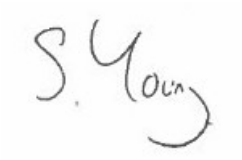
Public Document Pack

Health and Wellbeing Board

Wednesday, 9 July 2025 2.00 p.m.
DCBL Stadium, Widnes



Chief Executive

Please contact Kim Butler on 0151 5117496 or e-mail kim.butler@halton.gov.uk for further information.

The next meeting of the Committee is on Wednesday, 8 October 2025

ITEMS TO BE DEALT WITH
IN THE PRESENCE OF THE PRESS AND PUBLIC

Part I

HEALTH AND WELLBEING BOARD

At a meeting of the Health and Wellbeing Board on Wednesday, 12 March 2025 at Karalius Suite, Halton Stadium, Widnes

Present: *Councillor Wright (Chair)*
Councillor Ball
Councillor T. McInerney
Councillor Woolfall
K. Butler, Democratic Services
D. Nolan, Adult Social Care
I. Onyia, Public Health
L. Gardner, Warrington & Halton Teaching Hospitals
S. Griffiths, Adult Social Care
D. Haddock, Cheshire Constabulary
L. Hughes, Healthwatch Halton
A. Leo, Integrated Commissioning Board
W. Longshaw, St. Helens & Knowsley Hospitals
T. McPhee, Mersey Care NHS Foundation Trust
L. Mogg, Public Health
A. Moore, Cheshire Constabulary
D. O'Connor, Adult Social Care
H. Patel, Citizens Advice Bureau
S. Patel, Local Pharmaceutical Committee
K. Stratford, Public Health
F. Watson, Public Health
L. Windle, Halton Housing
S. Yeoman, Halton & St Helens VCA

Action

HWB22 APOLOGIES FOR ABSENCE

Apologies had been received from H. Crampton – Cheshire Fire & Rescue Services, M. Charman – Bridgewater Community Health Care NHS Foundation Trust, W. Rourke – Halton Borough Council and J. Wallis - Bridgewater Community Health Care NHS Foundation Trust.

HWB23 MINUTES OF LAST MEETING

The Minutes of the meeting held on 15 January 2025, having been circulated, were signed as a correct record.

HWB24 TOBACCO

Members of the Board received a report and accompanying presentation from the Director of Public Health which provided an update on the Tobacco Programme.

Smoking was still the main preventable cause of death, disability and ill health in England, despite a decline in prevalence over recent years. Smoking was the cause of around 75,000 deaths, 1 in 4 of cancer deaths and killed up to two thirds of long-term users.

The smoking prevalence of Halton was estimated to be around 13.7% of adults which was slightly above the national average of 12.4%. It was estimated that it costs Halton around £89M in productivity, £5M in healthcare and £45M in social care. In addition, there was an estimated loss of £102M due to premature deaths from smoking in Halton.

In 2014, Halton Council signed the Local Government Declaration on Tobacco Control, which was a statement of a commitment to ensure tobacco control was part of mainstream public health work and committed councils to take comprehensive action to address the harm from smoking. Halton's local tobacco alliance was paused due to the pandemic, however, it was reformed in 2024 as part of the "Live Well" Programme within One Halton and local partners rejoined. Their aim was to reduce prevalence of smoking in Halton to 5% or less by 2030.

The Board noted and discussed the information presented and in response to questions raised, the following additional information was noted:

- a piece of work was being done nationally about young people vaping; the major concern was what was in the vapes and the effects on those using them; and
- Trading Standards conduct test purchases with appropriate young people at premises to ensure they comply with the law in respect of age restricted products, and this work was supported by the Police. However, Board Members were advised that anyone who had any concerns about tobacco/vapes being sold illegally or to those underage, could contact Crimestoppers.

RESOLVED: That the Board:

1) note the report; and

2) support ongoing activity in local and regional plans.

HWB25 HEALTH INEQUALITIES DASHBOARD

Members of the Board received a report and accompanying presentation from the Director of Integration, Mersey and West Lancashire Hospitals, which set out the Trust's Health Inequalities Dashboard.

Mersey and West Lancashire Hospital Trust provided care for around 50% of Halton's population, with a particular focus around Widnes. Board Members were informed that a recent Kings Fund Health Inequalities paper sited a number of statistics which included:

- People in the most deprived areas were twice as likely to die prematurely from cardiovascular disease than people in the least deprived areas;
- People in the most deprived parts of England were more than twice as likely to wait over a year for elective care than people in the most affluent areas in 2022; and
- The difference in life expectancy for people living in the most deprived areas of England compared with the least deprived areas is 9.7 years for males and 7.9 years for women.

The Trust was committed to reducing health inequalities and therefore had developed a dashboard that used near live data to support the journey. The next steps in the development of the dashboard would be to complete the activity undertaken within the wide Trust's footprint to include Sefton and West Lancashire. The Trust was in dialogue with Warrington and Halton Hospitals Trust to explore the possibility of providing this system to their Trust as this would give a complete picture of Acute Care in Halton.

The dashboard held demographic data of local boroughs as well as elective and non-elective activity across the Trust. The data from the dashboard, along with insights from Public Health, should lead to changes in service provision and lead to a reduction in health inequalities.

The Board noted and discussed the information presented and suggested that there needed to be more of an understanding about why some people do not attend appointments. A question was raised about "did not attend" rates for children and young people and whether it would make a difference if this was changed to "was not brought" (by parents). It was noted that this approach was being considered by Alder Hey.

Further work was needed from a) a quantitative perspective and whether patients were showing up in the hospital system somewhere else and b) from a qualitative perspective, patients should be asked why they are not turning up. This should provide a clearer picture to change the system and help prevent those on the waiting list ending up in A&E.

RESOLVED: That the Board:

1) note the establishment of the Health Inequalities Dashboard; and

2) endorse the collaboration with Warrington and Halton Hospitals Foundation Trust so that a complete picture of Acute Care across Halton is available.

HWB26 SOCIAL NEED SUPPORT FOR SECONDARY CARE MENTAL HEALTH PATIENTS

The Board received a report and accompanying presentation which provided an update on the integrated offer between Mersey Care and Voluntary Community Faith and Social Enterprise (VCFSE) sector. The report addressed the social needs of secondary care mental health patients to support delivery of the One Halton Living Well Strategic priorities.

The service was funded from NHS England via Community Mental Health Transformation monies and a three year contract was in place, with the option to extend for a further two. The funding was intended to support the interface between primary and secondary mental health care, to transform delivery of care for adults with severe mental illness and those with complex needs.

The service in Halton was run by a team which included two Mental Health Navigators; this was managed by Halton & St. Helens CVA but was embedded in the secondary care community teams and mental health in-patients units. The service:

- Acts as a connector/sign-poster between health care professionals, VCFSE groups and local people; and
- Facilitates a voluntary sector mental health forum and builds an alliance of local VCFSE sector providers that support engagement between mental health professionals and the sector.

The core outcomes and benefits of the service were outlined in the report which also highlighted the Mental Health Care Navigator Team achievements, performance and activity reports and identified some challenges. In addition, some examples of service user stories and feedback were provided for noting.

RESOLVED: That the report be noted.

HWB27 ADULTS PRINCIPAL SOCIAL WORKER - ANNUAL REPORT (OCTOBER 2024)

The Board received an annual report from the Adults Principal Social Worker (APSW) which outlined how the role of social work supported the One Halton Based Partnership in order to meet its priorities and objectives.

It was reported that the APSW was a statutory requirement under the Care Act 2014. The national guidance on the role and responsibilities had evolved and been updated and clarified over recent years. It was noted that the Principal Social Worker played a key role in representing and promoting the social work profession; the report listed some of the responsibilities that came with the role.

The report also outlined details of the strengths based approaches and practice training, which had been carried out over the past 12 months. Included were details of specialist training such as e-learning for all staff and webinars, in conjunction with the Learning Disability and Autism Programme.

Information on: present and future workforce development; the mental health 'Think Ahead' Programme; the LGA's Standards for Employers of Social Workers; the organisational health check and quality assurance, was also presented in the report.

It was acknowledged that there were some challenges in hospitals due to vacancies in social care. However, it was anticipated that apprenticeship appointments in the discharge teams and intermediate care teams would help address some of the issues.

RESOLVED: That the report be noted.

HWB28 PRINCIPAL OCCUPATIONAL THERAPIST - ANNUAL REPORT

The Board received a report from the Executive Director – Adult Social Care, which presented the Principal Occupational Therapist's (POT) Annual Report.

The Adults Principal Social Worker (APSW) role was a statutory requirement under the Care Act 2014. Although there was no current requirement in place for local authorities to have a POT, Halton had had one in post since January 2024. It was acknowledged by the ADASS (Association of Directors of Adult Social Services) that having a POT to work alongside the APSW added diverse leadership within adult social care and had a positive impact on local populations.

The report outlined the role of occupational therapy, referral numbers, challenges faced, and culture and practice of the service and the current workforce. Members were referred to the appendix, which presented an anonymised case study for information.

It was agreed that the Public Health Improvement Team would liaise with the POT regarding health and wellbeing.

RESOLVED: That the report and appendix be noted.

Director of Public Health

HWB29 BETTER CARE FUND PLAN 2024/25 - QUARTER 2 UPDATE

The Board received a report from the Executive Director – Adult Services, which provided an update on the Quarter 2 Better Care Fund (BCF) Plan 2024/25, following its submission to the National Better Care Fund Team in June 2024.

In line with the national requirements, the quarter 2 report focussed on reporting on the spend and activity funded via the discharge funding allocated to the local authority and NHS Cheshire and Merseyside (Halton Place).

As at the end of quarter 2, there were no areas of concern to advise the Board of. Spend and activity would continue to be monitored via the Better Care Commissioning Advisory Group, as part of the joint working arrangements.

RESOLVED: The Board note the report.

HWB30 BETTER CARE FUND PLAN 2024/25 - QUARTER 3 UPDATE

The Board received a report from the Executive Director – Adult Services, which provided an update on the quarter 3 Better Care Fund (BCF) Plan 2024/25, following its submission to the National Better Care Fund Team in June 2024.

In line with the national requirements, the quarter 3 report focussed on reporting on the spend and activity funded via the discharge funding allocated to the local authority and NHS Cheshire and Merseyside (Halton Place).

Spend and activity would continue to be monitored via the Better Care Commissioning Advisory Group, as part of the joint working arrangements.

RESOLVED: The Board note the report.

HWB31 2023/24 ANNUAL REPORT OF THE PAN CHESHIRE CHILD DEATH OVERVIEW PANEL

The Annual Report of the Pan Cheshire Child Death Overview Panel 2023/24 had been added to the agenda for the Board to note.

A copy of the report had previously been circulated to members of the Board for their information.

Meeting ended at 3.45 p.m.

REPORT TO:	Health & Wellbeing Board
DATE:	9th July 2025
REPORTING OFFICER:	Executive Director - Environment and Regeneration
PORTFOLIO:	Housing and Environmental Sustainability
SUBJECT:	Production of a Borough wide Housing Strategy – Progress Update
WARD(S)	Borough wide

1.0 **PURPOSE OF THE REPORT**

1.1 Provide the Board with an update on Production of a new Borough wide Housing Strategy.

2.0 **RECOMMENDATION: That the Board:**

1) **Note the progress being made with production of a new Borough wide Housing Strategy; and**

2) **Promote participation in the Stakeholder and Formal Consultation process.**

3.0 **SUPPORTING INFORMATION**

3.1 At its meeting on the 18 April 2024, the Council's Executive Board Approved commissioning and production of a new Borough wide Housing Strategy and supporting evidence base. In approving this process, it was acknowledged that the previous Housing Strategy was adopted in 2013 and covered a period up to 2018.

3.2 Following a formal tender exercise, arc4 a housing research and Policy specialist were commissioned to support the production process. Arc4 have supported over 100 local authorities to shape housing documents and bring a wealth of expertise and best practice. As noted in the 2024 Executive Board report, the Council currently does not have a dedicated strategic housing function. The external advice provided by arc4 is therefore critical to help with internal and external consultations, and data collection and analysis.

3.3 An anticipated 12 month production period commenced on 1st September 2024. The production process is broadly split into two Stages:

- Stage 1 – The identification, gathering and analysis of supporting evidence base. This is called the "Housing Needs Assessment" (HNA) and includes

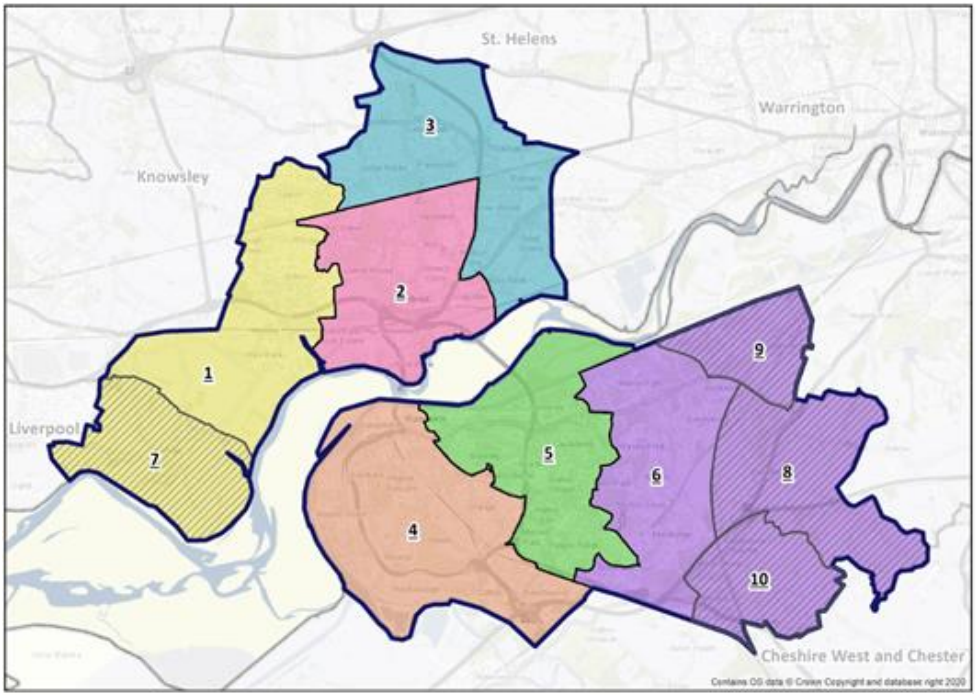
undertaking a Household Survey of residents in Halton; and engagement with a wide range of stakeholders such as housing developers, social housing providers, letting agents, third sector and lived experience groups. This ensures compliance with Government requirements for a robust housing strategy and HNA.

- Stage 2 – Strategy Production. Based on the findings and analysis of Stage 1 a draft Housing Strategy will be prepared. This will be followed by an informal period of stakeholder engagement and then a formal six-week public consultation.

3.4 Stage 1 has now concluded with the HNA being finalised. The HNA will be published alongside the draft Housing Strategy, as the anticipated timetable set out in paragraph 3.7 below. A key part HNA is undertaking a survey of existing data (secondary) data including 2021 census data and demographic analysis to inform understanding of current and future housing need; and, assessing the affordability of purchasing and renting a home in Halton. This was complemented by a comprehensive Household Survey sent to 16,530 households between November and December 2024, with 1,620 useable responses received. This provided a 9.8% response rate with a 2.4% sample error at borough level. The survey can be considered a robust data source. The survey covered four broad themes:

- Your home, neighbourhood, and household (including the need for adaptations, level access and supported accommodation).
- Housing history.
- Future housing requirements: whole household; and
- Future housing requirements: newly forming households

3.5 The main purpose of the survey is to provide evidence to help assess housing need by type, size, and tenure within different parts of the Borough (sub areas). This includes homes in different tenures such social and affordable housing to rent and buy; as well owner-occupied and private-rented housing. It also considered the housing needs of older people and those with additional needs, such as the need for properties with adaptations and level access, and future demand for supported accommodation. The geographical sub areas are indicated below:



3.6 Achieving a statistically robust HNA is important, as the document will not only be used to inform the policies and priorities within the Housing Strategy but also form part of the evidence for any future Review of the Local Plan (Spatial Plan for Halton). Supporting justification for Planning Policy such as: Affordable Housing requirements; need for level access and adaptable homes; and mix of houses sizes built in the Borough.

3.7 The Housing Strategy is currently within an internal drafting process. The next planned milestones being:

- June/July – Informal stakeholder consultation (with selected partners) and final drafting
- July/August – Formal 6-week public and stakeholder consultation period
- September/October – Final revisions and Adoption process

3.8 As part of the informal stakeholder process a Members Seminar was held in late June. This presented the findings of the HNA and provided recommendations in terms of housing policies and interventions to respond to those findings.

4.0 POLICY IMPLICATIONS

4.1 Priority Six of Corporate Plan is “Valuing and appreciating Halton and Our Communities – Supporting Halton’s residents to live in decent and affordable homes, surrounded by safe and thriving communities”. Whilst as a Local Authority Halton Borough Council no longer directly builds or owns housing, it does have a range of statutory and non-statutory services and responsibilities with a housing dimension. These are set out below:

4.2 The fundamental purpose of the Housing Strategy is to set out and coordinate policies and actions across these services and responsibilities to realise the Corporate Plan and respond to community needs. In line with the Corporate Values Framework, the Housing Strategy will define the Council's role in delivery and how we will work with our partners and stakeholders. It is anticipated that it will be a five year Strategy 2025 – 2030. The Strategy will be accompanied by a delivery plan and set out priorities for implementation.

4.3 Early findings from HNA, has identified a number of potential prioritises for the Housing Strategy and these will be reported on verbally at the meeting.

4.4 The production of the Housing Strategy coincides with changing national housing policy and legislation. This includes the Renters Rights Bill (2025) currently going through the Parliamentary legislative process. This Bill is intended to transform the private rental sector and anticipated to introduce new responsibilities for the Council, including expanded enforcement powers and inspecting and enforcing compliance with new Decent Home Standards. The Strategy will seek to respond to these changes and the anticipated additional resource needs

5.0 FINANCIAL IMPLICATIONS

5.1 A driver for the Strategy is how the Council can work more effectively across its housing services and responsibilities to improve the Council's financial position by both:

a) Reducing council revenue expenditure, such as costs associated with homelessness and specialist accommodation; and
b) Increasing council revenue income, through accelerating housing delivery and diversifying the housing offer.

5.2 Given these drivers, it is possible that an 'invest to save' case will be made for implementation of some aspects of the Housing Strategy.

5.3 The Housing Strategy is likely to influence the way we use Council owned land and buildings, and in turn, affect Capital Land Receipts. Disposal of land to meet a particular supported housing needs, may reduce capital values, but in turn reduce the Councils revenue expenditure through cutting use of out of Borough or unsuitable accommodation placements. The Council are already beginning to implement this approach such as with the Kingsway Quarter, Widnes (incorporating older peoples independent living) and Crow Wood Lane, Widnes (Support accommodation for adults with complex needs). Each land disposal being approved through the governance process on a site-by-site basis and aligned with specific strategies such as the Children and Young People Sufficiency Strategy.

5.4 Successful Implementation of the Strategy will require coordination across the Council and with our partners. Gaps in organisational capacity already identified include improving the interface between the 'People' aspects of housing responsibilities (specialist housing requirements) and 'Place' aspects housing responsibilities (working with developers and Social Housing providers to deliver homes). Any recommendations to resourcing any strategic housing function or other organisational changes (to facilitate working differently) will be covered in the Housing Strategy Delivery Plan. The need for further work on organisational capacity has not been ruled out.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Improving Health, Promoting Wellbeing and Supporting Greater Independence

Housing standards and conditions is recognised as a wider determinant of Health and wellbeing outcomes of people. The Housing Strategy will seek better integration of health and housing policy and provision.

6.2 Building a Strong, Sustainable Local Economy

The choice, quality and affordability of the Borough's housing offer is a foundation stone for a strong and sustainable local economy. The Housing Strategy will support this.

6.3 Supporting Children, Young People and Families

Adequate and safe housing provides the security to enable children, young people and families to thrive. The Housing Strategy will support achieving this.

6.4 Tackling Inequality and Helping Those Who Are Most In Need

Provision of affordable and specialist housing is important to supporting individuals and communities who are most vulnerable. The Housing Strategy will ensure the Council and partners are more responsive to community needs.

6.5 Working Towards a Greener Future

Opportunities to support the Affordable Warmth Agenda will be integrated into the Housing Strategy.

6.6 Valuing and Appreciating Halton and Our Community

Realising this Priority is the fundamental purpose of the Housing Strategy.

7.0 RISK ANALYSIS

7.1 There are no significant risks associated with the production of a new Housing Strategy.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 There are none.

9.0 **CLIMATE CHANGE IMPLICATIONS**

9.1 Heating and energy use in homes accounts for approximately 15% of carbon emissions within the UK. The Housing Strategy will seek to support delivery of the housing matters set out within the Climate Change Action Plan. This will include policy to support residents in Halton to access grants to help make their homes warmer and use less energy for heating (the Affordable Warmth Agenda). The Strategy will also support a housing offer which gives residents choice to live more environmentally friendly and sustainable lives. Such as through opportunities to improve the choice and quality of housing offer within Borough's town centres.

10.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

A Housing Strategy for Halton (2013 – 2018)	Council Website	Nathan Renison, Regeneration Team

REPORT TO: Health & Wellbeing Board

DATE: 9 July 2025

REPORTING OFFICER: Director of Public Health

PORTFOLIO: Health & Wellbeing

SUBJECT: Pharmaceutical Needs Assessment

WARD(S) Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To provide members of the Board with the final version of the Pharmaceutical Needs Assessment (PNA) and briefing on the results of the statutory 60-day consultation.

2.0 **RECOMMENDATION: That the Board:**

1) **Approve the PNA for publication; and**

2) **Delegate the Steering Group to deal with production of supplementary statements needed throughout the lifetime of the 2025-2028 PNA**

3.0 **SUPPORTING INFORMATION**

3.1 The Pharmaceutical Needs Assessment (PNA) is a statutory document that states the pharmacy needs of the local population. This includes dispensing services as well as public health and other services that pharmacies may provide. It is used as the framework for making decisions when granting new contracts and approving changes to existing contracts as well as for commissioning pharmacy services. First detailed in the NHS Act 2006 where PCTs were divested with the responsibility for producing the PNA; since 1 April 2013 this responsibility now sits with Health & Wellbeing Boards (HWB).

3.2 **Background to the PNA**

National guidance states that the PNA should detail the current pharmaceutical service provision available in the area and where there may need to be changes to this in the future because of changes to the health needs or geographical location of the local population. The guidance, in line with regulations, includes both minimum content of a PNA and the process that must be followed.

The PNA is designed to be a statement of fact, both the current position and where there are 'known firm plans' in place to review or amend provision based on need, evidence of effective practice and identified gaps in provision. Also to assess where there are 'known firm plans' for new developments or population changes which may impact on the needs of pharmaceutical services. It is designed to assess the need for pharmaceutical services and adequacy of provision of pharmaceutical services, not to assess general health needs. The latter is the role of the Joint Strategic Needs Assessment (JSNA). Preparation of the PNA has taken account of the needs identified in the JSNA, where they are relevant to pharmaceutical services.

3.3 **PNA Conclusions**

At the end of the PNA development process, following analysis of the data, contractor engagement, a public survey and a 60-day statutory consultation the steering group concluded:

The provision of pharmacy services within Halton in terms of location, opening hours and services provided is considered adequate to meet the needs of the population.

As such this PNA has not identified a current need for new NHS pharmaceutical service providers in Halton at the point this PNA was published.

We are mindful of recent trends and closures that have taken place since the 2022-2025 PNA was published which are detailed in the data analysis throughout this PNA. This includes 3 community pharmacy closures (1 Widnes and 2 Runcorn), an increase in GP registered patient population lists, an increase in average dispensing volume (especially for Runcorn pharmacies) and housing development mainly being in Runcorn.

As such pharmacies in Runcorn are now at acceptable minimum provision. The largest proportion of planned housing developments during the lifetime of this 2025-2028 PNA are scheduled in the South East part of Runcorn.

Whilst it is anticipated that capacity within existing services should be able to support the overall pharmaceutical needs of future populations, any identified changes in the situation will be addressed through a supplementary statement and/or be addressed by the Integrated Care Board (ICB) commissioning or directing existing pharmacies to open for additional hours. There may also be opportunities around alternative dispensing models and collection of medicines (if legislation is progressed).

The PNA has also identified actions to optimise the potential of the pharmacy contract for our population. These are:

Focus on enhanced and advanced services specifically:

- Support active providers to increase their provision of enhanced and advanced services in line with identified need and commissioning priorities.

Locally commissioned services:

- Locally commissioned services are outside the scope of the PNA. However, they do provide an opportunity to enhance access. Provision is audited regularly with any gaps being addressed with current providers.

This PNA provides a base from which commissioning plans for pharmacy can be developed which combine our local priorities with national strategy for community pharmacy services. The PNA will be used as a basis for 'control of entry regulations' so that Cheshire & Merseyside ICB is clear and transparent about where services may or may not be needed in the future. Therefore, the PNA needs to be explicit about its gaps in service. It will be used in the development of local service provision alongside specific health strategies and plans. There may be aspirations to develop local services but these need to be developed in a cost-effective way and in light of current financial constraints.

3.4 Data analysis

A wide range of data was examined in order to derive the conclusions. This included:

- Locations and opening times of all community pharmacies was assessed in relation to population density and deprivation
- Pharmacy per head of population was assessed compared to Cheshire & Merseyside, regional and national averages.
- Data was analysed on a Runcorn, Widnes and Halton basis
- Travel times by walking, cycling, public transport and driving times was assessed
- A contractor survey was conducted which examined physical accessibility and ability of contractors to expand to meet increasing demand

3.5 Public Consultation

Information was gathered from pharmacy contractors on relevant issues that could not be determined from commissioner information or data held by the national NHS Business Services Authority (NHSBSA) such as access and reasonable adjustments services under the Equality Act 2010.

The steering group felt it important to ask Halton residents what their experience of using community pharmacies was and what services they especially valued.

Steering group members, including Healthwatch and Halton & St Helens Council for Voluntary Services, publicised the survey widely.

230 people responded to the survey. Their responses were added across the document, supplementing the data from contractors

The vast majority were satisfied with their usual pharmacies opening hours and services provided.

3.6 **Statutory 60-day consultation**

The Regulations set out that HWBs must consult the bodies set out in Regulation 8 at least once during the process of developing the PNA.

Regulation 8(1) states that the HWB must consult the following list as a minimum during the development of the PNA:

a) Local Pharmaceutical Committee(s) (LPCs) for its area;
b) Local Medical Committee(s) for its area;
c) all pharmacy contractors and any dispensing doctors for its area;
d) any LPS chemist in its area with whom the NHS England has made arrangements for the provision of any local pharmaceutical services;
e) Local Healthwatch organisation for its area, and any other patient, consumer or community group in its area which in the opinion of HWB has an interest in the provision of pharmaceutical services in its area;
f) NHS trusts or NHS foundation trusts in its area;
g) NHS England (now Cheshire & Merseyside Integrated Care Board (ICB));
h) neighbouring HWBs.

Additionally the steering group recommended that the draft PNA be sent to:

- all GP practices, not just those that are dispensing doctors.
- Cheshire & Merseyside ICB Halton Place
- Runcorn and Widnes Primary Care Networks
- The neighbouring LPCs of Cheshire & Wirral and Liverpool.

3.7 **60-day statutory consultation results**

The Steering Group met on 28 April 2025 to consider responses and any amends required in order to present this version of the PNA to the Health and Wellbeing Board as the final version.

The responses indicated that overall they agreed that:

- The purpose of the PNA had been sufficiently explained.
- The scope of the PNA was clear.
- The local context and implications of the PNA had been clearly explained.
- All commissioned services were reflected in the PNA with a reasonable description of each.
- The pharmaceutical needs of the local population were accurately reflected in the PNA.
- They agreed with the findings and future needs.
- There were no omissions within the PNA.

Some slight amends were noted concerning opening hours and provision of some advanced and locally commissioned services which had changed since the contractor survey and other data gathering exercises were completed. Also data on the number of pharmacies in England seemed low. This was checked and some minor amendments to the calculations made. These did not affect the conclusions. The document has been updated to reflect these changes.

One respondent thought the document too long and repetitious in places. The PNA steering group noted this comment. The PNA must include all the necessary content as laid out in national guidance and regulations. Working as part of a Cheshire & Merseyside collaboration Halton led the development of a revised and reduced template compared to the 2022-2025 PNA.

One respondent noted several areas of concern:

1. That the provision of multi compartment compliance aids (MCCAs) is not necessarily available to new patients in Runcorn. These are provided by 20 of the 27 community pharmacies in Halton. Of Runcorn's 10 community pharmacies 5 provide these. Data on reasonable adjustment measures was not split by Runcorn and Widnes pharmacies as other data was. This has now been remedied. The PNA has also been amended to reflect this comment. It is also reflected in the PNA that pharmacies provide a range of reasonable adjustments not just MCCAs with provision dependant on patient need so subject to change.
2. Pharmacy access for asylum seekers who have acute needs which may fall outside the regular delivery service to Daresbury Hotel. Delivery of medication is not a commissioned service and community pharmacies are under no obligation to provide this service. The steering group recognised the needs of this population with commissioners working with contractors to ensure access to all vulnerable

populations. In the case of asylum seekers this is the case whether in dispersed or an initial accommodation centre.

3. Availability of Care at the Chemist – all pharmacies are commissioned to provide this service but the practical availability of the service may depend on which pharmacist is working on a particular day. As a locally commissioned service Care at the Chemist is outside the scope of the PNA. It is included to reflect the full range of services pharmacies are commissioned to provide, to improve service access. As such the steering group felt the information in the PNA about this service was adequate.

A final comment was made about the provision of Needle & Syringe exchange service provision reductions recently. Again, as a locally commissioned service it falls outside the scope of the PNA but included as a service improvement. All details of advanced, enhanced and locally commissioned services has been checked and some small amendments made. These changes do not alter the conclusions of the PNA.

All of these issues fall into the category of quality assurance. Community pharmacies are contracted under the Community Pharmacy Contractual Framework (CPCF), which sets out the services to be provided and also quality assurance of the services. NHSE has the responsibility for monitoring the provision of Essential and Advanced services and quality assurance. Quality assurance is outside the scope of the PNA. These issues have been raised with the appropriate commissioners.

3.6 **Proposed next steps**

- The PNA must be published no later than 1 October 2025.
- The Health & Wellbeing Board are asked to approve the attached version of the PNA as the publication version.
- The PNA will be uploaded onto Halton Borough Council's website as part of the Public Health pages detailing the JSNA.
- This is communicated to key stakeholders and the public.
- The Steering Group will meet periodically and/or communicate electronically as needed to produce supplementary statements during the lifetime of the PNA.

These are needed if and when there are minor amends which do not substantially alter provision of pharmaceutical services. An example of this would be if a pharmacy changed their opening hours or in response to successful consolidations and mergers application.

Supplementary statements car also be used if a gap should develop during the lifetime of the 2025-2028 PNA but where the circumstances were such that overall provision still remained

adequate. This could be in a specific area of the borough or at specific times.

4.0 POLICY IMPLICATIONS

4.1 The health needs identified in the JSNA have been used to develop the PNA.

The PNA provides a robust and detailed assessment of the need for pharmaceutical services across Halton borough. As such it should continue to be used in the decisions around 'market entry' as well as inform local pharmacy services commissioning decisions. Local groups and partnerships should also take the findings of the PNA into account when making decisions around the need for pharmaceutical services.

5.0 FINANCIAL IMPLICATIONS

5.1 Any legal challenges to decisions based on information in the PNA may open the HWB up to Judicial Review. This can have significant financial implications. It is therefore vital that the HWB continues to follow national guidance in the implementation of the Regulations.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 **Improving Health, Promoting Wellbeing and Supporting Greater Independence**

All issues outlined in this report focus directly on this priority. Pharmacies provide a vital primary care service, close to home with open access to a wide range of essential, advanced, enhanced and locally commissioned services. Pharmacists and their staff play a significant role in ensuring patients health is protected through vaccination and public health services, many minor ailments can be treated without the need for a GP appointment and they can take their medications both safely and to optimise effect.

6.2 **Building a Strong, Sustainable Local Economy**

The environment in which we live and the physical infrastructure of our communities has a direct impact on our health and wellbeing. Pharmacies provide a vital primary health care service to residents across the borough, are located within the heart of communities and offer open access to trained health professionals for advice on a wide range of issues.

6.3 **Supporting Children, Young People and Families**

Pharmacy services play a vital role in supporting the health and wellbeing of children, young people and families.

6.4 **Tackling Inequality and Helping Those Who Are Most In Need**
The PNA details the health needs of protected characteristic groups, people living in areas of deprivation and other vulnerable groups as well as for the population as a whole. Pharmacies play a vital role in supporting their primary healthcare needs, offering services close to home with easy access.

6.5 **Working Towards a Greener Future**
As part of the Essential Services contract all pharmacies must ensure the safe disposal of unwanted medications. The commissioner (in this case Cheshire & Merseyside ICB) works with a waste management agency and all pharmacies must complete a pre-acceptance waste audit, to consider ways they can recycle e.g. cardboard boxes meds are packaged in.

Around 25% of NHS carbon emissions are from medicines. The majority of these emissions result from the manufacture, procurement, transport and use of medicines (20%), with the remaining 5% specifically from inhalers (3%) and anaesthetic gases (2%). Much of this is outside the scope of the PNA.

Evidence shows that the number of items dispensed by primary care providers has doubled in recent years, from an average of 10 per person in 1996 to around 20 per person by 2020.

Repeat prescriptions make up an estimated 75% of all prescription items. Repeat prescription arrangements ensure that patients' requirements for medicines are checked at every issue. Medicines' waste occurs when every item on a repeat prescription list is automatically ordered but not all are needed. Both general practice and pharmacies encourage patients to only order what they need.

Pharmacists and pharmacy technicians in all sectors are responsible for medication reviews. These are an ideal opportunity to work with patients to reduce medicines waste by addressing concerns, improving compliance and de-prescribing medicines the patient no longer takes or are not appropriate.

6.6 **Valuing and Appreciating Halton and Our Community**
The public survey shows pharmacies are a valued service with the majority of respondents satisfied with pharmacy opening hours and the services they provide.

6.7 **Resilient and Reliable Organisation**
Pharmacies continue to face significant financial challenges. The PNA reflects that whilst there are a reduced number of pharmacies in Halton (a reduction of 3, 2 in Runcorn and 1 in Widnes) that pharmacies continue to provide a vital primary care service, provide services aimed at improving access and reducing the burden on general practice. Pharmacies have seen an increasing volume of

prescribing and have made the necessary operational changes to meet this demand. The vast majority indicate they have sufficient capacity to cope with an increase in demand.

7.0 RISK ANALYSIS

7.1 Failure to comply with the regulatory duties fully may lead to a legal challenge, for example, where a party believes that they have been disadvantaged following the refusal by Cheshire & Merseyside Integrated Care Board over their application to open new premises based on information contained in the PNA.

7.2 The risk of challenge to the HWB who produced that PNA is significant and Boards should add the PNA to the risk register.

7.3 A sound process, using national guidance and with support from local expertise, should be established to ensure this risk does not materialise.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 The PNA seeks to provide intelligence on which to base decisions about service provision that are based on levels of need across the borough. This includes analysis of a range of vulnerable groups and the need for targeted as well as universal services to meet the range of needs identified.

9.0 CLIMATE CHANGE IMPLICATIONS

9.1 There are no direct environmental and climate implications that will be generated by the recommendations presented through this report.

9.2 However, an important element of the PNA is consideration of access. This is a multi-dimensional concept. One element is the provision of sufficient services across the borough. One way the PNA assessed this was consideration of walking and public transport times. Most parts of the borough are within a 15 minute walk to a pharmacy and 30 minute public transport time. Whilst there has been a reduction in the percentage of people assessing a pharmacy by these means, nearly half of respondents still stated they used these modes of transport to get to their usual pharmacy.

9.3 As detailed in section 6.5 pharmacies have to accept unused medication and dispose of these safely. They also need to compete a pre-acceptance waste audit to consider how they dispose of for example cardboard boxes their receive medication/ products in.

9.4 However, much of the NHS carbon footprint concerning medication and medical use devises such as inhalers concerns manufacture,

procurement and transport. These issues are outside the scope of the PNA.

10.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

Document	Place of Inspection	Contact Officer
The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013	Part 2, Regulation 3: Pharmaceutical Needs Assessment The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013	Sharon McAteer
Department for Health & Social Care: Pharmaceutical needs assessments Information pack for local authority health and wellbeing boards Published October 2021	Pharmaceutical needs assessments: information pack - GOV.UK	
HWBB minutes 10.07.2024	Halton Borough Council: Meetings & Agenda Information	
Halton draft PNA 2025-2028	Included with paper (note this will be published on council website when approved)	

Halton Health and Wellbeing Board

Pharmaceutical Needs Assessment

2025-2028

Foreword

Halton's Health and Wellbeing Board has responsibility for the on-going review, development and publication of the Pharmaceutical Needs Assessment.

