

HEALTH AND WELLBEING BOARD

At a meeting of the Health and Wellbeing Board on Wednesday, 9 July 2025 at DCBL Stadium, Widnes

*Present: Councillor Wright (Chair)
Councillor Ball
Councillor T. McInerney
Councillor Woolfall
H. Back – Halton Housing
K. Butler, Democratic Services
S. Corcoran – Halton Housing
M. Hancock - Public Health
H. Herd – Warrington & Halton Hospitals
A. Leo, Integrated Commissioning Board
W. Longshaw, St. Helens & Knowsley Hospitals
D. Nolan, Adult Social Care
I. Onyia, Public Health
H. Patel, Citizens Advice Bureau
N. Renison - Halton Borough Council
J. Wallis - Bridgewater Community Healthcare
D. Wilson - Healthwatch Halton
S. Yeoman, Halton & St Helens VCA*

ITEM DEALT WITH UNDER DUTIES EXERCISABLE BY THE BOARD

		Action
HWB1	APOLOGIES FOR ABSENCE	
	Apologies had been received from Lydia Hughes – Healthwatch Halton, Suketu Patel - Local Pharmaceutical Committee, Tim Phee - Mersey Care NHS Foundation Trust, Lucy Gardner - Warrington & Halton Teaching Hospitals and Lisa Windle – Halton Housing.	
HWB2	MINUTES OF LAST MEETING	
	The Minutes of the meeting held on 12 March 2025, having been circulated, were signed as a correct record.	
HWB3	PRODUCTION OF A BOROUGH WIDE HOUSING STRATEGY PROGRESS UPDATE	
	The Board received a report from the Executive Director – Environment and Regeneration, which provided a progress update on the new Housing Strategy for the	

Borough.

Following the approval for production of a new Housing Strategy at the Council's Executive Board in April 2024, Board members were advised that Arc4, a housing research policy specialist, had been commissioned to support the production process of the Strategy. This had commenced in September 2024 and consisted of two stages, the first being a Housing Needs Assessment (HNA) which included a household survey of residents in Halton being undertaken.

The survey took place between November and December 2024 and was sent to 16,530 households. 1,620 useable responses were received (9.8% response rate). It covered 4 broad themes:

- Your home, neighbourhood and household;
- Housing history;
- Future housing requirements: whole household; and
- Future housing requirements: newly forming households.

The main purpose of the survey was to provide evidence to help assess housing need by type, size and tenure within different parts of the Borough.

The Housing Strategy was currently in the draft process (Stage 2) and once completed, an informal stakeholder engagement would be undertaken in June/July 2025, followed by a formal 6 week public consultation in July/August 2025; the final revisions and adoption was planned for September/October 2025.

After some discussions, the following additional information was noted:

- The public consultation would be promoted to all partners and residents of the Borough and would be made widely available both online and in a number of public places e.g. libraries and One Stop Shops;
- Concerns were raised about increasing needs to health services, however, it was confirmed that although the consultation would give an opportunity to raise such concerns, these would be addressed by the Local Plan. The Housing Strategy concentrated more on the demographic needs of the Borough e.g. the type of accommodation that was required to accommodate the needs of the ageing population and people with learning

disabilities. The Strategy was about the quality of the Borough's accommodation as well as the quantity and it was considered that good quality homes lead to good quality health outcomes; and

- It was reported that there were some concerns about the number of Houses of Multiple Occupation (HMO) in the Borough and it was confirmed that the private rental sector features heavily in the Strategy and how the sector would be monitored going forward.

RESOLVED: That the Board:

- 1) note the progress of the new Boroughwide Housing Strategy; and
- 2) promote participation in the stakeholder and formal public consultation process.

HWB4 PHARMACEUTICAL NEEDS ASSESSMENT

The Director of Public Health, presented a report which provided members of the Board with a briefing on the Pharmaceutical Needs Assessment (PNA) which included risks associated with it and proposed local governance arrangements.

Every Health and Wellbeing Board in England had a statutory responsibility to publish and keep an up-to-date statement of needs for pharmaceutical services of its local population. This was referred to as a Pharmaceutical Needs Assessment (PNA) and included dispensing services as well as public health and other services that pharmacies may be commissioned to provide.

