3	Q4	RAG
Enable local people with lived experience of safeguarding to influence the work of the Board.	Strategic leads			Review models used across the region		At risk

Progress Limited work has been undertaken this reporting year, however the Board commissioned Multiple Complex Vulnerabilities task and finish group will be considering this during 25/26.

Activity	Group	Q1	Q2	Q3	Q4	RAG
Ensure that learning from SARs is widely disseminated so that similar multi-agency safeguarding practice issues are less likely to occur in future.	Partnership Team	Ensure learning is included in Practitioner Forums / Newsletters / Shared with Partners / 7 min learnings are disseminated	Ensure learning is included in Practitioner Forums / Newsletters / Shared with Partners / 7 min learnings are disseminated	Ensure learning is included in Practitioner Forums / Newsletters / Shared with Partners / 7 min learnings are disseminated	Ensure learning is included in Practitioner Forums / Newsletters / Shared with Partners / 7 min learnings are disseminated	Complete

Progress All SAR learning is shared across the partnership via all available methods. A dissemination form has been re-introduced to collate activity.
Lack of audit activity through this reporting year means that it is not possible to evidence learning leading to changes in practice

Activity	Group	Q1	Q2	Q3	Q4	RAG
Produce an annual report	Partnership Team / Chair	Gather sub group reports and dataset	Draft report to Board for approval Publish on website			Complete

Progress Annual report completed

KEY

Red Compromised
Amber at risk
Green In progress
Blue Complete
Grey Cancelled/original action amended

PAQA – Performance and Quality Assurance – sub group of the Board
TWD – Training and Workforce Development – sub group of the Board
P and P – Policies and Procedures – joint working group of the Board

Appendix 2. Meeting attendance

Meetings and Frequency

Agency	Board 4/yr	PAQA 7/yr*	TWD 3/yr	JCR 4/yr
Community Wellbeing	4	4	3	4
Healthwatch	3	N/A	N/A	N/A
Hereford & Worcester Fire & Rescue Service	1	N/A	N/A	4
Herefordshire and Worcestershire Health and Care Trust	4	2	N/A	4
Herefordshire and Worcestershire ICB	4	3	2	4
HVOSS	Resigned	N/A	N/A	N/A
Lead Member	2	N/A	N/A	N/A
National Probation Service	0	N/A	N/A	N/A
Public Health	2	N/A	N/A	1
West Mercia Police	4	4	3	4
Wye Valley NHS Trust	4	2	1	4

*3 meetings cancelled

Appendix 3. Budget

The Partnership Team support and deliver on the work of HSAB. This is a multi-agency funded team overseeing the work of the Board and its sub groups. In 2024-25, the Partnership Team also supported the Herefordshire Safeguarding Children Partnership and Community Safety Partnership.

In 2024-25, the Partnership Team was funded as follows:

Safeguarding Partner Contributions			Expenditure (HSAB, HSCP, CSP)	
Agency	**2024-25 Contribution £**	**%**	**Category**	**Expenditure**
Herefordshire Council (Children's Services and Community Wellbeing)	£247,339	59%	Salary Costs	£278,597
NHS Integrated Care Board	£101,857	24%	Independent Chair (HSAB) / Independent Scrutineer (HSCP)	£35,098
West Mercia Police	£69,400	17%	Consultancy costs (Independent authors SAR, DHR, LCSPR)	£33,670
Total Contributions	**£418,596**		Training expenses (online platform)	£14,450
			Office expenses	£35,140
			Income not funded (income reduced in line with % MERS voluntary redundancy post)	£13,455
			Total Expenses	**£410,410**

Note: This total contribution is for the support of the Herefordshire Safeguarding Adults Board, Herefordshire Safeguarding Children's Partnership and the Community Safety Partnership.

Herefordshire Safeguarding Adults Board
Council Offices
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Herefordshire Council

Title of report: 2025 Health Protection Annual Report

Meeting: Health and Wellbeing Board

Meeting date: Monday 15 December 2025

Report by: Public Health Lead - Health Protection and Sexual Health and Public Health Consultant for Health Protection

Classification

Open

Decision type

This is not an executive decision

Wards affected

(All Wards)

Purpose

The purpose of this report is to share the 2025 Health Protection Assurance Forum's (HPAF) Annual Report with the Board.

This serves to update the Herefordshire Health and Wellbeing Board on health protection system performance, achievements, and risks for 2025, as well as areas of development for 2026.

Recommendation(s)

That:

a) The Health and Wellbeing Board note the health protection system performance, achievements, and risks for 2025, as well as areas of focus for 2026; and

b) The Health and Wellbeing Board seek any further assurance via the Health Protection Assurance Forum.

Alternative options

1. The Board could choose not to consider this report.

Further information on the subject of this report is available from
Sophie Hay, Tel: 01432383488, email: sophie.hay@herefordshire.gov.ukl

Key considerations

2. In Herefordshire, the Health Protection Assurance Forum (HPAF) is a partnership group that helps the Director of Public Health to fulfil their statutory role in seeking assurance that satisfactory arrangements are in place to protect the health of the local population.

3. It meets quarterly and is a sub-group of the Health and Wellbeing Board with members from across the Health Protection System (see below):

4. The Forum has produced an annual report aiming to summarise the health protection system performance for Herefordshire in 2024, as well as areas of development for 2025 (See Appendix 1 – Health Protection Assurance Forum Annual Report 2024).

5. This year's update is split into four key areas which includes update and performance summary, achievements, risks and future focus. Each section has been produced in collaboration with expert leads in those topic areas.

6. The 2025 report follows a similar structure as 2024 however there are some changes to topic areas. The 2025 report provides an update on the following:

- Communicable disease control – outbreaks and incidents
- Population screening programmes
- Population immunisation programmes
- Drugs and alcohol
- Sexual health
- Tuberculosis (TB)
- Environmental hazards to health, safety and pollution control
- Emergency planning

Community impact

7. In accordance with the adopted code of corporate governance, Herefordshire Council achieves its intended outcomes by providing a mixture of legal, regulatory and practical interventions. Determining the right mix of these is an important strategic choice to make sure outcomes are achieved. The council needs robust decision-making mechanisms to ensure its outcomes can be achieved in a way that provides the best use of resources whilst still enabling efficient and effective operations and recognises that a culture and structure for scrutiny are key elements for accountable decision making, policy development and review.

Environmental impact

8. This report contributes towards the council's environmental policy commitments and aligns to improving the air quality within Herefordshire.

9. 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 protecting and enhancing Herefordshire's outstanding natural environment.

10. Producing this annual report had minimal environmental impacts. In its production and dissemination, consideration has been made to minimise waste and resource use in line with the council's Environmental Policy, for example, by reducing paper waste (through electronic form only) and using virtual meetings to reduce car use.

Equality duty

11. Due to the potential impact of this function being low, a full Equality Impact Assessment is not required. However, equality of access to health protection related services, including vaccination and screening, remains an ongoing focus.

Resource implications

12. There is no resource implications associated with this report. However, the resource implications of any recommendations made by the Health and Wellbeing Board will need to be considered by the responsible party in response to those recommendations or subsequent decisions.

Legal implications

13. The Health and Wellbeing Board carries out statutory functions as required by the Health and Social Care Act 2012. The board's functions are set out in Part 3.5.25 of the council's constitution.

Risk management

14. The risks referenced in the report have been considered in accordance with the council's Risk Management Strategy. Where relevant, identified system-level risks are appropriately captured within the Health Protection Assurance Forum's risk and issues log. Ongoing oversight and monitoring will be maintained through established governance arrangements to ensure any emerging risks are effectively escalated and managed.

Consultees

- Members of the Health Protection Assurance Forum
- Contributors to the Health Protection Annual Report
- Public Health Leadership Team
- Community Wellbeing Directorate Leadership Team
- Corporate Director Community Wellbeing
- Director of Public Health

Appendices

Appendix 1 - Health Protection Assurance Forum Annual Report 2025
Appendix 2 - Presentation slides: Health Protection Assurance Forum Annual Report 2025

Background papers

None identified.

Herefordshire Council

Health Protection Assurance Forum Annual Report 2025

Report authors:
Sophie Hay, Public Health Lead for Health Protection and Sexual Health
Badri Padmanabhan, Interim Consultant in Public Health Medicine

Contents

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We would like to thank the following colleagues for their support, and contribution, in the production and development of this year's report:

- Caryn Cox, Consultant – Communicable Diseases, West Midlands Health Protection Team, UK Health Security Agency (UKHSA)
- Emma Wilkes, Data Surveillance Scientist, West Midlands Health Protection Team, UK Health Security Agency (UKHSA)
- Andrew Dalton, Screening Lead, West Midlands, NHS England (NHSE)
- Ashis Banerjee, Immunisations Lead, West Midlands, NHS England (NHSE)
- Mohammed Essoussi, Public Health Program Officer for Strategy and Partnerships, Herefordshire Council
- Dawn Baker, Clinical Services Manager, Turning Point - Herefordshire Drug and Alcohol Recovery Service
- Veronica Balestra, Head of Service, Sexual Health Services for Herefordshire, Solutions 4 Health
- Melody Gaudin, Infection Prevention and Control Service Improvement Lead, NHS Herefordshire and Worcestershire
- Kate Birchall, TB Nurse, Wye Valley NHS Trust
- Charles Yarnold, Head of Regulation and Technical Services, Herefordshire Council
- Elisabeth Laughland, Regulatory Services Manager, Herefordshire Council
- Paul Di Lucia, Regulatory Service Manager, Herefordshire Council
- Ian Baker-Hedges, Emergency Planning Manager, Herefordshire Council

Executive Summary

Background

In Herefordshire, the Health Protection Assurance Forum (HPAF) is a partnership group that helps enable the Director of Public Health to fulfil their statutory role in seeking assurance that satisfactory arrangements are in place to protect the health of Herefordshire residents.