This is a statutory document, by virtue of the National Health Services (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. Its content has to be taken into account by those responsible for the approval of pharmacy contract applications (at the Integrated Care Board) as well as those commissioning all other health services for our local population. From a primary care perspective this includes Integrated Care Boards (ICBs) and local authorities looking to commission and develop local services from pharmacy contractors, general practice, dental and optometry.

As such we are very happy to present our fourth formal Pharmaceutical Needs Assessment 2025--2028 which outlines the pharmaceutical services available to our population. This document provides information around current services being commissioned and proposals for future changes and developments.

This document will assist us when reviewing our commissioning strategies upon which we base our decisions. It is recognised that our community pharmacy colleagues have a key role to play in helping us develop and deliver the best possible pharmaceutical services for our population.

We commend this report to you and we look forward to your continuing involvement as this document is annually reviewed and updated.

Portfolio Holder Health & Wellbeing, Halton Borough Council

Chair Halton Health & Wellbeing Board

Director of Public Health, Halton Borough Council

Sponsor, Pharmaceutical Needs Assessment

Version Control

Main Author: Sharon McAteer

Editor: Sharon McAteer and Kelly McCormack along with members of the Halton Pharmaceutical Needs Assessment (PNA) Steering Group

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Version	Summary of Changes	Date of Issue
2011 PNA	First formally approved PNA for Halton & St Helens PCT	1st February 2011
2015 PNA	Published Halton Health and Wellbeing Board's first PNA	1 April 2015
2018 PNA	Published Halton Health and Wellbeing Board's second PNA	1 April 2018
2022 PNA	Published Halton Health and Wellbeing Board's third PNA	1 October 2022
2025-2028 PNA	Draft 1 presented to the PNA steering group	December 2024
	Draft 2 sent to the PNA steering group	December 2024
	Draft for consultation agreed at the PNA steering group	January 2025
	Final report presented to the PNA steering group	
	Completed version to Halton Health and Wellbeing Board	July 2025
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Further acknowledgements

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- Halton networks for distributing the public survey to their members
- Halton residents for taking the time to complete the public survey
- Rebekah Evison, Public Health, Halton Borough Council and Nathan O'Brien for providing information on which pharmacies provide locally commissioned services
- Rebecca Taylor, Interim Planning and Transport Policy Team Leader, Halton Borough Council for providing the information and map of planned housing developments
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- Ali Akbar, Senior Communications and Engagement Officer, NHS Cheshire & Merseyside ICB and Ryan McKennan, Communications and Social Marketing Manager, Champs public health collaborative, for providing communications support to the public survey
- HBC Customer Intelligence Unit for managing the statutory consultation

Abbreviations Used in the PNA

AUR	Appliance Use Review
CATC	Care at the Chemist
CIPHA	Combined Intelligence for Population Health Action
CPE	Community Pharmacy England
DALP	Delivery and Allocations Local Plan
DSP	Distance Selling Pharmacy
EHC	Emergency Hormonal Contraception
GP	General Practice / General Practitioner
HBC	Halton Borough Council
HIV	Human Immunodeficiency Virus
HWB	Health and Wellbeing Board
ICB	Integrated Care Board
ID	(English) Indices of Deprivation
IMD	Index of Multiple Deprivation
JHWBS	Joint Health and Wellbeing Strategy
JSNA	Joint Strategic Needs assessment
LD	Learning disability(ies)
LGBT	Lesbian, gay, bisexual transgender
LPC	Local Pharmaceutical Committee
LPS	Local Pharmaceutical Services
LSOA	Lower Super Output Area
NHS	National Health Service
MCCA	Multi-compartment compliance aids
MMR	Measles, Mumps and Rubella
NHSBSA	NHS Business Services Authority
NMS	New Medicines Service
OHID	Office for Health Improvement & Disparities
ONS	Office of National Statistics
PCN	Primary Care Network
PNA	Pharmaceutical Needs Assessment
QOF	Quality Outcomes Framework
SAC	Stoma Appliance Customisation
SHAPE	Strategic Health Asset Planning and Evaluation
SMI	Severe mental illness
UK	United Kingdom
UTC	Urgent Treatment Centres

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Executive Summary

The Pharmaceutical Needs Assessment (PNA) aims to identify the pharmaceutical needs of people living in Halton.

The requirement to produce a Pharmaceutical Needs Assessment (PNA) is a statutory responsibility of the local Health and Wellbeing Board by virtue of the National Health Service (NHS) Pharmaceutical and Local Pharmaceutical Services Regulations 2013,[1] which came into force on 1st April 2013. The regulations outline the process which Integrated Care Boards (ICBs) must comply with in dealing with applications for new pharmacies or changes to existing pharmacies. This process relies on the PNA which must be robust and fit for purpose.

In Halton the Health and Wellbeing Board has devolved the authority to develop its PNA to the Director of Public Health and other lead officers across partner organisations. Data sources include the local Joint Strategic Needs Assessment (JSNA), census data, data from commissioners, One Halton Health & Wellbeing Strategy, pharmacy contractors' survey and a resident's survey. This information informed the draft PNA which then went out for the statutory (minimum) 60 days consultation.

The PNA presents a picture of community pharmacies, reviews services currently provided and considers how these could be utilised further. Community pharmacies can support the health and wellbeing of the population of Halton in partnership with other community services and GPs. Services can be directed towards addressing health inequalities and supporting self-care in areas of greatest need.

Key Findings

Taking into account information gathered for this PNA

The provision of pharmacy services within Halton in terms of location, opening hours and services provided is considered adequate to meet the needs of the population.
As such this PNA has not identified a current need for new NHS pharmaceutical service providers in Halton at the point this PNA was published.
We are mindful of recent trends and closures that have taken place since the 2022-2025 PNA was published which are detailed in the data analysis throughout this PNA. This includes 3 community pharmacy closures (1 Widnes and 2 Runcorn), an increase in GP registered patient population lists, an increase in average dispensing volume (especially for Runcorn pharmacies) and housing development mainly being in Runcorn.

As such pharmacies in Runcorn are now at acceptable minimum provision. The largest proportion of planned housing developments during the lifetime of this 2025-2028 PNA are scheduled in the South East part of Runcorn.

Whilst it is anticipated that capacity within existing services should be able to support the overall pharmaceutical needs of future populations, any identified changes in the situation will be addressed through a supplementary statement and/or be addressed by the Integrated Care Board (ICB) commissioning or directing existing pharmacies to open for additional hours. There may also be opportunities around alternative dispensing models and collection of medicines (if legislation is progressed).

The PNA has also identified actions to optimise the potential of the pharmacy contract for our population. These are:
Focus on **enhanced and advanced services** specifically:

- Support active providers to increase their provision of enhanced and advanced services in line with identified need and commissioning priorities.

Locally commissioned services:

- Locally commissioned services are outside the scope of the PNA. However, they do provide an opportunity to enhance access. Provision is audited regularly with any gaps being addressed with current providers.

This PNA provides a base from which commissioning plans for pharmacy can be developed which combine our local priorities with national strategy for community pharmacy services. The PNA will be used as a basis for 'control of entry regulations' so that Cheshire & Merseyside ICB is clear and transparent about where services may or may not be needed in the future. Therefore, the PNA needs to be explicit about its gaps in service. It will be used in the development of local service provision alongside specific health strategies and plans. There may be aspirations to develop local services but these need to be developed in a cost-effective way and in light of current financial constraints.

PNA Conclusions

Access to pharmacies

- ***Overall access in terms of location, opening hours and services continues to be adequate to meet the needs of the population of Halton.***
- ***As such the PNA has not identified a current need for new NHS pharmaceutical service providers in Halton at the point this PNA was published.***
- ***We are mindful of recent trends and closures that have taken place since the 2022-2025 PNA was published which are detailed in the data analysis throughout this PNA. This includes 3 community pharmacy closures (1 Widnes and 2 Runcorn), an increase in GP registered patient population lists, an increase in average dispensing volume (especially for Runcorn pharmacies) and housing development mainly being in Runcorn.***
- ***As such pharmacies in Runcorn are now at acceptable minimum provision. The largest proportion of planned housing developments during the lifetime of this 2025-2028 PNA are scheduled in the South East part of Runcorn.***
- ***Whilst it is anticipated that capacity within existing services should be able to support the overall pharmaceutical needs of future populations, the commissioners of community pharmacy are encouraged to use the findings of this most recent PNA to encourage flexibility around opening hours, including the option of extending existing contractors' opening hours on a locally commissioned Enhanced Service basis as well as plan for the pharmaceutical needs of the planned growth in population size.***
- ***A further review of services will be planned at the next three year cycle.***
- ***There may also be opportunities around innovation including access using technology, alternative dispensing models and collection of medicines (if legislation is progressed).***

There is no simple way to determine this. As such a number of factors have been taken into account including:

- Halton has a higher pharmacy-to-population ratio than the national average. When compared to Cheshire & Merseyside average, Runcorn has a lower pharmacy-to-population average. Runcorn's pharmacy-to-population ratio is lower than Widnes as there are fewer pharmacies in Runcorn despite having a similar population size to Widnes.
- There is wide variation in the pharmacy-to-population ratio across wards, even taking town centre locations into account. Any decisions regarding new pharmacies need to take the pharmacy-to-population ratio in to account. Conversely, any closures need to be assessed to determine the impact this will have on access, especially in those wards where the pharmacy-to-population ratio is already low.
- Halton's average monthly dispensing volume per pharmacy is higher than the national and regional averages and this has been the case over time. Dispensing volume per pharmacy is highest in Runcorn, where levels are higher than the Cheshire & Merseyside average, with levels in Widnes similar to the England average. All parts of Halton are above the regional average.

- Looking at drive, walking, cycling and public transport times, the majority of Halton's population live close to a pharmacy. This is reflected in the responses from the public survey.
- There is adequate access to pharmacy services throughout the week, with provision in the evening and at weekends across Halton. This takes into account needs in both Widnes and Runcorn, noting however that only one of the 72 or 100 hour pharmacies operating in Halton is in Runcorn.
- Over 75% of respondents to the public survey said they were somewhat or very satisfied with pharmacy services. They found them accessible, friendly and helpful.
- Members of the public commented that it is not always easy to access pharmacy services in the evening, i.e. after 6pm, and weekends. Also that waiting times in the pharmacy and for prescriptions had increased recently.

Advanced and Enhanced Services Provision

- There have been a number of new services that have started to be provided since the 2022-2025 PNA. For both the existing and newer services access is good across both Widnes and Runcorn.
- Appliance Use Reviews (AUR) and Stoma appliance customisation (SAC) services are both specialist services. Locally, community health services provide specialist advice to patients on appliances and stoma products. Pharmacies then dispense prescriptions generated by the services. So whilst, based on activity data for 2023/24 and quarter 1 2024/25, there are no Halton pharmacies providing AUR and SAC this does not mean there is a gap in provision.
- The majority of the respondents to the public survey felt the range of services at their usual pharmacy was satisfactory.

FULL ASSESSMENT

Key Findings and Conclusions

A Pharmaceutical Needs Assessment (PNA) forms part of the commissioning function for pharmacy services. It relates the current provision of pharmaceutical services to the characteristics of the local population and Health & Wellbeing Board (HWB) priorities for improving health and wellbeing and reducing health inequalities in Halton.

The PNA addresses the following broad questions:

- What is the provision of pharmacy service to our population and is this adequate?
- How is the pharmacy contract utilised for the benefit of the population of Halton?
- How can community pharmacies, through its nationally commissioned or locally commissioned services, support us to deliver our priorities for health and wellbeing for the population of Halton?

- ***Overall access in terms of location, opening hours and services continues to be adequate to meet the needs of the population of Halton.***
- ***As such the PNA has not identified a current need for new NHS pharmaceutical service providers in Halton at the point this PNA was published.***
- ***We are mindful of recent trends and closures that have taken place since the 2022-2025 PNA was published which are detailed in the data analysis throughout this PNA. This includes 3 community pharmacy closures (1 Widnes and 2 Runcorn), an increase in GP registered patient population lists, an increase in average dispensing volume (especially for Runcorn pharmacies) and housing development mainly being in Runcorn.***
- ***As such pharmacies in Runcorn are now at acceptable minimum provision. The largest proportion of planned housing developments during the lifetime of this 2025-2028 PNA are scheduled in the South East part of Runcorn. . Whilst it is anticipated that capacity within existing services should be able to support the overall pharmaceutical needs of future populations, the commissioners of community pharmacy are encouraged to use the findings of this most recent PNA to encourage flexibility around opening hours, including the option of extending existing contractors' opening hours on a locally commissioned Enhanced Services basis as well as plan for the pharmaceutical needs of the planned growth in population size"***
- ***A further review of services will be planned at the next three year cycle.***
- ***There may also be opportunities around innovation including access using technology, alternative dispensing models and collection of medicines (if legislation is progressed).***

This assessment is based on the following observations:

- Halton has an average of 19.82 pharmacies per 100,000 population, 14.68 per 100,000 in Runcorn and 26.11 per 100,000 in Widnes. This compares to 19.35 per 100,000 across Cheshire & Merseyside and 16.75 per 100,000 for England as a whole.
- There is wide variation in the pharmacy–to-population ratio across wards, even taking town centre locations into account. Any decisions regarding new pharmacies need to take the pharmacy-to-population ratio in to account. Conversely, any closures need to be carefully monitored to determine the impact this will have on access, especially in those wards where the pharmacy-to-population ratio is already low.
- It is possible to compare prescribing volume by converting total items prescribed into a monthly prescribing rate per pharmacy. Trends show that both nationally, regionally and locally total

volume is increasing. In 2023/24 Halton had a higher prescribing rate than both the England and North West averages. This was the case 2019/20-2023/24. The Widnes rate was near the England average whereas the Runcorn rate was higher. Both were higher than the regional rate.

- There is adequate access to pharmacy services throughout the week, with provision in the evening and at weekends across Halton. This takes into account needs in both Widnes and Runcorn, noting however that only one of the 72 or 100 hour pharmacies operating in Halton is in Runcorn.
- Members of the public commented, that it is not always easy to access pharmacy services in the evening, i.e. after 6pm, and weekends. Where any specific service gaps develop these will be addressed initially through dialogue with existing contractors.
- Over 75% of respondents to the public survey said they were somewhat or very satisfied with pharmacy services. They found them accessible, friendly and helpful.
- There is adequate provision of advanced and enhanced services in both Runcorn and Widnes.
- Whilst locally commissioned services are outside the scope of the PNA they do offer secured improvements, or better access to pharmaceutical services for our population. We will continue to work with our existing contractors to ensure that this provision continues to match the needs of our population. Any inequalities in provision which arise will be addressed in collaboration with existing contractors.
- Further opportunities for service improvement will come in to operation from September 2026 when all newly qualified pharmacists will be Independent Prescribers.
- Feedback and information provided by patients, the public and other stakeholders consulted during the development of the PNA showed people feel the community pharmacies offer a valuable service, are convenient and staff are friendly and helpful.

Advanced and Enhanced Services Provision

- Pharmacy First is a new advanced service. All pharmacies are registered to provide this service so access to it is adequate across the borough.
- All community pharmacies are registered to provide New Medicines Service (NMS) across the borough so provision is adequate.
- Influenza vaccination for at risk adults is now available through all but one (Runcorn) pharmacy and this has greatly increased accessibility, noting that provision of this service is determined annually and thus subject to change. The primary provider of influenza vaccination remains General Practice. Provision is adequate across the borough.
- Appliance Use Reviews (AUR) and Stoma appliance customisation (SAC) services are both specialist services. Locally, community health services provide specialist advice to patients on appliances and stoma products. Pharmacies then dispense prescriptions generated by the services. So whilst, based on activity data for 2023/24 and quarter 1 2024/25, there are no Halton pharmacies providing AUR and SAC this does not mean there is a gap in provision.
- The Hypertension Case Finding Service was a new service for the 2022-25 PNA. It is now well established with all but one (Widnes) pharmacy registered to provide this service so provision is adequate across the borough.
- NHS Stop Smoking Service was a new service for the 2022-25 PNA. It is now well established with adequate provision across the borough with 5 out of 10 Runcorn and 10 out of 17 Widnes pharmacies providing this service.

- Lateral Flow Device service was introduced during the Covid-19 pandemic. The service now operates using a different model. Provision is adequate across the borough with 8 out of 10 Runcorn and 8 out of 17 Widnes pharmacies providing this service.
- Pharmacy Contraceptive Service is a new service. It adds to provision available elsewhere in primary care, sexual health services and the local public health commissioned services. 70% of pharmacies in both Runcorn (7 out of 10) and Widnes (12 out of 17) provide this service so provision is adequate across the borough.
- There is one Enhanced service for Covid-19 vaccination. There is adequate provision across the borough although there is less provision in Runcorn – 3 out of 10 compared to 11 out of 17 in Widnes.

Developments which may precipitate the need for changes to pharmacy services

Any conclusions gained from this PNA need to take account of the fact that future developments, such as but not limited to, changes in population, changes in sources/numbers of prescriptions, may take place. This could influence the demand for pharmaceutical services. Hence this PNA is a 'dynamic' document.

Workload and demand in pharmacy is driven by two factors: changes to the population, changes to prescribing volume and introduction of additional, new services:

- Halton's population structure is predicted to shift over the next decade. All age groups aged under 70 are forecast to decrease proportionally between 2020 and 2043, particularly those aged 5-14. Conversely, the proportion of those aged 75 and over is predicted to increase from 7.4% of Halton's population to 12.8%. This is an increase of around 7,900 people. The working population is forecast to shrink proportionally. This 'ageing population' is likely to increase pressures on NHS and social care as this age group makes up a disproportionately large percentage of GP consultations, hospital admissions and social services. This is likely to have an impact on prescribing levels and therefore pharmacy workload, assuming current prescribing patterns persist.
- In 2019/20 2,249,728 prescription items were prescribed in Halton. By 2023/24 this had risen to 3,037,200 items. The average number of prescription items per month per 1,000 population was 1,832.8, more than both Cheshire & Merseyside average (1,806.5) and England (1,527.5).

The combined effects of population change and prescribing volume have a compounding effect on the pharmacy workload. This is especially pertinent as the pharmacies operating across Halton currently dispense more prescription items than the average for England and this has grown each year. It is anticipated that growth in the future will continue at a similar rate. Prescription volumes and service provision needs to be monitored to identify where demand is likely to exceed supply.

Any changes to planned developments, e.g. any major new housing developments, will be considered to ensure we are able to respond to the future needs of our population.

Pharmaceutical Needs Assessment

Part 1: Introduction, Regulatory Statements, Scope & Methodology

1. Introduction

The effective commissioning of accessible primary care services is central to improving quality and implementing the vision for health and healthcare. Community pharmacy is one of the most accessible healthcare settings. Nationally 99% of the population, including those living in the most deprived areas, can get to a pharmacy within 20 minutes by car. 96% of people living in the most deprived areas have access to a pharmacy either through walking or via public transport. [2]

The PNA presents a picture of community pharmacies and other providers of pharmaceutical services, reviewing services currently provided and how these could be utilised further. Community pharmacies can support the health and wellbeing of the population of Halton in partnership with other community services and GP practices. Services can be directed towards addressing health inequalities and supporting self-care in areas of greatest need. Mapping of service provision and identifying gaps in demand are essential to afford commissioners with the market intelligence they need to take forward appropriate and cost-effective commissioning of services.

All national NHS pharmaceutical service providers must comply with the contractual framework that was introduced in April 2005. The national framework can be found in greater detail on the Community Pharmacy England website:
https://cpe.org.uk/quality-and-regulations/the-pharmacy-contract/

The pharmaceutical services contract consists of three different levels:

- Essential services
- National enhanced services: Covid-19 vaccination
- Advanced services

Since the 2022-2025 PNA Halton has seen the closure of 3 community pharmacies, 2 in Runcorn and 1 in Widnes, reducing numbers from 30 to 27, with the number of distance selling pharmacies remaining the same at 4. This gives an overall percentage change of -9.7% (-10% when just considering community pharmacies). This compares to -8.7% across Cheshire & Merseyside as a whole (range 0% to -15.3%)

The Darzi report shows that the total level of spending on the community pharmacy contract has fallen by 8% and around 1200 pharmacies have closed since 2017. It notes that 'on the current trajectory, community pharmacy will face similar access problems to general practice with too few resources in the places it is needed most.

Costs have also increased through several factors; non-pay inflation and bills, minimum wage increases, removal of establishment fees, demand increases on dispensing volumes and medicines shortages have meant significant challenges to the sector.

As such the findings of the Pharmacy Pressures Survey 2024: Funding and Profitability Report[3] by Community Pharmacy England shows that the vast majority of pharmacies have seen increasing costs with 64% of those responding saying they were operating at a loss. Spiralling costs and workload coupled with a 30% funding cut in real terms since 2015 could result in more closures occurring.[4]

Nationally we lost the 2nd largest contractor nationally, Lloyds Pharmacy, whose parent company Hallo Healthcare Group sold its 1,054 Lloyds Pharmacy high street and community pharmacy branches to new owners to focus on their online business. In a statement released on 23 November 2023, the group said that Lloyds Pharmacy Ltd is no longer operating pharmacies, adding that 99% of the

branches it had previously operated would remain open under different ownership.[5] As a result Halton has not lost any pharmacies due to this.

Many other pharmacies have reduced their opening hours or removed services offered adjacent to but not covered or funded by the contractual framework (e.g. free deliveries of medicines or blister pack preparation for people who do not qualify for or need that as a reasonable adjustment under the Equality Act).

The introduction of 100 hours pharmacies was introduced without a defined need. However patient expectations and lifestyles are different today to what they were in 2005. Recent regulation changes have allowed these 100-hour pharmacies to drop to a minimum of 72 hours (the regulation did restrict which hours could be removed to protect evening and weekend access), and broadly the majority have reduced their hours to survive the funding challenges within the Community Pharmacy Contractual Framework. These hours were the times where the pharmacies were not in high demand, hence those being chosen for reduction. This has been the case in Halton with all but one previously 100-hour pharmacy reducing their hours to 72 (see Appendix 1 for details).

The previous government issued a consultation on hub and spoke dispensing with planned changes to legislation. Hub and spoke dispensing is one pharmacy (spoke) receives the prescription and another pharmacy (hub) may carry out the routine aspects of dispensing the medication (possibly through automation) and either send the medication back to the spoke who dispenses the medication to the patient with advice as needed (Model 1) or alternatively, the hub assembles and prepared the medicine before supplying the order directly to the patient (Model 2). Hub and spoke models are currently permitted within the same retail pharmacy business (i.e. the same legal entity), but the proposed changes would permit it between different retail pharmacy businesses (i.e. different legal entities).[6] Community Pharmacy England (along with most national associations) supported the proposed changes. CPE had concerns about patient safety as well as potential proliferation of Hubs which could circumvent control of market entry. They also expressed concerns about the financial viability of model 2.[7] Due to the change of government, the amendments to legislation has been paused whilst ministers are briefed on the proposals.

2. Statements from pharmaceutical regulations (2013)

Regulatory Statements

The National Health Service (NHS) Pharmaceutical and Local Pharmaceutical Services Regulations (2013) set out the legislative basis for developing and updating PNAs and can be found at: http://www.dh.gov.uk/health/2013/02/pharmaceutical-services-regulations/ Schedule 1 of these regulations it sets out the minimum information to be contained in the PNA. Detailed below are the six statements included in schedule 1 and the necessity for a local PNA map of service providers.

Statement One: Necessary services: Current provision

Provide a statement of the pharmaceutical services that the Health and Wellbeing Board (HWB) has identified as services that are provided:

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

Community pharmacy services for Halton are provided across a range of reasonable geographical locations, with good accessibility and sufficient provision throughout the borough. Halton has 27 community pharmacies (plus 4 distance selling 'internet-only' pharmacies), serving a population of 136,210 (total GP registered population, as of 1 May 2024), who provide a comprehensive service with a full range of essential services and some advanced services. This equates to an average of one pharmacy for every 5,045 Halton GP patients[i] (England average is 5,968 patients per pharmacy). Consequently the population is well served by pharmacy services. Widnes has a lower average population per pharmacy (3,830) than Runcorn (6,811) whose patients per pharmacy value is above all comparators. The Halton value is similar to the Cheshire & Merseyside average (5,168) but higher than the North West average (3,702).

Based on the number of community pharmacies (as at April 2024), omitting distance selling pharmacies from the Halton calculations, as a rate per 100,000 GP registered population (as at 1 May 2024), Halton has a larger number of pharmacies in relation to the size of its population (19.82 per 100,000) when compared to England (16.75 per 100,000) and Cheshire & Merseyside (19.35 per 100,000). However it has a lower rate than the North West which was 27.01 per 100, 000 population. Widnes PCN rate (26.11 per 100,000) is higher than the Runcorn PCN rate (14.68 per 100,000). However, Halton's average number of prescription items per month per 1,000 population is higher than Cheshire & Merseyside and England averages.

Halton residents will also access pharmacy services in the neighbouring boroughs of Cheshire West and Chester (Frodsham), St Helens, Knowsley, Liverpool and Warrington. Services are considered sufficient for the population's needs.

i Note this calculation includes the 4 distance selling pharmacies so comparison can be made with the England value. This is because it has not been possible to sift out the distance selling pharmacies from the overall England list.

There is provision of community pharmacy services open after 6pm and at weekends in both Widnes and Runcorn, noting however that only 1 of the 4 72 or 100 hour pharmacies in the borough is in Runcorn.

Statement two: Necessary services: Gaps in provision

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

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

Current provision across Halton as a whole is adequate. No gaps in the provision of essential pharmaceutical services have been identified in this PNA, however Runcorn pharmacies are now at an acceptable minimum provision. There are on-going housing developments planned over the lifetime of this PNA. This is especially so in Runcorn where the pharmacy-to-population ratio is lower and the majority of the planned housing developments will take place.

Any identified changes in the situation may be addressed by ICB commissioning or directing existing pharmacies to open for additional hours. This could include extending existing opening hours as a locally commissioned Enhanced Service.

Community Pharmacy England notes that:

"if the needs of people in the area are not met, and no pharmacies are able or willing to participate in an out of hours Enhanced service, ***an ICB has the power to issue a direction requiring the pharmacy to open, but must if doing so ensure the pharmacy receives reasonable remuneration.*** *The process of issuing such a direction begins with discussions with the Local Pharmaceutical Committee (LPC) and the affected pharmacies must be contacted by the ICB and the proposals outlined so that the pharmacy owner can make representations. There are rights of appeal against ICBs decisions to issue such directions, and the direction would be valid only if the statutory procedure is followed."*

https://cpe.org.uk/quality-and-regulations/terms-of-service/opening-hours/

Some geographical differences in provision have been highlighted through this PNA. In keeping with the national picture, services are predominantly situated in more densely populated areas of the borough. Thus, less densely populated areas of Halton have fewer pharmacies per head of population.

Despite the overall geographical differences, and those for availability of extended hour pharmacy provision, the need for 'emergency prescriptions' will almost always be centred on patients using 'out of hours services.' Halton is currently covered by GP Out of Hours (via NHS 111) and the two Urgent Care Centres at Widnes Healthcare Resource Centre and Runcorn Urgent Care on the Halton Hospital

site. Pharmacy provision is available on-site or close to these sites with a range of extended hours or 72 or 100-hour contract pharmacies available to access.

Respondents to the public survey most commonly commented that it is not always easy to access pharmacy services in the evening, i.e. after 6pm, and weekends. As well as changes to existing contractor hours, opportunities could also be explored around alternative dispensing models and collection of medicines (if legislation is progressed – see introduction). Other alternatives include increasing the use of technology where practicable and safe to do so.

Statement three: Other relevant services: Current provision

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

a) in the area of the HWB and which, although they are not necessary to meet the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access to pharmaceutical services in its area.
b) outside the area of the HWB and which, although they do not contribute towards meeting the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access, to pharmaceutical services in its area.
c) in or outside the area of the HWB and, whilst not being services of the types described in sub-paragraph (A) or (B), or paragraph one, of the 2013 regulations, they nevertheless affect the assessment by the HWB of the need for pharmaceutical services in its area.

Halton is split by the River Mersey into Widnes and Runcorn. It has geographical borders with all other local authorities in Cheshire & Merseyside apart from Cheshire East, Wirral and Sefton. Members of the Halton population will cross these borders for leisure and work purposes and also to access pharmacy services if it is more convenient for them and not due to there being a lack of service in Halton.

The bank holiday rota looks at services across boundaries to ensure geographical coverage.

In addition to essential services, there is adequate access to the full range of advanced and enhanced services and locally commissioned public health and sub-integrated care board services to meet local need.

Statement Four: Improvements and better access: Gaps in provision

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

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

It is important that community pharmacy services can continue to support the changes that face the NHS as commissioning intentions change or evolve to reduce the pressures on other patient facing

services such as GPs and Accident & Emergency. However, in the current financial climate there is limited capacity to deliver additional services within static or reducing budgets. There should also be recognition and understanding of the context related to a number of national, regional and local strategies and policies from which opportunities may arise in their delivery such as the NHS Long Term Plan then locally the One Halton Health and Wellbeing Strategy that seek to transform how health and wellbeing services are delivered and designed in Halton, putting residents at the heart of services.

The skills and expertise of community pharmacists could be further utilised in the provision of locally commissioned services aimed at improving population health. Assessment of future plans for housing development within Halton has highlighted potential growth in both Runcorn and Widnes. It is envisaged that capacity within existing services will be able to absorb the increased demand anticipated over the lifespan of this PNA. As stated above, any identified change in the situation may be addressed by the ICB commissioning or directing existing pharmacies to open for additional hours under an Enhanced Service without the need for a new community pharmacy.

Based on the information available at the time of developing this PNA, no gaps have been identified in essential, advanced enhanced or locally commissioned services that if provided either now or in the future would secure improvements, or better access, to pharmaceutical services. Noting however, that provision for Covid-19 is lower in Runcorn and there is no provision for appliance use reviews (AUR) and stoma appliance customisation service in Halton or cross border pharmacies.

Respondents to the public survey most commonly commented that it is not always easy to access pharmacy services in the evening, i.e. after 6pm, and weekends. As well as changes to existing contractor hours, opportunities could also be explored around alternative dispensing models and collection of medicines (if legislation is progressed). Other alternatives include increasing the use of technology where practicable and safe to do so.

Statement five: Other NHS services

Provide a statement of any NHS services provided or arranged by the Halton Health and Wellbeing Board, NHS England, Cheshire & Merseyside Integrated Care Board (ICB), any NHS trusts or any NHS foundation trust to which the HWB has had regard in its assessment, which affect:

a) the need for pharmaceutical services, or pharmaceutical services of a specified type, in its area or
b) whether further provision of pharmaceutical services in its area would secure improvements, or better access to pharmaceutical services, or pharmaceutical services of a specific type in its area.

Based on the information available at the time of developing this PNA, no gaps in respect of securing improvements, or better access, to other NHS services either now or in specified future circumstances have been identified. Improved access particularly in Runcorn would mean that that there were more opportunities to secure new or improved services including independent prescribing, that address inequalities and support self-care.

Statement Six: How the assessment was carried out

Provide an explanation of how the assessment has been carried out, in particular:

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

Halton is split by the River Mersey into Widnes and Runcorn. Halton has geographical borders with all other local authorities in Cheshire & Merseyside apart from Wirral and Sefton. It has one local authority with one coterminous Cheshire & Merseyside Integrated Care Board (ICB) sub-location: Halton Place. This has meant that mapping and consultation can be managed and applied without any caveats. The sub-location contains two coterminous Primary Care Networks that are based on geography of Widnes and Runcorn.

Analysis in this PNA has been done at both Halton plus Widnes and Runcorn where possible. As the statutory responsibility of the PNA falls within the remit of Halton Health & Wellbeing Board (HWB) then analysis and mapping were carried out at whole borough and ward level, taking into account the different needs of people across the borough. As such the PNA has taken into account One Halton Health & Wellbeing Strategy and Halton Joint Strategic Needs Assessment (JSNA) content and so will inform commissioning decisions by Halton Health & Wellbeing Board, Cheshire & Merseyside ICB Halton Place, Halton Borough Council and the central Cheshire & Merseyside ICB pharmacy contracts team.

Part 1, section 2 of the PNA goes into specific detail on how the public and pharmacy consultation processes was undertaken. Appendices provide details of the contractor survey, public survey and 60-day statutory consultation. Responses from the public survey have been used throughout the report to supplement our understanding of needs and views. Responses to the 60-day statutory consultation are included as well as the HWB response to this feedback (Appendix 8).

Map of provision

A map that identifies the premises at which pharmaceutical services are provided in the area of the Health & Wellbeing Board.

A map of provision of pharmaceutical services, Map 4, page 48, shows the geographical distribution of both community pharmacies and distance selling pharmacies together with key health services.

There are eleven other maps within the PNA that demonstrate good access to pharmaceutical services. These include in areas with highest population density and highest deprivation as well as most of the population being within 15 minute drive from a pharmacy during the day and 20 mins away during rush hour, 15 minutes walking and cycling and 30 minutes by public transport distance from a pharmacy. Finally, the map of pharmacies outside the Halton Health & Wellbeing Board area shows that there is choice of pharmaceutical services within a 2-mile radius in Cheshire West & Chester, Liverpool, Knowsley, St Helens and Warrington.

3. Scope and Methodology

3.1. Scope of the PNA

The scope of the assessment of need must address the following principles:

- The safe and efficient supply of medicines.
- Pharmaceutical care that provides quality healthcare and public health information and advice to all members of the population.
- High quality pharmacy premises that increase capacity and improve access to primary care services and medicines.
- Local enhanced services which increase access, choice and support self-care.
- Locally commissioned enhanced pharmaceutical services that have the potential to reduce avoidable hospital admissions and reduce bed-days.
- High quality pharmaceutical support to prescribers for clinical and cost-effective use of resources.

3.2 Localities used for considering pharmaceutical services

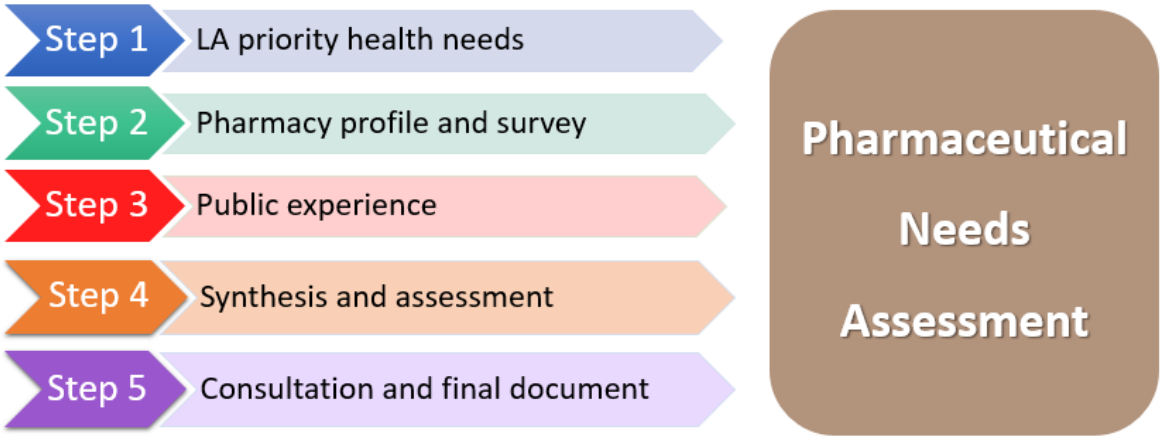
Halton borough is split into 18 electoral wards. Halton has a natural physical divide in the form of the River Mersey with Widnes to the north and Runcorn to the south. However for the purpose of the PNA, Halton was not split into localities as it is a geographically compact unitary authority. In making a judgement of adequacy of provision, consideration has been given to provision in both Widnes and Runcorn. Spatial mapping of service provision has been included to draw conclusions about access to pharmacies. All data has been analysed at a Halton level and, where possible, by the two localities.

3.3. Methodology and Data Analysis

Key principles of the PNA are:

- It is an iterative process involving patients, the public and key stake holders.
- It is a developing, live document to be refreshed annually.
- It continues to focus on identifying health needs which can be supported by pharmaceutical services and makes recommendations for the commissioning of those services.
- It is developed through a multidisciplinary PNA Steering Group.

Figure 1: PNA development process



Development of the Halton Health and Wellbeing Board's PNA has been initiated and overseen by Halton Borough Council's Public Health Directorate and a multi-professional steering group. The steering group consists of representatives from the following:

- Halton Borough Council Public Health (chair and officers)
- Primary Care Manager – Pharmacy, Cheshire & Merseyside Integrated Care Board (ICB)
- Medicines Management team and Head of Commissioning, Cheshire & Merseyside sub-ICB Halton Place
- Local Pharmaceutical Committee
- Halton Healthwatch
- Halton and St Helens Voluntary and Community Action
- Halton Borough Council elected member, Portfolio holder for Health & Wellbeing, chair Halton Health & Wellbeing Board

The content of the document is closely linked to the local Joint Strategic Needs Assessment (JSNA) and has been produced by means of a structured analysis and distillation of complex and comprehensive data sources in order to identify the following:

- the health needs of the population.
- current local provision of pharmaceutical services, and subsequently:
- gaps in provision of pharmaceutical services.