The report set out the commissioning arrangements; proposed arrangements for producing Halton's next PNA; and the resources required.

The report also outlined the next steps which would be undertaken by a steering group. It was noted that once a final draft document had been completed, a 60 day statutory consultation would be undertaken and the results would be reported to the Board before its publication on 1 October 2025.

RESOLVED: That the Board:

- 1) note the contents of the report;

2) agreed that the Director of Public Health be the lead; and

Director of Public Health

3) agreed that the PNA be managed by a local steering group, led by Public Health.

HWB5 OVERVIEW OF PROPOSED REFORMS TO PERSONAL INDEPENDENCE PAYMENTS AND UNIVERSAL CREDIT

The Board received a report from the Director of Public Health which provided an overview of the UK Government's proposals for reform to Personal Independence Payment (PIP) and Universal Credit (UC). The proposed reforms were outlined in the Green Paper "Pathways to Work: Reforming Benefits and Support to Get Britain Working Again" which was published in March 2025.

PIP was a benefit payment for people under State Pension age and need help with daily activities or getting around because of a long-term illness or disability. PIP was made up of two components; a daily living and a mobility element and an applicant could be eligible for one or both. The report outlined the details of the PIP criteria and payments.

The benefit was not means tested and therefore an eligible individual could receive support regardless of their employment status, income or the amount of savings they had. As of January 2025, 3.7 million people in the UK were claiming PIP.

The report stated that from November 2026, new and existing claimants would need to score at least 4 points on at least one specific daily living activity, in addition to meeting the overall 8-point threshold. This would mean that some individuals who previously qualified for PIP might no longer be eligible.

UC was a working age benefit to support those on low income with living costs. Applicants may be employed or unemployed and currently there were 7.5 million people in the UK claiming UC with 3 million having no requirement to find work. Payments are paid on a monthly basis and consist of a standard allowance with some additional payments being paid based on individual circumstances.

The report outlined the proposed changes that were due to come into effect from April 2026, particularly regarding the health element for those with limited capability for work. New claimants would receive a reduced health

element, and the existing health element for current claimants would be frozen until 2029/30. However, some individuals with severe, lifelong conditions would see their payments increase with inflation.

The Board was advised that approximately 10,000 people in Halton claim PIP and approximately half this amount would not qualify under the proposed criteria. It was suggested that some work could be done at a local level as to what might be a reformed PIP system in the next few years.

Members were advised that since the publication of the report, Parliament had made further amendments and therefore an accompanying presentation was delivered to the Board to outline these changes. It was noted that the two main changes to note were:

- all proposed amendments to PIP had been put on hold pending the Timms Review of the system, which was expected in the Autumn; and
- the UC health element cut would no longer apply to existing claimants.

RESOLVED: That the Board note the report and accompanying presentation which outlined the most up-to-date proposed Welfare Reform changes and the impacts on Halton residents.

HWB6 OVERVIEW OF PUBLIC HEALTH INITIATIVES TACKLING THE CAUSES AND EFFECTS OF HEALTH INEQUALITIES IN HALTON

A report was presented to members of the Board which provided an update on Public Health projects which targeted health inequalities. The report highlighted the various approaches undertaken to address the issues which included:

- Healthy Advertising Policy – the policy was introduced to combat the impact exposure to unhealthy advertising had on residents and to tackle the rates of overweight and obesity in Halton. This policy was part of the proactive approach to promoting health improvement in communities. Halton was one of only 23 Boroughs nationally to have made such a commitment and was working with partners in each area to bring together a joint evaluation on the impact of the policy;

- Winter Cold Homes Initiative – due to Halton’s successful application to the NHS Cheshire and Merseyside Data and Access Governance Committee, Halton would be able to run a preventative scheme this Winter. Via a dashboard, patients health conditions would be assessed alongside areas of deprivation, to identify those most at risk of requiring hospital admission, due to the effects of fuel poverty. Halton was the first Public Health Department in the North West to be granted access to this dashboard. It would work closely with relevant partners to establish opportunities to change the ways of working with an aim to move towards a proactive prevention approach, opposed to intervention services; and
- Household Support Fund Schemes - in the recent Spending Review, the Government announced the replacement of the Household Support Fund with a new Crisis and Resilience Fund. Although details were not yet known, the Fund would cover multiple years opposed to short-term renewals of the current Fund. This would allow more opportunities for long-term collaboration in other areas.