The purpose of this report is to update the system partners and the Herefordshire Health and Wellbeing Board on health protection system performance, achievements, and risks for 2025, as well as areas of development for 2026.

This report considers the following key domains of health protection:

- Communicable disease control – outbreaks and incidents
- Population screening programmes
- Population immunisation programmes
- Drugs and alcohol
- Sexual health
- Tuberculosis (TB)
- Environmental hazards to health, safety and pollution control
- Emergency planning

Although this report contains the latest available data set for each of the key health protection domains, it is important to note that due to variations in data collection periods and data cleansing processes, there may be a time lag, or delay, in receiving up-to-date data.

Findings

Herefordshire generally performs well in most areas of health protection and as a system it remains stable. A summary of key findings from within this report are listed below.

Key achievements include:

- Auditing the local health protection system against the ADPH Quality Improvement Framework for Health Protection, better known as ‘what good looks like’. Herefordshire was successful in fully meeting 98 out of 105 standards.
- The number of outbreaks and incidents of infectious disease in Herefordshire remains stable. They have been well managed by the UK Health Security Agency (UKHSA) and by Herefordshire & Worcestershire Integrated Care Board (H&W ICB) who facilitate the development of local diagnostic and outbreak management pathways.
- Herefordshire NHS screening programmes continue to perform well. 4 out the 7 NHS population screening programmes (bowel, breast, cervical in 25 – 49 years and abdominal aortic aneurysm) have seen an increase in coverage compared to the previous reporting period.
- Overall, Herefordshire immunisation programmes continue to perform well. Herefordshire is amongst the highest for pre-school vaccination and human papillomavirus (HPV) in the Midlands.
- Harm reduction continues to be a key public health intervention in drug and alcohol services. In 2024-25 over 14,000 needles, barrels and syringes were dispensed through the face-to-face needle and syringe programme.
- The number of new sexually transmitted infection (STI) diagnoses among people accessing sexual health services in England remains low and stable locally. Herefordshire remains to be significantly lower than the England average.
- Herefordshire continues to have low incidence of TB (incidence has remained below 4 per 100,000 population for over twenty years). Cross border working with Wales, Gloucester

and Worcester continues to work well; ensuring patients living out of catchment but who are registered with Herefordshire GP receive optimum management of their TB infection.
- The Environmental Health service has continued to support local health protection through proactive regulation, partnership working, and timely service delivery in the county.
- The emergency planning team continue to discharge Herefordshire Council's responsibilities under the Civil Contingency Act 2004 so that the local authority can respond to, and recover from, emergencies and significant incidents affecting Herefordshire.
- Development of Herefordshire Council 2025 air quality annual status report

Key challenges, risks and learning identified:

- Nationally and locally, potential outbreaks of measles and other vaccine preventable diseases remain a risk and concern in those who are not fully vaccinated.
- Despite a slight increase in uptake in the 25 – 49-year-old cervical screening programme (0.9% in 2024) coverage for this programme and the 50 – 64-year-old group is declining mirroring the national trend. Nationally, a new personalised approach to cervical screening is being developed to increase uptake in the 25 – 49 age group, varied initiatives are being developed including using the NHS app to send invitations and reminders, extending the screening interval from 3 years to 5 years in those who test negative for the human papillomavirus (HPV) and offering human papillomavirus (HPV) self-sampling kits to those who have not presented to services for cervical screening.
- Although Herefordshire is a top performing county for COVID-19 vaccination, there is a notable decline in the number of eligible patients coming forward for vaccination.
- Specific areas of sexual health where Herefordshire does less well include syphilis, HIV and proportion of 15 – 24-year-olds screened for chlamydia.
- Referrals into Turning Point (Herefordshire drug and alcohol service) continues to increase (increase of 16% in 2024-25). Alcohol accounts for the highest proportion of people seeking treatment.
- The number of deaths from drug misuse (persons) increased from 6.6 per 100,000 in 2020-22 to 7.6 per 100,000 in 2021-23, males remain disproportionately affected. Several strategic actions and initiatives including primary and secondary interventions have been undertaken to reduce drug related deaths in the county.

Key areas of future focus

Communicable disease control – outbreaks and incidents

- Continue collaboration with Herefordshire Council and its partners in preventing, and responding to, outbreaks and incidents of infectious diseases, chemical, biological, radiological and nuclear events and other health threats.
- Continue to support the implementation of UKHSA's strategic priorities, goals and vision as set out within UKHSA's 2023 to 2026 strategic plan.
- Herefordshire health protection system partners to address, and work towards, meeting the 7 standards which were either not met, or partially met, within the Herefordshire health protection system audit.

NHS population immunisation programmes

- Support the roll out, and raise awareness of, upcoming changes to pre-school childhood immunisation programmes which are due to commence in July 2025 and January 2026.
- Roll out the mpox and gonorrhoea vaccination for eligible higher-risk groups available from August 2025.
- At a national level, continue to improve data quality, granularity and data flows around vaccinations.
- Increase flu vaccination in the health and social care workforce in 2025-26 season.

NHS population screening programmes

- Continue to improve the uptake of screening programmes, especially those which are below coverage targets
- Support the roll out of upcoming changes to NHS cervical screening provision through local promotion.
- Secure a convenient and easily accessible screening site to locate mobile breast screening services in Hereford City.

Drugs and alcohol

- Increase the provision of Hepatitis B vaccination within Turning Point. Healthcare assistants will focus on injecting drug users presenting and ensuing that they are making every contact count.
- Continue to improve access to psychosocial provision across the county with workshops available to support all relevant people
- Continue to build on the drug and alcohol outreach treatment offer through the recruitment and appointment of a new part time outreach Health Care Assistant.
- A number of strategic actions and initiatives have been undertaken to reduce drug related deaths in the county; this includes but is not limited to:
    - Establishment of a Drug Related Death (DRD) panel in 2023
    - Quarterly multi-agency case reviews to coordinate responses
    - Ongoing collaboration with Local and Regional Community Drug Partnerships (CDPs)
    - Expansion of Naloxone provision, including distribution to service users and frontline professionals (Probation, Police, Solicitors). Nixoid nasal spray is now available locally and suitable for use with young people.
    - Integration with the Complex Lives Strategy, including proactive use of Complex Adult Risk Management (CARM) and practitioner training on fluctuating mental capacity

Sexual health

- To review, and redesign, primary care based Long-Acting Reversible Contraception (LARC) provision for contraception purposes. A new offer is to be operational from 01 April 2026.
- Develop plans to deliver the new gonorrhoea and mpox vaccines from 01 August 2025.

Tuberculosis (TB)

- Complete a cohort review by end of quarter 3 in 2025/26.
- Partners and commissioning organisations to implement findings from the Getting It Right First Time (GIRFT) Report

Environmental hazards to health, safety and pollution control

- Implement priorities as set out within the Environmental Health and Trading Standards Service's 2025/26 business plan. These priority areas include proactive inspections; timely service delivery; digital transformation; air and water quality; tobacco and vape controls, CCTV and public protection and education and licensing enforcement.

The health protection assurance forum will monitor the performance and implementation of the above actions through quarterly partnership meetings. Outcomes will be reviewed and reported upon in the 2026 health protection annual report.

Communicable disease control – outbreaks and incidents

Update and performance summary

The UK Health Security Agency is responsible for protecting every member of every community from the impact of infectious diseases, chemical, biological, radiological and nuclear incidents and other health threats. They are the lead responsible agency in risk assessing, and managing, all cases and outbreaks of notifiable disease. UKHSA will work closely with the local authority and its partners to provide a collaborative and cohesive response to incidents and outbreaks.

To ensure that the local authority and its partners are aware of incidents and outbreaks of communicable disease, UKHSA provides a quarterly report to the Health Protection Assurance Forum. This provides surveillance data provides an overview of disease and identifies if there are any diseases, or settings, which are above any exceedance thresholds.

Between January 2024 – December 2024, UKHSA received a total of 96 reports of outbreaks / incidents of infectious disease, this consisted of:

- A small rise in the number of outbreaks in care homes between August – October 2024. Causes included a variety of infections including acute respiratory infections (ARI), norovirus, scabies, 'flu, food poisoning and COVID-19, hence this rise cannot be explained by one infection outbreak.
- An increase in Hepatitis C diagnoses from 2023-24 from seven to 28. There have been 22 cases this year, showing a similar pattern to 2024.
- E. coli O157 cases doubled in 2024, though now these have now decreased.
- A significant rise in whooping cough (pertussis) cases associated with the national outbreak in 2024.
- Low TB cases numbers. TB case numbers remain low with seven and six cases in 2023 and 2024 respectively. There have been no cases this year to date.
- A full overview of incidents reported to UKHSA in 2024 can be found in Table 1 and Table 2.