The following information sources have been used for the purposes of this PNA:

- Joint Strategic Needs Assessment
- Joint Health & Wellbeing Strategy
- Office for Health Improvement and Disparities' (OHID)[ii] Fingertips tool for data on health and wellbeing
- Strategic Health Asset Planning and Evaluation (SHAPE) tool for travel time maps
- Data on socio-economic circumstances of the local area
- Community pharmacy providers questionnaire
- NHS Business Services Authority (NHSBSA)
- Public pharmacy services questionnaire
- Delivery and Allocations Plan (DALP)

3.3.1 Community pharmacy contractors survey

A short contractors survey was conducted during June-August 2024 to gather data from contractors for information not available from routine sources including NHSBSA and local commissioners. This included a range of questions on external and internal accessibility of premises and reasonable adjustments available.

3.3.2. Public survey

A survey was conducted during late September to the end of October 2024. It aimed to elicit views of people's experience of using their usual pharmacy – how often they used it, whether they had any issues accessing their usual pharmacy/pharmacy services including prescriptions, when and the impact this had.

[ii] Note PHE as an organisation split into UK Health Security Agency (UKHSA) and Office for Health Improvement & Disparities (OHID) on 1 October 2021. OHID is an office of the Department of Health & Social Care. The Fingertips and other data tools are now part of OHID

A total of 230 people had responded by 1st November 2024. The results were analysed and used throughout the PNA. An assessment of the demographics of respondents is included in Appendix 6.

3.4. How data and other information has been used to derive conclusions

Pharmaceutical need is a broad term which is hard to define precisely. There is not a fixed formula to determine need and whether it has been met or not as there are so many variables that come into play that need factoring in and people live their lives differently in different places. Some factors that are suggested a HWB should give consideration to are:

- When prescriptions are generated and the opening hours. This asks about the generation of the demand; however the timing of demand will of course vary between acute prescribing and chronic prescribing.
- The distance between pharmacies, access, parking arrangements and walking distance / public transport links for members of the public also must be taken into account. This will naturally be contextually different as you move between urban and rural areas and dispensing doctor practices will also contribute to meeting the provision against need in the truly rural areas. The importance of distance has also changed over time with more and more GP work now performed remotely by video or telephone, many areas are seeing high utilisation of the Electronic Prescription Service and delivery is available to all patients via the provisions within the regulations around Distance Selling Pharmacies.
- Capacity of current pharmacies to meet demand. This is important as the number of premises is not the only context to consider, as an efficiently run pharmacy with the right premises, workforce access and equipment can deal with a high volume of items and patients. This is one reason why, within the Cheshire & Merseyside Contractors Survey, we asked the question "if your business need expanded, how could you cope?" and this will continue to change as contractors bring modern solutions such as use of robotics, more efficient pharmacy computer systems, more efficient ordering routines and off-site assembly. How this could vary and how broad a variation is described in the bullets below.
    - Looking at 3 pharmacies at different scales - in 1 month, Pharmacy A (a big Distance Selling Pharmacy) dispensed 1.5 million items, Pharmacy B (city centre destination) did 65k, Pharmacy C (a Health centre) did 11k.
    - Pharmacy D (A high street pharmacy with closures nearby) has roughly doubled their capacity in a decade from 11.8k in April 2014 to 21k in December 2023.
- Variation between areas within a place can be really helpful to appraise but must take into account the capacity to deliver described above.

3.5 Consultation

Regulation 8 requires the health and wellbeing board to consult a specified range of organisations on a draft of the pharmaceutical needs assessment at least once during the process of drafting the document. This must be for a minimum period of 60 days.

A draft PNA was published 9am Monday 3 February 2025 inviting comments to be made prior to closing midnight Sunday 6 April 2025.

The draft document was distributed as follows:

Community and Hospital Providers, All Local Pharmacies, Professional Bodies, NHS Bodies and Staff

- All **31** Pharmacies in Halton (27 community pharmacies and 4 distance selling pharmacies)
- All **14** General Practices in Halton
- Widnes and Runcorn Primary Care Networks
- Widnes and Runcorn Urgent Care Centres
- Bridgewater Community Healthcare NHS Foundation Trust
- Mersey Care NHS Foundation Trust
- Both main Hospital Trusts serving Halton's population:
    - Warrington and Halton Hospitals NHS Foundation Trust
    - Mersey & West Lancashire Teaching Hospitals NHS Trust
- Community Pharmacy England (CPE) Halton, St Helens and Knowsley
- Neighbouring CPEs of Cheshire & Wirral and Liverpool
- Mid Mersey Local Medical Committee
- Neighbouring Local Authority Health and Wellbeing Boards (or equivalent): St Helens, Warrington, Liverpool, Knowsley, Cheshire East, Cheshire West & Chester
- Cheshire & Merseyside Integrated Care Board (ICB)
- Cheshire & Merseyside sub-ICB Halton Place

Patients and Public

- Halton Healthwatch
- Voluntary Sector Groups via Halton and St Helens Voluntary and Community Action

Full documentation was published on Halton Borough Council's website with an online facility to help readers make comments on the PNA. Respondents were offered paper copies of the PNA if required and they could also complete the survey using a copy of the questions supplied with the invitation letter. Written comments could therefore be made online, completion of the questionnaire electronically or print version sent back to the Public Health team.

The 60-day statutory consultation letter and questionnaire can be found in Appendix 7.

5 responses were received during the 60-day statutory consultation. Details can be found in Appendix 8. This includes how the steering group responded to each submission and any amends to the PNA made as a result.

3.6. PNA Review Process

The PNA will be reviewed as an integrated part of the annual commissioning cycle as well as when any changes to the pharmacy contractor list occurs. This action will be overseen by Halton Health and Well Being Board with input from the ICB Primary Care Manager for Pharmacy. The task is delegated to the Public Health Team and the multi-professional steering group who have developed the PNA.

Examples of changes that might dictate a new or diminished pharmaceutical need are:

- New pharmacy contracts
- Pharmacy closures
- Changes to pharmacy locations
- Pharmacy opening hours
- Local intelligence and significant issues relating to pharmacy enhanced service provision

- Appliance provision changes
- Significant changes in health need, housing developments or primary care service developments that may impact either complimentary or adversely on pharmacy based services
- Significant changes in workforce due to movement of local businesses/employers

Typically this would be in the form of issuing a Supplementary Statement, unless the changes were significant enough that a new PNA was warranted and did not form a disproportionate response to the level of change identified. The PNA has to have a complete review every 3 years.

Successful applications for 'consolidations and mergers' as part of the revised pharmacy regulations would also necessitate the development of a supplementary statement. Details can be found on the Community Pharmacy England website concerning consolidation and mergers https://cpe.org.uk/quality-and-regulations/market-entry/pharmacy-mergers-consolidations/.

3.7. How to use the PNA

The PNA should be utilised as a service development tool in conjunction with the JSNA and the strategic plans from local commissioners. Mapping out current services and gaining a sense of future service needs will pinpoint the areas where the development of local pharmaceutical services may be necessary.

The PNA can be used by patients, current service providers, future service providers and commissioners alike in the following way:

- Maps and tables detailing specific services will mean patients can see where they can access a particular service.
- Current service providers will be better able to understand the unmet needs of patients in their area and take steps to address this need.
- Future service providers will be able to tailor their applications to be added to the pharmaceutical list to make sure that they provide the services most needed by the local community.
- Commissioners will be able to move away from the 'one-size fits all approach' to make sure that pharmaceutical services are delivered in a targeted way.
- Cheshire & Merseyside ICB will be in a better position to judge new applications to join the pharmaceutical list to make sure that patients receive quality services and adequate access without plurality of supply.

Pharmaceutical Needs Assessment

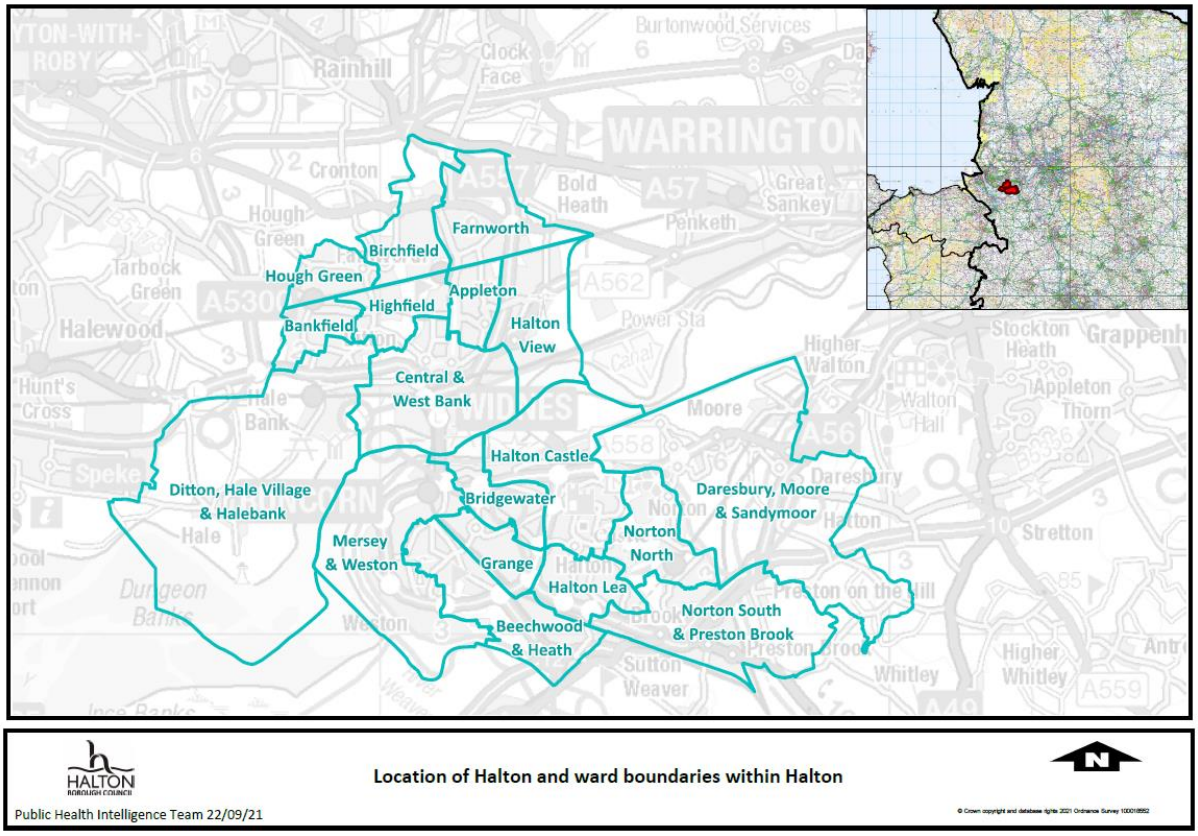
Part 2: Health needs based on demography, localities and linked to JSNA

4. Population Profile of Halton

4.1. Location

Halton is located on the Mersey estuary and is made up of the towns of Runcorn and Widnes. It has a legacy of chemical industry and 1960s Runcorn New Town development providing an influx from the neighbouring city of Liverpool. With the reduction of the chemical industry the area has struggled with high local unemployment rates. Newer service and communication industry developments have taken place in Daresbury and Manor Park and the science park has high quality laboratories.

Map 1: Location of Halton Borough



4.2. Population Structure and Projections

The estimated resident population of an area includes all people who usually live there, whatever their nationality. Members of UK and non-UK armed forces stationed in the UK are included whilst UK forces stationed outside the UK are excluded. Students are taken to be resident at their term time address.

4.2.1. Resident population

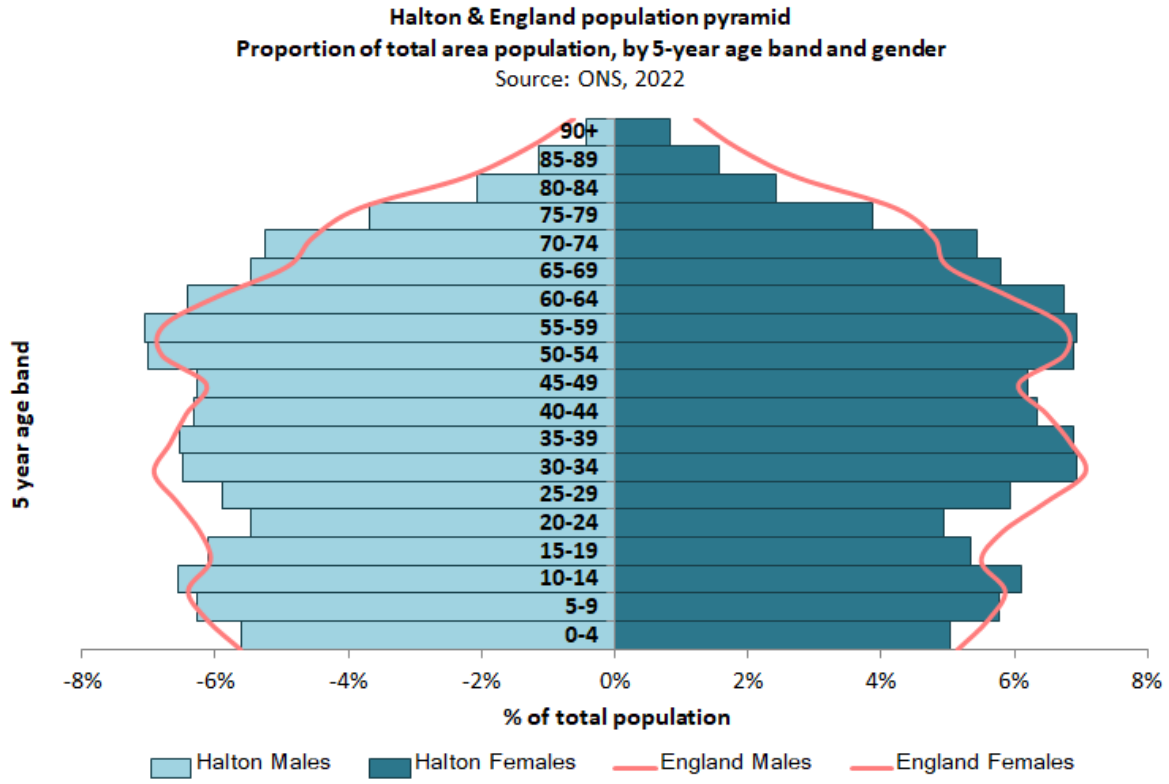
Population estimates are **estimates** of what the resident population make-up should look like at that time, based on previous years' births, deaths and net migration. Office for National Statistics (ONS) mid-2022 population estimates:

- 128,964 people live in Halton
- 49% of these are male and 51% female (63,227 and 65,737 respectively)

The population age structure is detailed in Figure 2. Compared to the England average the resident population of Halton has a slightly different structure in the following ages:

- Ages 10-14 year olds: slightly larger proportion than England
- Age bands covering 20-44 year olds: smaller proportion than England for males
- Age bands covering 55-74 year olds: larger proportion than England
- Age bands covering 75+ year olds: smaller proportion than England

Figure 2: Halton resident population compared to England, mid-2022 estimated age and gender structure



4.2.2. GP Registered Population

The majority of people who reside in Halton are registered with a Halton GP for their primary health care. However, there is not a 100% match. People who move into and out of the borough may prefer to stay with their original GP. This means some people residing in neighbouring boroughs are registered with Halton GPs and some Halton residents will be on a GP register outside the borough. There are more people registered with a Halton GP than there are residents, 136,210 registered (as of 1 May 2024) compared to 128,964 resident (2022 mid-year estimate).

4.2.3. Ethnicity

In terms of ethnic breakdown of the population, data has only routinely been available from each Census. Census data, published by the ONS, is the gold standard for ethnicity recording in England and Wales. Data from the 2021 Census shows that Halton has a larger white population than the North West and England, with all other ethnic groups being smaller than comparators.

Figure 3: Halton ethnicity breakdown, by 8 category ethnic groups, 2021 Census

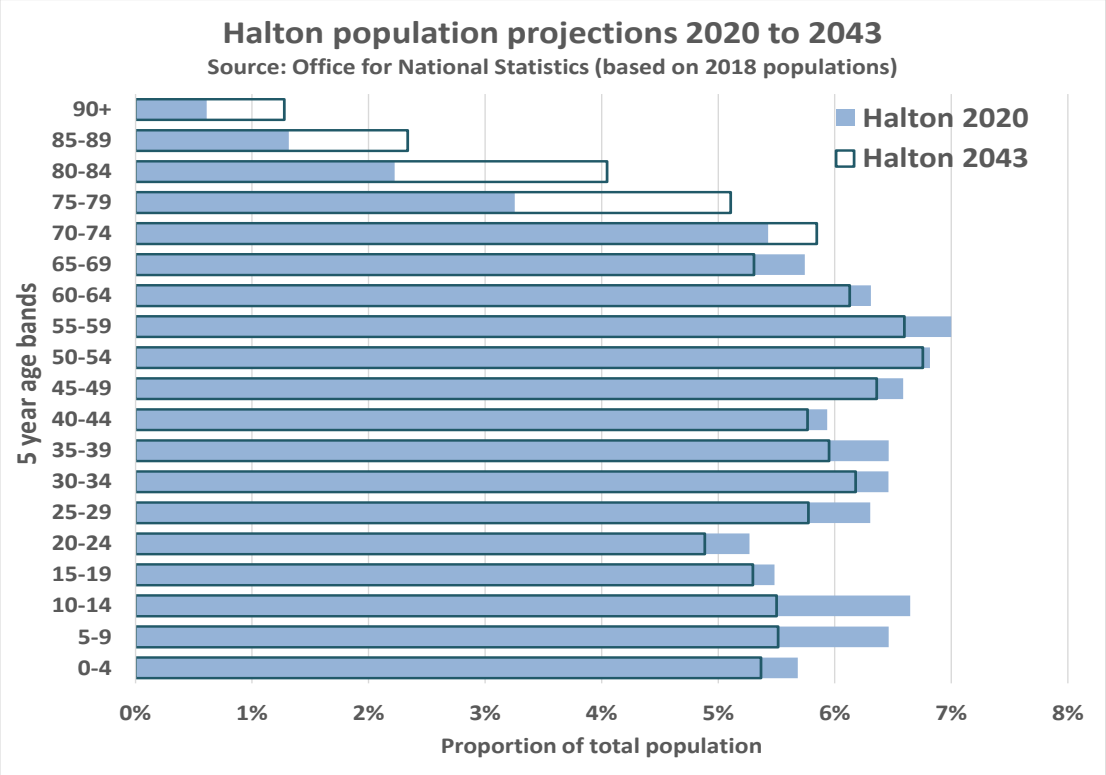
Ethnic group (8 categories)	Halton		North West	England
	Numbers	%	%	%
Asian, Asian British or Asian Welsh	1435	1.1%	8.4%	9.6%
Black, Black British, Black Welsh, Caribbean or African	511	0.4%	2.3%	4.2%
Mixed or Multiple ethnic groups	1792	1.4%	2.2%	3.0%
White: English, Welsh, Scottish, Northern Irish or British	120301	93.6%	81.2%	73.5%
White: Irish	685	0.5%	0.8%	0.9%
White: Gypsy or Irish Traveller, Roma or Other White	2990	2.3%	3.6%	6.6%
Other ethnic group	764	0.6%	1.5%	2.2%
Total population	128,478		7,417,397	56,490,044

Source: ONS, Census 2021

4.2.3. Resident Population Forecasts

Halton's population structure is predicted to shift over the next decade. Figure 4 shows all age groups aged under 70 are forecast to decrease proportionally between 2020 and 2043, particularly those ages 5-14. Conversely, the proportion of those aged 75 and over is predicted to increase from 7.4% of Halton's population to 12.8%. This is an increase of around 7,900 people. The working population, i.e. aged 16-64 years of age, is forecast to shrink proportionally. This 'ageing population' is likely to increase pressures on NHS and social care as this age group makes up a disproportionately large percentage of GP consultations, hospital admissions and social services. This is likely to have an impact on prescribing levels and therefore pharmacy workload, assuming current prescribing patterns persist.

Figure 4: Population projections 2020 to 2043



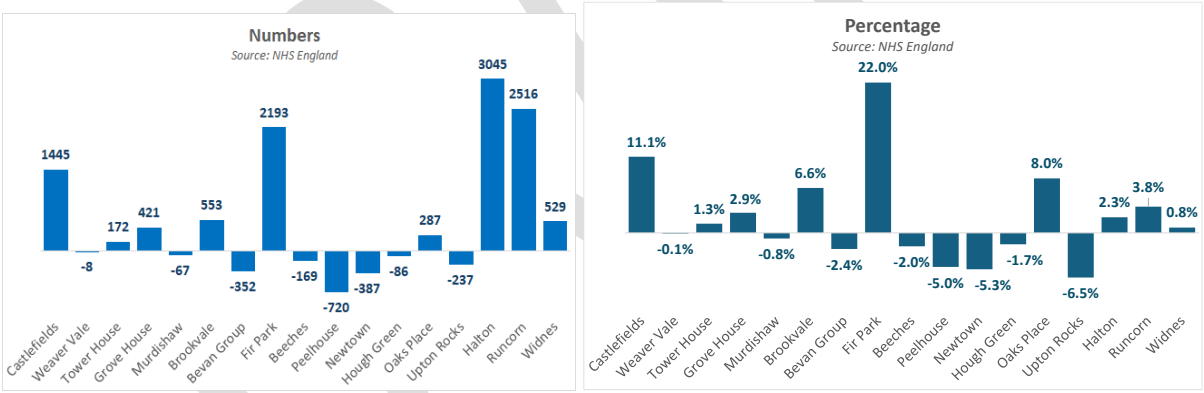
The projections form a "baseline" view of what the population dynamics would be in the given areas if recent demographic trends were to continue into the future. It is important to note that these projections are consistent across England as a whole.

- Between 2020 - 2030 Halton's population is projected to grow by almost 3% from 129,800 to 133,500.
- Longer term, between 2020 – 2043, Halton's population is projected to grow by almost 6% from 129,800 to 137,400. This is lower than the North West region which is projected to grow by almost 9% and nationally, which is projected to grow by 7.5%.
- Younger people (0 - 15 year olds) - population projected to be smaller, both in total numbers and as a proportion of the total population (2020 - 2043) – this is the case for Halton, the North West and England.
- Working age (20 - 64 year olds) - population projected to be similar in terms of total numbers, whilst shrinking very slightly as a proportion of the total population (2020 - 2043) – this is the case for Halton, the North West and England.
- Older people (75+) - population projected to grow by almost 83% from 9,600 in 2020 to 17,500 in 2043. A large increase is also forecast in the North West (60%) and England (67%).

4.2.4. GP registered population changes 2020 to 2024

Halton has traditionally had a higher GP registered population than resident population. Looking at figures for June 2020 to June 2024 we can see the registered population has increased by 3,045 with most of this in Runcorn practices. The two practices with the largest list size increase at Fir Park in Widnes and Castlefields in Runcorn.

Figure 5: GP practice list size increases, June 2020-June2024, numbers and percentage



4.3. Future Planning: Housing Developments

Halton's Delivery and Allocations Local Plan (2014-2037)[8] was adopted in March 2022, and the 15-year plan states that over the plan period the borough will aim to deliver 8,050 homes, an average of 350 homes per year.

Since 2014, 2,196 net dwellings have been completed in Runcorn and 1,655 in Widnes, leaving 4,199 net more homes to be built in Halton to 2037 (an average of 300 homes each year).

Halton's latest Housing Monitoring Report (2023)[9], finds the following:

- 368 gross completions (dwellings built) – 85 of these were affordable homes (23%) (Compared to 22(14%) gross in 2021/22)
- 264 units currently under construction (Compared to 117 under construction in 2021/22).

Figure 6: 2022/23 completions by developer type, dwelling type and bedroom capacity

	Houses						Flat, Maisonettes, Apartments					TOTAL
	1 bed	2 bed	3 bed	4 bed	5/+ bed	ALL	1 bed	2 bed	3 bed	4/+ bed	ALL	
RSL*	0	20	8	0	0	28	33	24	0	0	57	**85**
Private sector	0	14	99	65	0	178	8	97	0	0	105	**283**
Affordable via S106	0	0	0	0	0	0	0	0	0	0	0	**0**
All	0	34	107	65	0	206	41	121	0	0	162	**368**
* Registered Social Landlords (Housing Associations etc)												

		1 bed	2 bed	3 bed	4 bed	5/+ bed	ALL
All tenures/ all dwelling types	Number	41	155	107	65	0	**368**
	Percent	11%	42%	29%	18%	0%	**100%**

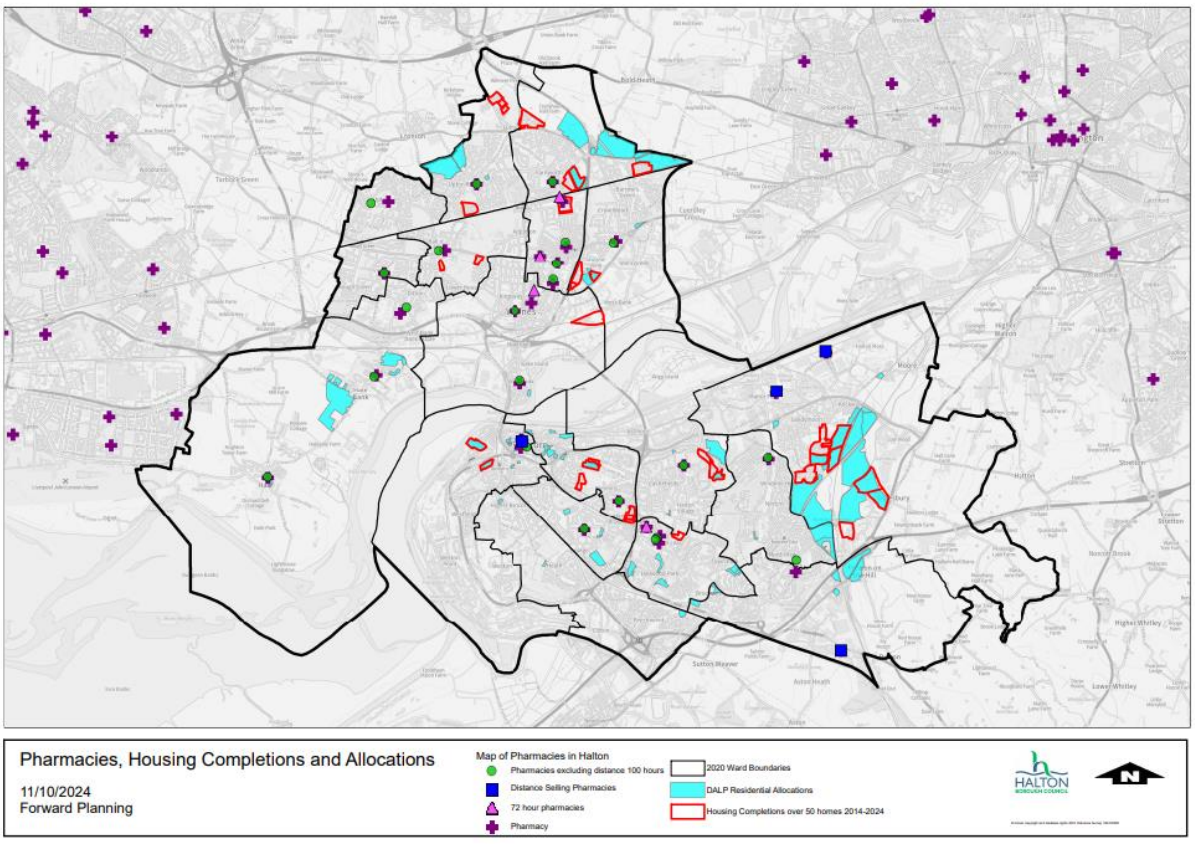
In the Registered Provider (RSL) sector and Private sector the majority of new build housing has been 2-bed flats. There have been no houses secured through Section 106 Agreements.

Source: Halton Borough Council Planning Department

This shows the number of 1-2 bed properties has increased. Many of those properties have been designed to help those at the later stage of life. Within Halton, the household survey as part of the Mid Mersey Strategic Housing Market Assessment, found that 73% of past moves within the last two years were within the Borough, with 5% from Liverpool and 4% from Warrington. The housing market in the Borough is closely linked to that of other parts of the Liverpool City Region and 54% of households in Halton in employment worked within the Mid-Mersey sub-region. The Local Plan, Policy CSR13: Affordable Housing seeks to maximise affordable housing, whilst recognising the need to maintain the financial viability of sites to deliver such affordable housing.[10]

The following map demonstrates the future housing development areas and the existing pharmacy provision.

Map 2: Housing developments



4.4. Populations with Protected Characteristics

There is widespread evidence to demonstrate that some communities, such as people from ethnic minority groups and people from lesbian, gay, bisexual and transgender (LGBT) communities, can experience worse health outcomes. Other groups, such as refugees and asylum seekers and disabled people may face barriers to accessing health and social care services as well as support services to move into good employment. This can have an impact on their health and wellbeing.

Under the Equality Act 2010 there are 9 'Protected Characteristic' groups. The numbers and main health issues facing each are detailed in this section. Whilst some of these groups are referred to in other parts of the PNA, this section focusses on their particular health issues.

4.4.1. Age

Population

See section 4.2 for detailed breakdown

- Under age 18: 27,546 (21.4% of total population)
- 18-64: 76,918 (59.6% of total population)
- 65-74: 14,147 (11.0% of total population)
- 75+: 10,353 (8.0% of total population)
- Total population 128,964 (ONS 2022 mid-year population estimate)

Health issues

Health issues tend to be greater amongst the very young and the very old.

For children:

- Breast feeding is well evidenced to provide health benefits for both mother and baby and to promote attachment. Young mothers are among the groups least likely to breast feed.
- More than eight out of 10 adults who have ever smoked regularly started before the age of 19.
- Eight out of 10 obese teenagers go on to become obese adults.
- Nationally the diagnosis of sexually transmitted infections in young people, such as Chlamydia, has increased by 25% over the past ten years. Young people's sexual behaviour may also lead to unplanned pregnancy which has significant health risks and damages the longer-term health and life chances of both mothers and babies.
- Alcohol misuse is contributing to increased pressure on a wide range of agencies including health, housing, social care, police and the voluntary sector.

For older people (65+):

- They are less likely to smoke or drink alcohol to riskier levels than people under age 65. They are less likely to take drugs although the age of people in alcohol & substance misuse services is increasing.
- A high proportion of people aged 65+ live alone and this percentage increases with age. This can lead to loneliness and social isolation.
- The proportion of the population with long-term conditions increases with age.

4.4.2. Sex

Population

See section 4.2 for detailed breakdown

- Women 65,737 (51%)
- Men 63,227 (49%)

Health issues

- Overall life expectancy, healthy life expectancy and life expectancy at 65 are lower for Halton residents than the England average.
- Male life expectancy for all these measures is lower than females.
- Internal variation, i.e. at Halton deprivation decile and electoral ward level, is higher for men than for women.
- Men tend to use health services less than women. According to National Pharmacy Association research (quoted by Men's Health Forum[11], men on average visit a pharmacy four times a year while average for women is 18 times per year. A third of men (31%) get their partner to collect their prescription medicines and present later with diseases than women do. The research also showed more men than women admit that their understanding of medicines is poor (23.1% against 15.6% women). Consumer research by the Department of Health and Social Care into the use of pharmacies in 2009[12] showed men aged 16 to 55 to be 'avoiders' i.e. they actively avoid going to pharmacies, feel uncomfortable in the pharmacy environment as it currently stands due to perceptions of the environment as feminised/for older people/lacking privacy and of customer service being indiscreet.
- The mortality rate for coronary heart disease is much higher in men and men are more likely to die from coronary heart disease prematurely. Men are also more likely to die during a sudden cardiac event. Women's risk of cardiovascular disease in general increases later in life and women are more likely to die from stroke.
- The proportion of men and women who are obese is roughly the same although men are markedly more likely to be overweight than women. Present trends suggest that weight-related health problems will increase among men in particular. Women are more likely than men to become morbidly obese.
- Women are more likely to report, consult for and be diagnosed with depression and anxiety. It is possible that depression and anxiety are under-diagnosed in men. Suicide is more common in men as are all forms of substance abuse.
- Alcohol disorders are twice as common in men although binge drinking is increasing at a faster rate among young women. Among older people the gap between men and women is less marked.
- Morbidity and mortality are consistently higher in men for virtually all cancers that are not sex specific. At the same time cancer morbidity and mortality rates are reducing more quickly for men than women.
- Victims of domestic violence are at high risk of serious injury or death. The majority of victims are female.

4.4.3. Disability

The definition of disability is consistent with the core definition of disability under the Equality Act 2010. A person is considered to have a disability if they have a long-standing illness, disability or impairment which causes substantial difficulty with day-to-day activities. Some people classified as disabled and having rights under the Equality Act 2010 are not captured by this definition, namely people with a long-standing illness or disability which is not currently affecting their day-today activities.

Population

The 2021 Census indicates 27,677 people in Halton have a disability or illness that affects their day-to-day activities; this is an increase of 1,553 from the 2011 census and constitutes 21.7% of Halton's population, higher than the North West (19%) and England (16.9%).

The 2023/24 GP Quality Outcomes Framework (QOF) register shows there were 927 people with learning disability (LD) known to their general practice. This is a prevalence rate of 0.68% (Widnes 0.65% and Runcorn 0.71%), compared to 0.58% in Cheshire & Merseyside, 0.6% North West and 0.58% England.[13]

Data from the 2023 GP Patient survey[14] suggests that 69% of Runcorn patients and 61% of Widnes patients surveyed had a long-term physical or mental health condition. This is higher than Cheshire & Merseyside (61%) and England (56%). Of those, 29% of Runcorn and 28% of Widnes patients said it affected their daily life a lot (higher than the ICB and England averages at 24% and 21% respectively) and a further 40% (Runcorn) and 39% (Widnes) said it affected them a little. 31% (Runcorn) and 33% (Widnes) said it did not affect ability to carry out their day-to-day activities at all. This is based on a representative sample.

Health issues

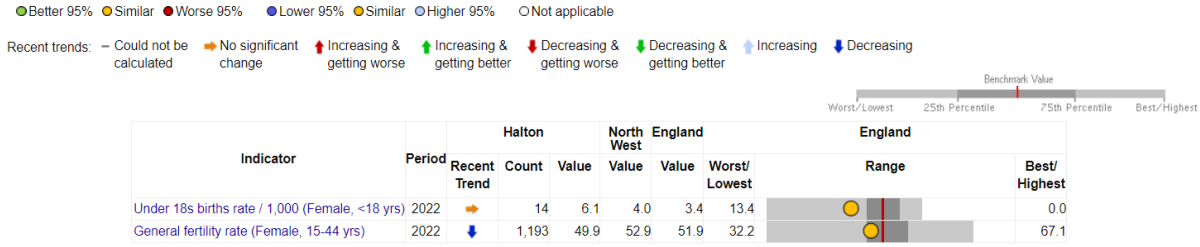
- There is a strong relationship between physical and mental ill health. Being physically disabled can increase a person's chances of poor mental health.
- Co-morbidity of disabling conditions can occur.
- People with LD are living longer and as a result the number of older people with a LD is increasing. Despite the fact that people with LD are 58 times more likely to die before the age of 50 than the rest of the population, life expectancy for people with LD has increased over the last 70 years. Older people with LD need more to remain active and healthy for as long as possible.
- Despite this data from NHS Digital suggests people with learning disabilities still have a 4-5 times higher mortality rate than those without LD.
- Recent data by OHID suggests those with severe mental illness (SMI) have 2-3 times higher premature (under age 75 years) mortality rates compared to those without SMI. This is driven by higher mortality from cardiovascular disease, cancers and respiratory disease. One other feature is lower cancer screening uptake rates amongst people with SMI.
- Research by the Disability Rights Commission in 2006 found that people with a learning disability are two and a half times more likely to have health problems than the rest of the community.

4.4.4. Pregnancy and maternity

Population

Data from ONS via OHID Fingertips tool shows that Halton has statistically similar birth rates, both general fertility rate and under 18 'teenage' births to that seen nationally. Generally, the fertility rate is decreasing. There were 1,193 births in 2022.