RESOLVED: That the report be noted.

HWB7 HALTON’S VCFSE SECTOR AND IT’S ROLE IN WIDER DETERMINANTS

The Board received a presentation and accompanying report from the Chief Executive Officer of Halton and St. Helens Voluntary Community Action (VCA), which provided an overview on the work of the VCA and the local Voluntary, Community, Faith, and Social Enterprise (VCFSE) to address health inequalities and the wider determinants that negatively impact health outcomes for people.

There was an estimated 724 groups and organisations in Halton that provided support, services and community action and Halton’s VCFSE sector provided a huge contribution to the economic and social wellbeing of the Borough. There were 1,861 paid staff in the sector and 17,671 volunteers who delivered 23.574 hours for local voluntary and social action. The workforce was worth £57.8 million to the Borough and the sector created £44.8 million gross value added.

The presentation outlined the top priorities of the

VCFSSE for the next 12 months which included funding, recruitment, organisational planning, maintaining reserves and working with others to deliver services.

Members were advised that the VCA ran a Community Lottery whereby charities, community organisations, social businesses and community groups could sign up, free of charge and get a slice of the ticket proceeds. 60% of the ticket proceeds from the Community Lottery go to charities, voluntary organisations and other not-for-profit groups with the remainder being put towards prizes and operating costs.

RESOLVED: That the report be noted.

HWB8 THE IMPACT OF ADVICE SERVICES ON TACKLING POVERTY AND THE WIDER DETERMINANTS OF HEALTH

The Board received a presentation and accompanying report which provided an overview of the volume and nature of enquiries local people were raising with the Citizens Advice Halton. The report outlined the emerging trends and what challenges they may pose for the wider health and wellbeing system.

The following key messages outlined in the presentation were noted:

- By May 2025, 50% of people getting debt advice from Citizens Advice were in a negative budget – this was up from 37% in January 2019;
- In January 2019 people had approximately £20 disposable income each month. By May 2025 this had dropped to minus £23 each month;
- The over 65s had on average £85 spare each month. All other age profiles had negative budgets;
- Owner occupiers had on average £56 spare each month. All other age profiles had negative budgets, ranging from minus £4 to minus £130 each month; and
- Personal Independent Payment enquiries had dropped from 130 each month to 75 each month. It was suggested that this reflected the Citizens Advice capacity as opposed to demand.

RESOLVED: That the report be noted.

HWB9 BETTER CARE FUND PLAN 2025-26

The Board received a report from the Executive Director of Adult Social Services, which provided an update on the Better Care Fund (BCF) Plan 2025-26, following its submission on 31st March 2025.

In January 2025, the Government published a BCF Policy framework for 2025-26 which set out the vision, funding, oversight and support arrangements. The aim was to reform to support the shift from sickness to prevention and to support people living independently and the shift from hospital to home.

The Board noted that in order to support the BCF Plan 2024-25, the current Joint Working Agreement was reviewed and updated to reflect recent changes in governance and processes. The new Joint Working Agreement runs for two years up to the end of March 2027 and this was approved by partners.

RESOLVED: That the Better Care Fund Plan 2024-25 be noted for information.

HWB10 BETTER CARE FUND 2024-25: YEAR END REPORT

The Board received a report from the Executive Director of Adult Social Services, which provided an update on the Better Care Fund 2024-25 Year-End return, following its submission on 29 May 2025.

The update provided the Board with information on the four national conditions which had been met, progress on the four national metrics, income and expenditure actual, year-end feedback and adult social care fee rates.

RESOLVED: The Better Care Fund Year-End return for 2024-25 be noted for information.

Meeting ended at 3.40 p.m.