Table 1 summary of all incidents and outbreaks in Herefordshire reported to UKHSA Health Protection Team by infection in 2024

	Acute respiratory infection	COVID-19	Influenza	Avian influenza	Norovirus	Streptococcus Group A (non invasive)	Other**	Total
Total	<5*	16	13	<5*	17	9	36	**96**

Source: UK Health Security Agency

** Figures <5 are suppressed*

***Bordetella spp, Brucellosis, Chemical contamination, CPE, E. coli unspecified, Fire, Flooding, Food Poisoning, HFMD, Lead, Measles virus, M.Bovis, Pertussis (Whooping cough), Respiratory Tract Infection, Scabies*

Table 2 summary of all incidents and outbreaks in Herefordshire reported to UKHSA by setting in 2024

Contextual setting	Total number of reports
Care home	34
Community	<5*
Day care	<5*
Hospital	18
Hotel	<5*
Household	<5*
Leisure & community venue	<5

Nursery	6
Other	11
School	17
Workplace	<5
Total	**96**

**Figures <5 are suppressed*

Source: UKHSA West Midlands Health Protection Team

Achievements

- In 2025, Herefordshire conducted an audit of the local health protection system using the ADPH Quality Improvement Framework for Health Protection, better known as 'what good looks like'. The framework covers 11 key outcome areas and requires an audit against a total of 105 standards. Due to the complexities of health protection, UKHSA assigned a speciality registrar to conduct the system wide health protection audit for Herefordshire as part of their contribution to the annual health protection report. This audit aimed to:
    a. Independently assess current health protection functions against the quality standards and gather and document evidence that those have been met or not
    b. Highlight areas for improvement
    c. Communicate findings to the local health protection system for continuous improvement

  Herefordshire was successful in fully meeting 98 out of 105 standards. 6 were partially met (including 4 'must do's standards) and one was not met.
- Significant developments and improvements have made to the UKHSA's 'report an outbreak' service, formally known as CareOBRA, for adult social care (ASC) providers. Through extensive research and user feedback several improvements have been made to the online tool so that ASC providers can report ARI outbreaks at a time that is suitable to them. The tool gives providers immediate advice via email, ensuring a faster, focused and consistent response by HPT's to help protect those most at risk. The latest updates aim to save time, make the tool easier to use and improve accuracy of reports.
- New UKHSA Cases and Incident Management System, known as CIMS, has been implemented in the West Midlands during the summer of 2024. This new system helps to strengthen health protection systems and allows UKHSA to effectively monitor, identify and respond to threats, both now and in the future.
- UKHSA has codeveloped and approved a health protection memorandum of understanding (MOU) with Herefordshire Council; which includes public, emergency planning and environmental health and trading standards; and the Integrated Care Board (ICB). This MOU facilitates the way that organisations work in partnership to achieve resolution of a health protection outbreak / incident by clarifying key roles, responsibilities and principles.

Risks

- Vaccine preventable diseases remain a national and local threat. By achieving high levels of immunity against vaccine preventable diseases we can help reduce the spread of infection and prevent outbreaks.

Future focus

- Continue collaboration with Herefordshire Council and its partners in preventing, and responding to, outbreaks and incidents of infectious diseases, chemical, biological, radiological and nuclear events and other health threats.
- Continue to support the implementation of UKHSA's strategic priorities, goals and vision as set out within UKHSA's 2023 to 2026 strategic plan.
- Herefordshire health protection system partners to address, and work towards, meeting the 7 standards which were either not met, or partially met, within the Herefordshire health protection system audit.

Population screening programmes

Update and performance summary

- Screening services in Herefordshire largely have good performance in their pathways.
- 4 out 7 NHS population screening programmes saw an increase in coverage compared to the previous reporting period, refer to Table 3 for a summary of the latest data.
- From summer 2025 onwards, there are some expected changes to the delivery of the NHS cervical screening provision:
    - Personalised cervical screening – from 01 July 2025 women aged 25 to 49 years who test negative for the human papillomavirus (HPV), which means that they are very low risk of cervical cancer over the next 10 years, will safety be invited at 5-year intervals rather than 3, in line with major clinical evidence.
    - Human papillomavirus (HPV) self-sampling kits– from 01 January 2026 under-screened women to be offered convenient human papillomavirus (HPV) self-sampling kits under new 10 Year Health Plan. Home kits will be offered to those who have missed their invite, making care more convenient and supporting the shift from treatment to prevention.

Table 3 Summary of the latest Herefordshire NHS population screening coverage data (%)

Screening coverage indicator	local coverage (%)	Period	Direction	Context
Cervical cancer (50-64 yrs)	74.6%	2024	↓	0.4% reduction compared to previous year (2023). Herefordshire remains slightly above that of England (74.3% in 2024).
Newborn hearing	99.3%	2023/24	↓	0.1% reduction compared to previous year (2022/23). Herefordshire continues to be above England (99.0% in 2023/24).
Cervical cancer (25-49 yrs)	68.3%	2024	↑	0.9% increase compared to previous year (2023). Herefordshire continues to be above England (66.1% in 2024)
Bowel cancer	77.0%	2024	↑	0.8% increase compared to previous year (2023). Herefordshire continues to be above England (71.8% in 2024)
Breast cancer	73.2%	2024	↑	5.5% increase compared to previous year (2023). Herefordshire exceeded England coverage for second year running (69.9% in 2024).
Abdominal aortic aneurysm (AAA)	87.2%	2023/24	↑	1.7% increase compared to previous year (2022/23). Herefordshire continues to be above England (81.9% in 2023/24).
Newborn and infant physical examination	97.8%	2023/24	→	No change in coverage compared to previous year (2022/23). Herefordshire continues to be above England (96.1% in 2023/24)

Source: Public Health Outcomes Framework

Achievements

- Bowel cancer screening coverage continues to increase. In 2024, 77.0% were screened for bowel cancer, this exceeds recommended targets.
- Breast cancer screening coverage was 73.2% in 2024, the first time this was above the acceptable target of 70% since before the pandemic.
- Abdominal aortic aneurysm (AAA) screening coverage increased to 87.2% in Herefordshire during 2023/24, this exceeded both the acceptable target of 75% and the achievable target of 85%.
- The bowel screening service has now offered screening to those who are aged 50 to 74 years for over a year and has since then commenced as an early adopter site for the screening threshold change in the programme. The service has changed the threshold at which someone has an abnormal screening test and needs additional assessment. Doing so will improve the impact of the programme, finding and preventing more cancers.

Risks

- The breast screening service is working to secure a new screening site in Hereford, with support from NHSE as commissioners, the Local Authority and ICB. Finding an appropriate site will be critically important for the service.
- Cervical cancer screening coverage for women aged 50 to 64 in Herefordshire is slightly better than the England average However in 2023, uptake dropped to 74.6%, the lowest coverage in Herefordshire for this age group since 2010. Herefordshire continues to mirror the England trend.
- Although Herefordshire's cervical cancer screening coverage for women aged 25 to 49 is better than the England average recent trend shows that coverage is decreasing and getting worse in line with the England trend.

Future focus

- Secure a new breast screening site in Hereford City.
- Continue to improve the uptake of screening programmes, especially those which are below coverage targets
- Support the roll out of upcoming changes to NHS cervical screening provision through local promotion.

Population immunisation programmes

Update and performance summary

- 5 out of 13 routine childhood vaccination measures achieved the recommended ≥95% coverage in Herefordshire. 9 out of 13 measures also increased their coverage during 2023/24. Full immunisation coverage data can be found in Table 4.
- Latest data is not yet publicly available for routine adult NHS population vaccination programmes, this includes PPV vaccination and shingles vaccination coverage (71 years).
- Seasonal influenza vaccine uptake for school age children increased in 9 out of 12-year groups in 2024-25. Uptake coverage data can be found in Table 5.
- To optimise individual and community level protection, the UK vaccination is kept under constant review.
- Several changes will be made to the routine NHS childhood vaccination schedule and the selective hepatitis B vaccination programme during 2025 and early 2026, this includes:
    - From the 1 July 2025:
        - The pneumococcal conjugate vaccine (PVC13) will have the first dose moved from 12 weeks of age to 16 weeks of age.

- The meningococcal B vaccine second dose brought forward from 16 weeks of age to 12 weeks of age.
- Children born on, or after 01 July 2024 will no longer receive the routine Hib/MenC (Menitorix) offer to those turning 1 year old.
- Infants eligible for the selective neonatal HepB programme, born on or after 1 July 2024, will no longer be offered monovalent HepB dose offered at one year from the selective neonatal HepB programme schedule. The addition of a dose of hexavalent vaccine at 18 months from 1 January 2026, replaces the need to receive a dose of monovalent HepB vaccine at one year.

- From the 1 January 2026 children born on, or after, 01 July 2024 will:
  - Receive an additional (4th dose) of DTaP/IPV/Hib/Hep B (hexavalent) vaccine at a new routine appointment at 18 months. It will replace the Hib dose which was previously given at the 1-year appointment. This will help to provider longer term protection and against Hib infection.
  - Have their second measles, mumps and rubella (MMR) vaccination moved from 3 years and 4 months to the new 18-month appointment. This will help to improve uptake and provide earlier protection.
- A new vaccination appointment at 18 months of age will be created to provide:
  - An additional dose of a Hib-containing multivalent vaccine (the hexavalent DTaP/IPV/Hib/Hep B vaccine which is given in infancy) should be administered at 18 months of age to replace the Hib component of the Hib/MenC (Menitorix) vaccine which was given at 12 months.
  - Second dose of measles, mumps and rubella (MMR) vaccination. This has been moved from 3 years and 4 months to 18 months of age.

