Minutes of the meeting of Health and Wellbeing Board held in Conference Room 1 - Herefordshire Council, Plough Lane Offices, Hereford, HR4 0LE on Monday 13 July 2026 at 2.00 pm

Board members present in person, voting:

Stephen Brewster	Voluntary and community sector representative
Jon Butlin	Assistant Director (Prevention), Hereford & Worcester Fire and Rescue Service
Zoe Clifford	Director of Public Health, Herefordshire Council
Liz Farr	Herefordshire Council
Councillor Carole Gandy (Chairperson)	Cabinet Member Adults, Health and Wellbeing, Herefordshire Council
Hilary Hall	Corporate Director for Community Wellbeing, Herefordshire Council
Councillor Jonathan Lester	Leader of the Council, Herefordshire Council
David Mehaffey	Executive Director: Strategy, Health Inequalities and Integration - NHS Herefordshire and Worcestershire Integrated Care Board
Vicky Morris	Joint Non-Executive Member (Quality and Patient Involvement), NHS Herefordshire and Worcestershire Integrated Care Board
Jo Newton	Independent Chair, Herefordshire Safeguarding Adults Board
Simon Trickett	Chief Executive, NHS Herefordshire and Worcestershire Integrated Care Board

Board members in attendance remotely, non-voting:

Naomi Keeling	Herefordshire and Worcestershire Health and Care NHS Trust
Superintendent Gareth Morgan	West Mercia Police
Christine Price	Chief Officer, Healthwatch Herefordshire
Sarah Shingler	Managing Director, Wye Valley NHS Trust

Others present in person:

Ben Baugh	Democratic Services Officer	Herefordshire Council
Simon Cann	Democratic Services Officer	Herefordshire Council
Claudia Ciurleo	Public Health Registrar	Herefordshire Council
Councillor Pauline Crockett	Chairperson Health, Care and Wellbeing Scrutiny Committee	Herefordshire Council
Mohamed Essoussi	Public Health Programme Officer (Strategy and Partnerships)	Herefordshire Council
Lindsay MacHardy	Public Health Principal	Herefordshire Council
Julia Stephens	Public Health Lead - Children and Young People	Herefordshire Council
Nicola Williams	Service Manager D2A and BCF	Herefordshire Council

Others in attendance remotely:

Dr Nigel Fraser	Chair of Taurus Healthcare	Herefordshire General Practice / Taurus Healthcare
Marie Gallagher	Delivery and Improvement Lead	Herefordshire Council
Adrian Griffiths	Strategic Finance Manager	One Herefordshire Partnership

1. APOLOGIES FOR ABSENCE

Apologies for absence had been received from board members: Sue Harris (Herefordshire and Worcestershire Health and Care NHS Trust); John Hobbs (Herefordshire Council); Tina Russell (Herefordshire Council); Dr Lauren Parry (Herefordshire General Practice); and Councillor Ivan Powell (Herefordshire Council), whose apology was notified during the meeting.

2. NAMED SUBSTITUTES (IF ANY)

The following substitutes were noted: Naomi Keeling for Sue Harris; and Liz Farr for Tina Russell.

3. DECLARATIONS OF INTEREST

No declarations of interest were identified.

4. MINUTES

The minutes of the previous meeting were received.

Resolved:

That the minutes of the meeting held on 18 May 2026 be confirmed as a correct record and be signed by the Chairperson.

5. QUESTIONS FROM MEMBERS OF THE PUBLIC

No questions had been received from members of the public.

6. QUESTIONS FROM COUNCILLORS

No questions had been received from councillors.

7. NEIGHBOURHOOD HEALTH UPDATE

Dr Nigel Fraser introduced the report and delivered the presentation 'Herefordshire Neighbourhood Health' (link). The main points included:

i. The population of Herefordshire was older and ageing faster than the national average. Combined with the dispersed geography, this created challenges for service delivery.

ii. Herefordshire was one of 43 sites participating in the National Neighbourhood Health Implementation Programme. Attention was drawn to the vision statement ‘Together we're creating a Herefordshire that is the best place to grow up, thrive, grow older and die well - enabled by Integrated Neighbourhood Teams, empowered communities, where the person's goals or needs are prioritised’.