Figure 7: key indicators for pregnancy and maternity



Indicator	Period	Halton			North West	England	England		
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Under 18s births rate / 1,000 (Female, <18 yrs)	2022	→	14	6.1	4.0	3.4	13.4		0.0
General fertility rate (Female, 15-44 yrs)	2022	↓	1,193	49.9	52.9	51.9	32.2		67.1

Source: OHID Fingertips

Health issues

There are many common health problems that are associated with pregnancy. Some of the more common ones are:

- Backache
- Deep vein thrombosis
- High blood pressure and pre-eclampsia
- Itching
- Nosebleeds
- Piles (haemorrhoids)
- Stretch marks
- Tiredness
- Constipation
- Faintness
- Incontinence
- Leaking nipples
- Urinating a lot
- Skin and hair changes
- Swollen ankles, feet, fingers
- Vaginal discharge or bleeding
- Cramp
- Headaches
- Indigestion and heartburn
- Morning sickness and nausea
- Pelvic pain
- Sleeplessness
- Swollen and sore gums, which may bleed
- Varicose veins

4.4.5. Race

Population

See section 4.2.3. for data

From the 2021 Census we can see that there has been an doubling of the number of Halton residents whose first language is not English since the 2011 Census. This does not mean they do not also speak English to any extent.

- 2011 Census 1,261 Halton residents whose main language was not English, 1.04% of the total population
- 2021 Census 3,219 Halton residents whose main language was not English, 2.51% of the total population

Asylum seekers and refugees

Over recent years there has been an increase in the number of asylum seekers and refugees being housed in Halton whilst there asylum claim is being processed. Many will choose to remain in the borough once a claim has been granted. Data from the Home Office and Ministry for Housing, Communities & Local Government shows that as at March 2020 there were 199 asylum seekers being supported by the local authority in Halton. There has been a rise quarter by quarter since this time, with the latest figures available, 30 September 2024, showing 1,062 asylum seekers being supported including 74 Homes for Ukraine arrivals. 596 in dispersed accommodation, 392 in Contingency

Accommodation – Hotel and 6 Subsistence only. Based on percentage of population, Halton has the largest population outside of London; 0.82% of its population being asylum seekers. Only Hillingdon at 1.09%, Hounslow at 1.08% and Kensington & Chelsea at 0.84% being higher. In Cheshire & Merseyside Liverpool is the second highest percentage at 0.64% although in absolute numbers it is much higher than Halton at 3,270.[15]

This is based on those asylum seekers being supported by the local authority under Section 95, Section 98 or Section 4 of the Immigration and Asylum Act 1999 as well as Homes for Ukraine arrivals where they are being provided with financial and/or accommodation support while an asylum claim is being considered or when it has been refused but who appear to be destitute and meet other criteria set out in the Immigration and Asylum (Provision of Accommodation to Failed Asylum- Seekers) Regulations 2005.

Health issues

- Although ethnic minority groups broadly experience the same range of illnesses and diseases as others, there is a tendency of some within ethnic minority groups to report worse health than the general population and there is evidence of increased prevalence of some specific life-threatening illnesses.
- Ethnic differences in health are most marked in the areas of mental wellbeing, cancer, heart disease, Human Immunodeficiency Virus (HIV), tuberculosis and diabetes.
- An increase in the number of older people from ethnic minority groups is likely to lead to a greater need for provision of culturally sensitive social care and palliative care.
- Ethnic minority groups may face discrimination and harassment and may be possible targets for hate crime.

Traveller and gypsy communities

Travellers are a group considered to face some of the highest levels of health deprivation, with significantly lower life expectancy, higher infant mortality, and higher maternal mortality alongside mental health issues, substance misuse and diabetes. These issues are representative of various lifestyle factors alongside issues of poor education, lack of integration with mainstream support services and a lack of trust in such institutions.

Refugees and asylum seekers

Asylum seekers are one of the most vulnerable groups within society often with complex health and social care needs. Within this group are individuals more vulnerable still including pregnant women, unaccompanied children and people with significant mental ill health. Whilst many asylum seekers arrive in relatively good physical health, some asylum seekers can have increased health needs relative to other migrants due to the situation they have left behind them, their journey to the UK and the impact of arriving in a new country without a support network.

Irregular or undocumented migrants such as those who have failed to leave the UK once their asylum claim has been refused, or those who have been illegally trafficked, also have significant health needs and are largely hidden from health services. Some asylum seekers will have been subjected to torture as well as witnessing the consequences of societal breakdown of their home country – with consequences for their mental health. Culturally, mental illness may not be expressed or may manifest as physical complaints. Stigma may also be attached to mental ill health. Furthermore, Western psychological concepts are not universally applicable to asylum seekers. Mental health problems such

as depression and anxiety are common, but post-traumatic stress disorder is greatly underestimated and underdiagnosed and may be contested by healthcare professionals. Children are particularly neglected in this area.

4.4.6. Religion and belief

Population

Data from the 2021 Census for Halton residents showed nearly twice as many people stating they had no religion compared to the 2011 Census (when it was 18.7%). This affected the percentage stating they were Christian, whilst all other categories remained similar. 2021 figures:

- Christian 58.58%
- Buddhist 0.22%
- Hindu 0.25%
- Jewish 0.04%
- Muslim 0.63%
- Sikh 0.06%
- Other religion 0.35%
- No religion 35.23%
- Religion not stated 4.63%

Health issues

- Possible link with 'honour-based violence' which is a type of domestic violence motivated by the notion of honour and occurs in those communities where the honour concept is linked to the expected behaviours of families and individuals.
- Female genital mutilation is related to cultural, religious and social factors within families and communities although there is no direct link to any religion or faith. It is a practice that raises serious health related concerns.
- There is a possibility of hate crime related to religion and belief.

4.4.7. Marital status

Population

Data from the 2021 Census for Halton showed:

- Single (never married or never registered a same-sex civil partnership): 39.3%
- Married or in a registered civil partnership: 42.2%
- Married: 42%
- In a registered civil partnership: 0.2%
- Separated (but still legally married or still legally in a same-sex civil partnership): 2.4%
- Divorced or civil partnership dissolved: 9.6%
- Widowed or surviving civil partnership partner: 6.5%

Health issues

- Literature on health and mortality by marital status has consistently identified that unmarried individuals generally report poorer health and have a higher mortality risk than their married counterparts, with men being particularly affected in this respect.[16]
- A large body of research suggests that the formalisation of opposite-sex relationships is associated with favourable mental health outcomes, particularly among males. Recent analysis of wave 8 (2016-18) of Understanding Society: the UK Household Longitudinal Study suggests this is also the case for females in same-sex civil partnership.[17]

4.4.8. Sexual orientation

Population

Data from the 2021 Census for Halton showed:

- Straight or Heterosexual: 91.9%
- Gay or Lesbian: 1.5%
- Bisexual: 0.9%
- Pansexual: 0.1%
- Asexual: 0.03%
- Queer: 0.0%
- All other sexual orientations: 0.1%
- Not answered: 5.5%

Health issues

Attitudes toward the community may have an impact on some of their key health concerns around sexual and particularly mental health. A Stonewall survey[18] found:

- Half of LGBT people (52%) said they've experienced depression in the last year.
- One in eight LGBT people aged 18-24 (13%) said they've attempted to take their own life in the last year.
- Almost half of trans people (46%) have thought about taking their own life in the last year, 31% of LGB people who aren't trans said the same.
- 41% of non-binary people said they harmed themselves in the last year compared to 20% of LGBT women and 12% of GBT men.
- One in six LGBT people (16%) said they drank alcohol almost every day over the last year.
- One in eight LGBT people aged 18-24 (13%) took drugs at least once a month.
- One in eight LGBT people (13%) have experienced some form of unequal treatment from healthcare staff because they're LGBT.
- Almost one in four LGBT people (23%) have witnessed discriminatory or negative remarks against LGBT people by healthcare staff. In the last year alone, six per cent of LGBT people – including 20% of trans people – have witnessed these remarks.
- One in twenty LGBT people (5%) have been pressured to access services to question or change their sexual orientation when accessing healthcare services.
- One in five LGBT people (19%) aren't out to any healthcare professional about their sexual orientation when seeking general medical care. This number rises to 40% of bi men and 29% of bi women.
- One in seven LGBT people (14%) have avoided treatment for fear of discrimination because they're LGBT.

4.4.9. Gender identity

Population

Data from the 2021 Census for Halton showed:

- Gender identity the same as sex registered at birth: 95.34%
- Gender identity different from sex registered at birth but no specific identity given: 0.19%
- Trans woman: 0.06%
- Trans man: 0.08%
- Non-binary: 0.03%
- All other gender identities: 0.03%
- Not answered: 4.27%

Health issues

Research from Stonewall shows:

- Drugs and alcohol are processed by the liver as are cross-sex hormones. Heavy use of alcohol and/or drugs whilst taking hormones may increase the risk of liver toxicity and liver damage.
- Alcohol, drugs and tobacco and the use of hormone therapy can all increase cardiovascular risk. Taken together, they can also increase the risk already posed by hormone therapy.
- Smoking can affect oestrogen levels, increasing the risk of osteoporosis and reducing the feminising effects of oestrogen medication.
- Many transgender people struggle with body image and as a result can be reluctant to engage in physical activity.
- Being transgender, non-binary or non-gender and any discomfort a person may feel with their body, with the mismatch between their gender identity and the sex originally registered on their birth certificate, their place in society, or with their family and social relationships is not a mental illness. Gender dysphoria is the medical term used to describe this discomfort. Transgender people are likely to suffer from mental ill health as a reaction to the discomfort they feel. This is primarily driven by a sense of difference and not being accepted by society. If a transgender person wishes to transition and live in the gender role they identify with, they may also worry about damaging their relationships, losing their job, being a victim of hate crime and being discriminated against. The fear of such prejudice and discrimination, which can be real or imagined, can cause significant psychological distress.

4.5. Deprivation and socio-economic factors

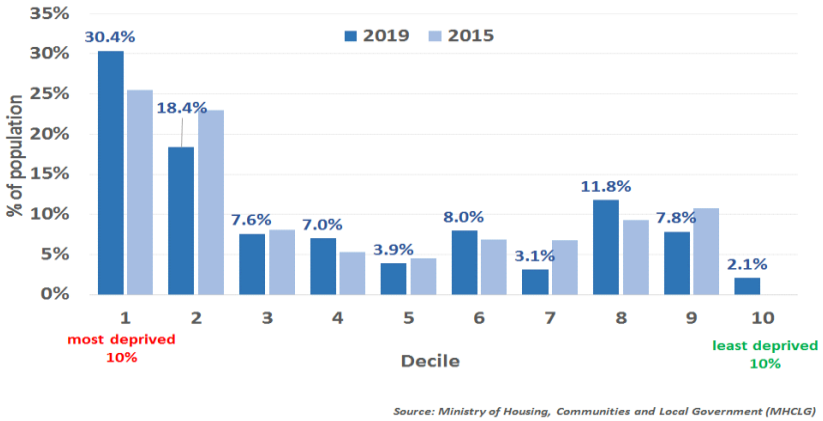
The English Indices of Deprivation provide data on relative deprivation for small areas in Halton and nationally. The Indices of Deprivation 2019 (ID 2019) are the primary measure of deprivation for small areas or Lower layer Super Output Areas (LSOAs) in England. The indices were published by the Ministry of Housing, Communities & Local Government in September 2019 and replace the 2015 indices. No firm date has yet been confirmed for when the next release will be with an indication of late 2025.

Each LSOA in England is ranked in order of deprivation, and then grouped into ten percentage groups known as deciles. LSOAs in decile 1 are in the 10% most deprived in the country, and LSOAs in decile 10 are in the 10% least deprived in the country. Halton has 79 LSOAs.

The main output of the Indices of Deprivation is the Index of Multiple Deprivation (IMD) which combines measures across seven distinct aspects of deprivation: income, employment, education, health, crime, barriers to housing and services, and living environment. The IMD is the most widely used output of the indices, but each domain provides insight into a particular area of deprivation.

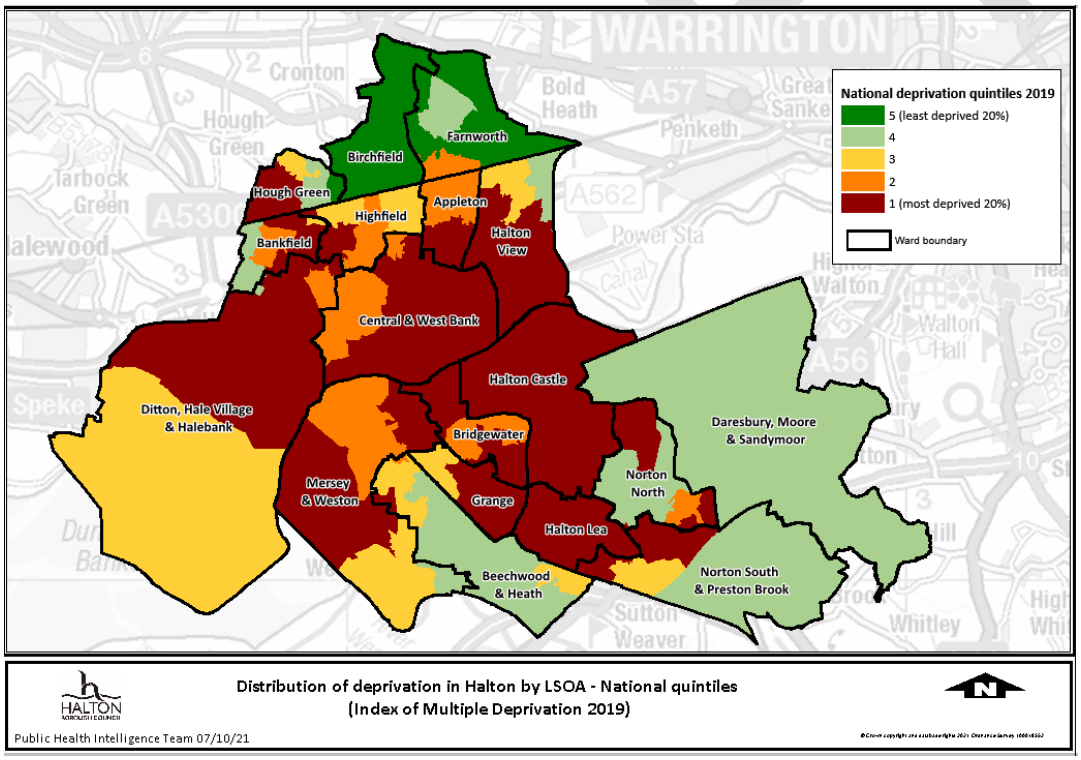
More of Halton's population are living in areas classified as the 10% most deprived nationally: **30.4%**, an increase from 25.5% in 2015. This is almost **6,700** more people, a total of **38,750** Halton residents. The chart below shows the distribution of Halton's population by national deprivation decile, both in 2019 and 2015.

Figure 8: Halton population distribution by national deprivation decile, IMD 2019 and 2015



The proportion living in the most deprived 20% nationally is almost the same as in 2015: 48.7% up from 48.4%. Map 3 shows the levels of deprivation across the borough, by lower super output area or LSOA (statistical geographical areas of approximately 1,500 population), using national quintiles.

Map 3: Geographical distribution of deprivation, IMD 2019



Halton is ranked as the 23rd most deprived local authority in England (out of 317 local authorities) putting it in the most deprived 10% nationally. In 2015 it was the 27th most deprived local authority, which means that Halton is now relatively more deprived. Deprivation data is not published using the new 2020 Halton wards, but we can see from Map 3 that there are particular pockets of deprivation in Halton Lea, Halton Castle and around both Runcorn old town and Widnes town centre. Conversely Birchfield and Farnworth are the least deprived wards.

5. Health Profile of Halton

5.1 Summary of health issues

Despite the continuing challenges the borough faces many of the health indicators show year on year improvements. So whilst the borough's health continues to be, generally, worse than the England average, these improvements show that we are moving in the right direction – we are doing the right things for the right people, who are then able to engage with services, making the most of them to bring about positive changes for themselves, their families and their communities.

Some highlights include:

- Average life expectancy for both men and women has improved.
- Child immunisations and flu vaccination uptake continue to perform well. For example, uptake of Measles, Mumps & Rubella (MMR) vaccination is similar to the North West and England and uptake of flu vaccination amongst those aged 65 and over is better
- Uptake of NHS Health Checks has continued to improve and is better than the North West and England averages
- Smoking prevalence amongst adults continues to fall and is now similar to the England average. Inequalities continue e.g. between those in routine & manual occupations and amongst those with mental illness compared to the overall prevalence.
- There has been a fall in the employment gap between those with a long-term condition and the overall employment rate
- Unemployment levels are lower than the North West and England rates

However, some areas do remain difficult to improve and others have worsened since the previous reporting period:

- Both male and female life expectancy, at birth and at age 65, have improved but remain statistically worse than England.
- Internal differences in life expectancy remain substantial and have increased since the previous reporting period by over 2 years. There is now a 11.7 year gap between life expectancy at birth amongst men living in the most deprived 10% of Halton compared to the least deprived. For females the gap is 9.6 years.
- There has been an increase in the levels of children living in poverty. The levels of both child poverty and older people living in poverty are statistically higher than the England averages
- The under 18 conception rate is statistically higher than the England average
- Levels of childhood obesity have increased and are statistically worse than the North West and England averages
- Hospital admissions amongst young people due to self-harm and due to alcohol are both worse than the North West and England averages.
- There has been an increase in the percentage of working age adults claiming out of work benefits
- The rate of working age people economically inactive due to long-term sickness is higher than the North West and England rates
- Older people being admitted to hospital due to injuries from falls remains a challenge locally with rates above the North West and England averages

Figure 9: key health statistics for Halton, as of October 2024

Better 95% Similar Worse 95% Not applicable Quintiles: Best Worst Not applicable

Recent trends: – Could not be calculated; → No significant change; ↑ Increasing & getting worse; ↑ Increasing & getting better; ↓ Decreasing & getting worse; ↓ Decreasing & getting better

Benchmark: Value — Worst | 25th Percentile | 75th Percentile | Best

Indicator	Period	Halton			North West	England	England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Life expectancy and causes of death									
Life expectancy at birth (Male, 3 year range)	2020 - 22	–	-	77.2	77.3	78.9	73.4		82.5
Life expectancy at birth (Male, 1 year range)	2022	–	-	77.4	77.7	79.3	73.8		82.7
Life expectancy at birth (Female, 3 year range)	2020 - 22	–	-	80.5	81.3	82.8	79.0		3
Life expectancy at birth (Female, 1 year range)	2022	–	-	80.3	81.7	83.2	79.2		
Under 75 mortality rate from all causes	2022	→	532	436.7	410.4	342.3	580.4		225.3
Under 75 mortality rate from all circulatory diseases	2022	↑	146	119.8	97.2	77.8	133.1		47.9
Under 75 mortality rate from cancer	2022	↓	157	128.1	135.0	122.4	174.1		85.6
Suicide rate (Persons, 10+ yrs)	2021 - 23	–	45	13.2	13.3	10.7	19.6		4.2
Injuries and ill health									
Killed and seriously injured (KSI) casualties on England's roads	2022	→	42	65.1*	94.0*	94.5*	538.9		26.7
Emergency Hospital Admissions for Intentional Self-Harm	2022/23	↓	340	261.8	139.3	126.3	382.6		40.9
Hip fractures in people aged 65 and over	2022/23	→	155	690	620	558	744		
Percentage of cancers diagnosed at stages 1 and 2	2021	→	322	51.7%	53.5%	54.4%	46.5%		2%
Estimated diabetes diagnosis rate	2018	–	-	95.3%	81.1%	78.0%	54.3%		5%
Estimated dementia diagnosis rate (aged 65 and older) > 66.7% (significantly) similar to 66.7% < 66.7% (significantly)	2024	→	965	67.4	68.9	64.8	51.3		
Behavioural risk factors									
Admission episodes for alcohol-specific conditions - Under 18s	2020/21 - 22/23	–	30	36.3	31.2	26.0	75.5		3.8
Admission episodes for alcohol-related conditions (Narrow)	2022/23	↓	662	518	475	475	856		247
Smoking Prevalence in adults (aged 18 and over) - current smokers (APS) New data	2023	–	-	14.6%	11.8%	11.6%	22.3%		4.6%
Percentage of physically active adults (19+ yrs)	2022/23	–	-	62.8%	65.7%	67.1%	51.4%		3%
Overweight (including obesity) prevalence in adults (18+ yrs)	2022/23	–	-	72.7%	66.5%	64.0%	77.7%		
Child health									
Under 18s conception rate / 1,000	2021	→	50	22.1	16.4	13.1	31.5		1.1
Smoking status at time of delivery	2022/23	→	189	16.8%	10.3%	8.8%	19.4%		3.4%
Baby's first feed breastmilk (previous method)	2018/19	–	555	49.3%	62.4%	67.4%	43.6%		
Infant mortality rate	2020 - 22	–	15	3.9*	4.4	3.9	7.6		1.4
Year 6 prevalence of obesity (including severe obesity) (10-11 yrs)	2022/23	→	420	28.0%	23.8%	22.7%	31.7%		
Inequalities									
Deprivation score (IMD 2019)	2019	–	-	32.3	28.1	21.7	45.0		5.8
Smoking prevalence in adults in routine and manual occupations (aged 18 to 64) - current smokers (APS) New data	2023	–	-	23.7%	22.3%	19.5%	50.8%		5.0%
Inequality in life expectancy at birth (Male)	2018 - 20	–	-	11.7	11.6	9.7	17.0		
Inequality in life expectancy at birth (Female)	2018 - 20	–	-	9.6	10.0	7.9	13.9		
Wider determinants of health									
Children in relative low income families (under 16s)	2022/23	↑	5,873	24.1%	26.7%	19.8%	42.2%		5.2%
Children in absolute low income families (under 16s)	2022/23	→	4,234	17.4%	20.5%	15.6%	35.7%		4.2%
Average Attainment 8 score	2022/23	–	-	42.8	44.5	46.2	36.1		
Percentage of people in employment New data	2023/24	→	53,200	68.4%	73.2%	75.7%	61.6%		3%
Homelessness: households owed a duty under the Homelessness Reduction Act	2022/23	–	-	*	14.0	12.4	32.7		5.3
Violent crime - hospital admissions for violence (including sexual violence)	2020/21 - 22/23	–	170	45.7	46.8	34.3	122.3		12.5
Health protection									
Winter mortality index	Aug 2021 - Jul 2022	–	70	17.3%	8.2%	8.1%	30.1%		-6.8%
New STI diagnoses (excluding chlamydia aged under 25) per 100,000	2023	→	525	407	481	520	3,304		182
TB incidence (three year average)	2020 - 22	–	-	1.6	6.5	7.6	41.3		0.8

Source: OHID Fingertips tool, Local Authority Health Profiles

5.2. Health & Wellbeing Board Priorities

The JSNA has been used to inform leaders and commissioning decisions about the health and wellbeing needs of the borough, as well as the wider determinants that impact on these issues. Following an extensive engagement and prioritisation process, Halton's Health and Wellbeing Board agreed a core set of priorities for its 2022-27 Joint Health and Wellbeing Strategy (JHWBS). With a focus on prevention and early detection, these are:

- Tackling the Wider Determinants
- Starting Well
- Living Well
- Ageing Well

https://onehalton.uk/wp-content/uploads/2022/12/One-Halton-strategy.pdf

Action plans for each priority are overseen by various multi-agency partnership groups. Each priority area has a core set of indicators that are measured over time.

The community pharmacy services that can support these priorities are detailed in Part 3, chapter 8.

Pharmaceutical Needs Assessment

Part 3: Current service provision: access; prescribing; advanced and locally commissioned services

6. Pharmacy Premises

6.1 Pharmacy providers

6.1.1 Community Pharmacy Contractors

Community pharmacy contractors can be individuals who independently own one or two pharmacies or large multinational companies e.g. Lloyds or Boots etc. who may own many hundreds of pharmacies UK wide.

Halton has 31 “pharmacy contractors” who between them operate out of a total of 27 community pharmacy premises, plus 4 distance selling ‘internet’ pharmacies.

Every pharmacy premise has to have a qualified pharmacist available throughout all of its contractual hours, to ensure services are available to patients. In general pharmacy services are provided free of charge, without an appointment, on a “walk–in” basis. Pharmacists dispense medicines and appliances as requested by “prescribers” via both NHS and private prescriptions.

In terms of the type of community pharmacies in our area there are:

23 - delivering a minimum of 40 hours service per week: between 40-71 hours per week
4 - delivering a minimum of 72 hours service per week, one in Runcorn and 3 in Widnes
4 - providing services via the internet or “distance selling”, all located in Runcorn

Further details of community pharmacies operating in Halton can be found in Chapter 6.2 of this PNA, as well as in Appendix 1 and 2..

6.1.2. Dispensing Doctors

Dispensing doctors’ services consist mainly of dispensing for those patients on their “dispensing list” who live in more remote rural areas. There are strict regulations which stipulate when and to whom doctors can dispense. Halton has **no** dispensing doctor practices.

6.1.3. Appliance Contractors

These cannot supply medicines but are able to supply products such as dressings, stoma bags, catheters etc. Currently Halton **does not have** an appliance contractor physically located within its area, but patients can access services from appliance contractors registered in other areas.

6.1.4. Local Pharmaceutical Services (LPS)

This is an option that allows commissioners to contract locally for the provision of pharmaceutical and other services, including services not traditionally associated with pharmacy, within a single contract. Given different local priorities, LPS provides commissioners with the flexibility to commission services that address specific local needs which may include services not covered by the community pharmacy contractual framework. There are currently **no** LPS contracts in Halton.

6.1.5. Acute Hospital Pharmacy Services

There are 2 main Acute Hospital Trusts within Halton catchment area: Mersey and West Lancashire Teaching Hospitals NHS Trust and Warrington and Halton Hospital NHS Foundation Trust. Some

Halton residents may also access services at the Countess of Chester Hospital NHS Foundation Trust and other hospitals. Hospital Trusts have pharmacy departments whose core responsibility is the safe and effective provision of medications. This currently includes the provision of Outpatient and Discharge medications at the point of need to patients.

6.1.6. Mental Health Pharmacy Services

The population of Halton is served by the Mersey Care NHS Foundation Trust. As of 1 June 2021, Mersey Care NHS Foundation Trust completed the acquisition of North West Boroughs Healthcare NHS Foundation Trust to provide an enlarged range of mental health and community health services across Merseyside, Cheshire and the North West region. They employ pharmacists to provide clinical advice within their specialist areas and they also commission a "dispensing service" from a community pharmacy in order to dispense the necessary medications for their patients at the various clinics across the patch.

6.1.7. GP Out of Hours Services and Urgent Care Centres

The GP 'out of hours' service provides face to face appointments at the Halton Hospital site and will also visit patients within their own homes if necessary. Since 1st April 2021 Primary Care 24 have provided this service across Merseyside and this supports a more consistent and efficient service for patients. The provider covers Halton, Knowsley, Liverpool, a number of practices in St Helens, South Sefton, Southport & Formby and Warrington, serving a patient population of just over 1.3 million. All patients received into the service are triaged by a GP over the phone prior to a decision being made regarding the medical care they may require. This consultation may result in a face-to-face consultation or a home visit from one of their GPs. During normal pharmacy opening hours, patients who subsequently require a medicine are provided with a prescription that is usually sent electronically to a local community pharmacy. During evenings and part of the weekends, when pharmacy services may be more limited, patients may be provided with pre-packaged short courses of medication directly or a prescription may need to be sent to a pharmacy outside of the local area i.e. outside of Halton. By default this service operates a limited formulary and tends to provide medications needed for immediate, acute use.

There are two Urgent Treatment Centres (UTC) in Halton that can see patients for urgent injuries or illnesses and will provide access to any medication deemed necessary as a result. Access to medication will be via a Patient Group Direction, Patient Specific Direction or via a prescription to take to their local pharmacy. This will depend on the nature of the problem and the medication required.

Consideration is given to the availability of pharmacy services in the out of hours period, at weekends and bank holidays to ensure patients do not experience undue delay in accessing urgent treatment.

The Widnes UTC is located at the Health Care Resource Centre, Caldwell Road off Ashley Way. It is open 8am to 9pm 7 days a week. The Runcorn UTC is located at the Halton Hospital site. It is open 8am to 9pm 7 days a week.

6.1.8. Bordering Services / Neighbouring Providers

The population of Halton can access services from pharmaceutical providers not located within the local authority's own boundary. When hearing pharmacy contract applications or making local service

commissioning decisions, the accessibility of services close to the borders will need to be taken into account. For further information on such services please refer to the relevant neighbouring Health and Wellbeing Boards' own PNA.

6.1.9 Quality Standards for Pharmaceutical Service Providers: Community Pharmacy Assurance Framework

The ICB area team requires all pharmaceutical service providers to meet the high standards expected by patients and the public. All Pharmacies providing NHS services are included within a programme of assurance framework monitoring visits. The delivery of any locally commissioned services is scrutinised by the commissioner of each of the services under separate arrangements. As stated within the NHS review 2008, high quality care should be as safe and effective as possible, with patients treated with compassion, dignity and respect. This statement is as meaningful to pharmacies as to other NHS service providers and is the principle that the ICB team adopts when carrying out the Community Pharmacy Assurance Framework Monitoring visits for essential and advanced services.

The Community Pharmacy Assurance Framework process follows a structured sequence of events including:

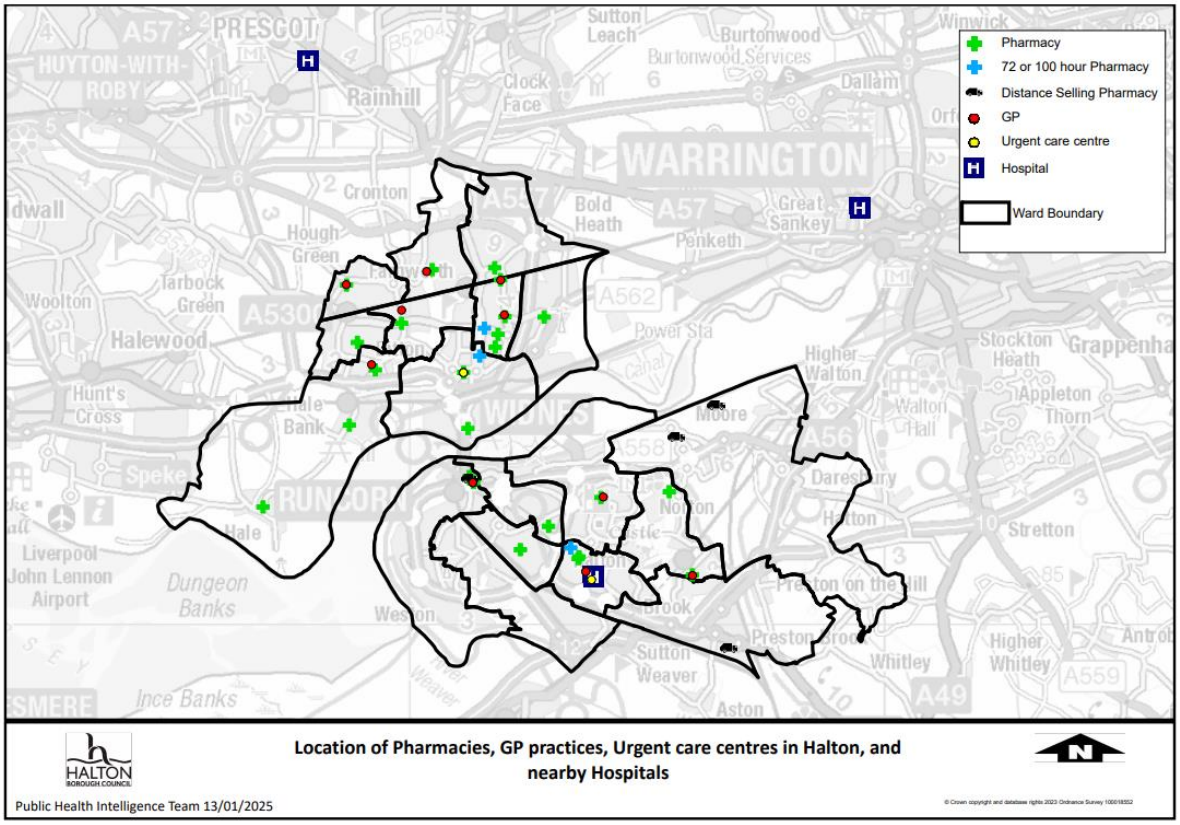
- Self-assessment declarations.
- A rolling programme of pre-arranged visits to pharmacies for observation of processes and procedures and a detailed interview with the pharmacist in charge and support staff.
- Scrutiny of internal processes for confidential data management.
- Recommendations for service development or improvement.
- Structured action plan with set timescales for completion.

In addition to the structured process outlined above, the ICB team will also take into account findings from the annual community pharmacy patient questionnaire that is undertaken by the pharmacy contractor as well as any patient complaints relevant to pharmacy services. In cases where the professional standards of an individual pharmacist is found to fall below the expected level, the ICB team will work with the relevant professional regulatory body, such as the General Pharmaceutical Council, to ensure appropriate steps are taken to protect the public.

6.2. Pharmacy locations and level of provision

As of April 2024[iii] there are 27 community pharmacies across Halton with a further 4 distance-selling 'internet only' pharmacies making a total of 31 pharmacies in Halton (see Map 4 and Appendix 1 for full list of community pharmacies). Nationally there has been a reduction in the number of community pharmacies in England which now stands at 10,611 (quarter 1 2024/25)[iv] for a GP registered population of 63,330,210 (as of 1 May 2024)[v], giving an average of approximately one community pharmacy for every 5,968 members of the population. A reduction in the number of pharmacies has also been seen in Halton with 1 less in Widnes and 2 less in Runcorn compared to the 2022-2025 PNA. Omitting the 4 distance selling pharmacies, Halton has one community pharmacy for every 5,045 people (based on GP registered population of 136,210). This is similar to the Cheshire & Merseyside ICB average of 5,168 but higher than the North West average of 3,702. For Widnes PCN population the value is 3,830 with Runcorn having less pharmacies for a similar population size, at 6,811 population per pharmacy. Whilst this is a very crude analysis it does show that, despite this reduction locally, Halton still has a lower average number of patients per pharmacy than nationally. Noting the national, regional and ICB comparisons include distance selling pharmacies whereas the Halton calculations do not.

Map 4: Location of pharmacies in Halton mapped against other health services



There are 10 community pharmacies in Runcorn and 17 in Widnes. There are four distance selling pharmacies which located in Runcorn, mainly on its industrial estates. There are three 72 hour or

[iii] Latest monthly data accessed June 2024

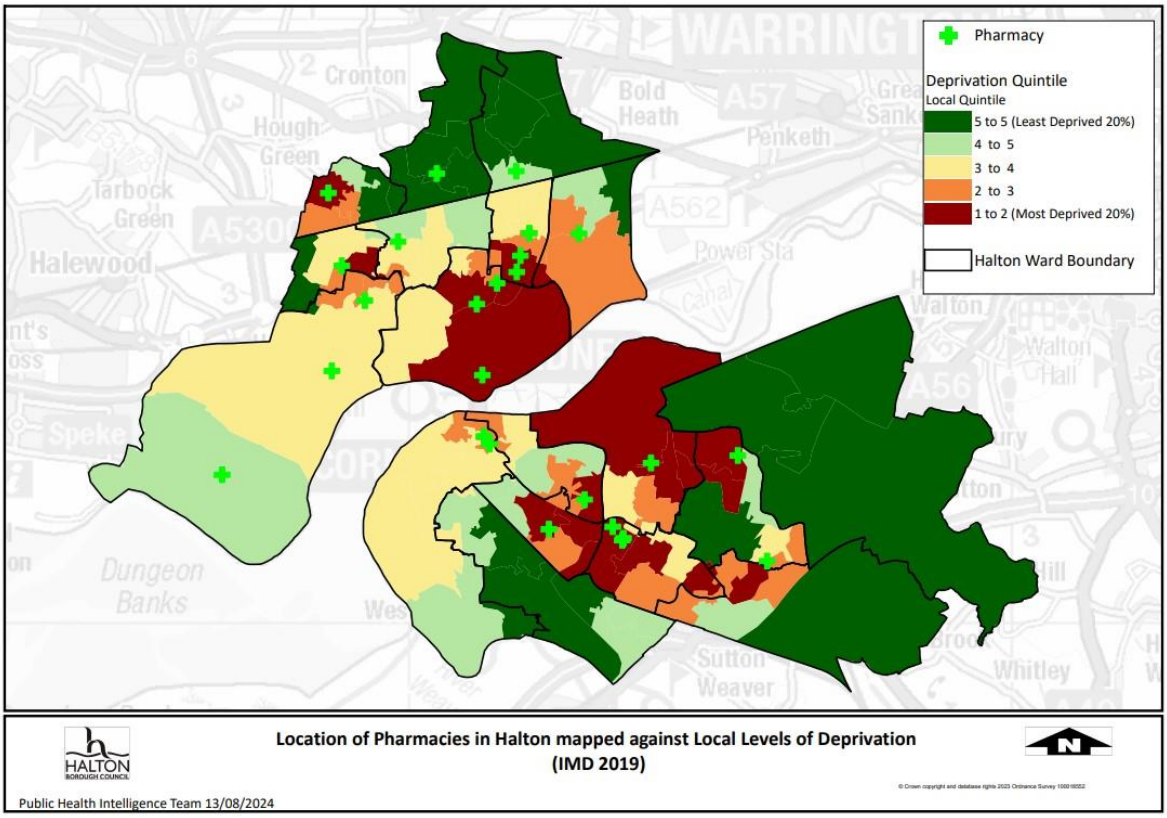
[iv] Data via https://opendata.nhsbsa.net/dataset/contractor-details data accessed July 2024

[v] As of 1 May 2024. Data via https://digital.nhs.uk/data-and-information/publications/statistical/patients-registered-at-a-gp-practice/may-2024

100 hour pharmacies; one 72 hour in Runcorn, one 72 hour and one 100-hour pharmacies in Widnes.