Table 4 Herefordshire routine childhood immunisation summary for 2023/24

Immunisation programme indicator	2023/24 local coverage data	Recent local trend (compared to 2022/23 data)	England average
Below 90% coverage			
DTaP & IPV booster (5 yrs.)	88.5%	1.8% increase	82.7%
MMR 2 doses (5 yrs.)	89.6%	1.5% increase	83.9%
Between 90 – 95% coverage			
MenB booster (2 yrs.)	91.6%	0.2% decrease	87.3%
PCV booster (2 yrs.)	92.5%	0.6% decrease	88.2%
MMR 1 dose (2 yrs.)	93.0%	0.8% decrease	88.9%
Hib & MenC booster (2 yrs.)	93.1%	0.1% decrease	88.6%
Rotavirus (1 yr.)	93.2%	0.9% increase	88.5%
Hib & MenC booster (5 yrs.)	94.8%	2.1% increase	92.4%
≥95% coverage			
Men B (1 yr.)	95.1%	1% increase	90.6%
MMR 1 dose (5 yrs.)	95.5%	1.5% increase	91.9%
DTaP IPV Hib (1 yrs.)	95.6%	0.5% increase	91.2%
Dtap IPV Hib (2 yrs.)	95.8%	0.2% increase	92.4%
PCV	96.6%	0.4% increase	93.2%
Coverage not available			
Hepatitis B (2 yrs.)	Value suppressed	Not available	Not available

Source: Public Health Outcomes Framework

Table 5 Seasonal influenza uptake for children of school age, end of season data for 01 September 2024 to 31 January 2025, uptake for Herefordshire and England

Above 65% coverage (recommended target)				
Cohort	**Herefordshire uptake (%)**			**England uptake (%)**
	2023-24	**2024-25**	**Difference**	**2024-25**
Year Reception (4-5 yrs.)	76.2%	75.9%	-0.3%	54.7
Year 1 (5-6 yrs.)	75.4%	73.2%	-2.2%	55.6
Year 2 (6-7 yrs.)	75.1%	75.5%	0.4%	55.3
Year 3 (7-8 yrs.)	73.6%	76.8%	3.2%	54.6
Year 4 (8-9 yrs.)	76.1%	74.9%	-1.2%	54.6
Year 5 (9-10 yrs.)	74.7%	76.4%	1.7%	54.1
Year 6 (10-11 yrs.)	74.4%	75.2%	0.8%	52.9
Year 7 (11-12 yrs.)	69.1%	72.3%	3.2%	50.0
Year 8 (12-13 yrs.)	67.2%	67.7%	0.5%	46.0
Year 9 (13-14 yrs.)	64.8%	68.6%	3.8%	44.5
Year 10 (14-15 yrs.)	64.6%	67.2%	2.6%	42.5
Year 11 (15-16 yrs.)	60%	67.5%	7.5%	40.0

Source: UKHSA

Achievements

- Herefordshire has amongst the highest pre-school vaccination uptake rates in the Midlands. In the latest published data (Quarter 3, 2024/25) uptake for 1 dose of MMR at 2 years of age was 93.9% (England 89.3%) and for 2 doses of MMR at 5 years of age was 92.3% (England 85.0%). It is also the only Local Authority in the Midlands where uptake has increased over the last 10 years with most other areas experiencing a slow but steady fall between 2023/24 and 2013/14.
- Herefordshire has the highest HPV dose one uptake in the Midlands with 89.0% in the 2023/24 academic year for Year 8 females (England 72.9%). Most areas have had significant falls in HPV uptake during the pandemic with only partial recovery since. Herefordshire has had one of the strongest recoveries in the Midlands with uptake only 3.1% lower than in 2018/19.
- Flu vaccine coverage in 2 – 3-year-olds increased by 3.4% in 2023/24 (54.2% uptake in 2023/24 versus 50.8% in 2022/23).
- Flu vaccination coverage in school aged children increased across 9 of the 12 eligible groups in 2024-25. The most notable increase was seen in children who were in years 9 to 11.
- Herefordshire and Worcestershire along with all providers across the system, again delivered an extremely successful autumn / winter vaccination programme in 2024/25. Across both COVID-19 and Flu programmes, vaccinations were administered ensuring that the most vulnerable within the system received the protection necessary.
- In 2024/25 Flu uptake in Herefordshire was consistently higher for all patient cohorts than the regional or national comparator except for pregnant women. For example, uptake in those aged 65 and over was 78.8% (Eng 74.9%) and in Primary School children was 75.4% (Eng 54.6%)
- Improving vaccination uptake in looked after children (LAC) has remained a priority for Herefordshire Council. In 2023/24, 81% of LARC were reported to be up to date with their vaccination in line with the NHS schedule. To understand current uptake, barriers and required actions public health held a series of meeting with partner agencies. Herefordshire

Council and health colleagues are currently working jointly to identify, and vaccinate, any LAC who are not up to date with their vaccinations and to also identify ways to improve uptake.

- To gain further insight into local barriers to childhood NHS vaccinations Herefordshire Council has commissioned HealthWatch to undertake an engagement exercise with families and young people in 2025. Following completion of the exercise a formal report will be produced outlining key themes and recommendations. In addition to this project Healthwatch will film and produce a series of short videos in order to raise awareness about the importance of childhood vaccination in Herefordshire.

Risks

- Nationally there appears to be increasing vaccine hesitancy and greater need for one-to-one conversations meaning that more time and opportunity has to be available to ensure individuals receive the information they need to make informed choices. This may party reflect a pandemic effect with citizens less likely to automatically accept the safety and effectiveness of vaccines than previously. The overall level of confidence in vaccine s and the NHSE however remains high.
- National and locally, outbreaks of measles remain a risk in those who are not fully vaccinated.
- There is still a visible decline in the number of COVID-19 vaccinations being administered across the programme, notability during the Spring 2025 campaign. Herefordshire is still a top performing county, however, there has been a considerable drop in the number of patients coming forward for a vaccination.

Future focus

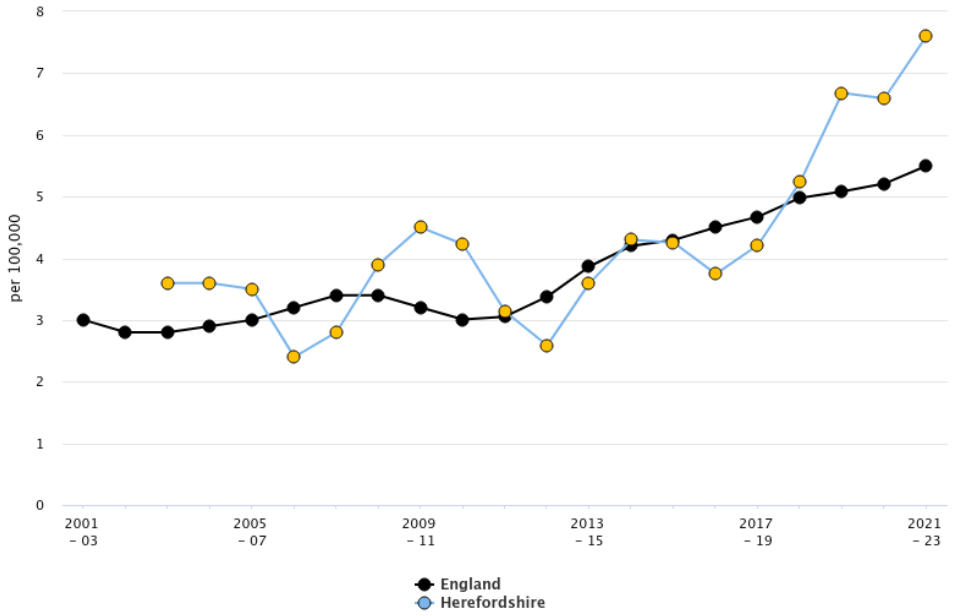
- Roll out the mpox and gonorrhoea vaccination for eligible higher-risk groups available from August 2025.
- Support the roll out, and raise awareness of, upcoming changes to pre-school childhood immunisation programmes which are due to commence in July 2025 and January 2026.
- At a national level continue to improve data quality, granularity and data flows around vaccinations
- Increase flu vaccination in the health and social care workforce in 2025-26 season.

Drugs and alcohol

Update and performance summary

- In 2024-2025 Turning Point received 956 referrals into service, this is 16% more than the previous year (153 in 2023-24).
- Alcohol continues to account for the highest proportion of individual's seeking treatment locally.
- Harm reduction remains a key intervention for Turning Point. In 2024-25, over 14,000 needles, barrels and syringes were dispensed through the face-to-face needle and syringe programme.
- As Figure 1 shows, compared to 2020-22 the number of deaths from drug misuse (persons) increased from 6.6 per 100,000 in 2020-22 to 7.6 per 100,000 in 2021-23. This rate is higher than the national average for England (5.5 per 100,000) and ranks third highest out of sixteen CIPFA neighbours.
- Drug related deaths disproportionately impact men. In Herefordshire between 2021 – 2023 there were 29 deaths in men from drug misuse, equating to a rate of 12.1 per 100,000 population. Female deaths numbered 8. (Source: Public Health Outcomes Framework)

Figure 1 Deaths from drug misuse per 100,000 in Herefordshire and England, 2021 to 2022



Source: Public Health Profiles

- A number of strategic actions and initiatives have been undertaken to reduce drug related deaths in the county; this includes but is not limited to:

    - Primary interventions
        - Ongoing collaboration with Local and Regional Community Drug Partnerships (CDPs) to disrupt supply chains in the county, contributing to the multi-agency delivery plan.
        - Expansion of Naloxone provision, including distribution to service users and frontline professionals (Probation, Police, Solicitors). Nixoid nasal spray is now available locally and suitable for use with young people.
        - Integration with the Complex Lives Strategy, including proactive use of Complex Adult Risk Management (CARM) and practitioner training on fluctuating mental capacity. This strategy will also include care experienced young people.
        - Dedicated harm reduction worker
        - Implementation of Local Drug Information System (LDIS) early alert system for contaminated drugs, this is done at the earliest opportunity and confirmed with follow up laboratory testing.

    - Secondary interventions
        - Establishment of a Drug Related Death (DRD) panel in 2023
        - Quarterly multi-agency case reviews to coordinate responses

- A range of actions have been implemented to discourage substance use among young people and enhance access to drug and alcohol services. These actions include but are not limited to:
    - Safer Neighbourhood Teams referring young people into diversionary practices such as Steer Clear. This practice helps to highlights the dangers associated with drug use.