iii. The local model of care focused on earlier identification and coordinated support for people at greatest risk, with neighbourhood response teams and a single point of access to provide alternatives to hospital admission where appropriate; work was underway to extend the single point of access to a 24-hour, seven-day service. Dr Fraser estimated that reducing hospital admissions by around five each day could eliminate corridor care at the County Hospital.

iv. A bid had been submitted through the national neighbourhood health centre estates programme, using a hub-and-spoke approach suited to Herefordshire’s

rural geography; Nelson House in Hereford was identified as the central hub. An overview was provided of the development work being undertaken within the Primary Care Networks.

v. Eleven delivery workstreams had been established, supported by enabling work on estates, digital and data, and finance and contracting. Dashboards were being developed to monitor metrics and outcomes.

vi. Emergency admissions for Herefordshire patients had reduced during 2025/26 (down 3%) but this had been offset by increased activity from Powys (up 6%).

vii. The Integrated Care Board (ICB) had made £1.5m available for Neighbourhood Health in Herefordshire, with business cases being developed for the single point of access hub and for the expansion of preventative and proactive care.

The principal discussion points included:

1. The Chairperson noted that local people would welcome the reopening of community hospitals. Sarah Shingler reported that a strategic review of community hospitals was nearing completion. The intention was for the hospitals to develop as local hubs, while retaining appropriate inpatient and ambulatory services, with voluntary sector space. Later in the meeting, it was clarified that the review was expected to be completed by September/October 2026, with a view to implementing changes from March/April 2027.

2. The Chairperson highlighted rural transport and access constraints, including the absence of evening bus services. Dr Fraser acknowledged the model would need to take account of Herefordshire's dispersed population.

3. The Chairperson sought assurance about cross-border arrangements for residents using services in Powys and about activity to address discharge delays associated with patients from Wales at the County Hospital. Sarah Shingler outlined discussions with the Welsh Government and Powys Teaching Health Board, including strategic work on admission avoidance and discharge-to-assess pathways; financial matters continued to require national-level discussion.

4. The Leader of the Council made the following observations: preference was expressed for wording such as 'living well to the end of your life', rather than 'die well'; the hub-and-spoke model map compressed the shape of the county and placed some of the neighbourhoods at incorrect compass points; the future of the community hospitals should form part of the strategy; and case studies would help the public better understand the proposed changes.

5. In response to a question about how access to primary care would be transformed, Dr Fraser said GP access was one workstream within a wider integrated model and emphasised the intention to provide targeted, proactive support for residents with the highest needs; it was noted that Herefordshire was generally performing well in terms of national targets for GP appointments.

6. In response to questions from Jo Newton, Dr Fraser said that safeguarding was embedded in the new ways of working at Primary Care Network / neighbourhood level and acknowledged that people with complex needs should not be expected to navigate complex health and care systems themselves; services should instead identify needs and coordinate support around them. Sarah Shingler added that the single point of access hub was intended to allow patients and families to make direct contact.

7. Stephen Brewster emphasised that voluntary and community sector involvement would need appropriate resources. Sarah Shingler commented on opportunities for voluntary sector participation, including a pilot placing voluntary sector support alongside call handlers and clinicians within the single point of access.

8. The Chairperson noted that some rural GP practices operated from small and outdated buildings, potentially limiting the scope for flexible space for visiting practitioners. Dr Fraser acknowledged that one size would not fit all, particularly for rural communities, and there would need to be inventive solutions using a mixture of health and community assets.

9. Zoe Clifford commented on the potential to shape the model at a local level around the needs of Herefordshire communities and emphasised that prevention and reducing the number of people entering the highest-risk cohorts should remain central to the programme.

10. Simon Trickett commented on positive feedback from the national priority programme director for neighbourhood health during a recent visit to the ICB cluster. There was a brief discussion about the potential implications of Local Government Reorganisation for the future footprint of the ICB.

Resolved:

That local progress in developing neighbourhood health be noted.

8. BEST START IN LIFE - GOOD LEVEL OF DEVELOPMENT (GLD) IN CHILDREN AGED 5 YEARS

Zoe Clifford introduced the report in the context of the Herefordshire Joint Local Health and Wellbeing Strategy 2023 - 2033 priorities ('Best Start in Life' and 'Good mental wellbeing throughout life'), the Government's policy paper 'Giving every child the best start in life', and the Regional Director of Public Health Midlands Report 'Advancing Together Faster: The Critical Six for 2026'. Liz Farr and Julia Stephens delivered the presentation 'Best Start in Life: Good level of development'.