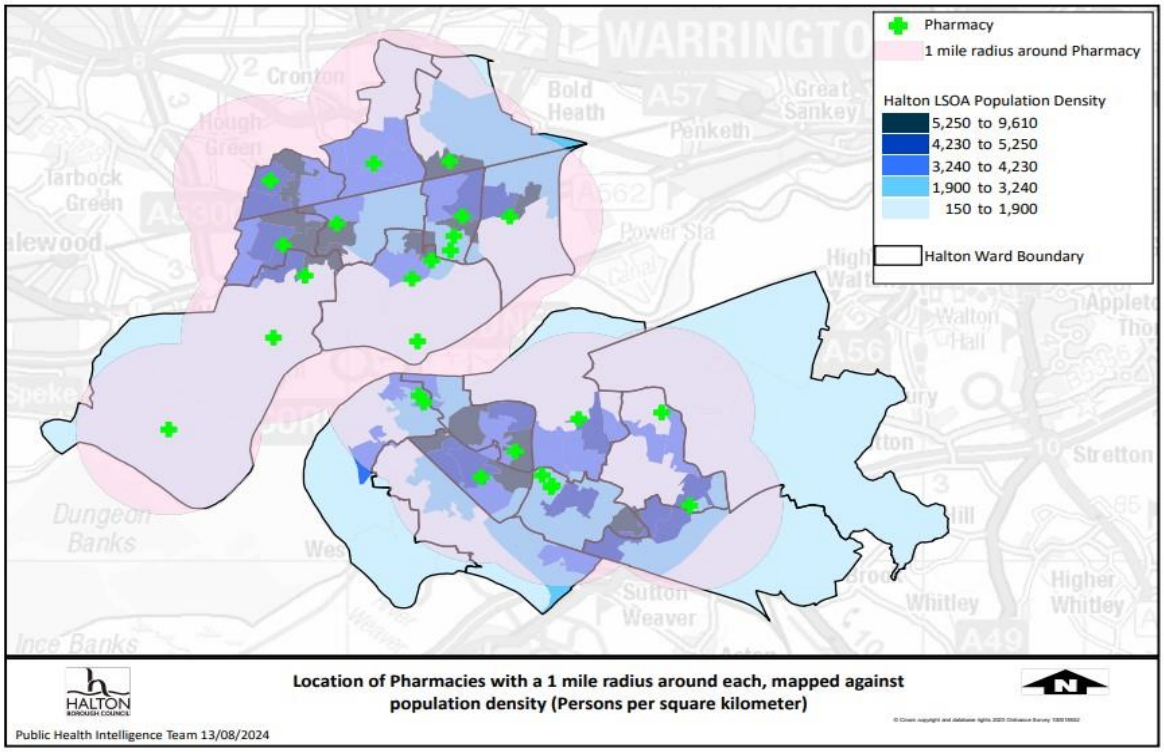
Map 5 shows that generally there is a good provision of pharmacies in the most deprived areas of Halton. The only lower super output areas (LSOA) in the most deprived quintile without a pharmacy have at least one nearby, within 1 mile (Map 6). As shown in Map 8 and 9, these areas are within a 5 minute drive of a pharmacy. For residents who do not have access to a car, the travel time would be around 15 minute walk or 30 minute trip on public transport (see Maps 10-12 for further details on walking, public transport and cycling travel times).

Map 5: Pharmacy locations mapped against levels of local deprivation



Map 6 shows that in all areas of high population density there is pharmacy provision within an 'as the crow flies' one mile distance. Only areas with the lowest population density have to travel more than one mile. (This map excludes the distance selling pharmacies).

Map 6: Pharmacy locations mapped against population density

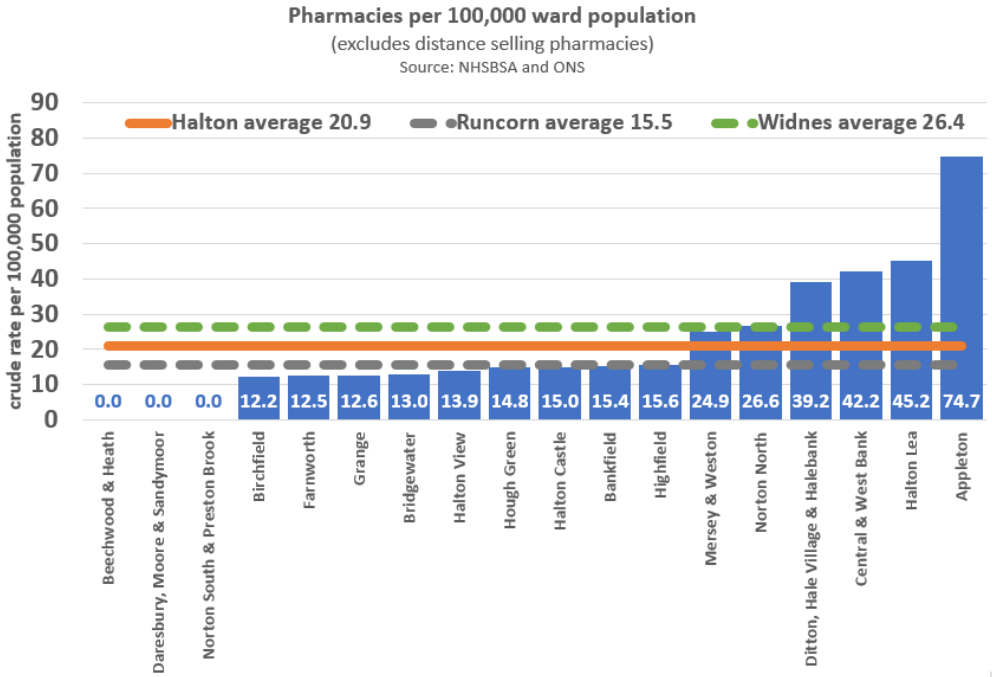


Based on the number of community pharmacies (as at April 2024) as a rate per 100,000 GP registered population (as at 1 May 2024), Halton has a larger number of pharmacies in relation to the size of its population (19.82 per 100,000) when compared to the England (16.75 per 100,000) and Cheshire & Merseyside (19.35 per 100,000). However it has a lower rate than the North West which was 27.01 per 100,000 population. The rate is lower in Runcorn (14.68 per 100,000) than Widnes (26.11 per 100,000).

Figure 10 shows this value ranges widely across the borough when analysed in terms of pharmacies per 100,000 population at electoral ward level[vi] (excluding the 4 distance selling pharmacies). In several wards there are no pharmacies, while in others there are several (see Map 3). The three electoral wards containing the highest concentration of pharmacies are in the retail centres, Appleton ward (which covers Widnes Town Centre), Halton Lea (which covers Runcorn New Town Shopping City) and Central & West Bank in Widnes.

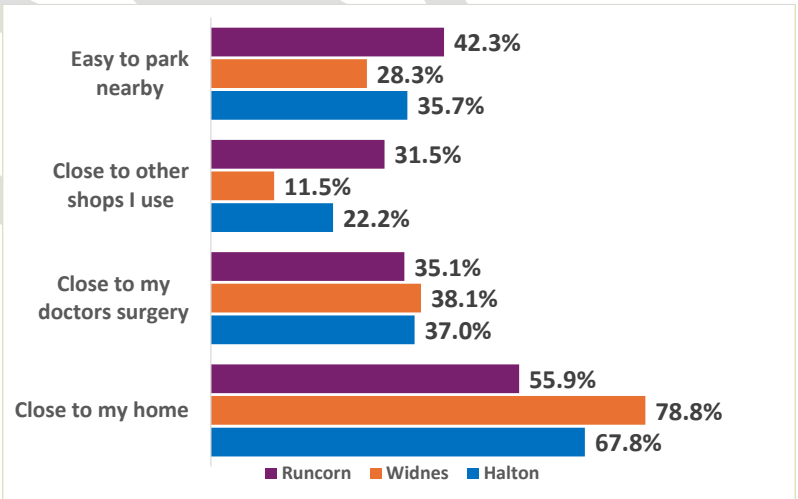
vi. To note: this analysis is based on resident population not GP population so the rates for Halton, Widnes and Runcorn are different to the analysis using GP populations.

Figure 10: Crude rate of pharmacies in Halton wards per 100,000 resident population



In the public survey of community pharmacy services, 67.8% stated the most important reason for choosing the pharmacy they regularly use was that it was close to their home. This was the most important reason in both Runcorn and Widnes, 37% because it was close to their doctor's surgery with 35.7% saying because it was easy to park nearby. Being able to park nearby was the second most important reason amongst Runcorn respondents. Note, respondents had the option to tick all that applied to them, so the total percentage adds up to more than 100%.

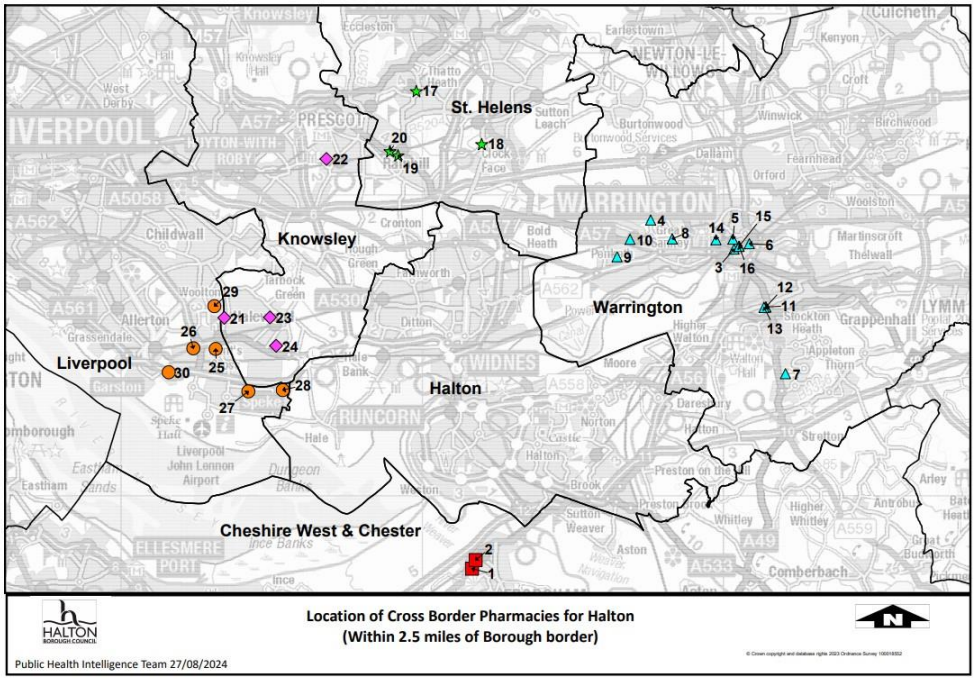
Figure 11: importance of location, top 4 reasons, Q7 of public survey 2024



6.3. Access to and provision of community pharmacy services in local authorities bordering Halton

The framework for this PNA has been based largely on the 2018-22 PNA, which was a collaborative process across Cheshire & Merseyside. This approach facilitated the identification of pharmaceutical services along the borders of neighbouring boroughs that Halton's population may access. For example, a pharmacy in a neighbouring borough may be closer to a resident's home or place of work, even though they are registered for NHS Services with a GP practice in Halton. Halton has geographic borders with a number of local authorities, namely Liverpool, St. Helens, Knowsley, Warrington, Cheshire East, and Cheshire West & Chester. Map 7 shows the locations of these cross-border pharmacies. The numbers in Map 7 below correspond to the list of pharmacies in Appendix 3.

Map 7: Pharmacies in other boroughs most likely to be used Halton residents



Source: NHS Business Services Authority

Analysis of the information supplied, identified that there is adequate service provision on the borders of Liverpool, St. Helens, Knowsley, Warrington and Cheshire West & Chester. A list of the pharmacies is available in Appendix 3.

6.4. Getting to the pharmacy

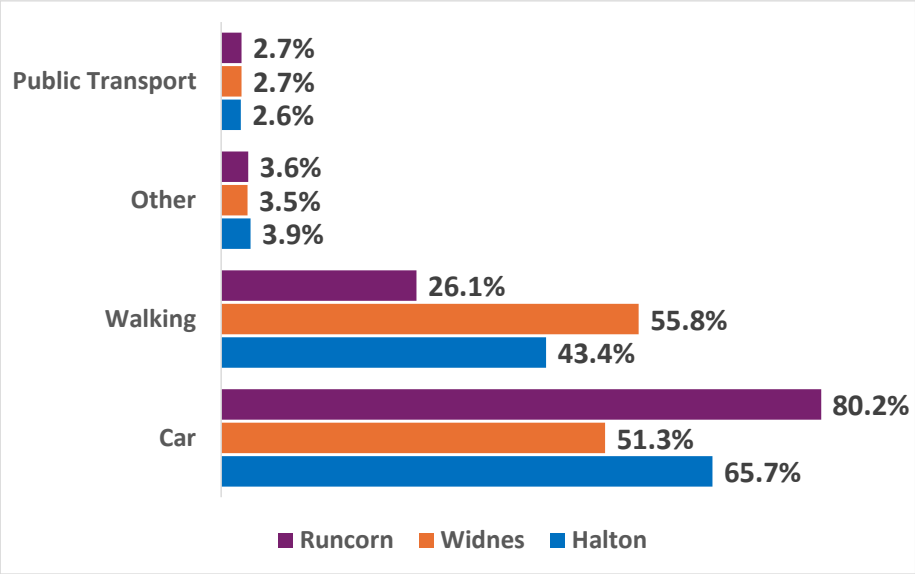
In order to demonstrate accessibility, it is helpful to produce some local maps using pharmacy locations for drive and walk times that highlight travel accessibility for the local population. To assess this a series of travel time maps from the OHID's SHAPE Atlas[vii] have been accessed considering both travel by car, walking as well as public transport and cycling.

The public survey showed the majority of respondents get to their usual pharmacy by car, 65.7%, with 40.4% walking. A greater percentage of Runcorn respondents got to their usual pharmacy by car than

vii SHAPE - Shape (shapeatlas.net)

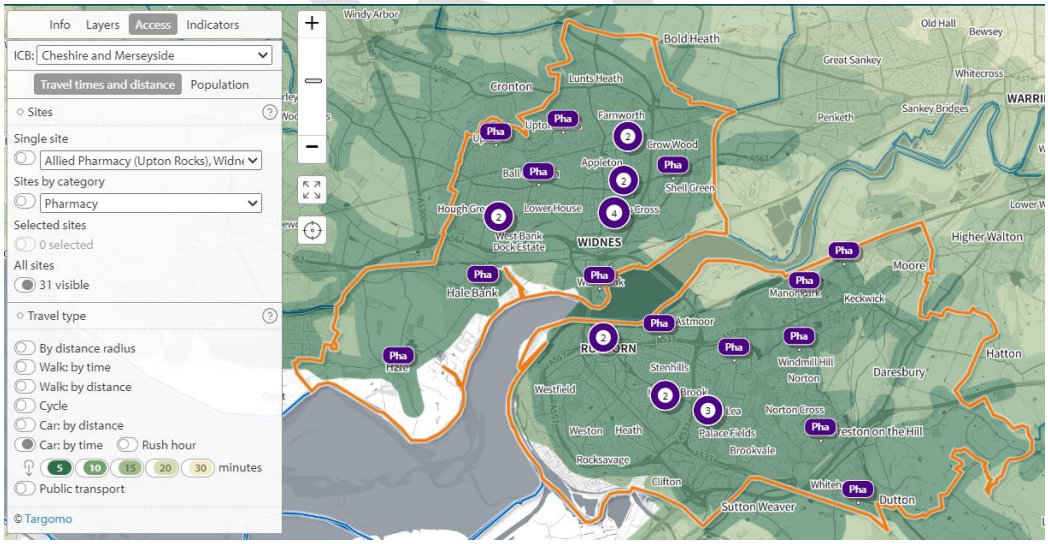
was seen amongst Widnes respondents. Respondents could tick more than one answer. Answers for the 'other category' included that the pharmacy delivers and a carer/relative goes for them. Data from the Census shows households without a car has declined from 29.4% in 2001 Census to 23.8% in the 2021 Census. Levels at electoral ward vary substantially from 4.5% in Daresbury, Moore & Sandymoor to 38.4% in Central & West Bank.

Figure 12: method used to get to the pharmacy, Q5 of public survey 2024



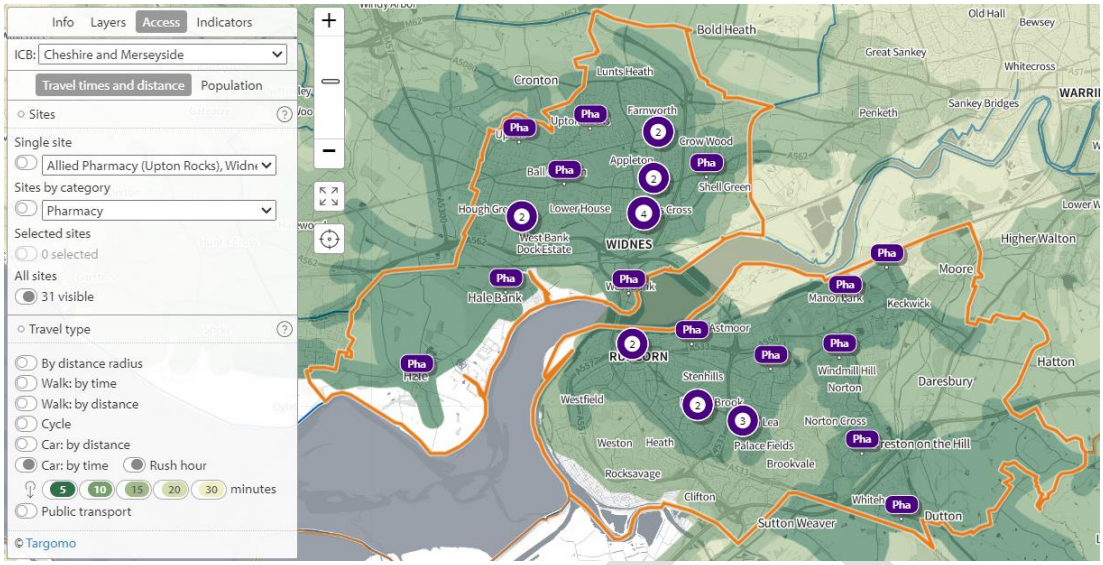
Mapping drive times during the day and during rush hour shows that no location in Halton is more than a 15 minute drive from a pharmacy during the day and 20 mins away during rush hour.

Map 8: Drive times to community pharmacies during the day



Source: SHAPE tool

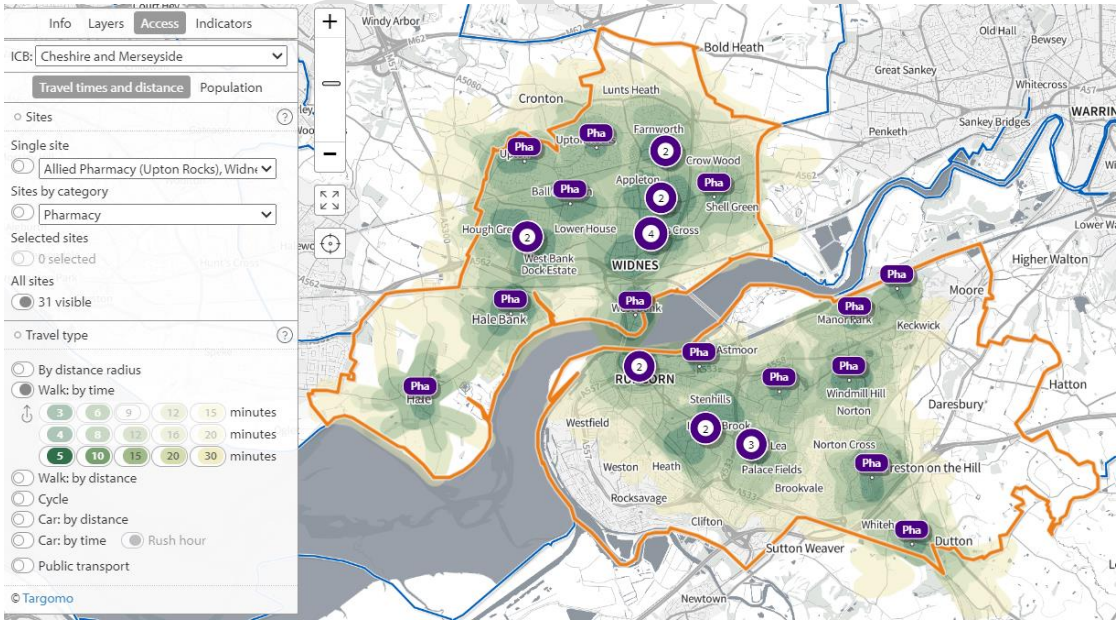
Map 9: drive times to community pharmacies during rush hour



Source: SHAPE tool

These areas are no more than a 12-16 minute drive away even in rush hour times (see **Map 8 and Map 9).** For those choosing to walk (about 20% of respondents to the public survey indicated they use this mode of transport), accessibility is slightly more limited. However, still most areas are within a 15 minute walk or less from the nearest pharmacy (see **Map 10**).

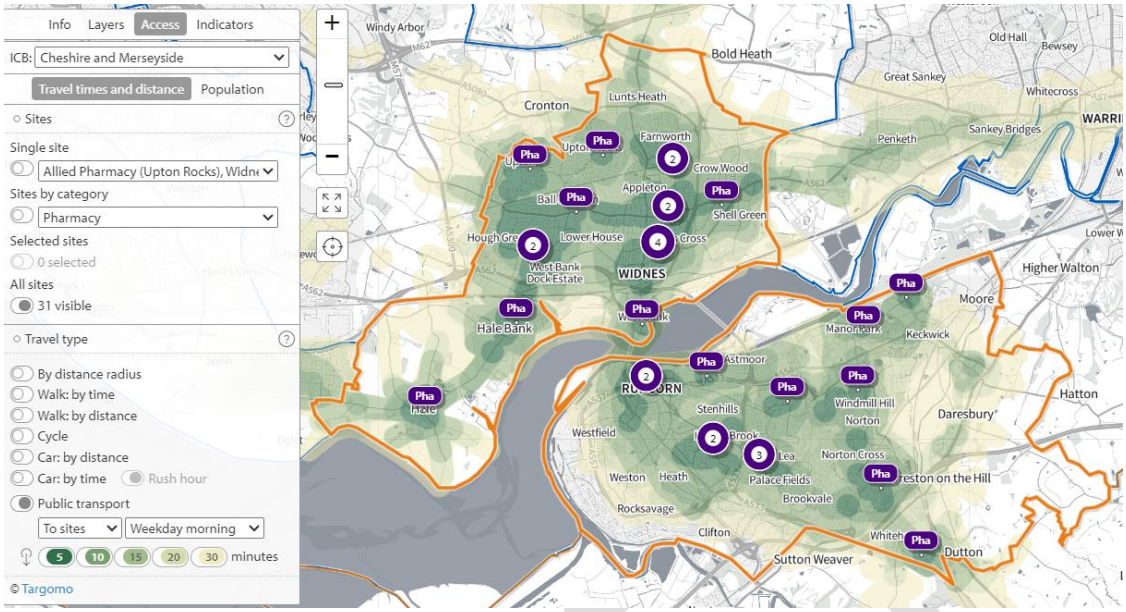
Map 10: walking times to community pharmacies



Source: SHAPE tool

The majority of Halton is within 30 minutes travel time via public transport to a pharmacy on an average weekday morning (see **Map 11**).

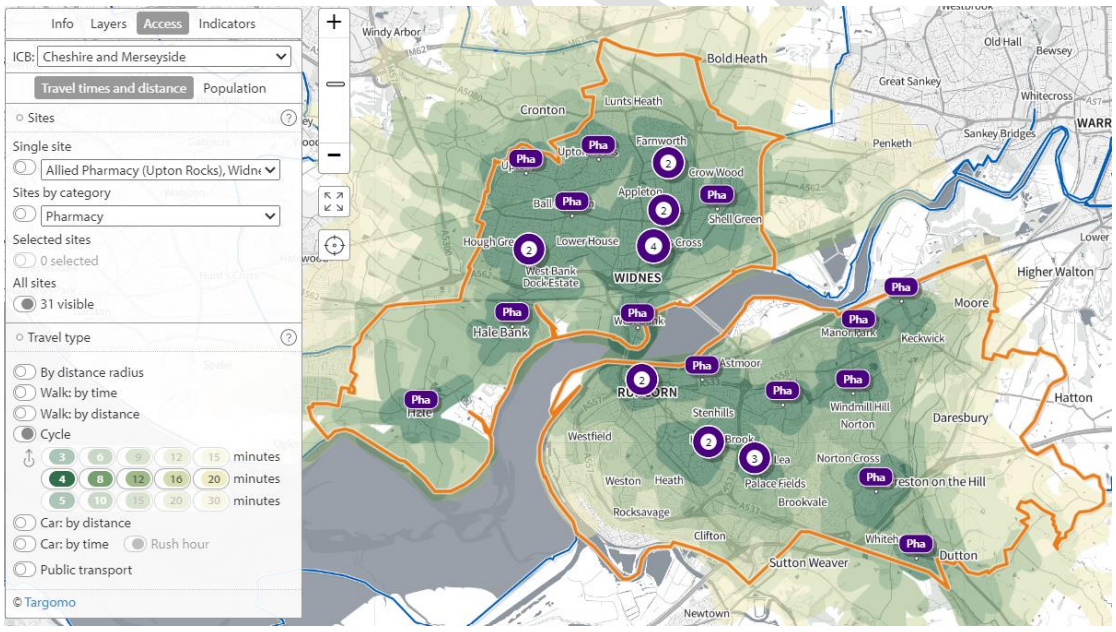
Map 11: travel time to pharmacies by public transport on a weekday morning



Source: SHAPE tool

The majority of Halton is within a 12 minute cycling time to a pharmacy (see **Map 12**).

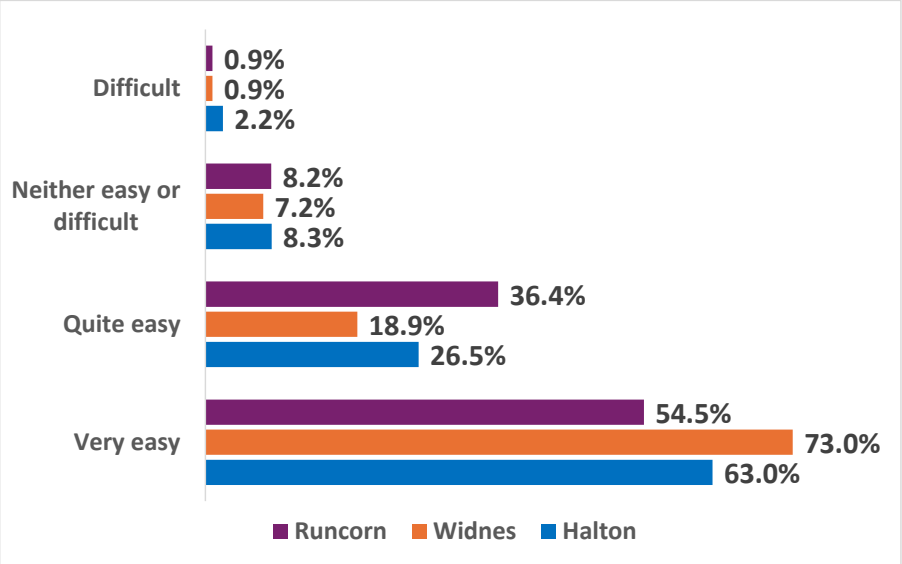
Map 12: Cycle times to pharmacies



Source: SHAPE tool

It is not surprising therefore that the majority of respondents to the public survey stated that it was very easy (63%) or quite easy (26.5%) to get to the pharmacy. Whilst there are differences Runcorn to Widnes in the very easy and quite easy category, in both localities these two options account for at least 90% of respondents.

Figure 13: ease of access usual pharmacy, Q8 of public survey 2024



6.5. Pharmacy opening hours, including 72-100 hour pharmacies and distance selling pharmacies

Under the contract, community pharmacies must be open for a minimum of 40 hours each week, but they are free to set their own hours of opening as long as this minimum is provided. From 25 May 2023, contractors who had been opening 100-hours can apply to reduce the total weekly core opening hours from 100-hour pharmacies to not less than 72[viii]: Data from quarter 1 2024/25 from NHS Business Services Authority (NHSBSA) shows:

- 16 out of 27 community pharmacies in Halton are open between 40 and less than 50 hours per week. 6 of 10 in Runcorn and 10 of 17 in Widnes.
- 8 pharmacies are open for 50 hours or more per week but less than 72 hours. The pharmacies that have extended opening hours are located in areas with good transport links. 4 are in Widnes and 3 in Runcorn.
- There are 3 72 to 100-hour pharmacies which are open to the public for essential services. 2 are in Widnes (1 x 72-hour and 1 x 100-hour) and 1 in Runcorn (72-hour).

Full details of each pharmacy opening can be found in Appendix 1. They highlight the following:

- From Monday to Friday, all 27 community pharmacies are open between at least 9am to 5pm, with only 4 closing over the lunchtime period for between ½ and 1 hour each day, between the hours of 1pm to 2pm. 6 of the 10 Runcorn community pharmacies are open until 6:00pm each weekday evening with 14 of the 17 Widnes community pharmacies also open until this time.
- Cover is also available throughout the week at the extreme hours from 7:00am and up to 11:00pm. 9 pharmacies are open after 6pm with the latest opening being 11:00pm; 2 Runcorn pharmacies open until 6:30pm and 1 until 11:00pm with 8 Widnes pharmacies open between 6:30pm-11:00pm.

[viii] https://cpe.org.uk/quality-and-regulations/other-regulatory-and-terms-of-service-requirments/plps-regulations-may-2023-amendment/

- On Saturday, 18 of the 27 community pharmacies are open in the morning and 9 of these remain so into the afternoon until 5pm; 11 of 17 in Widnes provide at least 9:00am-11:30am provision, with 6 open Saturday afternoon. In Runcorn 7 of 10 are open on Saturday providing at least 9:00am-12:00pm cover and 3 also being open Saturday afternoon.
- Sundays sees less pharmacies being open, with 5 out of 27 open. All but one of these is a 72-hour pharmacy; 1 is in Runcorn and 4 are in Widnes. Provision is between 10:00/10:30am-4:00/4:30pm. 1 Widnes Pharmacy is open 10:00am – 8:00pm.
- Beyond this time, cover continues via 100-hour pharmacies across Halton, with provision in both Runcorn and Widnes.

There are 4 distance selling, 'internet only' pharmacies. These are not open to the public for essential services. The location of 72-hour or 100-hour and internet only pharmacies are shown in Map 4 (page 51).

GP extended opening hours do mean patients with a 7-8am appointment in Runcorn practices will not be able to access a pharmacy until between 8-9am depending on their preferred pharmacy. In Widnes this is also the case as a couple of practices open before 8am and until 9pm. For those offering appointments on a Saturday and Sunday patients may have to travel further than they may typically do and/or choosing a pharmacy that is not their usual pharmacy. As detailed in section 6.1.7. out of hours GP provision and Urgent Care Centres will aim to provide patients with urgent medications directly or can send electronic prescriptions to any pharmacy, even one outside the borough.

79.1% of respondents to the public survey of community pharmacy services said they were very satisfied or somewhat satisfied with the opening hours of their pharmacy. A slightly higher percentage of Runcorn respondents were somewhat or very satisfied 79.3% compared to 79% for Widnes. Despite this high percentage it was a reduction on the 2022-2025 PNA (88.7%). However, the 2024 public survey elicited more then twice as many responses compared to the 2021 survey on which this is based. As such we need to be cautious in drawing any conclusions from this apparent change. 14.8% were either fairly dissatisfied or very dissatisfied with pharmacy opening hours, 13.5% for Runcorn and 15.8% for Widnes.

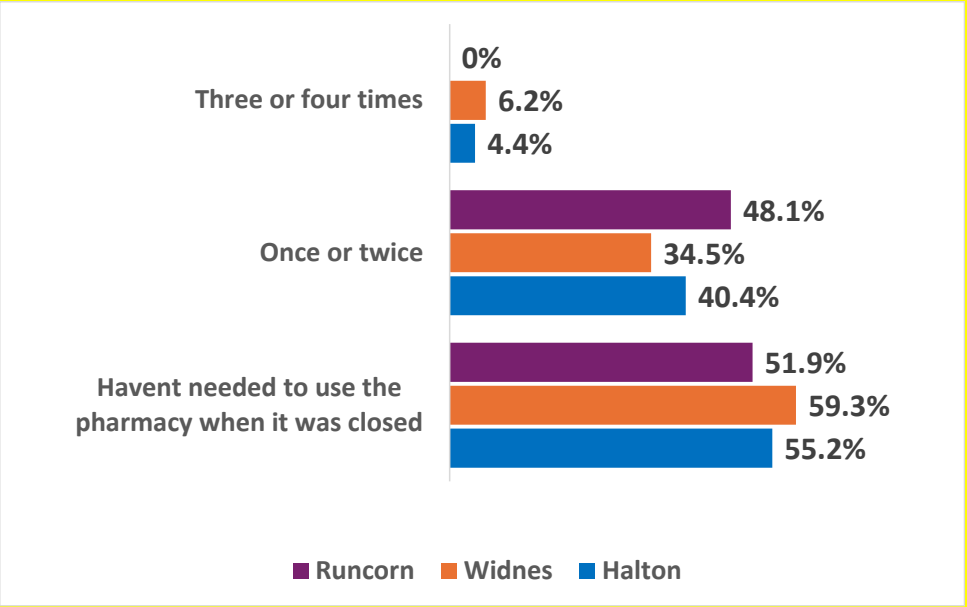
The question also elicited over 100 free text responses. It has not been possible to split these by Runcorn and Widnes. Several themes emerged from these.

- Many people reiterated that they were satisfied with their usual pharmacy
- The most commonly cited issue was that of opening times, most frequently lack of weekend opening was mentioned with many also feeling opening times past 6pm created difficulties especially for those working. This meant people having to plan their access around opening hours.
- Others mentioned reduction in opening hours, closures over lunch and dinner times which were likely to be popular for those working as well as incorrect times being advertised. This latter point particularly related to situations were pharmacies had reduced their opening hours.
- Some respondents said they had to weigh up the pros and cons when deciding on a particular pharmacy to use such as proximity, friendly & knowledgeable staff versus opening times that didn't always meet their needs

- Many respondents, both those who said they were satisfied with their pharmacy and those that were not, mentioned the negative impact of closures and changes of ownership had, most notably increasing in wait times in the shop as well as longer prescription issue to dispensing times.

55.2% hadn't needed to use their usual pharmacy when it was closed but the rest had. There was little difference between Runcorn & Widnes, noting however, that a higher proportion of Runcorn respondents had found their usual pharmacy closed once or twice compared to Widnes.

Figure 14: How many times recently have you needed to use your usual pharmacy (or the pharmacy closest to you) when it was closed? Q17 of public survey 2024



Just over one in five (22.1%) cases where people had found their usual pharmacy closed, was between Monday and Friday, but most commonly it was a Saturday (36.5%) or Sunday (23.1%) – this was the case for both Widnes and Runcorn; 4.8% said it was a Bank Holiday, with the remaining not being able to remember (13.5%). Lunchtime (28.9%) or evenings (29.8%) were the most cited times of day, again with little difference between Widnes and Runcorn respondents.

52.9% of people experiencing a closed pharmacy waited until it was open (50% Widnes and 55.6% Runcorn) with 36.5% going to another pharmacy (Widnes 32.6% and 42.6% Runcorn) and 3.9% using another NHS service – either NHS 111 or Walk-in Centres. A few also commented that their pharmacy sometimes was not open at the advertised times or that the pharmacy was open but there wasn't always a pharmacist to dispense prescriptions.

In the public survey, when asked about what impacted their overall level of satisfaction with and choice of pharmacy, weekend and evening opening times were the most commonly cited issues. It was clear some people had 'shopped around' to find a pharmacy that worked for their circumstances and had had to weigh up pros and cons of convenience, opening hours together with other issues such as waiting times and stock availability.