  - Reviewing and improving Turning Point referral pathways and access routes for young people
  - Increased collaboration and partnership working with the Leaving Care Team, ECHO, Youth Offending Service and young person's hub. Turning Point also have an outbreak worker attending schools.
  - Working with, and supporting, care experienced young adults

Achievements

- As of March 2025, Herefordshire were able to re-declare Hepatitis C Micro Elimination.
- Herefordshire has been able to commence, and offer, injectable buprenorphine for suitable candidates. <5 individuals have been able to complete treatment and exit opiate treatment successfully. This new treatment offer helps reduce inequalities by allowing those who may work, struggle to access a pharmacy daily or don't have pharmacy provision in their area, an option of opiate substitution treatment.
- A new mental health practitioner role has been established. This roll will support complex cases, those with dual diagnosis and the suicide prevention strategy.
- A new online ordering system for needle and syringe provision, known as NSP direct; is being implemented in the county.
- A new postal naloxone provision has commenced

Risks

- The increase in synthetic opioids and contaminated drugs remains a risk both nationally and locally. To mitigate the harms associated with synthetic opioids Turning Point continue to offer testing strips and harm reduction support. A local drug alert system is also in operation sending early earnings to registered organisations and partners of potential contamination.

Future focus

- Increase the provision of Hepatitis B vaccination within Turning Point. Healthcare assistants will focus on presenting injecting drug users presenting and ensuing that they are making every contact count.
- Continue to improve access to psychosocial provision across the county with workshops available to support all relevant people
- Continue to build on the drug and alcohol outreach treatment offer through the recruitment and appointment of a new part time outreach Health Care Assistant.
- Reduce drug related deaths through a variety of interventions including:
  - Extending Naloxone training to include night-time economy staff (e.g. security personnel, taxi drivers, bar staff, housing officers)
  - Strengthen harm reduction approaches across all service areas
  - Enhance joint working with Public Health teams in neighbouring counties
  - Supporting Turning Point in resolving pathway challenges for service users
  - Improve engagement with A&E departments, including participation in DRD Panel meetings
  - Increase involvement of Mental Health services in DRD Panel processes.
  - Increased collaboration between mental health services and Turning Point on Community Orders. These orders now have a mental health treatment requirement which can run alongside a drug rehabilitation requirement and alcohol treatment requirements.

Sexual health

Update and performance summary

- Major national changes to sexual health services are expected in summer / autumn 2024, Table 6 provides an outline summary of these.
- The latest available sexual health performance data can be found in Table 6**Error! Reference source not found.**.
- Herefordshire sexual health service level data for April 2024 – March 2025 indicates that:
    - There were 4,674 attendances to the service, this is significantly higher than the previous year with an additional 1,267 attendances
    - By gender, females continue to account for the majority of all attendances (63% in 2024-25).
    - By age group, the 25 – 34 age group continues to account for the majority of attendances.
    - Long-Acting Reversible Contraception (LARC) accounted for 73% of all contraception prescribed by the service. The majority of LARC procedures are carried out by the sexual health service in Hereford City Centre.
    - There were 487 attendances to community pharmacies for emergency hormonal contraception. This is slightly higher than the previous year with 422 attendances in 2023-24.
    - 127 Hep A, B and HPV vaccinations were issued, this is slightly higher than the previous year.

Table 6 Anticipated national changes to sexual health services from 01 August 2025

Service / intervention	Overview	Commissioning body
Community pharmacy Emergency Hormonal Contraception (EHC) provision	In England from October 2024, EHC will become available free of charge in pharmacies on the NHS for the first time. It aims to reduce the 'postcode lottery' women face and reduce inequalities.	NHS England. (Local authorities will no longer be responsible for commissioning this aspect of community provision).
New mpox and gonorrhoea vaccination programme	A world first pre-exposure vaccination programme primarily targeting gay, bisexual, and other men who have sex with men (GBMSM) at higher risk, is scheduled to begin rolling out on August 1, 2025, with all providers expected to offer vaccinations by September 2025.	NHS England. (Delivered by local authority commissioned sexual health services).
Doxycycline post-exposure prophylaxis (DoxyPEP)	DoxyPEP is a dose of antibiotics taken after sex that reduces the risk of acquiring syphilis and chlamydia. It is up to 70% effective at preventing both syphilis and chlamydia. DoxyPEP will be available on the NHS to those at increased risk of syphilis, including gay and bisexual men and trans women.	NHS England. (Delivered by local authority commissioned sexual health services).

Table 7 Latest available sexual health performance data for Herefordshire

Indicator	Herefordshire rate	Period	Recent trend	Context
Syphilis diagnostic rate per 100,000	7.4 per 100,000 population	2024	↑	Although still significantly better than England (16.5 per 100,000) Herefordshire saw a increase when compared to the previous year (2023 rate, 4.2 per 100,000).
HIV testing rate per 100,000	1,385.7 per 100,000 population	2023	↑	Although worse than the England average (2,7707.7 per 100,000 in 2023) Herefordshire has seen a steady and significant increase in the local HIV testing rate. Rates are now just below that of pre pandemic levels.
New HIV diagnosis rate per 100,000	5.3 per 100,000 population	2024	↑	Although a slight increase was observed during 2023, Herefordshire remains significantly lower than that of the national average (10.4 per 100,000 in 2023).
New STI diagnoses (ex. Chlamydia in 24 years and under) per 100,000	180 per 100,000 population	2024	→	Herefordshire remains significantly better than the England average. Since 2012 diagnoses have steadily declined locally are currently at their lowest since 2012.
All new STI diagnoses rate per 100,000	249 per 100,000 population	2024	→	Herefordshire saw a reduction in comparison to the previous year. (2023 rate, 288 per 100,000). The rate remains significantly lower than the national average.
Chlamydia detection rate per 100,000 aged 15 to 24 years (persons)	730 per 100,000 population	2024	↓	Herefordshire remains below the national average for England. In 2024, there was a marked decrease in the detection rate in comparison to the previous year (1,136 per 100,000 in 2023). Higher detection rates are considered a positive indicator of successful identification and management of infections.
Gonorrhoea diagnostic rate per 100,000	31 per 100,000 population	2023	↓	Since 2022, Herefordshire has had seen a year-on-year reduction in the gonorrhoea diagnosis rate. Herefordshire has the lowest diagnosis rate of its nearest comparator neighbours.

Source: Public Health Outcomes Framework

Achievements

- There have been several service improvements and developments at the sexual health clinic based in Hereford City, this includes but is not limited to:
    - Effective triage process for LARC services to ensure that waiting lists are maintained at 3 weeks

- Installation of a new software-based phone system to significantly improve telephone access to the service
- Building an on-line booking system which is due to go live from autumn 2025

Risks

- Despite a well attended young person's clinic the Chlamydia detection rate for 15 to 24 years in Herefordshire remains low. Further work is needed to identify whether those most at risk are presenting for testing.
- Further work is required to improve the syphilis diagnostic rate, HIV testing rate and chlamydia detection rate in young people aged 15 to 24 years.

Future focus

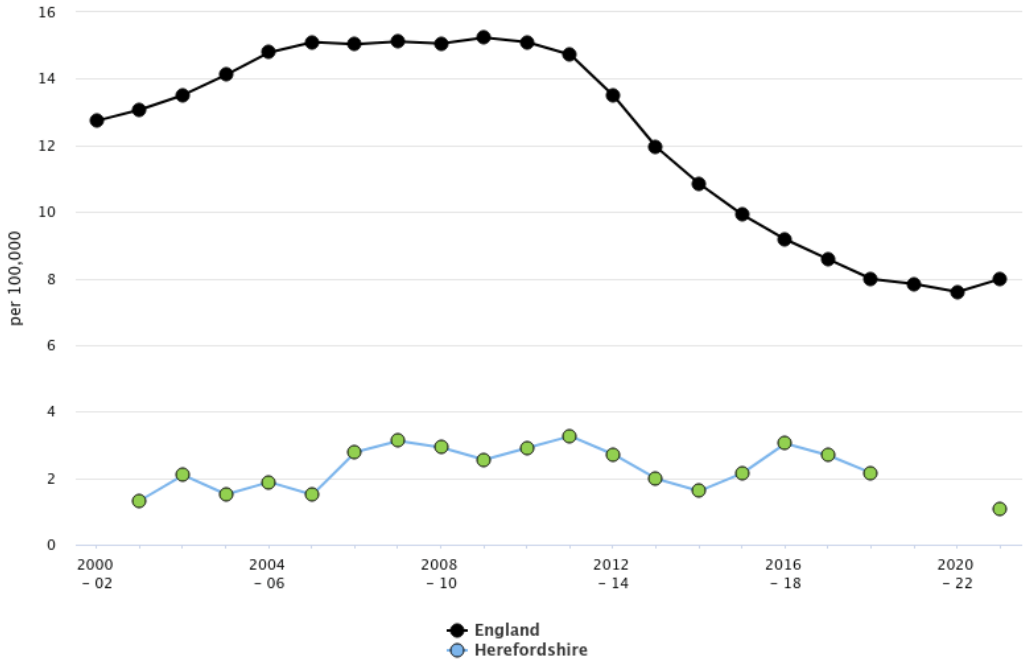
- To review, and redesign, primary care based LARC provision (for contraception purposes only). A new offer is to be operational from 01 April 2026.
- Develop plans to deliver the new gonorrhoea and mpox vaccines from 01 August 2025.