Attention was drawn to the following:

i. The Early Years Foundation Stage Profile was a statutory assessment completed at the end of Reception year against 17 Early Learning Goals.

ii. Good Level of Development (GLD) was a key national indicator of how well children were prepared for learning at Key Stage 1, covering expected standards in: personal, social and emotional development; physical development; communication and language; literacy; and mathematics.

iii. The national ambition was for 75% of children to achieve GLD by 2028. In 2024/25, 72% of Herefordshire children achieved GLD compared with 68.3% nationally; Herefordshire had been set a target of 80% by 2028.

iv. For children eligible for free school meals, 51.7% in Herefordshire achieved GLD compared with 51.3% nationally; the local target was 57.2% by 2028. Only 19.7% of children with any special educational needs reached the benchmark.

v. Public Health commissioned the Public Health Nursing Service to deliver health reviews, including the child readiness review at two-and-a-half years and, as an additional provision in Herefordshire, a child/school readiness review at age three. It was noted that GLD could have a significant impact on adult life.

vi. A case study highlighted the implementation of the *Solihull Approach* to provide consistent support and guidance for parents, practitioners, and families, involving workforce training and expanded access to parenting programmes.

vii. Overviews were provided of initiatives aimed at narrowing the gap in outcomes for disadvantaged children, as well as other work undertaken by the Early Years Improvement Team.

viii. The value of the home learning environment, quality childcare, and group-based interventions was highlighted.

ix. The partner organisations were invited to consider how they might support employees who are parents and carers, advocate for the early years agenda, and encourage volunteering and mentoring.

Zoe Clifford noted that, although Herefordshire performed above the national average, a significant gap remained for children eligible for free school meals, and that improvement to the home learning environment could help reduce inequalities.

Jo Newton emphasised the importance of direct interaction between parents and children. Julia Stephens reported that Best Start in Life work included encouraging parents to reduce their use of phones and other devices where this displaced conversation and interaction with children.

The Leader of the Council questioned whether the board should act itself, in addition to monitoring progress. Liz Farr highlighted the comparatively low level of funding for Herefordshire schools and early years settings, and the ongoing need to advocate for fairer funding and sufficient specialist provision for children with complex needs.

Resolved: That

a) The report be noted, including the effect of Good Level of Development on the life course, and progress on work to achieve a Good Level of Development at the end of Reception for children aged five years in Herefordshire; and

b) The Chairperson write to the Government on behalf of the Health and Wellbeing Board to advocate for fairer funding for Herefordshire schools and early years settings, recognising the importance of education funding to improving outcomes and reducing inequalities.

9. GAMBLING AND RELATED HARMS

Zoe Clifford introduced the report, noting that public health teams were now tasked with addressing gambling-related harms as part of their responsibilities. Claudia Ciurleo delivered the presentation 'Gambling Harms'.

The briefing outlined the range of in-person and online gambling activity and the potential impacts of problem gambling on employment, finances, housing, relationships, physical and mental health, and wider family and community wellbeing. Key points included:

i. Approximately £33k of first-year funding in Herefordshire was anticipated from the statutory gambling levy.

ii. Predictors of gambling participation and harm were noted but these were based on national assessments and there was a need to understand the picture locally.

iii. Modelling suggested that more than 18,000 Herefordshire residents may fall within lower or moderate Problem Gambling Severity Index risk categories and more than 3,000 within the highest category.

iv. Current support for Herefordshire residents was largely national or regional, with limited local face-to-face provision.

It was reported that a Gambling Harms Needs Assessment was being developed to strengthen the evidence base, map provision and gaps, identify vulnerable people already in contact with services, develop stronger partnership working, and embed gambling harms awareness and support into existing services.

The Chairperson commented on changing patterns of gambling, particularly increasing online participation and targeted advertising, including campaigns aimed at women.

The Leader of the Council noted the difficulty of identifying problem gambling where activity took place privately online. It was suggested that the council could engage with local betting shops and operators. Claudia Ciurleo said that the intelligence team had been tasked with mapping gambling establishments, and that engagement with operators could form part of the work being developed.