Bank and public holiday opening

The ICB is required to ensure that the population within any given Health & Wellbeing Board area is able to access pharmaceutical services on every day of the year. Under the terms of their contract, pharmacies and dispensing appliance contractors are not required to open on bank holidays or Easter Sunday. In order to provide adequate provision, contractors must confirm to ICB their opening hour intentions for each of the days. Where a gap in provision is identified, ICB will then direct a contractor to open part or all of the day. Only 5% of people when asked if they needed to use a pharmacy but it was closed cited bank holiday as the day this had happened (4.4% Widnes and 5.5% Runcorn).

72-hour & 100-hour and internet-based/ mail order pharmacy provision

Of the four 72 hour or 100-hour pharmacies, 3 are in Widnes and 1 in Runcorn. They are identified on Map 4 by a blue marker. Following the change in regulations all but 1 previously 100-hour pharmacy in Halton reduced their hours to 72-hours per week. The four distance selling pharmacies are all located in industrial parks in Runcorn; they are identified on Map 4 by a black lorry marker. Further details of opening hours and distance selling pharmacies can be found in Appendix 1.

The public survey picked up on reductions in both the number of pharmacies and those open evenings and weekends. As seen above, there were no substantial differences between Widnes and Runcorn responses.

6.6. Access for people with a disability and/or mobility problem

The majority of pharmacies have wheelchair access or are able to make provision for consultations for anyone in a wheelchair. 24 of 27 community pharmacies stated (via the July 2024 contractor survey) that their entrance was suitable for wheelchair access unassisted, with them all stating they were wheelchair accessible inside the pharmacy premises.

In respect to parking for people with mobility problems, 17 of the 27 pharmacies (excluding distance selling) have disabled parking provision within 50 metres of the pharmacy. All stated they had parking within 50 metres of the pharmacy.

Several questions in the public survey covered issues of access for those with a disability and/or mobility problem or other access needs:

- ‘Do you have a disability, a health condition and/or other access needs that could affect how easily you access your chosen pharmacy?’: 27.8% yes (Widnes 31.9% and Runcorn 23.4%), 70.9% no, and 1.3% did not know.
- ‘If you have a disability, a health condition and/or other access needs, can you access your chosen pharmacy?’: 92.5% yes (Widnes 94.4% and Runcorn 92.3%), 6% no and 1.5% don’t know.
- ‘If you have mobility issues, are you able to park your vehicle close enough to your pharmacy?’ 87.5% said yes (94.4% Widnes and 83.3% Runcorn), 12.5% said no (5.6% Widnes and 16.7% Runcorn but noting small numbers).

Additionally, AccessAble[ix], the UK leading source of information on access, has independently assessed 13[x] of Halton's 27 community pharmacies. Information is gathered by sending a surveyor to visit each venue. Every venue on their website is contacted each year to find out if their access has changed. A venue owner or customer can contact them at any time to inform of changes to venues. They use a wide range of criteria which have been designed in consultation with disabled people and represent important information that disabled people want to know about public venues.[xi]

- 12 of the 13 assessed have ramp/slope access to either manual or automatic doors.
- All 13 have Mobility Impaired Walker status. This means the entrance to the building has no more than three medium steps. If there is more than one step, a handrail must be provided. Internal level changes can be overcome by moderate/easy ramps and/or lifts.
- All 13 have seating available.
- 10 out of 13 have hearing systems, meaning a sound enhancement system is available at certain locations within the premises.
- 10 out of the 13 have Blue Badge/ accessibility parking.
- 10 out of 13 indicated motorised scooters are welcome in the premises.

In relation to other facilities for disabled people a range of services were identified by pharmacies:

- 5 said they provide large print labels
- 9 said they provide large print leaflets
- 7 have a bell at the front door
- 5 could provide toilet facilities suitable for wheelchair access
- 10 have automatic door assistance
- 7 have hearing loop
- 12 have wheelchair ramp access

6.7. Access for clients whose first language is not English

Language Line is available to all pharmacies. Despite this, research suggests community pharmacies have particularly poor access to language barrier services.[19] From the contractor survey, July 2024, 12 out of the 27 community pharmacies advised that they had a pharmacist or other member of staff who could speak at least one language in addition to English. The languages listed were Spanish, Polish, Hungarian, Mandarin, Arabic, Gujarati, Punjabi, Hindi, Urdu and Kurdish. Some pharmacies have more than one non-English language spoken.

As seen in section 4.3.4. there has been a doubling of the number of Halton residents whose *main language* is not English. This is based on 2021 Census return of 3,219 or 2.51% of the total population compared to the 2011 Census (1,261 or 1.04% of the total population). It cannot be stated that people saying their first language is not English do not speak English at all or well. Nevertheless, it could suggest an increasing cohort of people who require additional support to access pharmacies, with taking medication in line with instructions and utilising the range of pharmacy services available. A report from the General Pharmaceutical Council recognised this issue, with Healthwatch England

[ix] https://www.accessable.co.uk/

[x] There are 14 Halton pharmacies assessed on the AccessAble website but 1, Lloyd's Pharmacy, Granville Street, Runcorn has since closed so is not included in the figures

xi. how we assess some of the key access features and key terms used in the access guides please click here.

noting that 4.1m people (7.1% of total population) of people don't have English as a first language, but say they are proficient; 880,000 can't speak English well and 16,100 16,100 can't speak it at all.[20] Based on the 2021 Census 767 Halton residents said they did not speak English well or at all.

6.8. Pharmacy consultations

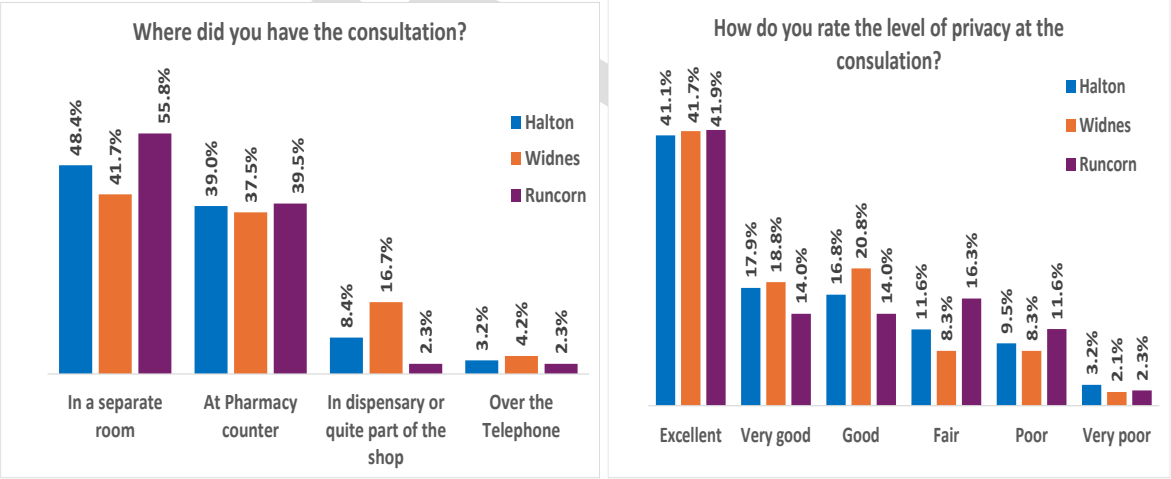
Being able to walk in to pharmacy to seek advice and/or treatment, usually without an appointment, is one of the key features of community pharmacy provision. Advice may be given at the counter or in a private consultation room. All pharmacies must have a private consultation room. 16 out of 27 community pharmacies have handwashing facilities in the consulting room with the remainder having handwashing facilities close to the consultation room and 19 have toilet facilities.

In relation to a client being able to seek advice from someone of the same sex as them:

- 11 pharmacies judged that this would be available at all times
- 12 pharmacies thought this would be available by arrangement
- Only 3 did not think they could provide this.
- 1 response was left blank

41.3% of respondents to the public survey had a consultation with their pharmacist recently (Widnes 42.5% and Runcorn 38.7%). Of these, 39% of consultations being undertaken at the pharmacy counter and 48.4% of consultations were undertaken in a consultation room; other areas where in the dispensary or a quiet part of the shop at 8.4% of respondents with 3.3% over the phone. 75.8% of people who had a consultation with a pharmacist found privacy levels excellent, very good or good, whilst 24.2% of people rated privacy levels between fair, poor or very poor. There was little difference between Runcorn and Widnes.

Figure 15: consultations and satisfaction with privacy during them, Q29 and Q30 of public survey 2024



Amongst those rating privacy poor or very poor comments received included being able to overhear conversations others were having with the pharmacy staff and concerns about their name and address being heard by others which they needed to confirm when picking up a prescription.

7. Prescribing

7.1. Prescribing volume

Data in this section was provided by Cheshire & Merseyside ICB business intelligence team using NHSBSA epact2 data. It analyses Halton prescribing at both sub-ICB i.e. Halton place as well as Widnes and Runcorn PCN against the England and in some cases also the Cheshire & Merseyside and North West averages.

Figure 15 shows that Cheshire & Merseyside ICB Halton Place community pharmacy dispensing volume pattern has consistently been above the Cheshire & Merseyside ICB, North West and England averages and that prescribing volume per pharmacy is higher in Runcorn than Widnes.

Figure 16: Prescribing trend, 2019/20 to 2023/24

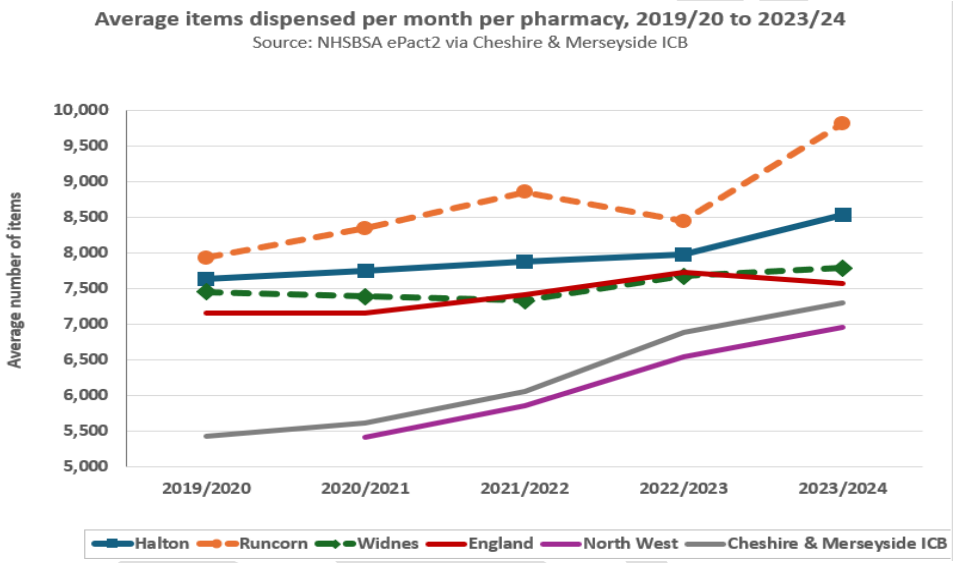


Figure 16 shows that the vast majority of items prescribed by Halton GPs is dispensed in Halton community pharmacies. This percentage is broadly similar to other sub-ICBs within Cheshire & Merseyside. The percentage is lower for Widnes PCN than Runcorn PCN due largely to a higher percentage dispensed elsewhere in Cheshire & Merseyside.

Figure 17: Prescriptions dispensing locations, 2023/24

Locality	Area where Halton GP issued prescritpions are dispensed	Dispensed in each area	
		Volume	%
Halton sub-ICB	**Halton**	**2652605**	**95.74%**
	Elsewhere in Cheshire & Merseyside	112747	4.07%
	Greater Manchester plus Lancashire & Cumbria	3180	0.11%
	Elsewhere in England	2090	0.08%
	Total (excluding distance selling pharmacies)	2770622	100%
Runcorn PCN	**Runcorn PCN**	**1167731**	**98.97%**
	Elsewhere in Cheshire & Merseyside	9958	0.84%
	Greater Manchester plus Lancashire & Cumbria	1198	0.10%
	Elsewhere in England	964	0.08%
	Total (excluding distance selling pharmacies)	1179851	100.00%
Widnes PCN	**Widnes PCN**	**1484874**	**93.34%**
	Elsewhere in Cheshire & Merseyside	102789	6.46%
	Greater Manchester plus Lancashire & Cumbria	1982	0.12%
	Elsewhere in England	1126	0.07%
	Total (excluding distance selling pharmacies)	1590771	100.00%

Source: ePact2, NHSBSA

The majority of people surveyed got a prescription last time they visited a pharmacy – either for themselves or someone else. Nearly 94% of respondents had used a pharmacy within the month prior to completing the survey (see Figure 18 and Figure 19).

Figure 18: Reasons for visiting the pharmacy, top 5 reasons, Q3 of public survey 2024

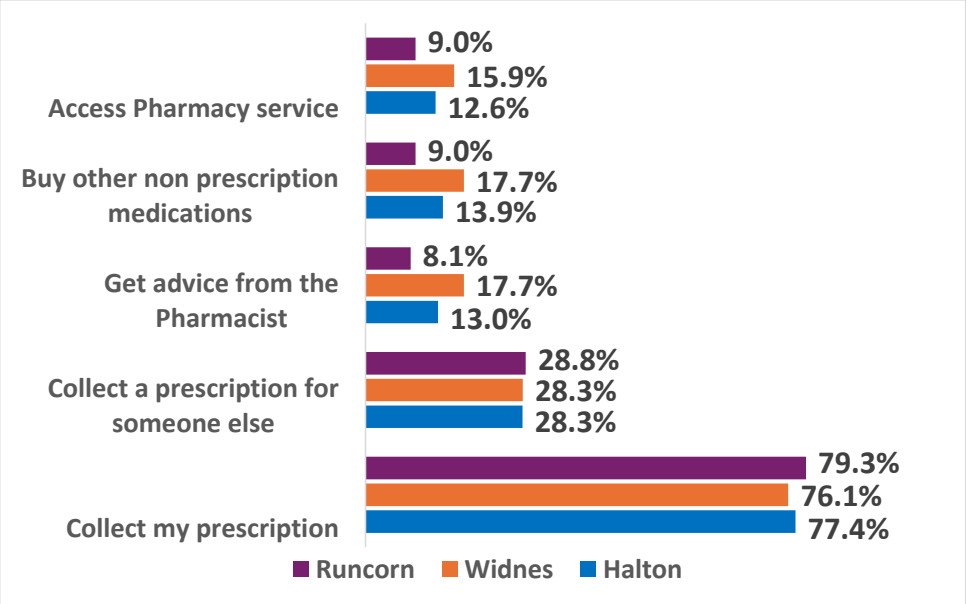
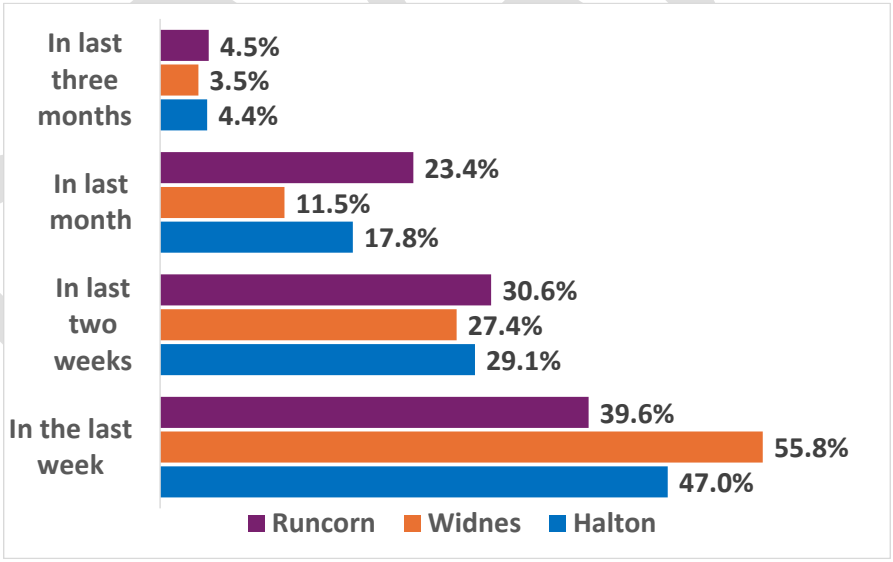


Figure 19: When did you last use a pharmacy to get a prescription, buy medicines or to get advice? Q4 of public survey 2024



7.2 Medicines shortages

Since 2021 there have been reports of increasing supply problems affecting medicines. Recent media coverage has highlighted shortages of medicines used to treat diabetes, attention deficit hyperactivity disorder (ADHD) and epilepsy, as well as hormone replacement therapy (HRT) and others. A House of Commons Library research briefing[21] provides information on the causes and consequences of medicines shortages in the UK and internationally, and the UK Government's approach to address supply problems.

Causes and consequences of medicines shortages

Supply chains for medicines are long and complex and shortages can be caused by multiple factors. These include manufacturing or distribution problems and increased demand for medicines. Commentators have also drawn attention to the effects of wider geopolitical factors, including the conflict in Ukraine, the Covid-19 pandemic and Brexit.

This is not just a UK issue, with what is happening in the UK needing to be seen in the context of global problems with supply chains and the availability of key ingredients. A report by the Nuffield Trust[22] found that the past two years have seen constantly elevated medicines shortages, in what they describe as a "new normal" of frequent disruption to crucial products.

Pharmacists and patient organisations have drawn attention to the impact of medicines shortages on patients, who may struggle to access medicines and sometimes have to switch to alternative drugs. Community Pharmacy England, which represents community pharmacies, has also reported that medicines supply and pricing issues are creating "severe" financial pressures on pharmacy staff and businesses.

Government response to medicines shortages

The government has described medicines shortages as "an ongoing issue that the Department [of Health and Social Care] has been managing for many years".
The Department of Health and Social Care and NHS England have published guidance on the management of medicines supply and shortages, which outlines the processes followed and options available to the government to address supply disruption. These include:

- issuing serious shortage protocols, which enable pharmacists to provide specific alternatives to scarce medicines
- taking regulatory action to approve new medicines or, in exceptional circumstances, extend medicine expiry dates
- restricting medicines exports
- offering pharmacies price concessions, to help pharmacies to cover the cost of NHS prescriptions.

Potential reforms to manage medicines shortages

Organisations representing pharmacists have called for reforms to the systems used to manage medicines shortages. Community Pharmacy England has called for "a strategic Government review of medicine supply and pricing" that focuses on supply chain functioning.
Appeals for reform centre on calls for pharmacists to be able to amend prescriptions to provide alternatives to patients when medicines are out of stock, and on changes to current medicines pricing systems.

This has led the Cheshire & Merseyside ICB to issue its own ***Medicines Shortage Statement: Guidance during periods of sustained medicines shortages*** in April 2024 in which they stated:

Medicines supply shortages can have significant negative impacts on patients, community pharmacies, general practice, and the wider NHS. It is imperative that all stakeholders work together in the best interest of the patient.
Where a local shortage of a formulary medicine has been identified, prescribers may need to consider alternatives for the duration of the shortage taking into consideration safety and cost effectiveness. For national shortages, see national guidance where applicable. Formulary alternatives should be considered first, however there may be circumstances where prescribing of non-formulary medicines is the most appropriate option following the key principles outlined below. It is recommended that healthcare professionals register for free with the Specialist Pharmacy Service (SPS) Medicines Supply Tool and subscribe to SPS email notifications to obtain details of medicines supply shortages, further information on alternatives and when shortages have resolved
https://www.sps.nhs.uk/home/tools/medicines-supply-tool/

Key principles

- Effective communication between healthcare professionals in all sectors is paramount. – Specialists should communicate the rationale for any non-formulary recommendations and state whether the formulary choice medication can be reinstated once the supply issue has resolved.
- Primary care clinicians should seek specialist advice where appropriate.
- Prescribers in all sectors should seek guidance from their local Medicines Optimisation/Medicines Management teams as required.
- Patient safety is paramount, and patients must be kept informed of any changes to their medication and the potential differences with an alternative medication.
- When choosing an alternative medicine, prescribers should always consider the cost-effectiveness of any non-formulary choice.
- Any prescribing of alternative medicines due to a shortage should only be for the duration of the shortage and it is the prescriber's responsibility to ensure that patients are prescribed the most appropriate and cost-effective medicine once the supply issue has resolved

The impact of these issues was one of the most commonly mentioned in the 2024 public survey.

7.3. Public satisfaction with dispensing of prescriptions

Of those that had a prescription filled last time they used a pharmacy, 69.3% of Widnes and 65.5% of Runcorn respondents got all the medicines they needed on that occasion without waiting. However, 21% of Widnes and 23.6% of Runcorn respondents said they did not. 37.04% of people were informed of how long it would take to have their prescription filled (Widnes 41.7% and Runcorn 34.6%), 46.3% were not told and would have liked to have been and 9.3% not told but stated that they did not mind this and 7.4% could not remember.

When asked if the time they had to wait for all their prescription to be filled was reasonable there was a substantial shift compared to the 2022-25 PNA when 73% of people said that they thought they waited for a reasonable period of time for their medicines. By contrast, in the 2024 survey only 31.5% said they felt the time taken was reasonable, 64.8% did not (63.6% Widnes and 69.2% Runcorn) Those waiting the same day and the next day were most likely to say the length of time was reasonable with over 60% waiting 2 or more days saying it was. No one who said they waited over a week said this was a reasonable amount of time to wait.

66.7% of people stated that the reason for not receiving their entire prescription was because 'the pharmacy had run out of my medicine'. Of the remainder, the most common responses were some other reason (22.22%), with 9.3% saying the prescription had not arrived at the pharmacy and 1.9% of respondents stating their doctor had not prescribed something they wanted. With respect to the 'other' category respondents described issues such as the time repeat prescriptions were taking to fill beyond the 14 days for repeats and supply issues. Due to the way people answered this question it is not possible to do a like for like comparison Widnes and Runcorn although the pattern is consistent.

As most people received their medication without delay the following calculations need to be interpreted with caution. When people had not received all the items prescribed, only 1.85% got them later the same day, down on the 20% from the 2022-2025 PNA survey. 27.78% of people received their medicines the day after (Widnes 37.5% and Runcorn 23.1%), with 38.89% receiving it within 2 or more days (29.2% Widnes and 42.3% Runcorn). However, 27.78% had waited over a week (25% Widnes and 30.8% Runcorn), an increase from the previous survey (10%). Unfortunately, there is no way to determine the impact of these longer waiting periods on the patient, or whether this was measured at the pharmacy and alternative arrangements discussed.

Whilst many people who responded to the public survey had a great deal of satisfaction with their pharmacy several negative themes did emerge:

- Lack of essential medications and/or having to wait a long time for regular, repeat medications resulting in people running out of medicines
- The wait time from a prescription being issued by a GP to it being available for pick up has increased
- General stock issues and occasionally errors with the filling of prescriptions
- Respondents recognised the impact that pharmacy closures and/or reduced opening hours have had on waiting times and workload of pharmacy staff
- Long queues at the pharmacy which have increased over the last 12 months

Positive themes were:

- That pharmacies generally were still able to fulfil people's prescriptions in a timely manner
- The convenience of the local pharmacy for advice on minor illnesses
- Delivery service
- Use of online ordering or 24/7 dispensing machines now available at some pharmacies
- Despite longer lead in times or queues at the pharmacy people recognised staff were doing their best, sometimes in difficult circumstances

Despite public concern about increasing waiting times, closures and stock issues the majority of the 27 community pharmacy contractors, in the July 2024 contractor survey, said they had capacity to manage an increase in demand:

- We have sufficient capacity within our existing premises and staffing levels to manage an increase in demand in our area: 19 (14 out of 17 Widnes and 5 out of 10 Runcorn pharmacies)
- We don't have sufficient premises and staffing capacity at present but could make adjustments to manage an increase in demand in our area: 6 (2 Widnes and 4 Runcorn)
- We don't have sufficient premises and staffing capacity and would have difficulty in managing an increase in demand: 2 (1 Widnes and 1 Runcorn)

7.4. Prescription Delivery Services

Although community pharmacies are not contracted to do so, 22 out of 27 offer a home delivery service free of charge with only 5 not offering a free delivery service. 2 of the 22 did state this was dependant on driver capacity with them prioritising those most in need when required. Of those currently providing the delivery service free of charge 4 are considering charging all patients for it, 1 charging new patients and 1 stopping it all together. This service improves access to medicines for a wide range of people. 31.7% of the public survey respondents said the pharmacy they use offers a delivery service free of charge, 0.4% said they provide a delivery service at a charge, 6.5% said they did not and 61.3% didn't know or had never used the service.

7.5. Reasonable Adjustments

Community pharmacies are required to support patients in taking dispensed medications, by making reasonable adjustments for patients with identified needs as per the Equality Act 2010.
The requirement of the community pharmacy is to ensure that an appropriate assessment is undertaken of the patient to establish their needs and ascertain what type of reasonable adjustment would be required. There is no exhaustive list of what a reasonable adjustment could be and community pharmacies are not required to simply provide a multi-compartment compliance aid (MCCA).

Community pharmacies are encouraged to work collaboratively with prescribers, other health professionals and social care to support patient needs. However, community pharmacies are not required to dispense medications into MCCAs because it has been directed by another health professional or social care. Health professionals and social care should highlight patients who may require support with medicines to enable the community pharmacy to carry out an assessment to determine appropriate medicines support.

In the July 2024 contractor survey pharmacies were asked which reasonable adjustments they are able to provide from a list. The data in Figure 20 shows they provide a wide range of reasonable adjustments with the majority providing multiple different tools and aids to help patients take their medication safely. As such the numbers below add up to more than the 27 community pharmacies in the borough.

During the 60-day statutory consultation an issue of access to multi-compartment compliance aids (MCCAs) was raised. It should be noted that not all pharmacies who listed that they do provide these may be able to do so for new patients. The types of reasonable adjustments a pharmacy can offer will depend on patient need and change over time. The list in Figure 20 should therefore be seen as indicative of the range and scale of reasonable adjustments offered locally.

Figure 20: range of reasonable adjustments provided by Halton pharmacies

Reasonable adjustment type	Runcorn (10 pharmacies plus 3 DSP)	Widnes (17 pharmacies)	Total
Eye drop aid	3 plus 2 DSP	5	10
Large print labels	8 plus 2 DSP	14	24
Easyhaler device	5 plus 2 DSP	5	12
MAR charts	4 plus 2 DSP	14	20
Multi-compartment compliance aid (blister packs)	5 plus 2 DSP	13	20
Blister popping device	3 plus 2 DSP	9	14
Tablet cutter/crusher	5 plus 2 DSP	10	17
Non click-lock caps	4 plus 2 DSP	11	17
Reminder charts	3 plus 1 DSP	7	11
Lid gripping device	2	3	5
Magnifying glass	1	3	4
Audio label	0	1	1

Source: July 2024 Contractor survey

8. Advanced, enhanced and locally commissioned service provision

Community Pharmacy England provides a full service description of all elements of the NHS commissioned pharmacy services. In addition to these essential, advanced and national enhanced services locally commissioned community pharmacy services can be contracted via a number of different routes and by both local authority public health and ICB Place teams.

8.1. Pharmacy provision of advanced, enhanced and locally commissioned services.

In addition to the essential services all pharmacies must provide they have the option to provide a range of other commissioned services. Some are more specialist than others. As such, provision varies, service by service, from 100% community pharmacies providing to just a handful required to meet need.

Full details of which service each pharmacy provides are outlined in Appendix 2. Figure 20 provides a summary of each service provision level and whether this is assessed as adequate. Unless specified this assessment is based on the number of pharmacies registered to provide each service not on activity data. This is an important distinction as some services rely on referrals from other services which may or may not happen despite the pharmacy having the necessary training, equipment and capacity to deliver.

Also to note, community pharmacies may be the sole provider of some services but one of many providers for others. For example, the Merseyside & Region Stoma Service (MARSS) is the main provider of Stoma support with pharmacies dispensing prescriptions from the service rather than needing to provide customisation service through the pharmacy. Similarly, community health services support patients with appliances use with pharmacies dispensing.

Figure 21: Summary of advanced, enhanced and locally commissioned service provision

Type of Service	Service Name	Number of pharmacies providing each service (out of 27 community pharmacies 10 in Runcorn and 17 in Widnes)			Is provision of this service adequate?
		Runcorn	Widnes	Total	
Advanced	Appliance Use Reviews (AUR)*	0	0	0	Yes – see above notes.
	Hypertension Case Finding Service	10	16	26	Yes
	Lateral Flow Device Service	8	12	20	Yes
	New Medicines Service	10	17	27	Yes
	NHS Influenza Vaccination Programme	9	17	26	Yes
	Pharmacy Contraception Services	9	15	24	Yes
	Pharmacy First service	10	17	27	Yes
	Smoking Cessation Service	6	13	19	Yes
	Stoma appliance customisation service*	0	0	0	Yes – see above notes
National Enhanced	Covid-19 vaccination service	3	11	14	Yes
	Care at the Chemist	10	17	27	Yes

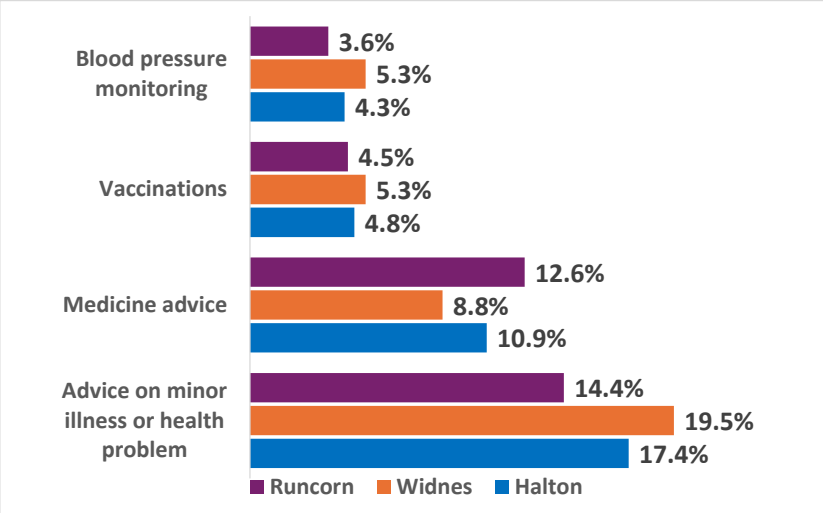
Type of Service	Service Name	Number of pharmacies providing each service (out of 27 community pharmacies 10 in Runcorn and 17 in Widnes)			Is provision of this service adequate?
		Runcorn	Widnes	Total	
Locally Commissioned NHS	Palliative Care Scheme	2	3	5	Yes as this is a specialist service
	Minor Eye Conditions Pharmacy Service	2	5	7	Yes. Uptake is regularly reviewed in relation to ongoing patient need.
Locally commissioned Public Health	Emergency Hormonal Contraception	10	17	27	Yes
	Needle – Syringe Exchange	2	5	7	Yes as this is a specialist service
	Supervised consumption (of (methadone or buprenorphine)	8	17	25	Yes
	Nicotine Replacement Therapy vouchers	9	16	25	Yes
	Stop Smoking Intermediate Service	5	10	15	Yes as this is a specialist service
* AUR and SAC information is based on activity data for 2023/24 and quarter 1 2024/25 from https://cpe.org.uk/funding-and-reimbursement/nhs-statistics/clinical-services-statistics/					

Source: Cheshire & Merseyside ICB, Community Pharmacy England - Halton, St Helens & Knowsley and Halton Borough Council Public Health Team

When asked 'what is important to you when choosing a pharmacy in terms of products and services? 66.5% of people said 'the range of services available' was important, with 26.1% stating it was neither important nor unimportant.

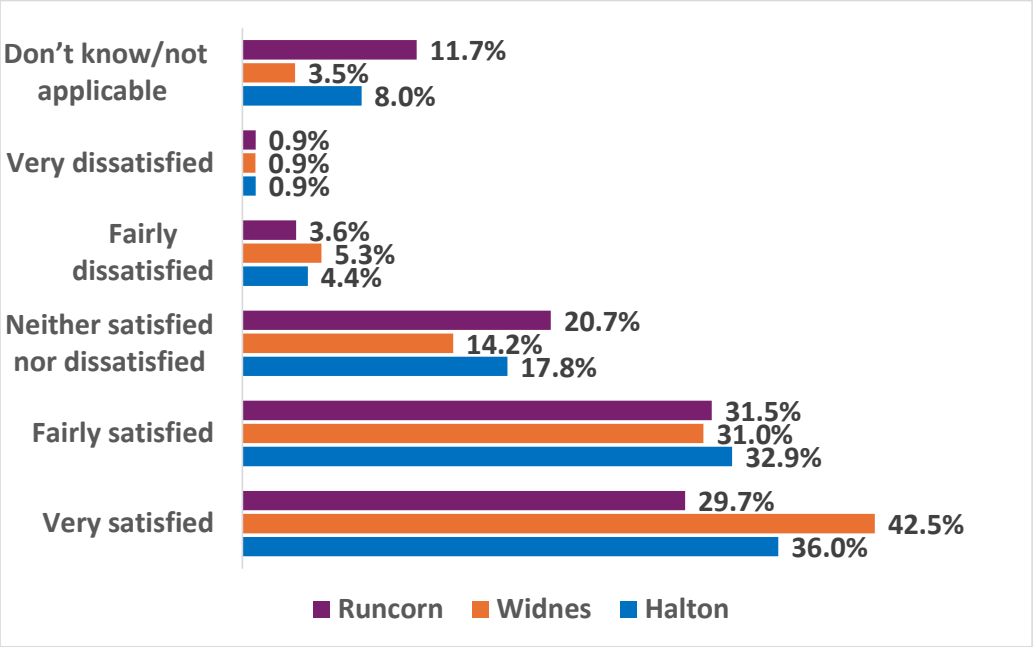
The type of services people have used varies with advice on minor health issues being the most commonly used, together with medicine advice. In the 'other' category Flu and/or Covid vaccination were the most commonly mentioned.

Figure 22: Type of advice or service received recently. Q28 of public survey 2024



68.9% were either very satisfied or fairly satisfied with the range of services, 27.5% wished they could provide more services and 10% said they didn't know.

Figure 23: How satisfied are you with the services available?, public survey



8.2. How essential, advanced and locally commissioned pharmacy services support local priority health needs

In England there are an estimated 1.2 million visits to a pharmacy every day for health-related issues[23], and these provide a valuable opportunity to support behaviour change through making every one of these contacts count. Making healthy choices such as stopping smoking, improving diet and nutrition, increasing physical activity, losing weight and reducing alcohol consumption could make a significant contribution to reducing the risk of disease, improving health outcomes for those with long-term conditions, reducing premature death and improving mental wellbeing. Pharmacies are ideally placed to encourage and support people to make these healthy choices as part of the provision of pharmaceutical services and services commissioned locally by Halton Borough Council public health team and the NHS. As can be seen from this section, it is important that the ICB, the ICB Place team, Halton Borough Council Public Health team and partners work together to maximise the local impact of public health communications, messages and opportunities. Promoting the services that pharmacies provide was highlighted in some of the responses to the patient and public engagement questionnaire. This can be undertaken in a number of ways including pharmacies ensuring that their NHS profile[xii] is up to date.

Community pharmacy services can support Halton's Health & Wellbeing Strategy[xiii] priorities in a number of ways.

[xii] https://www.nhs.uk/service-search/pharmacy/find-a-pharmacy
[xiii] https://onehalton.uk/wp-content/uploads/2022/12/One-Halton-strategy.pdf

8.2.1 Starting Well

The backbone of community pharmacy provision is the dispensing of prescriptions. This service is open to all ages. In addition to this, pharmacies can support the health and wellbeing of children and young people:

- Pharmacies are required to participate in up to six public health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by NHS England.
- Signposting people using the pharmacy to other providers of services or support.
- As part of being a Healthy Living Pharmacy, community pharmacy engagement with the general public (including "Making Every Contact Count") is relevant to young people.
- The Pharmacy First service, which commenced on 31st January 2024, funding community pharmacy as the first port of call for healthcare advice across 7 common conditions, most of which are relevant to young people.

- Provision of emergency hormonal contraceptive (EHC) services, commissioned by Halton Borough Council as part of the Integrated Sexual Health Service (known as Axess), run by Liverpool University Hospitals NHS Foundation Trust. The Pharmacy Contraception Service, which as commissioned by the NHS as an Advanced service, started on 24th April 2023, allowing the on-going supply of oral contraception from community pharmacies. From 1st December 2023, the service included both initiation and on-going supply of oral contraception.

8.2.2 Living Well

The living well priority covers a range of issues, taking a prevention and early detection approach.