Tuberculosis (TB)

Update and performance summary

- As Figure 2 shows, the incidence of TB in Herefordshire continues to remain low, below 4 per 100,000, for over twenty years. Herefordshire has one of the lowest TB incidence rates compared to England and its CIPFA neighbours.
- There were six cases of confirmed TB infection commenced treatment in 2024. No new confirmed TB cases have commenced treatment in 2025; at time of writing this report 15th June 2025.
- Management of latent TB infection (LTBI) continues to be a significant percentage of the CNS workload (screening of contacts of index cases, patients being considered for biologics therapy and in overseas workforce).
- Getting It Right First Time (GIRFT) is a comprehensive review reporting on TB services in England. The report was issued to stakeholders in March 2025, an implementation framework outlining key areas for improvement has been issued with a framework to ensure commissioning organisations maintain an understanding and have a clear oversight of local TB services.
- The GIRFT report indicates that ICB's will be fundamental in supporting local TB services in delivering improvements and to help drive change & monitor the impact of local interventions.
- The Herefordshire and Worcestershire TB Network continues to meet as a system regularly with a targeted focus on each County's risks. An area of ongoing consideration is the low incidence status given to Worcestershire and Herefordshire system as this impacts on resource to fulfil additional latent TB screening for identified at risk groups from countries with a reported high TB incidence. It is noted – since 2022 there has been an increase of >50% in TB confirmed infections reported in patients who are residents in Herefordshire & Worcestershire. Despite this increase in confirmed cases both counties continued to be rated as low incidence.

Figure 2 Tuberculosis incidence, three-year average, per 100,000 from 2000 to 2023 in Herefordshire and England



Source: ***Public Health Outcomes Framework***

Achievements

- Cross border working with Wales, Gloucester and Worcester continues to work well; ensuring patients living out of catchment but who are registered with Herefordshire GP receive optimum management of their TB infection.
- Nomination of an ICB TB Lead for Herefordshire and Worcestershire has been the starting point to this improvement work with the aim to gain a clear understanding of local risks and to agree and target improvement strategies that will support the global 'End TB Strategy aims by 2035.

Risks

- Although Herefordshire is a low TB incidence rate area this creates several challenges, these include:
- Cross cover for Herefordshire TB clinical nurse specialist (CNS) continues to be problematic. Consultant WLI clinics were required during a recent planned absence of the CNS.
- Succession planning of key staff remains a concern; the date of retirement of the current post holder is not confirmed but is likely to be imminent.
- There has been delays in completing an annual cohort review. The last review was completed in 2022. A review was planned for March 2025 however due to a combination of events, including delays with data collection, this could not be completed.

Future focus

- Complete a cohort review by end of quarter 3 in 2025/26.
- Partners and commissioning organisations to implement findings from the Getting It Right First Time (GRIFT) Report

Environmental hazards to health, safety and pollution control

Update and performance summary

i. 2024/25 Environmental Health and Housing Summary

The Environmental Health service has continued to support local health protection through proactive regulation, partnership working, and timely service delivery:

Food Safety: Officers carried out 730 food safety inspections across the County and actioned 760 food safety enquiries. A full inspection programme was delivered, with a continued focus on supporting safe food practices, of which 97.9% of food businesses achieved a hygiene rating of 'Satisfactory' or above, reflecting strong ongoing compliance.

Private Sector Housing and Water Quality:

- 40 Houses in Multiple Occupation (HMOs) and 51 single-family dwellings were inspected.
- 36 new or renewed HMO licences were issued.
- Housing service requests were responded to within target in 93.2% of cases.
- The council undertook 365 water quality samples and 33 risk assessments for private water supplies. Compliance with safety parameters remains a key focus.

Health and Safety: The service delivered 121 workplace safety inspections and accident notifications investigations in line with national guidance. The service supported safe working practices through targeted interventions and advice.

Environmental Protection: Air quality remained within expected levels across Herefordshire's monitoring sites. The service also provided professional input into 547 planning consultations covering noise, nuisance, land, air quality and water considerations. Herefordshire Council is also developing their 2025 air quality annual status report.

Waste, Environmental and Enforcement - Fly-tipping monitoring and enforcement of 1121 incidents and 285 abandoned vehicles reported throughout the year reports supported by community engagement.

Nuisance and ASB Community Protection: Investigation, advice, and enforcement of 4273 community nuisance and antisocial behaviour enquiries, partner working with police and housing associations. During the summer months of 2024, Environmental Health again successfully ran an out of hours noise nuisance service providing late night community support at weekends.

ii. Trading Standards and Consumer Protection – 2024/25

Consumer Protection: The service delivered a range of interventions to support fair trading, product safety, and responsible business practices. A particular focus was placed on tobacco and vaping controls, with interventions aimed at protecting young people and ensuring product compliance. During 2024/25 trading standards seized 216,120 illegal cigarettes, 50.8kg of illegal hand rolling tobacco and 679 illegal vape devices

Food Standards: Officers carried out 211 inspections, including allergen checks, to support food quality and public confidence.

iii. Licensing and Gypsy & Traveller Services – 2024/25

The Licensing team supported a wide range of local businesses and community events, ensuring compliance with public safety and regulatory frameworks.

The Gypsy and Traveller service maintained ongoing engagement and site management, ensuring fair access to services while balancing community needs

Future focus

In line with Environmental Health and Trading Standards Service's 2025/26 Business Plan, the following areas have been identified as priorities:

1. Proactive Inspections: Expand planned inspections across Environmental Health and Trading Standards to support public safety and business compliance.
2. Timely Service Delivery: Maintain consistent and prompt responses to resident and business enquiries.
3. Digital Transformation: Introduce a new case management system to improve service delivery and modernise operational workflows.
4. Air and Water Quality: Continue monitoring activities and support planning decisions with robust environmental health input.
5. Tobacco and Vape Controls: Deliver a programme of checks and interventions to support public health objectives.
6. CCTV and Public Protection: Maintain effective CCTV operations to support community safety and local policing efforts.
7. Education and Licensing Enforcement: Support statutory responsibilities relating to school attendance and child employment licensing.

Emergency planning

Update and performance summary

The emergency planning team are responsible for discharging Herefordshire Council's responsibilities under the Civil Contingency Act 2004. The team work to ensure that the Council can respond to, and recover from, emergencies affecting Herefordshire.

The emergency planning team work closely with multi-agency partners and the Local Resilience Forum (LRF) on a variety of activities including risk assessment, producing emergency plans and training and exercising. The team always have a Duty Officer on call who is able to support the emergency services and wider stakeholders to respond to emergencies and put the relevant plans into action.

Herefordshire Council's emergency planning team support the emergency services, and other agencies, in responding to major emergencies. This may be through:

- providing shelter for displaced people in rest centres
- implementing traffic management procedures
- providing public health advice
- getting information to residents
- working with stakeholders to reduce and adapt the risk of flooding

Future focus

- The team are involved with the planning and development for Exercise PEGASUS which is taking place nationally in the Autumn 2025. Exercise PEGASUS is '*designed to test the UK's current preparedness for, capabilities, and arrangements to respond to a pandemic*

arising from a novel infectious disease and will assess our progress since COVID-19 ... it will examine our ability to control, contain, and mitigate the effects of any future pandemics'. Following this exercise local plans will be developed and updated after national findings and recommendations are released.

Appendix

Our local health protection system comprises five main partner organisations who have contributed to this assurance report.

Herefordshire Council

Under the Health and Social Care Act 2012 local authorities, through their Director of Public Health, have an assurance role to ensure that appropriate arrangements are in place to protect the health of their local populations.

Herefordshire Council has statutory health protection functions and powers; mainly in public health, environmental health, social care and supported by emergency planning, resilience and response. This includes the enforcement of safe standards for food; clean air; safe levels of noise; disposal of waste and safe housing conditions.

In addition to these existing responsibilities Herefordshire Council has a statutory duty to commission open access sexual health services and substance misuse services.

Herefordshire and Worcestershire Integrated Care Board

NHS Herefordshire and Worcestershire Integrated Care Board (ICB) took over from NHS Herefordshire and Worcestershire Clinical Commissioning Group (CCG) on 1 July 2022. It is part of the Herefordshire and Worcestershire Integrated Care System (ICS) and is responsible for improving health outcomes for our local population, reducing health inequalities, and supporting broader social and economic development.

The ICB does this through ensuring more effective joined up working with local partners across health, social care, voluntary and community sectors.

Wye Valley NHS Trust

Secondary care providers are responsible for treatment services, responding to emergencies, communicable disease notification and their subsequent control. NHS organisations are expected to deliver functions that support health protection in accordance with the NHS England Standard Contract. This includes areas such as emergency planning and tuberculosis specialist services.

NHS England

NHS England has a specific roles and responsibilities as set out within the NHS public health functions agreement 2018-19. They are currently responsible for commissioning a range of services such as immunisations programmes; screening programmes and cancer screening programmes however this responsibility is shortly due to transfer to ICB's. They also have a responsibility to improve public health outcomes and reduce health inequalities.

UK Health Security Agency (UKHSA)

UKHSA respond to all local health related incidents, locally this is provided by UKHSA's West Midlands Health Protection Team. They provide specialist support to prevent and reduce the impact of infectious diseases, chemical and radiation hazards and major emergencies.

Their role is to support and provide local disease surveillance; maintain alert systems; investigate and manage health protection incidents and outbreaks; and implement and monitor national action plans for infectious diseases at local level.