Jo Newton highlighted potential safeguarding implications of problem gambling and commented on the proposed introduction of Financial Risk Assessments to identify customers who may be experiencing financial difficulties.

Stephen Brewster noted that voluntary and community organisations might encounter the consequences of gambling through mental health and debt support, and offered to help gather information from the sector.

Zoe Clifford identified the Crisis and Resilience Fund as another possible source of insight.

Dr Nigel Fraser suggested that brief gambling-risk questions could potentially be incorporated into established health checks. Claudia Ciurleo said this aligned with the aim of making every contact count.

Liz Farr confirmed that gambling risks were covered within secondary-school personal, social, health and economic education, and offered links with secondary headteachers.

Sarah Shingler suggested that the partner organisations could also strengthen awareness within workforce health and wellbeing arrangements.

Resolved: That the contents of the briefing paper be noted.

Action: Partner organisations to consider what contribution could be made through their own services and workforces to the developing Gambling Harms Needs Assessment. Relevant contact details to be circulated to board members.

10. THE BETTER CARE FUND (BCF) YEAR-END REPORT 2025/26

Hilary Hall updated the board on the Better Care Fund (BCF) 2025/26 year-end position. The main points included:

i. All national BCF conditions had been met. The 2025/26 plan had been approved by NHS England with a local condition requiring a delivery plan to achieve metric goals.

ii. Performance was in line with the targets in terms of emergency admissions to hospital for people aged 65 and over, and long-term admissions to residential care homes and nursing homes for people aged 65 and over. The target for average length of discharge delay for all acute adult patients had not been achieved.

iii. Progress had been made in strengthening integrated working, including Discharge to Assess processes, multidisciplinary team working, and stronger partnership governance.

iv. The BCF ended 2025/26 with an overspend of £2.208m, principally relating to hospital discharge, with additional pressures in Deprivation of Liberty Safeguards (DoLS) and Approved Mental Health Professionals (AMHP), and safeguarding. The cost pressure had been met by additional contributions to the pooled budget by Herefordshire Council and Wye Valley NHS Trust.

In response to questions from the Chairperson about the overspends in DoLS and safeguarding, Hilary Hall explained that the pressures reflected increased demand and local capacity constraints, including the use of agency staff.

Resolved: That

a) The Better Care Fund 2025/26 end-of-year report, as submitted to NHS England, has been reviewed and approved retrospectively by the board; and

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

11. HEREFORDSHIRE'S BETTER CARE PLAN 2026/27

Hilary Hall introduced Herefordshire's Better Care Fund (BCF) Plan 2026/27 and the associated narrative plan and numerical template submissions. The plan supported priorities to help people remain independent, strengthen Home First and reablement, improve hospital discharge and flow, and reduce avoidable demand on hospital and long-term care services.

The overall BCF funding allocation had increased by approximately £0.584m compared with 2025/26, but the uplift did not fully meet inflationary and demand pressures. The plan therefore included agreed mitigations, while significant risks remained around workforce capacity, care market provision, and discharge demand.

It was reported that 2026/27 reflected the first phase of national BCF reform, requiring a clearer shift to demonstrating impact through integrated, neighbourhood-based delivery. Herefordshire’s BCF funding was structured around three core workstreams: discharge, flow and system co-ordination; intermediate integrated care; and prevention, carers and community support.

Resolved: That

a) The Herefordshire Better Care Fund 2026/27 Narrative Plan and Numerical Template, as submitted to NHS England, have been reviewed and approved retrospectively by the board; and

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

12. WORK PROGRAMME

The work programme for the board was considered. Attention was drawn to the private workshop for board members to be held on Monday 28 September 2026. Jo Newton reported that the Herefordshire Safeguarding Adults Board had commissioned work on a Complex Lives Strategy, using case studies and lived experience to inform its development, and suggested that the emerging work could be considered at the workshop. Zoe Clifford welcomed the proposal as part of the planned consideration of existing mechanisms for hearing lived experience.

Resolved:

That the updated work programme be agreed.

13. DATE OF NEXT MEETING

The date of the next scheduled board meeting in public was confirmed as Monday 26 October 2026, 2.00 pm.

The meeting ended at 4.32 pm **Chairperson**