- Pharmacies are required to participate in up to six public health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by NHS England. Public health campaigns could include raising awareness about the risks of alcohol consumption, cancer awareness and/or screening, self-management of long-term conditions and minor ailments by displaying posters, distributing leaflets and other relevant materials.
- Where a person presents a prescription, and they appear to have diabetes, be at risk of coronary heart disease (especially those with high blood pressure), smoke or are overweight,

the pharmacy is required to give appropriate advice with the aim of increasing that person's knowledge and understanding of the health issues which are relevant to their circumstances.

- Signposting people who are potentially dependent on alcohol to local specialist alcohol treatment providers.
- The Pharmacy First service, which commenced on 31st January 2024, funding community pharmacy as the first port of call for healthcare advice across 7 common conditions, with all but one relevant to the living well (18-64 year) population.
- Providing healthy living advice during consultations.
- Provision of the AUR, SAC service, NMS and flu vaccination advanced services will also assist people to manage their long-term conditions in order to maximise their quality of life.
- Smoking cessation is offered as both an NHS commissioned advanced service for certain cohorts and through public health locally commissioned provision
- Through the NHS national enhanced service contract pharmacies have been part of the 2024 Covid-19 spring booster programme. On 30th May 2024, NHS England opened a new process for pharmacy owners that wish to take part in future COVID-19 vaccination service campaigns between September 2024 and March 2026. This should mean more pharmacies can participate.

8.2.3. Ageing Well

The One Halton Health & Wellbeing Strategy includes priority action aimed specifically at maintaining healthy ageing and supporting independence.

In addition to dispensing prescriptions pharmacies can contribute to health and wellbeing issues relating to ageing well:

- Pharmacies are required to participate in up to six public health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by NHS England.
- Signposting people using the pharmacy to other providers of services or support.
- The Pharmacy First service, which commenced on 31st January 2024, funding community pharmacy as the first port of call for healthcare advice across 7 common conditions, 5 out of the 7 being relevant to older people (aged 65 and over).
- Identify through New Medicines Service (NMS) where polypharmacy may potentially contribute to older people being at risk of a fall.
- Provision of NHS influenza vaccination to at risk adults through the advanced service contract and NHS Covid-19 vaccination through the enhanced service contract.

Pharmaceutical Needs Assessment

Part 4: Appendices

Appendix 1: Community Pharmacy addresses and opening hours

Name	Address 1	Address 2	Postcode	ODS Code	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	TOTAL WEEKLY HOURS
RUNCORN												
Asda Pharmacy	West Lane	Runcorn	WA7 2PY	FMJ67	09:00 - 12:30 13:00 - 16:30 17:00 - 21:00	09:00 - 12:30 13:00 - 16:30 17:00 - 21:00	09:00 - 12:30 13:00 - 16:30 17:00 - 21:00	09:00 - 12:30 13:00 - 16:30 17:00 - 21:00	09:00 - 12:30 13:00 - 16:30 17:00 - 21:00	09:00 - 12:30 13:00 - 16:30 17:00 - 21:00	10:30 - 16:30	72
Boots the Chemist	90 Forest Walk	Halton Lea Shopping Centre	WA7 2GX	FXD72	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:00	Closed	51
Murdishaw Pharmacy	Gorsewood Road	Murdishaw	WA7 6ES	FXL15	08:30 - 18:00	08:30 - 18:00	08:30 - 18:00	08:30 - 18:00	08:30 - 18:00	Closed	Closed	47.5
Peak Pharmacy	51-53 Church Street	Runcorn	WA7 1LQ	FEK41	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 13:00	Closed	46.5
Peak Pharmacy	49 High Street	Runcorn	WA7 1AH	FHT09	08:45 - 18:00	08:45 - 18:00	08:45 - 18:00	08:45 - 18:00	08:45 - 18:00	Closed	Closed	46.25
Runcorn Pharmacy	Castlefields Primary Care Centre	Runcorn	WA7 2ST	FPH42	08:00 - 19:00	08:00 - 19:00	08:00 - 19:00	08:00 - 18:30	08:00 - 18:30	08:00 - 12.30	Closed	58.5
Superdrug Pharmacy	89 Forest Walk	Halton Lea	WA7 2GX	FDX88	09.00 - 17.30	09.00 - 17.30	09.00 - 17.30	09.00 - 17.30	09.00 - 17.30	09:00 - 17:30	Closed	51
Well Pharmacy	11 Grangeway	Runcorn	WA7 5LY	FEX76	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 12:30	Closed	48.5
Wise Pharmacy Ltd	27 Hillcrest	Runcorn	WA7 2DY	FCL67	09.00 - 17.30	09.00 - 17.30	09.00 - 17.30	09.00 - 17.30	09.00 - 17.30	Closed	Closed	42.5
Wise Pharmacy Ltd	Windmill Hill Shopping Centre	Windmill Hill Avenue West	WA7 6QZ	FH435	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 12:00	Closed	48
DISTANCE SELLING 'INTERNET' PHARMACIES												
Calea UK Ltd	Cestrian Court	Eastgate Way	WA7 1NT	FVG64	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	Closed	Closed	42.5
Remedi	Unit 16, Berkley Court	Manor Park	WA7 1TQ	FX639	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	Closed	Closed	40
Wise Pharmacy Ltd	3-5 Granville Street (Units 5-6)	Runcorn	WA7 1NE	FQH59	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	Closed	Closed	45
Rowlands	Whitehouse Industrial Estate	Rivington Road, Preston Brook, Runcorn	WA7 3DJ	FGF90	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	Closed	Closed	40

Name	Address 1	Address 2	Postcode		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	TOTAL WEEKLY HOURS
WIDNES												
Allied Pharmacy (Upton Rocks)	Fir Park Health Centre	Lanark Gardens	WA8 9DT	FTW03	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 13:00	Closed	49
Appleton Village Pharmacy	Appleton Village	Widnes	WA8 6EQ	FX408	07:00 - 23:00	07:00 - 23:00	07:00 - 23:00	07:00 - 23:00	07:00 - 23:00	08:00 - 22:00	10:00 - 16:00	100
Asda Pharmacy	Widnes Road	Widnes	WA8 6AH	FWD06	09:00 - 12:30 13:00 - 16:30 17:00 - 21:00	09:00 - 12:30 13:00 - 16:30 17:00 - 21:00	09:00 - 12:30 13:00 - 16:30 17:00 - 21:00	09:00 - 12:30 13:00 - 16:30 17:00 - 21:00	09:00 - 12:30 13:00 - 16:30 17:00 - 21:00	09:00 - 12:30 13:00 - 16:30 17:00 - 21:00	10:00 - 16:00	72
Boots Pharmacy	Unit 7 Widnes Shopping Park	High Street	WA8 7TN	FEH76	09:00 - 20:00	09:00 - 20:00	09:00 - 20:00	09:00 - 20:00	09:00 - 20:00	09:00 - 19:00	10:00 - 16:00	71
Cohens Chemist	222a Liverpool Road	Ditton	WA8 7HY	FP895	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	Closed	Closed	40
Cookes Ltd	76 Albert Road	Widnes	WA8 6JT	FA414	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	Closed	Closed	45
Ditton Pharmacy	203 Hale Road	Widnes	WA8 8QB	FVE45	08:30 - 18:30	08:30 - 18:30	08:30 - 18:30	08:30 - 18:30	08:30 - 18:30	Closed	Closed	50
Hale Village Pharmacy	3 Ivy Farm Court	Hale Village	L24 4AG	FJH50	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 12:30	Closed	48.5
Hough Green Pharmacy	Hough Green Health Park	45-47 Hough Green Road	WA8 4PF	FH240	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 11:30	Closed	47.5
McDougalls's Pharmacy	Widnes Health Care Resource Centre	Oaks Place	WA8 7GD	FGN94	09:00 - 19:00	09:00 - 19:00	09:00 - 19:00	09:00 - 18:30	09:00 - 19:00	09:00 - 17:00	Closed	57.5
Nicholson's Pharmacy*	17 Queens Avenue	Ditton	WA8 8HR	FR844	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	closed (as of 01/03/2025)	Closed	40
Peak Pharmacy	11 Farnworth Street	Widnes	WA8 9LH	FJ715	09:00 - 13:00 14:00 - 17:30	09:00 - 13:00 14:00 - 17:30	09:00 - 13:00 14:00 - 17:30	09:00 - 13:00 14:00 - 17:30	09:00 - 13:00 14:00 - 17:30	09:00 - 11:30	Closed	40
Strachan's Chemist	445 Hale Road	Widnes	WA8 8UU	FFG82	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 13:00	Closed	49
Well Pharmacy	Peel House Medical Plaza	Peel House Lane	WA8 6TN	FMJ48	08:30 - 18:30	08:30 - 18:30	08:30 - 18:30	08:30 - 18:30	08:30 - 18:30	Closed	Closed	50
West Bank pharmacy	8a Mersey Road	West Bank	WA8 0DG	FVK97	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	Closed	Closed	47.5
Widnes Late Night Pharmacy	Peel House Lane	Widnes	WA8 6TE	FCT70	08:00 - 19:00	08:00 - 19:00	08:00 - 19:00	08:00 - 19:00	08:00 - 19:00	08:00 - 18:00	Closed	65
Wise Pharmacy Ltd	204 Warrington Road	Widnes	WA8 0AX	FAG38	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 12:00	Closed	45.5

Source: NHSBSA

Appendix 2: Community Pharmacy services

Runcorn																				
Pharmacy details				Advanced									Enhanced	Locally Commissioned: Public Health					Locally Commissioned: ICB Halton Place		
Name	Ward Location	Post Code	ODS code	AUR	HCF	LFD	PCS	PF	SAC	SCS	NMS	Flu	Covid-19	IM-SCESS	NRT	SUPCON	NS-Ex	EHC	CATC	MECPS	PALL
Asda Pharmacy, West Lane, Runcorn	Halton Lea	WA7 2PY	FMJ67		Yes	Yes	Yes	Yes		Yes	Yes	Yes		Yes	Yes	Yes		Yes	Yes	Yes	Yes
Boots Pharmacy, Halton Lea Shopping Centre, Runcorn	Halton Lea	WA7 2GX	FXD72		Yes	Yes	Yes	Yes			Yes	Yes			Yes	Yes		Yes	Yes		
Murdishaw Pharmacy, Gorsewood Road, Runcorn	Norton North	WA7 6ES	FXL15		Yes			Yes		Yes	Yes			Yes	Yes	Yes		Yes	Yes	Yes	
Peak Pharmacy, 51-53 Church Street, Runcorn	Mersey & Weston	WA7 1LQ	FEK41		Yes	Yes	Yes	Yes			Yes	Yes		Yes	Yes	Yes		Yes	Yes		
Peak Pharmacy, 49 High Street, Runcorn	Mersey & Weston	WA7 1AH	FHT09		Yes	Yes	Yes	Yes			Yes	Yes			Yes			Yes	Yes		Yes
Runcorn Pharmacy, Castlefields Primary Care Centre, Runcorn	Halton Castle	WA7 2ST	FPH42		Yes	Yes	Yes	Yes			Yes	Yes						Yes	Yes		
Superdrug Pharmacy, Halton Lea Shopping Centre	Halton Lea	WA7 2BX	FDX88		Yes	Yes	Yes	Yes		Yes	Yes	Yes			Yes	Yes		Yes	Yes		
Well Pharmacy, 11 Grangeway, Runcorn	Grange	WA7 5LY	FEX76		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		
Wise Pharmacy Ltd, 27 Hillcrest, Runcorn	Bridgewater	WA7 2DY	FCL67		Yes		Yes	Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes		
Wise Pharmacy Ltd, Windmill Hill Shopping Centre, Runcorn	Norton North	WA7 6QZ	FH435		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes		
Distance Selling Pharmacies																					
Calea UK Ltd., Cestrian Court, Eastgate Way, Runcorn	Daresbury, Moore & Sandymoor	WA7 1NT	FVG64																		
Remedi, Unit 16, Berkley Court, Manor Park, Runcorn	Daresbury, Moore and Sandymoor	WA7 1TQ	FX639		Yes	Yes						Yes	Yes								
Wise Pharmacy, 3-5 Granville Street (Units 5-6),	Mersey & Weston	WA7 1NE	FQH59		Yes	Yes	Yes	Yes			Yes	Yes	Yes								
Rowlands, Whitehouse Industrial Estate, Rivington Road	Norton South and Preston Brook	WA7 3DJ	FGF90				Yes	Yes													

Type of Service	KEY	
Advanced	AUR	Appliance Use Review
	Flu	NHS Influeza Vaccination (all adults at risk)
	HCF	Hypertension Case Finding
	LFD	Lateral Flow Device
	NMS	New Medicines Service
	PCS	Pharmacy Contraception Service
	PF	Pharmacy First
	SAC	Stoma Appliance Customisation Service
	SCS	Smoking Cessation
Enhanced	Covid-19	Covid-19 Vaccination
Locally Commisioned: Public Health	IM-SCESS	Intermediate Smoking Cessation
	NRT	Nictotine Replacement Therapy (NRT) Vouchers
	SUPCON	Supervised Consumption - Methadone
	NS-Ex	Needle & Syringe Exchange Service
	EHC	Emergency Hormonal Contraception
Locally Commissioned: ICB, Halton Place	CATC	Care at the Chemist (minor ailments)
	PALL	Palliative Care Medicines Service
	MECPS	Minor Eye Conditions Pharmacy Service

Widnes																				
Pharmacy details				Advanced									Enhanced	Locally Commissioned: Public Health					Locally Commissioned: ICB Halton Place		
Name	Ward Location	Post Code	ODS code	AUR*	HCF	LFD	PCS	PF	SAC*	SCS	NMS	Flu	Covid-19	IM-SCESS	NRT	SUPCON	NS-Ex	EHC	CATC	MECPS	PALL
Allied Pharmacy (Upton Rocks), Fir Park Health Centre, Widnes	Birchfield	WA8 9DT	FTW03		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		
Appleton Village Pharmacy	Appleton	WA8 6EQ	FX408		Yes		Yes	Yes			Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	
Asda Pharmacy, Widnes Road, Widnes	Central & West Bank	WA8 6AH	FWD06		Yes	Yes	Yes	Yes		Yes	Yes	Yes			Yes	Yes		Yes	Yes	Yes	Yes
Boots Pharmacy, Unit 7, Widnes Shopping Centre	Appleton	WA8 7TN	FEH76		Yes	Yes	Yes	Yes			Yes	Yes			Yes	Yes		Yes	Yes		
Cohens Chemist, 222a Liverpool Road, Widnes	Highfield	WA8 7HY	FP895		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	
Cookes Ltd, 76 Albert Road, Widnes	Appleton	WA8 6JT	FA414		Yes		Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes		
Ditton Pharmacy, 203 Hale Road, Widnes	Ditton, Hale Village & Halebank	WA8 8QB	FVE45		Yes	Yes		Yes			Yes	Yes	Yes		Yes	Yes		Yes	Yes		
Hale Village Pharmacy, 3 Ivy Farm Court, Widnes	Ditton, Hale Village & Halebank	L24 4AG	FJH50		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes		
Hough Green Pharmacy, Hough Green Health Park, Widnes	Hough Green	WA8 4PF	FH240		Yes	Yes	Yes	Yes			Yes	Yes	Yes		Yes	Yes		Yes	Yes	Yes	
McDougalls's Pharmacy, Health Care Resource Centre, Widnes	Central & West Bank	WA8 7GD	FGN94					Yes		Yes	Yes				Yes	Yes		Yes	Yes		
Nicholson's Pharmacy, 17 Queens Avenue, Widnes	Bankfield	WA8 8HR	FR844		Yes	Yes	Yes	Yes		Yes	Yes			Yes	Yes	Yes		Yes	Yes		
Peak Pharmacy, 11 Farnworth Street, Widnes	Farnworth	WA8 9LX	FJ715		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes			Yes	Yes	Yes	Yes		
Strachan's Chemist, 445 Hale Road, Widnes	Ditton, Hale Village & Halebank	WA8 8UU	FFG82		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes
Well Pharmacy, Peel House Medical Plaza, Widnes	Appleton	WA8 6TN	FMJ48		Yes	Yes	Yes	Yes		Yes	Yes			Yes	Yes	Yes		Yes	Yes		
West Bank pharmacy, 8a Mersey Road, Widnes	Central & West Bank	WA8 0DG	FVK97		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		
Widnes Late Night Pharmacy, Peel House Lane, Widnes	Appleton	WA8 6TR	FCT70		Yes		Yes	Yes		Yes	Yes			Yes	Yes	Yes		Yes	Yes		Yes
Wise Pharmacy Ltd, 204 Warrington Road, Widnes	Halton View	WA8 0AX	FAG38		Yes		Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		

1. Advanced services data correct as at March 2025 except for 2 and 3.- see below
2. Flu data correct as at October 2024 via Community Pharmacy Halton, St Helens & Knowsley
3. AUR and SAC position correct as at August 2024, but based on activity data from NHSBSA
4. Enhanced Covid-19 vaccination data correct as at October 2024 via Community Pharmacy Halton, St Helens & Knowsley
5. Locally commissioned public health services data correct as at August 2024 via Halton Borough Council public health team, except 6 - see below
6. Needle & Syringe Service (NS-Ex) rechecked and updated May 2025 via Halton Borough Council public health team
7. Localy commissioned ICB Halton Place data correct as at September 2024 via Halton Place medicines management team

Source: Cheshire & Merseyside ICB, Community Pharmacy England - Halton, St Helens & Knowsley and Halton Borough Council Public Health Team

Appendix 3: Cross border Community Pharmacy service provision

Number on map	ODS Code	Pharmacy Name	Address	Postcode
CHESHIRE WEST & CHESTER				
1	FJ085	Boots Pharmacy	Princeway, Frodsham	WA6 6RX
2	FT868	Boots Pharmacy	7 Church Street, Frodsham	WA6 7DN
WARRINGTON				
3	FAA49	Well Pharmacy	Baths Health & Wellbeing Centre	WA1 1UG
4	FE361	Chapelford Pharmacy	Chapelford Health Centre, Santa Rosa Boulevard	WA5 3AG
5	FK402	Green Cross Pharmacy	1 Allen Street	WA2 7JD
6	FME80	Superdrug Pharmacy	Inside Savers, Unit e, Cockhedge Way	WA1 2QQ
7	FPX39	Well Pharmacy	45 Dudlow Green Road	WA4 5EQ
8	FR245	Hood Manor Pharmacy	Great Sankey Medical Centre, Dorchester Road	WA5 1UH
9	FN118	Penketh Pharmacy	Penketh Medical Centre, Honiton Way	WA5 2EY
10	FV558	Aston Pharmacy	2 Station Road	WA5 1RQ
11	FD825	Thomas Brown Pharmacy	51 London Road	WA4 6SG
12	FVC77	Boots Pharmacy	Unit 5, 19/25 London Road	WA4 6SG
13	FWK62	Stockton Heath Pharmacy	Stockton Heath Med Centre, The Forge	WA4 6HJ
14	FAE61	Guardian Street Pharmacy	Guardian Street	WA5 1UP
15	FEL21	Boots Pharmacy	19 The Mall, Golden Square	WA1 1QE
16	FM011	Superdrug Pharmacy	36-38 The Mall, Golden Square	WA1 1QE
ST HELENS				
17	FCR74	Heath Pharmacy	18 Elephant Lane	WA9 5QW
18	FGJ61	Four Acre Chemist	1&2 Four Acre Lane	WA9 4BZ
19	FLQ55	Longsters Pharmacy	578 Warrington Road	L35 4LZ
20	FX746	Rainhill Pharmacy	473 Warrington Road	L35 4LL
KNOWSLEY				
21	FCT55	Jacobs Pharmacy	18 Camberley Drive	L25 9PU
22	FKM99	Boots Pharmacy	Whiston Primary Care Centre, Old Colliery Road	L35 3SX
23	FMD31	Cohens Chemist	The Pharmacy & Medical Ct, Hollies Road	L26 0TH
24	FV731	Boots Pharmacy	Halewood Health Res. Centre, Roseheath Drive	L26 9UH
LIVERPOOL				
25	FAC06	Hunts Cross Pharmacy	4 Woodend Avenue	L25 0PA
26	FCN91	Asda Pharmacy	Unit 20, Hunts Cross Shopping Centre	L24 9GB
27	FHV61	Rowlands Pharmacy	15 Penketh Drive	L24 2WZ
28	FE874	Speke Pharmacy	109 East Millwood Road	L24 6SF
29	FW234	Woolton Late Night Pharmacy	267 Hunts Cross Avenue	L25 9ND
30	FWG19	Boots Pharmacy	Unit 9, New Mersey Retail Park	L24 8QB

Appendix 4: Pharmacy Contractor Survey Questionnaire

A questionnaire to gather information from all pharmacies was devised as a collaborative exercise with Cheshire & Merseyside local authority PNA leads, Local Pharmaceutical Committee (LPC) representatives and ICB. It was conducted online via Pharm Outcomes. The LPC sent communications to pharmacies to encourage completion and followed up as necessary.

Premises Details

Completion date	
Pharmacy postcode	
Is this a distance selling pharmacy?	☐ Yes ☐ No

Contact Details

Contact details of person completing questionnaire, if questions arise		
Name:	Phone:	Email:

Potential for increased demand

Ability to adapt to demand (tick one)	We have sufficient capacity within our existing premises and staffing levels to manage an increase in demand in our area	☐
	We don't have sufficient premises and staffing capacity at present but could make adjustments to manage an increase in demand in our area	☐
	We don't have sufficient premises and staffing capacity and would have difficulty in managing an increase in demand.	☐

Consultation Rooms

How many consultation rooms do you have? one)	0	☐
	1	☐
	2	☐
	3	☐
	4 or more	☐

Hand washing and toilet facilities

What facilities are available to **patients** during consultations?	Handwashing in consultation area	☐
	Handwashing facilities close to consultation area	☐
	Have access to toilet facilities	☐
	None	☐

Accessibility

Can customers legally park within 50 metres of the pharmacy?		☐ Yes ☐ No
How far is the nearest bus stop/train station?		☐ Within 100m ☐ 100m to 500m ☐ 500m to 1km ☐ 1km+ ☐ No bus/train station
Do pharmacy customers have access to a designated disabled parking?		☐ Yes ☐ No
Is the entrance to the pharmacy suitable for wheelchair access unaided?		☐ Yes ☐ No
Are all areas of the pharmacy floor accessible by wheelchair?		☐ Yes ☐ No
Do you have any other facilities in the pharmacy aimed at supporting disabled people access your service?	Automatic door assistance	☐ Yes ☐ No
	Bell at front door	☐ Yes ☐ No
	Toilet facilities accessible by wheelchair users	☐ Yes ☐ No
	Hearing loop	☐ Yes ☐ No
	Sign language	☐ Yes ☐ No
	Large print labels	☐ Yes ☐ No
	Large print leaflets	☐ Yes ☐ No
	Wheelchair ramp access	☐ Yes ☐ No
	Other, please state	Free text field
Can staff at pharmacy speak languages other than English? If yes please list all languages spoken		☐ Yes ☐ No
Are you able to provide advice and support if a customer wishes to speak to a person of the same sex?	At all times	☐ Yes ☐ No
	By arrangement	☐ Yes ☐ No

Reasonable Adjustments

Reasonable adjustments. One or more of:	Non click-lock caps	☐
	Reminder charts	☐
	MAR charts	☐
	Blister popping service	☐
	Tablet cutter/crusher	☐
	Easyhaler service	
	Other	

Prescription Delivery Service

Collection of prescriptions from surgery:		☐ Yes	☐ No
Delivery pf prescriptions- free of charge		☐ Yes	☐ No
Are you currently considering	Stopping this service entirely	☐ Yes	☐ No
	Charging all patients for this service	☐ Yes	☐ No
	Charging new patients for this service	☐ Yes	☐ No
	Neither	☐ Yes	☐ No
Delivery of prescriptions - chargeable		☐ Yes	☐ No
	By arrangement	☐ Yes	☐ No

Protected Characteristics

Are you aware of any gaps in access or pharmaceutical need for any of the following groups, relating to their:

		If yes, please state why?
Age	☐ Yes ☐ No	
Disability	☐ Yes ☐ No	
Gender	☐ Yes ☐ No	
People with/about o have gender reassignment	☐ Yes ☐ No	
Marriage and civil partnership	☐ Yes ☐ No	
Pregnancy and maternity	☐ Yes ☐ No	
Race	☐ Yes ☐ No	
Religion or belief	☐ Yes ☐ No	
Sexual orientation	☐ Yes ☐ No	
Other, (please state)		

Almost done

If you have anything else you would like to tell us that you think would be useful in the formulation of the PNA, please include it here:

Appendix 5: Public Pharmacy Services Questionnaire

During September and October 2024 the public health team conducted an online survey aimed at anyone living in Halton. It asked local residents to give their feedback on their local pharmacy. Communications about the survey was sent out via a wide range of networks including Halton & St Helens Voluntary Action, Health Watch, Cheshire & Merseyside Integrated Care Board, Halton Place and Halton Borough Council. 230 responses were received. The survey was open for four weeks. The following is the communication sent out and questionnaire.

Pharmacy Services in Halton - Have your say.
Halton Borough Council are seeking your views about local pharmacy services.

Please help us to make sure that local pharmacy services are providing the right services and support for you and your family by completing a short survey.

Your responses will help Halton's Health and Wellbeing Board to produce its local Pharmaceutical Needs Assessment (PNA). This document will help to ensure that your local pharmacy provides the service you need both now and in the future.

Director of Public Health, Dr Ifeoma Onyia said:
"The local pharmacy is often the first place residents will turn to when they have a concern about their health or that of their family. It is for this reason that it is important we look into the needs of Halton's population and how pharmacies can meet these needs. I would ask everyone to get involved and respond to this important survey, to help us shape the future of the service."

The questionnaire is anonymous and should only take a few minutes to complete. The data you have provided is private and confidential and will not be shared. Only overall results of this consultation will form part of the PNA. Data is stored only for the purposes of the production of the 2025 – 2028 Pharmaceutical Needs Assessment and no other purpose and will be destroyed within 9 months of the final PNA being published.
We will always process and store your personal data securely and confidentially. Please see our Privacy Notice for more information.

The responses you provide should be on your typical use of your local pharmacy. If you have a complaint, you should in the first instance, use the complaints procedure of that pharmacy. The pharmacy will also have an escalation process if your issue cannot be resolved. If you feel that you could not resolve your issues with the pharmacy directly then please contact NHS England » Feedback and complaints about NHS England or phone 0300 311 22 33 for further options.

How to get involved
To give us your views complete this questionnaire or go to
https://www.smartsurvey.co.uk/s/PharmacyServices/ and fill in the on-line questionnaire.
Paper versions of the survey are available by calling 0151 511 7864 (Monday to Friday between 9:00 and 4:00pm) and providing your name and postal address.

LOCAL SURVEY OF PHARMACY SERVICES

Thank you for agreeing to complete this questionnaire, which is asking for your views on pharmacy services in your local area.

A pharmacy or chemist is a place where you can get a prescription dispensed, buy medicines, or ask a pharmacist for advice. A pharmacist is the most qualified person in the pharmacy to dispense and sell medicines and give advice.

The following question is about in which local authority area you live.

1. **Which local authority area do you live in?**

☐ Cheshire East ☐ Cheshire West & Chester ☐ Halton ☐ Knowsley
☐ Liverpool ☐ Sefton ☐ St. Helens ☐ Warrington ☐ Wirral

2. **What is your full post code?** _____ (this helps us to better analyse all the local responses that in turn informs the new Pharmaceutical Needs Assessment)

The following questions are about the last time you used a pharmacy.

3. **Why did you visit the pharmacy? (Please tick all that apply)**

☐ To collect my prescription
☐ To collect a prescription for someone else
☐ To get advice from the pharmacist
☐ To buy other non-prescription medications
☐ To access a pharmacy service
☐ To return unused/expired medications
☐ Unable to get a GP appointment
☐ Referred by GP practice or other such as NHS111
☐ Other (please explain in box provided below)

4. **When did you last use a pharmacy?** *(Please tick one answer only)*

☐ In the last week ☐ In the last two weeks ☐ In the last month
☐ In the last three months ☐ In the last six months ☐ Longer than six months

5. **How did you get to the pharmacy? Please tick all that can apply.**

☐ Walking ☐ Public transport ☐ Car ☐ Motorbike
☐ Taxi ☐ o Bicycle ☐ Mobility transport ☐ Used online pharmacy (go to question 7)
☐ Other (please explain below)

6. **How long does the journey to your pharmacy usually take? (not online option)**

List options (please tick one)

☐ 5 minutes or less ☐ 6-10 mins ☐ 11-15 mins ☐ 16-20 mins
☐ 21-25 mins ☐ 26-30 mins ☐ 26-30 mins ☐ 31 mins or longer
☐ Not applicable (choose this option if you have had your dispensed prescription via delivery or online pharmacy)

The following questions are about the Pharmacy and ease of access to it.

7. **Thinking about the location of the pharmacy, which of the following is most important to you?**

(Please tick all that apply)

☐ It is close to my doctor's surgery
☐ It is close to my home
☐ It is close to other shops I use
☐ It is close to my children's school or nursery
☐ It is easy to park nearby
☐ It is near to the bus stop / train station
☐ It is close to where I work
☐ It is close to/in my local supermarket
☐ None of these
☐ Other (please specify)

8. **How easy is to get to your usual pharmacy? (***Please tick one answer only)*

☐ Very easy ☐ Quite easy ☐ Quite difficult ☐ Very difficult

If you answered quite difficult or very difficult, why?" (Please answer below)

9. **Do you have a disability, a health condition and/or other access needs that could affect how easily you access your chosen pharmacy?**

☐Yes ☐No

If you answered YES then please next answer Question 10, if you answered No to Question 9, then please go to Question 13.

10. **If you have a disability, a health condition and/or other access needs, can you access your chosen pharmacy?**
☐ Yes ☐ No

If no, can you please explain your answer to Question 10 in the box below.

11. If you have mobility issues, are you able to park close enough to your chosen pharmacy?

☐ Yes ☐ No ☐ Don't know ☐ Not applicable

If no or don't know, please explain what you feel might affect your access.

12. If you have a mobility issue can you access your pharmacy?

☐ Yes ☐ No ☐ Don't know ☐ Not applicable

13. Does your pharmacy deliver medication to your home if you are unable to collect it yourself?

☐ Yes – Free of charge ☐ Yes – with a delivery charge ☐ No - they don't deliver
☐ Don't know/ I have never used this service

The following questions are about the availability of the Pharmacy.

14. Can you remember a recent time when you had any problems finding a pharmacy that was open to get a medicine dispensed, to get advice or to buy medicines over the counter?

☐ Yes ☐ No (Go to Q16)

15. If Yes, what did you need to do? (*Please tick one answer only)*

☐ To get medicine(s) on a prescription ☐ To buy medicine(s) from the pharmacy
☐ To get advice at the pharmacy ☐ Other (please specify)

16. How satisfied are you with the opening hours of your pharmacy**?**

☐ Very satisfied ☐ Somewhat satisfied ☐ Neither satisfied nor dissatisfied ☐ Dissatisfied ☐ Very dissatisfied

What is the reason for your answer?

About the last time you went to the pharmacy, and it was closed.

17. How many times recently have you needed to use your usual pharmacy when it was closed?

☐ I haven't needed to use the pharmacy when it was closed (Go to Question 21)
☐ Once or twice ☐ three or four times ☐ four or more times

18. What day of the week was it?

☐ Monday to Friday ☐ Saturday ☐ Sunday ☐ Bank Holiday ☐ Can't remember

19. What time of the day was it?

☐ Morning ☐ Lunchtime (between 12pm and 2pm) ☐ Afternoon ☐ Evening (after 7pm) ☐ Can't remember

20. What did you do when your pharmacy was closed?

☐ Went to another pharmacy ☐ Waited until the pharmacy was open ☐ Went to a hospital
☐ Went to a Walk in Centre ☐ Called NHS 111 ☐ Other (please specify below)

About any medicines you receive on prescription.

21. Did you get a prescription dispensed the last time you used a pharmacy?

☐ Yes (Go to Q22) ☐ No (Go to Q27) ☐ can't remember (Go to Q27)

22. Did you get all the medicines that you needed on that occasion without waiting?

☐ Yes (Go to Q27) ☐ No (Go to Q23) ☐ can't remember (Go to Q23)

23. If you had to wait when picking up your prescribed medication, did the staff at the pharmacy tell you how long you would have to wait for your prescription to be prepared?

☐ Yes ☐ No, but I would have liked to have been told ☐ No, but I did not mind ☐ Can't remember

24. If not all your medicines were available on that visit, how long did you have to wait to get the rest of your medicines?

☐ Later the same day ☐ the next day ☐ two or more days ☐ More than a week ☐ never got it

25. Was this a reasonable period of time for you?

☐ Yes ☐ No ☐ not applicable

26. What was the main reason for not getting all your medicines on this occasion? (*Please tick one answer only)*

☐ My GP had not prescribed something I wanted
☐ My prescription had not arrived at the pharmacy
☐ The pharmacy did not have the medicine in stock to dispense to me
☐ Some other reason (please add below)

About times when you needed to talk to the pharmacist

27. Have you had a consultation with the pharmacist or asked their advice recently?

☐ Yes ☐ No (Go to Q31) ☐ can't remember (Go to Q31)

28. What advice were you given? (Tick all that apply)

☐ Lifestyle advice (e.g. stop smoking, diet and nutrition, physical activity etc.)
☐ Advice about a minor illness or health problem
☐ Medicine advice
☐ Contraception services
☐ Emergency contraception advice
☐ Blood pressure monitoring
☐ Referred to other service
☐ Other (please specify)

29. Where did you have your consultation with the pharmacist?

Please tick one

☐ At the pharmacy counter
☐ In the dispensary or a quiet part of the shop
☐ In a separate room
☐ Over the telephone
☐ Other (please specify)

30. How do you rate the level of privacy you had when speaking with the pharmacist?

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐ Very Poor

About what you feel pharmacies should be able to offer you

31. How do you feel about the range of services available at the pharmacy? (tick one)

☐ I wish pharmacies could provide more services for me
☐ I am satisfied with the range of services pharmacies provide
☐ Don't know

About what your general satisfaction with your local pharmacies

The following questions are about the importance and your satisfaction with the products and services offered by your regular pharmacy.

32. Can you please tell us, what is important to you when choosing a pharmacy in terms of products and services?

PLEASE TICK ONE PER ROW (MUST COMPLEE BEFORE MOVING ON)	Important	Neither important nor unimportant	Unimportant	Don't known/Not applicable
Delivery of medicines to my home				
Cost of products at pharmacy				
Privacy when speaking to the pharmacist				
Collection of prescriptions from my doctors				
Range of services offered				
Range of products available				
Friendly staff				
Short waiting times				
Opening times				
Knowledgeable staff				
Having the things I need				

33. Please tell anything else that has influenced your choice of pharmacy.

34. **Can you please tell us, how satisfied you are with the services and products offered by your regular pharmacy?**

PLEASE TICK ONE PER ROW (MUST COMPLEE BEFORE MOVING ON)	Very satisfied	Fairly satisfied	Neither satisfied nor dissatisfied	Fairly dissatisfied	Very dissatisfied
Overall satisfaction					
Delivery of medicines to my home					
Cost of products at pharmacy					
Privacy when speaking to the pharmacist					
Collection of prescriptions from my doctors					
Range of services offered					
Range of products available					
Friendly staff					
Short waiting times					
Opening times					
Knowledgeable staff					
Having the things I need					

35. **Please tell us anything else that has influenced your overall satisfaction.**

36. **How would you describe your experience of your local pharmacy and their services over the last 12 months? Please explain in the box below.**

Finally, please provide some details about yourself.

37. Are you?

☐ Male ☐ Female ☐ non-binary ☐ Prefer not to say.

38. How old are you?

☐ 16-20 years ☐ 21-30 years ☐ 31-40 years ☐ 41-50 years
☐ 51-59 years ☐ 60- 69 years ☐ 70 years or over

39. Please tell us your postcode

40. Disability: Do you have any of the following (Please tick all that apply)

☐ Physical impairment
☐ Visual impairment
☐ Hearing impairment/ Deaf
☐ Mental health impairment/ mental distress
☐ Learning difficulty
☐ Long term illness that affects your daily activity
☐ Other (please specify)

41. If you have ticked any of the boxes above, or you have cancer, diabetes, or HIV this would be classed as 'disability' under the legislation. Do you consider yourself to be 'disabled'?

☐ Yes ☐ No

42. Which ethnic group do you belong to? (Please tick the appropriate box)

☐ Asian - Bangladeshi ☐ Asian - Indian ☐ Asian - Pakistani ☐ Asian – Other Background
☐ Black - African ☐ Black - British ☐ Black - Caribbean ☐ Black – other background
☐ Chinese ☐ Other Chinese Background
☐ Mixed Ethnic Background – Asian & White ☐ Mixed Ethnic Background – Black African & White
☐ Mixed Ethnic Background – Caribbean & White ☐ Mixed Ethnic Background – Other
☐ White - British ☐ White - English ☐ White - Irish ☐ White - Scottish
☐ White - Welsh ☐ White – Gypsy/ Traveller ☐ White – Roma
☐ White – Other
☐ Other ethnic group: Arab ☐ Other ethnic group: any other ethnic group

The following questions are a little more personal.