Appendix 2

Health Protection Assurance Forum Annual Report 2025

15 December 2025

Report overview

Herefordshire's health protection system remains stable:

- Health Protection Assurance Forum
- 'What Good Looks Like' audit finding
- UKHSA – LA – ICB Memorandum of Understanding (MOU)
- Partnership and collaborative working between partners

Changes to two report topic areas (AMR & COVID-19 removed and replaced with communicable disease control and emergency planning)

Key achievements

- Well managed outbreaks and outbreak pathways by UKHSA and ICB
- NHS screening programmes continue to preform well
- Very low tuberculosis cases
- Herefordshire has amongst the highest pre-school vax uptake rates in the Midlands
- Engagement work to improve childhood vaccination uptake inc. LAC
- Hfdshire early adopter site for bowel screening threshold change
- Collaborative and cohesive partnership working
- STI diagnoses in people accessing sexual health service remains low

Example: ‘What Good Looks Like’ Audit

105 Standards: 99 Fully Met

5 Partially met

- Single adverse weather plan
- Supporting people with tuberculosis (TB) who are experiencing homeless and no recourse to public funds
- Targeting of underdiagnosed and “under engaged” populations with TB.
- Unregistered workers trained to support surge outbreak response
- Infection Prevention and Control Ratings for care homes

1 not met

Increase MMR second dose to 95%

Challenges and risks

Vaccine preventable disease	Decline in cervical screening uptake in 24-29 year olds	Increasing referrals into drug and alcohol service	Drug related deaths
Decline in COVID-19 vaccination	Increase in synthetic opioids and contaminated drugs	Breast screening location	STI diagnoses in people accessing sexual health service remains low

Future focus

Implementing ‘what good looks like’ action plan	Support changes to pre-school childhood immunisations programme	Increase flu vaccination in H&SC workforce	Secure new breast screening site in Hereford City
Implement findings from GIRFT report	Increase in synthetic opioids and contaminated drugs	Increase Hep B vaccination in drug & alcohol services	Increase cervical cancer screening uptake

Questions…

Herefordshire Council

Title of report: Better Care Fund (BCF) Quarter 2 report 2025-26

Meeting: Health and Wellbeing Board

Meeting date: Monday 15 December 2025

Report by: Transformation and Improvement Lead

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 2 performance template 2025-26 and seek formal Health and Wellbeing Board approval.

Recommendation(s)

That:

a) the Better Care Fund (BCF) 2025/26 quarter two report at Appendix 1 submitted to NHS England, be reviewed and approved retrospectively by the board; and

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

Alternative options

1. The board could decline to sign off the submission. It is a national requirement that quarterly reports 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 BCF Delivery Plan has been approved by the National Team. The plan aligns the key deliverables to the risks and mitigations in place to ensure effective service delivery, compliance with funding requirements and the achievement of strategic outcomes.

8. Part of the Delivery Plan incorporates a revised Discharge to Assess (D2A) Model. Work is underway to:

   - Strengthen Governance & Leadership: Establish a unified, legally compliant framework co-owned by all partners, with clear accountability, escalation routes, and transparent communication.

   - Enhance Operational Delivery & Coordination: Streamline discharge processes through integrated working, timely assessments, and shared tools, ensuring person-centred planning from day one.

   - Coordinate Commissioning & Capacity Building: Secure sustainable, high-quality care capacity across pathways by expanding reablement services, commissioning block contracts, and reducing reliance on high-cost spot purchases.

   - Improve Digital Integration & Intelligence: Build robust IT infrastructure with real-time tracking, shared dashboards, and reflective learning loops to strengthen visibility, accountability, and continuous improvement.

   - Embed Financial Planning: Integrate financial discipline into every stage of the discharge process, tracking costs of delays, applying revised cost-of-care models, and ensuring decisions are both clinically appropriate and financially sustainable.

9. As per national requirements the quarter 2 template was submitted on 11 November 2025.

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. Data shows that Emergency Admissions for quarter 2 is on track to meet the goal of 1804.

12. Data shows emergency admissions in July was 600 (606) and August 623 (624). Data sets are not available at the time of submission for September however it is anticipated admissions will be in line with the plan of 574.

13. Increased demand continues particularly around the 65+ cohort, however, the Frailty Same Day Emergency Care (FSDEC) Bridging Team are supporting patients home on the same day to prevent admission to inpatient beds.

14. Care Home Practitioners are now working more closely with the Admission Avoidance and Discharge team to support care home patients in particular. Further improvement is planned, including a review of care homes and the triggers for 999 calls, which will identify opportunities to prevent unnecessary admissions.'

15. The Neighbourhood Health Programme is underway with plans for a Multi-Disciplinary Team (MDT) service to support those frail older patients most at risk of avoidable admissions.

16. Admission avoidance schemes are well established and direct referrals from West Midlands Ambulance Service (WMAS) to community services are increasing month on month.

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**

17. For Q2 it is reported that we are not on track to meet the goal for this metric. National data was not available at the time of submission for September to provide up to date information in the template.

18. July's data for discharge was 1.0 (target: 0.47), August was 0.9 (target: 0.70). September data was unavailable. DRD for July was 6.2 (target: 5.01) and August was 6.7 (target: 6.88).

19. There is continued sustained improvement around discharges via Pathway 1 (P1), supported by the 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.

20. Length of Stay (LoS) in all pathways remains a concern; action is underway to ensure therapy resource is available earlier in the pathway to prevent overstays.

21. Investment in therapy has been approved and is one element of the D2A (Revised Model. Work commenced in October with the aim to help reduce LoS and double handed care provision, through providing therapy at the start of the patient's journey. This forms part of the mitigations set out in the newly created D2A Action Plan, laying out a series of mitigations to help deliver a person-centred discharge model that enables timely discharge from hospital to home or care settings. The multi-agency framework will improve communication between teams and enable higher levels of reablement.

22. The Action Plan also supports work enabled to reduce continued reliance on spot beds. A planned review of provision to agree next steps to reduce spot provision use is under way.

23. Community Hospital beds continue to be utilised to support discharges from the Acute for patients awaiting D2A.

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

24. The Q2 target for number of admissions is 66, data shows actual admissions for Q2 is 58 (July 26, August 14, September 18).

25. Q2 data illustrates that Length of Stay (LoS) within residential discharge pathways has remained broadly static compared to Q1. Improvements over discharge timelines are improving.

26. Therapy input and ongoing provider capacity still provide challenges. The proportion of discharges requiring 2:1 remains elevated, reinforcing the need for earlier therapy intervention.

27. As part of the Delivery Plan a series of mitigations were developed to improve patient flow and reduce spend, The Discharge to Assess (D2A) Board approved investment in therapy to pilot earlier engagement and implementation is now underway; this is expected to reduce LoS within short term bedded care.

28. Spot bed usage has increased, reflecting challenges with care provider availability for higher need patients. This is now under review with mitigations being implemented to resolve.

Community impact

29. 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.

30. 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

31. 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.

32. 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

33. Due to the potential impact of this plan being low, a full Equality Impact Assessment (EIA) is not required.

34. 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.

35. Whilst this paper is not seeking any project specific decisions, the quarter 2 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.

36. 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

37. In 2025/26 the BCF provides Herefordshire with total funding of £30,630.633m.

38. At Q2 the Better Care Fund is overspent by £0.901m, this is due to overspending of £0.714m on services facilitating hospital discharge and £0.206m on services for Deprivation of Liberty standards and Approved Mental Health Professionals offset by small amounts of underspending in other services.

39. High levels of spending, particularly in hospital discharge services, represents a significant risk to maintaining financial balance in the BCF by the end of the financial year. Several savings and mitigation plans are in progress and will be prioritised to control expenditure and minimise overspending by the end of the financial year.

40. Any residual unmitigated overspend at the end of the year will be a cost pressure to be borne by Herefordshire partners.

41. **Better Care Fund Financial Expenditure 2025/26 – Summary of Funding Stream Q2**

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)	£3,773,955	£4,025,110	£251,155
NHS Minimum Contribution (retained by ICB)	£6,011,670	£6,488,873	**£477,203**
Total NHS Minimum Contribution	**£9,785,625**	**£10,513,982**	**£728,358**
Disabled Facilities Grant c/f 24/25	£558,362	£558,362	£0
Disabled Facilities Grant 25/26	£1,128,334	£562,018	(£566,316)
Disabled Facilities Grant	**£1,686,697**	**£1,020,380**	**(£666,317)**
Local Authority Better Care Grant	**£4,169,688**	**£4,349,279**	**£179,591**
BCF Underspend B/fwd	**£0**	**£0**	**£0**
TOTAL BETTER CARE FUND	**£15,642,009**	**£15,883,641**	**£241,632**

Legal implications

42. 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.

43. 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.

44. 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.

45. 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.

46. 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.

47. 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

48. 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.

49. 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 D2A to be recurrently sustainable.

50. **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

51. 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 2 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
DRD	Discharge Ready Date
FSDEC	Frailty Same Day Emergency Care
HWB	Health and Wellbeing BoardF
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
MDT	Multi-Disciplinary Team
MHCLG	Ministry of Housing, Communities and Local Government
NHSE	NHS England
PCN	Primary Care Network
WMAS	West Midlands Ambulance Service
WVT	Wye Valley NHS Trust

Appendix 1

Better Care Fund 2025-26 Q2 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/Not required

Note on viewing the sheets optimally

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

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

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

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

Checklist (2. Cover)

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be complete before sending to the BCF Team.

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

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off. Once you select your HWB from the drop down list, relevant data on metric goals from your BCF plans for 2025-26 will pre-populate in the relevant worksheets.
2. HWB Chair sign off will be subject to your own governance arrangements which may include a delegated authority.
3. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to:
england.bettercarefundteam@nhs.net
(please also copy in your respective Better Care Manager)
4. Please note that in line with fair processing of personal data we request email addresses for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

3. National Conditions

This section requires the Health & Wellbeing Board to confirm whether the four national conditions detailed in the Better Care Fund planning requirements for 2025-26 (link below) continue to be met through the delivery of your plan. Please confirm as at the time of completion.
https://www.england.nhs.uk/long-read/better-care-fund-planning-requirements-2025-26/

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

In summary, the four National conditions are as below:
National condition 1: Plans to be jointly agreed
National condition 2: Implementing the objectives of the BCF
National condition 3: Complying with grant and funding conditions, including maintaining the NHS minimum contribution to adult social care (ASC) (and section 75 in place)

National condition 4: Complying with oversight and support processes

4. Metrics

The BCF plan includes the following metrics (these are not 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.
Populations are based on 2023 mid year estimates

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

The bottom section for each metric also captures a confidence assessment on achieving the locally set ambitions for each of the BCF metrics.
The metrics worksheet seeks a short explanation if a goal has not been met - in which case please provide a short explanation, including noting any key mitigating actions. You can also use this section to provide a very brief explanation of overall progress if you wish.

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

https://dhexchange.kahootz.com/Discharge_Dashboard/groupHome

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 Q2. 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. 'Q2 Year-to-Date Actual Expenditure' should include total amount that has been spent in Q2, 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 Q2. This tab will also display what percentage of planned income this constitutes; [if this is 50% exactly then please provide some context around how accurate this figure is or whether there are limitations.]

HM Government

NHS England

Better Care Fund 2025-26 Q2 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/Adrian Griffiths	
E-mail:	Marie.Gallagher1@herefordshire.gov.uk	
Contact number:	01432 260435	
Has this report been signed off by (or on behalf of) the HWB Chair at the time of submission?	No	
If no, please indicate when the report is expected to be signed off:	Mon 15/12/2025	<< 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

^^ Link back to top

Better Care Fund 2025-26 Q2 Reporting Template

3. National Conditions

Selected Health and Wellbeing Board: Herefordshire, County of

Confirmation of Nation Conditions			Checklist Complete:
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) and Section 75 in place	Yes		Yes
4) Complying with oversight and support processes	Yes		Yes

Better Care Fund 2025-26 Q2 Reporting Template

4. Metrics for 2025-26

Selected Health and Wellbeing Board: Herefordshire, County of

For metrics time series and more details: BCF dashboard link

For metrics handbook and reporting schedule: BCF 25/26 Metrics Handbook

4.1 Emergency admissions

Plan		Apr 25 Plan	May 25 Plan	Jun 25 Plan	Jul 25 Plan	Aug 25 Plan	Sep 25 Plan	Oct 25 Plan	Nov 25 Plan	Dec 25 Plan	Jan 26 Plan	Feb 26 Plan	Mar 26 Plan
Emergency admissions to hospital for people aged 65+ per 100,000 population	Rate	1,300.9	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

		Checklist
		Complete:
Assessment of whether goal has been met in Q2:	On track to meet goal	Yes
If a goal has not been met please provide a short explanation, including noting any key mitigating actions.		Yes
You can also use this box to provide a very brief explanation of overall progress if you wish.	July - 600 Aug - 623 September data not available 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.	Yes
Did you use local data to assess against this headline metric?	No	Yes
If yes, which local data sources are being used?		

4.2 Discharge Delays

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

Assessment of whether goal has been met in Q2:	Not on track to meet goal	Yes
If a goal has not been met please provide a short explanation, including noting any key mitigating actions.	Slightly off track but near to target Average length of discharge delay July 1.0 Aug 0.9 Percentage discharged July - 84.6% August - 86.4% July - DRD 6.2 Aug - DRD 6.7 Sept data not available	Yes
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, this is currently awaiting authorisation from One Herefordshire and D2A Board. This forms part of the mitigations set out in newly created D2A Action Plan, laying out a series of mitigations to help deliver a person centered discharge model that enables timely discharge from hosital to home or care settings. The multi-agency framework will improve communication between teams and enable higher levels of reablement. The Action Plan also supports work enabled to reduce 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.	Yes
Did you use local data to assess against this headline metric?	No	Yes
If yes, which local data sources are being used?		

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

Assessment of whether goal has been met in Q2:	On track to meet goal	Yes
If a goal has not been met please provide a short explanation, including noting any key mitigating actions.		Yes
You can also use this box to provide a very brief explanation of overall progress if you wish.	Actual Q2 - 58. July - 26 Aug - 14 Sept - 18 Q2 data illustrates thats LoS within residential discharge pathways has remained broadly static compared to Q1. Improvements over discharge timelines are improving. Therpay input and ongoing provider capacity still provide challenges. The proportion of discharges requiring 2:1 remains elevated, reinforcing the need for earlier therapy intervention. As part of the Delivery Plan a series of mitigations were developed to improve patient flow and reduce spend, The D2A Board approved investment in therapy to pilot ealierier engagement, implementation is now underway, this is expected to reduce LoS within short term bedded care. Spot bed usage has increased, reflecting challenges with care provider availablity for higher need patients. This is now under review with mitigations being implemented to resolve.	Yes

Did you use local data to assess against this headline metric?	Yes	Yes
If yes, which local data sources are being used?	47.98 per 56,000 population (94.7 per 100,000 population)	

Better Care Fund 2025-26 Q2 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	DFG Q2 Year-to-Date Actual Expenditure	Checklist Complete:
DFG	£2,815,031	£2,815,031	£1,679,743	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**	**£30,630,634**		

	Original	Updated	% variance	
Planned Expenditure	**£30,630,635**	£30,630,635	**0%**	Yes

		% of Planned Income	
Q2 Year-to-Date Actual Expenditure	£16,506,657	**54%**	Yes

If Q2 year to date actual expenditure is exactly 50% of planned expenditure, please confirm this is accurate or if there are limitations with tracking expenditure.		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.	`	Yes

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

Workshop in private	Led by	
12 January 2026 [to be confirmed]		
Board development / ways of working	Local Government Association	

Workshop in private	Led by	
Monday 9 February 2026, 2.00 pm		
Neighbourhood Health	Joanne Hodgetts / Rebecca Lemin	

Agenda item	Report from	Frequency	Purpose	Notes
Monday 9 March 2026, 2.00 pm – Board meeting in public	[Report deadline: Monday 23 February 2026 / Agenda publication: Friday 27 February 2026]			
(Standing item) Neighbourhood Health update – Opportunities for prevention in Neighbourhood Health	Joanne Hodgetts / David Collyer	Quarterly	Information	
(Standing item) Better Care Fund: Quarter 3 report	Marie Gallagher / Adrian Griffiths	Quarterly	Decision (retrospective)	

Agenda item	Report from	Frequency	Purpose	Notes
Monday 18 May 2026, 2.00 pm – Board meeting in public	[Report deadline: Monday 4 May 2026 / Agenda publication: Friday 8 May 2026]			
(Standing item) Neighbourhood Health update – Opportunities for prevention in Neighbourhood Health	Joanne Hodgetts / David Collyer	Quarterly	Information	
(Standing item) Better Care Fund: End of year report	Marie Gallagher / Adrian Griffiths	Quarterly	Decision	

Agenda item	Report from	Frequency	Purpose	Notes
Monday 13 July 2026, 2.00 pm – Board meeting in public	[Report deadline: Monday 29 June 2026 / Agenda publication: Friday 3 July 2026]			
(Standing item) Neighbourhood Health update – Opportunities for prevention in Neighbourhood Health	Joanne Hodgetts / David Collyer	Quarterly	Information	
Prevention in Adult Social Care Strategy	David Collyer	Ad hoc	Decision	
(Standing item) Better Care Fund: Quarter 1 report	Marie Gallagher / Adrian Griffiths	Quarterly	Decision	

Agenda item	Report from	Frequency	Purpose	Notes
Monday 26 October 2026, 2.00 pm – Board meeting in public	[Report deadline: Monday 12 October 2026 / Agenda publication: Friday 16 October 2026]			
(Standing item) Neighbourhood Health update – Opportunities for prevention in Neighbourhood Health	Joanne Hodgetts / David Collyer	Quarterly	Information	
Annual report of the Herefordshire Safeguarding Adults Board 2025 to 2026	Kevin Crompton / Angela Wilson	Annual	Information	
2026 Health Protection Annual Report	Sophie Hay / Rob Davies	Annual	Information	
(Standing item) Better Care Fund: Quarter 2 report	Marie Gallagher / Adrian Griffiths	Quarterly	Decision	

Agenda item	Report from	Frequency	Purpose	Notes
Monday 25 January 2027, 2.00 pm – Board meeting in public	[Report deadline: Monday 11 January 2027 / Agenda publication: Friday 15 January 2027]			
(Standing item) Neighbourhood Health update – Opportunities for prevention in Neighbourhood Health	Joanne Hodgetts / David Collyer	Quarterly	Information	
(Standing item) Better Care Fund: Quarter 3 report	Marie Gallagher / Adrian Griffiths	Quarterly	Decision	

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

Potential agenda items to be scheduled				
Delivery Plans: Best Start in Life	Julia Stephens		Information	
Delivery Plans: Mental Health	Kristan Pritchard		Information	
Director of Public Health Annual Report	Zoe Clifford	Annual	Information	
Refresh of the Health and Wellbeing Strategy	Zoe Clifford	Ad-hoc	Decision	
Oral Health Improvement Board Update	Public Health	Annually	Information	
Pharmaceutical Needs Assessment (PNA) Recommendation Action Matrix	Public Health	Annual	Information	*Arising from PNA 2025 item, 15 September 2025.*
Tobacco Alliance Annual Report	Isobel Adams	Annual	Information	*Arising from Tobacco Control Plan item, 17 March 2025.*