43. Do you have a religion or belief?

☐ Yes ☐ No ☐ Prefer not to say

44. If "Yes" please tick one of the options below:

☐ Buddhist ☐ Christian ☐ Hindu ☐ Jewish ☐ Muslim ☐ Sikh
☐ Other (please specify)

45. How would you describe your sexual orientation?

☐ Heterosexual ☐ Homosexual ☐ Bisexual person ☐ Pansexual ☐ Prefer not to say

46. Do you live in the gender you were given at birth?

☐ Yes ☐ No ☐ Prefer not to say

Thank you for taking the time to complete this survey.

The findings will help inform the development of pharmacy services in your local area.

The data you have provided is private and confidential and will not be shared.

Only overall anonymised results of this consultation will form part of the final report which will be used to improve the delivery of local services.

Appendix 6: public survey respondent demographics

The responses to the public survey have been used throughout the PNA. The following tables detail the key demographics of respondents. As at 1 November 2024 there were 230 respondents.

Note: not all respondents provided a postcode or partial postcode. As such Runcorn and Widnes analysis is only based on those responses which could be allocated to a location. Halton analysis is based on the total responses.

AGE GROUP	RESPONDENTS			COMPARED TO 2021 CENSUS
	HALTON	RUNCORN	WIDNES	
16-20 years	0.00%	0.00%	0.00%	6.48%
21-30 years	4.35%	3.60%	4.42%	14.59%
31-40 years	13.91%	15.32%	12.39%	16.39%
41-50 years	16.96%	14.41%	19.47%	15.90%
51-60 years	24.35%	27.03%	22.12%	17.31%
60- 69 years	23.91%	23.42%	24.78%	13.25%
70 years or over	14.35%	13.51%	15.04%	16.07%
Prefer not to say	2.17%	2.70%	1.77%	

GENDER	RESPONDENTS			COMPARED TO 2021 CENSUS
	HALTON	RUNCORN	WIDNES	
Male	22.17%	24.3%	20.4%	48.44%
Female	76.52%	73.9%	78.8%	51.56%
Non binary	0.00%	0.00%	0.00%	0.03%
Prefer not to say	1.30%	1.8%	0.9%	

CARER	RESPONDENTS			COMPARED TO 2021 CENSUS
	HALTON	RUNCORN	WIDNES	
Yes	21.83%	19.7%	21.2%	12.84%
No	78.17%	79.5%	78.8%	87.16%

TYPE OF DISABILITY	HALTON	RUNCORN	WIDNES
Physical impairment	17.4%	19.8%	14.2%
Visual impairment	4.3%	5.4%	3.5%
Hearing impairment/ Deaf	9.1%	6.3%	12.4%
Mental health impairment/ mental distress	10.4%	11.7%	9.7%
Learning difficulty	2.6%	2.7%	2.7%
Long term illness that affects your daily activity	31.7%	26.1%	38.1%
Prefer not to say	10.4%	9.9%	10.6%

REGARDS SELF AS DISABLED (AS DEFINED BY EQUALITY ACT)	RESPONDENTS			COMPARED TO 2021 CENSUS
	HALTON	RUNCORN	WIDNES	
Yes	26.09%	25.23%	26.55%	21.7%
No	64.78%	65.77%	64.60%	78.3%
Don't know	2.17%	2.70%	1.77%	
Prefer not to say	6.96%	6.31%	7.08%	

ETHNICITY	RESPONDENTS			COMPARED TO 2021 CENSUS
	HALTON	RUNCORN	WIDNES	
Asian or Asian British, Black or Black British, Mixed or Multiple ethnic groups	6.09%	3.60%	7.96%	2.55%
White	89.13%	91.89%	87.61%	96.89%
Other ethnic group	0.00%	0.00%	0.00%	0.55%
Prefer not to say	4.78%	4.50%	4.42%	

Note: due to small numbers the categories used in the public survey have been collapsed into 3 broad groups due to small number disclosure rules

RELIGION	RESPONDENTS			COMPARED TO 2021 CENSUS
	HALTON	RUNCORN	WIDNES	
Buddhist	0.43%	0.00%	0.88%	0.22%
Christian	44.83%	42.34%	49.56%	58.58%
Hindu	0.00%	0.00%	0.00%	0.25%
Jewish	0.00%	0.00%	0.00%	0.04%
Muslim	0.00%	0.00%	0.00%	0.63%
Sikh	0.00%	0.00%	0.00%	0.06%
Other (specify)	1.29%	0.90%	3.54%	0.35%
none	41.81%	56.76%	45.13%	35.23%
Prefer not to say	11.64%	0.00%	0.88%	4.63%

SEXUAL ORIENTATION	RESPONDENTS			COMPARED TO 2021 CENSUS
	HALTON	RUNCORN	WIDNES	
Heterosexual	80.09%	73.87%	83.19%	91.9%
Homosexual	2.21%	1.80%	2.65%	1.5%
Bisexual	1.77%	0.90%	2.65%	0.94%
Pansexual	0.00%	0.00%	0.00%	0.09%
Prefer not to say	15.93%	23.42%	11.50%	5.46%

GENDER IDENTITY	RESPONDENTS			COMPARED TO 2021 CENSUS
	HALTON	RUNCORN	WIDNES	
Lives in the gender given at birth	91.74%	89.19%	94.69%	95.34%
Does not live in the gender given at birth	0.43%	0.00%	0.88%	0.39%
Prefer not to say	7.83%	10.81%	4.42%	4.27%

Appendix 7: 60-day statutory Consultation Letter and Questionnaire

Our Ref	FW/CB
If you telephone please ask for	Fiona Watson or Sharon McAteer
Date	30 January 2025
E-mail address	public.health@halton.gov.uk

Dear Sir / Madam,

Pharmaceutical Needs Assessment (PNA) Consultation: Invitation to Participate

Local Health and Wellbeing Boards (HWB) are responsible for production of Pharmaceutical Needs Assessments (PNAs).

Halton Health and Wellbeing Board (HWB) is developing a new PNA. This is a statutory HWB responsibility, as set out under the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013(SI 2013 No. 349).

The PNA records the assessment of the need for pharmaceutical services within a specific area. As such, it sets out a statement of the pharmaceutical services which are currently provided, together with when and where these are available to a given population. The same Regulations require the Integrated Care Board to use the PNA to consider applications to open a new pharmacy, move an existing pharmacy or to commission additional services from pharmacy.

The HWB established a PNA steering group to oversee the development of the new PNA. This group includes membership from our partner organisations, Healthwatch and the Local Pharmaceutical Committee. The results of a public consultation on existing pharmaceutical services are included in the PNA.

As part of the development process, the Regulations require that the HWB undertakes a formal consultation on a draft of its PNA. The key outcomes for this consultation are:

- To encourage constructive feedback from a variety of stakeholders
- To ensure a wide range of primary care health professionals provide opinions and views on what is contained within the PNA

We would like to invite you to participate in this consultation, which will run from 9am Monday 3rd February to midnight Sunday 6th April 2025.

- The draft PNA can be found on our website by via the following link

Halton Pharmaceutical Needs Assessment

All responses must be in writing.

- Submitting responses: You may choose one of the following options to submit your response:

  - Complete the survey online at
    https://forms.haltonbc.info/app/forms/PNA

  - Complete the form sent with this letter and return it electronically via email to: public.health@halton.gov.uk

  - complete the form and return it by post to the following address: **Public Health and Public Protection Department, Halton Borough Council, Runcorn Town Hall, Heath Road, Runcorn, Cheshire, WA7 5TD**

Halton Borough Council has decided to run this consultation electronically in order to limit the environmental impact of this consultation. However, if you require a paper version of the PNA, please contact Charlotte Blythe on 0151 511 6142 or email public.health@halton.gov.uk and we will arrange to provide this within 14 days of your request.

All feedback received by midnight Sunday 6th April 2025 will be collated and presented to the PNA Steering Group, for consideration on behalf of the HWB. A consultation report will be included within the final PNA document. This will provide an overview of the feedback received and set out how the comments have been acted upon. An updated PNA including consultation process and responses will be presented to the HWB in July 2025 and published by 1 October 2025.

You may wish to forward this invitation to other colleagues in your organisation to inform a organisational response.

We look forward to receiving your feedback on the draft PNA.

Yours faithfully

Fiona Watson

Consultant & Deputy Director Public Health
Chair, PNA Steering Group on behalf of Halton Health & Wellbeing Board
Halton Borough Council

Halton Pharmaceutical Needs Assessment
Consultation Response Form

1. Has the purpose of the PNA been explained clearly within Chapter 1 & 2 of the draft PNA document?

Yes ☐ No ☐ Not sure ☐

If "No", please explain why in the box below:

2. Does Chapter 3 clearly set out the scope of the PNA?

Yes ☐ No ☐ Not sure ☐

If "No", please explain why in the box below:

3. Does Chapter 5 clearly set out the local context and the implications for the PNA?

Yes ☐ No ☐ Not sure ☐

If "No", please explain why in the box below:

4. Does the information in Chapters 6-8 provide a reasonable description of the services which are provided by pharmacies in Halton?

Yes ☐ No ☐ Not sure ☐

If "No", please explain why in the box below:

5. Are you aware of any NHS commissioned (NHS England or ICB) pharmaceutical services currently provided which have not been included within the PNA?

Yes ☐ No ☐ Not sure ☐

If "Yes", please explain why in the box below:

6. Do you think the pharmaceutical needs of the population have been accurately reflected in the PNA?

Yes ☐ No ☐ Not sure ☐

If "Yes", please let us know which service(s) in the box below:

7. Do you agree with the key findings about pharmaceutical services in Halton?

Yes ☐ No ☐ Not sure ☐

If "No" please explain why in the box below:

8. Has the PNA provided enough information to inform future pharmaceutical services provision?

Yes ☐ No ☐ Not sure ☐

If "No", please explain why in the box below:

9. ***Community pharmacies & Dispensing Appliance Contractor only.*** Please can you review the information in Appendix 1 (Opening Hours) and Appendix 2 (Service Provision) for accuracy? If you identify any issues, please provide details

	Is the information Accurate?				If "No", please provide details:
Opening Hours	Yes	☐	No	☐	
Service Provision	Yes	☐	No	☐	

10. If you have any further comments, please enter them in the box below (question applies to all):

11. About you - please can you provide the following information:

Name	
Job Title	
Pharmacy Name Or Organisation	
Address	
Telephone No.	
Please confirm that you are happy for us to store these details in case we need to contact you about your feedback?	Yes ☐ No ☐

Please return this feedback form:

- Via email to: public.health@halton.gov.uk
- Via post to the following address: **Public Health and Public Protection Department, Halton Borough Council, Runcorn Town Hall, Heath Road, Runcorn, Cheshire, WA7 5TD**

Appendix 8: 60-day statutory Consultation Response

5 responses were received

Questions	Responses	Response to comments
Q1: Has the purpose of the PNA been explained sufficiently within Chapter 1 and 2 of the draft PNA document?	All answered YES the purpose was sufficiently explained	Noted
Q2: Does Chapter 3 clearly set out the scope of the PNA?	All answered YES the scope was clearly set out	Noted
Q3: Do Chapters 4 and 5 clearly set out the local context and the implications for the PNA?	All answered YES the local context and implications for the PNA were clear	Noted
Q4: Does the information in Chapters 6-8 provide a reasonable description of the services which are provided by pharmacies in Halton?	3 of the 5 answered YES the information in sections 6-8 provided a reasonable description of pharmacy services provided 1 stated not sure with the following comment: "Hospital Trusts have pharmacy departments whose main responsibility is to dispense medications for use on the hospital wards for in-patients and during the out-patient clinics. " Suggest amend this statement to: "Hospital Trusts have pharmacy departments whose core responsibility is the safe and effective provision of medications. This currently includes the provision of Outpatient and Discharge medications at the point of need to patients.	Noted Section 6.1.5 has been amended to reflect this comment

Questions	Responses	Response to comments
	1 stated No with the following comment regarding Section 7.5 Reasonable Adjustments: Within the Halton Pharmaceutical Needs Assessment (PNA) document, it is documented that Runcorn has a reduced number of pharmacies alongside increased dispensing volume (compared to both local and national data) and a higher patient to pharmacy ratio. Nationally community pharmacy funding for dispensing has been reduced. These factors negatively impact the provision of MCCA in Runcorn. It is the experience of GP practices in Runcorn that most community pharmacies will not assess patients for reasonable adjustments that may result in MCCA because they do not have capacity to offer the service. GP practice staff struggle to identify community pharmacies in Runcorn to signpost patients to for assessment. This results in adverse outcomes (medicines safety concerns, poor compliance) for patients who would benefit from MCCA. There is also an impact on practice workload/capacity with time spent looking for a pharmacy to offer the service. It is difficult to measure the outcome of reduced provision of MCCA within a community. However, if a need exists for a reasonable adjustment that is not met the outcome is likely to be negative. For patients with polypharmacy, cognitive difficulties etc. the consequences of not taking medicines as prescribed can be significant. The PNA does not address this hidden demand and potential service gap within the description of services provided by pharmacies. 1 stated this in relation to section 8.1 Advanced, Enhanced and locally commissioned services The PNA states that 10 out of the 10 pharmacies in Runcorn offer the “Care at the Chemist” minor ailments service and therefore the service provision is adequate. Anecdotally patients report that the service availability varies based on the pharmacist working in the pharmacy that day. It would be useful to see if data for the usage of the service reflects any variability that would confirm this. An effective	In the contractor survey 3 out of 10 Runcorn pharmacies identified that they provide MCCA as part of Reasonable Adjustments provision. This concern has been passed on to both the ICB Halton Place leads and the local pharmaceutical committee. It is not possible to include data on service usage within the PNA as this varies month-by-month. Information from the ICB Halton Place commissioning lead for care at the Chemist confirms all pharmacies are commissioned to provide this but we

Questions	Responses	Response to comments
	minor ailments service relieves pressure on GP services for conditions that can managed by community pharmacy.	acknowledge this may not be available during all the hours a pharmacy is open. It is beyond the scope of the PNA to address this but the lead is happy to work with you to investigate this.
Q5: Are you aware of any pharmaceutical services currently provided which have not been included within the PNA?	No respondents were aware of any services provided that have not been included in the PNA	Noted
Q6: Do you think the pharmaceutical needs of the population have been accurately reflected in the PNA?	3 out of 5 answered YES pharmaceutical needs of the population have been accurately reflected in the PNA 2 said no with the following comments: Since publication of the draft there has been acknowledgement of multiple contractors within the Widnes location have decided to pull out of providing the Needle Exchange Service. Runcorn has a population of asylum seekers living at The Daresbury Park hotel which is well served by an on-site GP service. Residents can utilise a taxi service to access their registered GP practice if needed. However, access to community pharmacy services is more limited. A taxi service is not provided for residents who wish to access a community pharmacy. A local community pharmacy delivers dispensed	The information on Needle Exchange Services was accurate as at August 2024 as confirmed by the commissioner. Thanks you for bringing this to our attention. It has now been recached with the commissioner and updated accordingly. We recognise that asylum seekers are a particularly vulnerable group which is why we made reference to this population in the PNA.

Questions	Responses	Response to comments
	medicines once per week to the hotel. Residents must meet the delivery driver in reception, the hotel will not accept deliveries of medicines on a patient's behalf (this may also preclude the use of an online pharmacy). A delivery service is not available for urgent/acute prescription medicines or any other pharmacy service. The nearest pharmacy is a 35-minute walk away (1 hour 10-minute round trip). Public transport options may be limited for this population by the costs involved and the operating hours of the service. For patients who are acutely unwell, frail or very young the community pharmacy provision may not meet their needs. The on-site GP service is also utilised for minor ailments that could be dealt with by a community pharmacy if the services were more accessible.	This matter has been raised with the commissioners via the PNA steering group. Your feedback on the challenges faced is welcomed.
Q7: Do you agree with the key findings and conclusions about pharmaceutical services in Halton?	4 out of 5 agreed with the key findings and conclusions 1 said no with the following comment: "Pharmacies in Runcorn are now at acceptable minimum provision" Consideration should be given to the issues raised around MCCA provision, minor ailment service availability and community pharmacy services for asylum seekers in Runcorn. The closure of two pharmacies in Runcorn has also impacted the remaining contractors capacity to provide pharmacy services.	The steering group considered all of these issues during the development of the PNA. Whilst we note that the community pharmacy provision has reduced whilst prescribing volume increased we concluded that provision is adequate. The issues of MCCA, minor ailments service and community pharmacy services for asylum seekers are operational service quality issues and the steering group thank you for raising them.
Q8: Has the PNA provided enough information to inform future pharmaceutical services provision?	4 out of 5 agreed with the assessment of future need. 1 was not sure but provided no comments to qualify this.	Noted

Questions	Responses	Response to comments
Q9: ***Community pharmacies & Dispensing Appliance Contractor only.*** Please can you review the information in Appendix B (Opening Hours) and Appendix C (Service Provision) for accuracy? If you identify any issues, please provide details	One of the respondents stated the opening hours and service provision were not accurate for their pharmacy	Noted and necessary amendments made to Appendix 1 and 2.
Q10: Further comments		
Comments		**Response from Steering group**
Very impressive document summarising current situation clearly. Please could any reference to "Mersey and West Lancashire Teaching Hospitals NHS Trust" be checked to ensure the nomenclature is correct.		Thanks you for these comments. The document has been checked and updated as necessary.
The foreword statement lists the PNA as the third publication when in fact it should be the fourth. This is represented in the next page (p3) correctly. - The PNA publication does repeat itself quite regularly throughout. - At least one local service (needle exchange) will have changed in it's service provision since Feb'25 with a number of contractors ceasing providing in the Widnes area.		Thank you for pointing this out. The reference to this being the third PNA when it is the fourth has been amended. We appreciate the PNA is a lengthy document. We acknowledge there is some duplication but we have tried to reduce this as much as possible whilst maintaining the minimum requirements of the Regulations. The format of the PNA has been agreed across Cheshire & Merseyside.

Questions	Responses	Response to comments
		Regarding Needle Exchange Service – the list of pharmacies providing this was accurate as at August 2024 as stated in Appendix 2, page 82. However we have checked the list and made the necessary amendments.
Different figures are given for the pharmacies per 100,000 on pages 15 and 21. The figure given for England seems low compared to that calculated in other PNAs (12.38 per 100,000 versus about 20 per 100,000 quoted by others.		All figures have been checked and cross referenced. Number of pharmacies in England, North West and Cheshire & Merseyside have been updated as at Q1 2024/25. Any differences remaining compared to other PNAs will be due to different timescales the data was accessed and underlying populations used (ONS mid-year estimates versus GP registered populations)
The number of England pharmacies (7,838) given on page 53 also seems low.		As above
On page 2/3, this should be the fourth PNA		Amended to say fourth PNA not third
On page 51, under GP Out of Hours Services 'visits' should read 'visit'		Thanks you for your feedback. These minor typing/formatting errors have been rectified
On page 56, the font for 'Figure 10' is too large		
On page 60, under the map, the font for 'T' in there is too small. Should read 'these'?		
On page 63, 'particular' in the penultimate bullet point should be 'particularly'		
On page 76, on the second line 161,00 has the comma in the wrong place.		

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REPORT TO: Health & Wellbeing Board

DATE: 9th July 2025

REPORTING OFFICER: Director of Public Health

PORTFOLIO: Health and Wellbeing

SUBJECT: Overview of proposed reforms to Personal Independence Payments and Universal Credit

WARD(S) Borough wide

1.0 PURPOSE OF THE REPORT

1.1 This summary is an overview of the UK Government's proposals for reform to Personal Independence Payment and Universal Credit. The proposed reforms were outlined in the green paper 'Pathways to Work: Reforming Benefits and Support to Get Britain Working Again', published in March 2025.

2.0 RECOMMENDATION: That the board

1) **Note the recent policy changes outlined in the green paper on welfare reform and consider its impact in Halton.**

3.0 SUPPORTING INFORMATION

3.1 Personal Independence Payment (PIP) is a nationally administered benefit to help with the additional costs associated with a long term illness or disability. It is available to all adults below state pension age to support travel and daily activities. The benefit is not means tested meaning an individual can receive support regardless of their employment status, income and the amount of savings they have. As of January 2025, 3.7million in the UK people were claiming PIP.

3.2 PIP is made up of two components, a daily living and a mobility element, that make up the overall benefit. An applicant can be eligible for one component or both together. For each component there is either a standard or enhanced rate of support.

The daily living section covers the effects a physical or mental health condition has on the applicants ability to carry out basic tasks. For each of the 10 questions applicants receive a score based on which description best describes their ability.
Appendix A is the daily living question around washing and bathing and the associated descriptors. A score of 8 points overall is

required to receive the standard rate of the daily living component and 12 points for the enhanced rate. The questions cover the following:

1. Preparing Food
2. Eating and Drinking
3. Managing therapy or monitoring a health condition
4. Washing and Bathing
5. Managing toilet needs or incontinence
6. Dressing and undressing
7. Communicating verbally
8. Reading and understanding signs, symbols and words
9. Engaging with other people face to face
10. Making budgeting decisions

The mobility element focuses on the applicants ability to move around and follow journeys. Again a score of 8 points overall is required to receive the standard rate of the mobility component and 12 points for the enhanced rate. The questions cover the following:

1. Planning and following journeys
2. Moving around

3.3 The current per week value of both components of the award are as follows:

Daily Living Component

- Standard Rate: £73.90 per week
- Enhanced Rate: £110.40 per week

Mobility Component

- Standard Rate: £29.20 per week
- Enhanced Rate: £77.05 per week

3.4 From November 2026 applicants will be required to score at least 4 points in one single activity to be eligible for PIP. This will only affect the daily living component of the benefit as the minimum scoring for each of the mobility questions is 4 points. This higher bar for eligibility will remove those who across the board score at least 8 points but do not achieve a higher score in one particular activity.

3.5 Universal Credit is a working age benefit to support those on low income with living costs. They can be in or out of employment with 7.5 million people currently claim Universal Credit, with 3 million currently having no requirement to find work. The overall once monthly amount consists of a standard allowance and additional payments based on the circumstances of the individual.

3.6 The rate at which debt repayments are deducted from monthly payments will now be capped at a maximum of 15% from the previous rate of 25% as of April 25. This will alleviate some of the

financial pressure on families needing to repay previous debt while continuing to afford daily essentials.

3.7 The values of Universal Credit are set to change going forward. The basic amount claimants receive will rise from £92 a week in 2025/26 to £106 a week by 2029/30. The health element that supports those who can't work due to disability or sickness will also change. Those who currently receive this will have the amount frozen at the current rate of £97 a week. For any new claimants the amount will be reduced to £50 a week from next year and will again be frozen until 2029/30.

3.8 Other proposed changes include replacing the work capability assessment in 2028 with a new assessment based on the existing Personal Independent Payments system focusing on the impact a condition has on day to day activities, rather than capacity to work. Support for a 'right to try work' guarantee, meaning claimants can try work without worrying it will trigger a reassessment. Those under 22 years of age will be restricted from accessing the health element of Universal Credit and instead invited to take part in training opportunities and support in helping them find work.

4.0 POLICY IMPLICATIONS

4.1 It's important to note the impact these changes will have on individuals who will no longer be eligible for funding. This includes the effect on their daily lives and the effect on mental health caused by navigating the changes.

4.2 Helping vulnerable residents navigate these changes and new rules as they are implemented will require strong local advice provision.

5.0 FINANCIAL IMPLICATIONS

5.1 A reduction in support for those currently eligible will likely lead to pressure on other parts of the system from these residents.

5.2 Reduction in government funding available to local residents will reduce spending power locally.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Improving Health, Promoting Wellbeing and Supporting Greater Independence

Reduction in those eligible for Personal Independence Payment and the support it provides to individuals to connect with services in the community.

6.2 Building a Strong, Sustainable Local Economy

Reduction in eligibility for national funding will affect the spending power of local people.

6.3 Supporting Children, Young People and Families

Change to eligibility for parts of Universal Credit for under 22s will affect the level of financial support for young people. Improvements in the offer of training and education should help support this cohort improve their opportunities to work.

6.4 Tackling Inequality and Helping Those Who Are Most In Need

Reduction in the maximum amount that can be deducted from current payments to repay outstanding debt will help those most vulnerable afford essentials in the short term.

6.5 Working Towards a Greener Future

Increase in value of the basic rate of support will help these residents access local services and transport.

6.6 Valuing and Appreciating Halton and Our Community

Increase in pressure and stress on cohorts of our community affected by these changes who will require adequate local support locally to navigate through a transition.

6.7 Resilient and Reliable Organisation

Changes will likely in the short term lead to an increase in the scale of demand for support while changes take effect. This will lead to an increase in pressure on services already facing large demand.

7.0 RISK ANALYSIS

7.1 There are ongoing risks to the welfare of local people due to the effects of the wider determinists of health and poverty. Changes to eligibility of national provision will only exacerbate this issue.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 Changes to Personal Independence Payments will affect the level of support those with disabilities receive to complete daily tasks and remain connected to the community.

9.0 **CLIMATE CHANGE IMPLICATIONS**

9.1 Reduction in funding to certain cohorts will likely increase the need for demand for services locally and increase the amount of journeys residents have to make to access them.

10.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

'None under the meaning of the Act.'

(Please do not insert 'embedded' documents in reports. Members cannot read them on their electronic devices)

Appendix A: Question and scoring system from a PIP assessment

4. Washing and bathing

	POINTS	DESCRIPTION
A	0	Can wash and bathe unaided
B	1	Needs to use an aid or appliance to be able to wash or bathe
C	2	Needs supervision or prompting to be able to wash or bathe
D	2	Needs assistance to be able to wash either their hair or body below the waist
E	3	Needs assistance to be able to get in or out of a bath or shower
F	4	Needs assistance to be able to wash their body between the shoulders and waist
G	8	Cannot wash and bathe at all and needs another person to wash their entire body

REPORT TO:	Health & Wellbeing Board
DATE:	9th July 2025
REPORTING OFFICER:	Director of Public Health
PORTFOLIO:	Health and Wellbeing
SUBJECT:	Overview of Public Health initiatives tackling the causes and effects of Health Inequalities in Halton.
WARD(S)	Boroughwide

1.0 PURPOSE OF THE REPORT

1.1 This report provides a brief update of Public Health projects targeting health inequalities and highlights the various approaches being taken. This covers new policies that have been introduced, innovative approaches to connecting services and practical support for residents in need delivered alongside the community.

2.0 RECOMMENDED: That the board

1) **Note the work taking place in Halton**
2) **Note the importance of moving toward a proactive preventative approach across the system to connect available support to those in need.**
3) **Note the future changes to the household support fund announced in the spending review.**

3.0 SUPPORTING INFORMATION

3.1 Healthy Advertising Policy

In December last year the council adopted a Boroughwide Healthy Advertising Policy to ensure unhealthy food and drink products aren't advertised on local authority sites.

3.2 The policy uses the Nutrient Profiling Model to differentiate between food and non-alcoholic drinks that are high in fat, salt and sugar and healthier alternatives. The model is a national standard created by the Food Standards Agency in 2004 for Ofcom to regulate against unhealthy food and drink advertising on children's TV programming, which at the time made up 80% of all advertising during these shows.

3.3 The policy was introduced to combat the impact exposure to unhealthy advertising has on residents and to tackle the rates of overweight and obesity in Halton, with rates consistently above national averages. By the time children reach reception age (4-5) in Halton, 14% are obese compared to 9.2% nationally. This rises to 26% by the time they finish primary school, again exceeding the national average of 22.7%.

3.4 This policy is part of our proactive approach to promoting health improvement in our communities. Halton is currently one of only 23 Boroughs nationally to have made such a commitment. This work was championed by the All Together Fairer group in Cheshire and Merseyside with 8 of the 9 Boroughs in the region adopting replicable policies. Halton is currently working with partners in each area to bring together a joint evaluation on the impact of the policy.

3.5 **Winter Cold Homes Initiative**

In April Halton's Public Health Team was successful in an application to the NHS Cheshire and Merseyside Data and Access Governance Committee that will enable us to identify a cohort of patients through the NHS Cheshire and Merseyside, Combined Intelligence for Population Health Action (CIPHA) fuel poverty dashboard. This will allow Halton to run a preventative scheme this Winter. The dashboard assesses a patients health conditions alongside areas of deprivation to identify those most at risk of requiring hospital admission due to the effects of fuel poverty.

3.6 Currently to connect patients to support we rely on either referral from professionals or self-referral from the patient. Previously this has been supported by marketing campaigns, support on the councils cost of living web page and awareness raising at various teams meetings. However, with available support often short term and ever changing it can be difficult for professionals to keep up with what is available and where to refer patients. This means some vulnerable residents are not aware of where to turn for support and many referrals we receive are from patients at the point of crisis. This means their health condition has usually deteriorated and they require much more intense support. It is more effective to support patients before the Winter period to reduce the pressure they put on services.

3.7 The project is based on successful work conducted elsewhere in the UK kn own as 'warm home prescriptions'. This involves offering patients with severe respiratory conditions help with energy bills and accessing available home improvements as part of their care. This Winter we will work with a small cohort of around 120 patients with Chronic Obstructive Pulmonary Disease (COPD) identified as having the highest risk from fuel poverty. Each patient will be offered

a home visit for a full assessment of their home conditions and if required support with energy payments.

3.8 Halton is the first Public Health Department in the North West to be granted access to this dashboard. We have worked closely with the committee, Primary Care Networks (PCN) and Local Medical Committees (LMC) to ensure they are aligned with the process we have put in place. Individual Practices will be kept informed along the way of their patients involvement. The principle and process we have established here will open up opportunities for us to change the way we approach serving those with health conditions in other services, hopefully moving our service where possible from intervention to prevention. We are working with environmental health and some of the available retrofit schemes to see how this principle can be applied to target those eligible for various services.

3.9 **Household Support Fund Schemes**

The household support fund is a pot of funding national government distributes to all Local Authorities in order to offer hardship support at a local level to residents. In Halton this is distributed through a wide range of schemes. Some of the larger programmes operated by the council include food voucher support during all school holidays to children eligible for free school meals and Winter payments to pensioners on council tax reduction.

3.10 Through Public Health allocations from this fund we have operated the following programmes:

- Working with social care to identify residents for financial support who were in receipt of a council care plan who also receive Council Tax Reduction or Pension Credit.
- Winter warm packs for those experiencing homelessness.
- Worked with Halton Housing to support vulnerable tenants with essentials.
- Food voucher support for pre-school children and service users utilising women's refuge.
- Fresh food offered to the community via the 5 social supermarkets while supporting local growing networks to bring in new produce
- Funding for emergency fuel payments and heating system fixes.

In addition to the above over the next 12 month period we will also support the following:

- Pre-paid prescription certificates for those on low income
- Support with the cost of essential appliances and white goods for those on low income
- Set of financial planning courses to help residents improve their financial wellbeing and budgeting skills

- Fuel/food vouchers for residents who must use electrical medical equipment.
- Support for energy payments as part of the above Winter cold homes initiative.

In the recent spending review the government announced the replacement of the household support fund with a new crisis and resilience fund. Full details haven't been announced, however, the fund will cover multiple years as opposed to short term renewals of the current fund. This will cement some of the initiatives we can offer and open up more chances for long term collaboration in other areas.

4.0 POLICY IMPLICATIONS

4.1 Healthy Advertising policy will apply to all current and future commercial sites the council operates.

4.2 Crisis and Resilience fund to encompass support previous offered by household support fund and discretionary housing scheme on a multi-year basis. Will be a need to review how previous support has been administered to ensure new fund is used effectively.

5.0 FINANCIAL IMPLICATIONS

5.1 The Holiday Activity Fund, that provides activities and food for children in school holidays, is currently scheduled to end in March 2026 with this Christmas the last holiday period currently covered. If this is not renewed then these sessions will need to be considered as an option for Crisis and Resilience funding.

5.2 The household support fund runs from April 2025 to the end of March 2026 with a requirement for all funding to be used during this period.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Improving Health, Promoting Wellbeing and Supporting Greater Independence

The primary aim of the Winter cold homes project is to keep vulnerable residents from requiring medical intervention. In doing so residents are supported to live comfortable and independently in their own homes and communities.

6.2 Building a Strong, Sustainable Local Economy

Many of our household support fund initiatives involve supporting local residents with the cost of food and fuel with financial support that can be spent in the local community.

6.3 Supporting Children, Young People and Families

Child obesity in Halton shows a significant rise in overweight and obesity between the ages of 5-11. Childhood obesity is associated with increased morbidity and premature death with those obese as children more likely to be obese as adults compared to those who grow up a healthy weight. Ensuring we tackle obesity at a young age with a healthy advertising policy will help us improve life chances for children in Halton and reduce future costs to the system of tackling obesity related illness.

6.4 Tackling Inequality and Helping Those Who Are Most In Need

Move to a proactive prevention approach will be centred around identifying those most at need due to the effects of inequality on their lives. This will place people most in need at the heart of services we run.

6.5 Working Towards a Greener Future

As part of the Winter cold homes initiative residents will screened for eligibility of home improvement schemes that improve the energy efficiency of homes. Options include improvements to loft and wall insulation and boiler replacements to reduce the amount of energy required to heat the home to an adequate standard.

6.6 Valuing and Appreciating Halton and Our Community

Public Health work with multiple voluntary groups such as social supermarkets and Trinity Safe Space to help distribute the household support fund. We also take referrals from local groups, recognising the role they play in helping us identify those in need locally.

6.7 Resilient and Reliable Organisation

We are the first area to be granted access to patient data to run a cold homes project as a Public Health team. We hope to lead by example in the region on a change in the way support is distributed.

7.0 RISK ANALYSIS

7.1 Possible changes to the way the household support fund, discretionary housing payments and the holiday activity fund are ran happening in April 2026. This is after a number of year where these funds and the processes behind them have been established

in Halton. Its important going forward these changes are managed to ensure essential and well used local support is continued into the new funding cycle.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 Health inequalities are a significant factor across Halton. Those suffering from poorer health are more likely to live in the more deprived areas of the borough and more likely to be living in poverty. Those living in the most deprived Wards in Halton have a life expectancy 13.7 years worse for men and 9.3 years for women compared to the least deprived wards.

9.0 CLIMATE CHANGE IMPLICATIONS

9.1 By using health data proactively we hope to identify residents who are eligible for home improvement schemes due to their health condition. These schemes centre around improvements to a homes energy efficiency so residents use less energy to heat the home to an adequate standard and therefore reduce the amount of CO2 this produces.

10.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

'None under the meaning of the Act.'

(Please do not insert 'embedded' documents in reports. Members cannot read them on their electronic devices)

REPORT TO: Health & Wellbeing Board

DATE: 9th July 2025

REPORTING OFFICER: Sally Yeoman, Halton & St Helens VCA

PORTFOLIO: Health and Wellbeing

SUBJECT: Halton's VCFSE sector and it's role in wider determinants

WARD(S) Boroughwide

1.0 PURPOSE OF THE REPORT

To provide some context about the work of the Halton & St Helens VCA and the local VCFSE sector in health equity, addressing inequalities and the wider determinants that negatively impact people's health outcomes.

2.0 RECOMMENDED: That the report be noted.

3.0 SUPPORTING INFORMATION

3.1 For a relatively small Borough, Halton has a strong and sizeable local sector. There are estimated to be around 724 groups and organisations providing support, services and community action in the Borough. Around 470 of these are small, micro under the radar groups.

3.2 The VCFSE sector in Halton makes a huge contribution to the economic and social wellbeing of the place. There are 1,861 paid staff in the sector, 17,671 volunteers, volunteering at least once a month, delivering 23.574 hours for local voluntary and social action. The workforce is worth £57.8 million to the Borough and the sector itself creates £44.8 million GVA.

3.3 Summary profile of the VCFSE sector in Halton

The majority of groups are registered charities (44%). 67% of groups in Halton are over 10 years old, with only 7% of groups reporting that their organisation was formed in the last 12 months. Groups are more likely to be working at a local authority (33%) or local neighbourhood (27%), level. The majority of surveyed groups in Halton are micro (15%) and small (46%) organisations. 33% of

groups main activities fall under wellbeing, health and social care as the most common area of work. 45% of groups report supporting “everyone” followed by 10% targeting children and young people.

The most common source of funding for organisations is from fundraising and donations (21%), and local authority grants (14% each). There are approximately 48 full-time and 33 part-time staff employed by surveyed organisations. 100% of organisations in Halton with paid staff pay the Real Living Wage or above. 80% of organisations utilise volunteers, with a reported total of approximately 215 volunteers and an average of 20 volunteers per organisation. These volunteers provide approximately 783 hours of volunteering per week. The most popular priority for Halton groups over the next 12 months is sourcing funding opportunities (19%) followed by recruiting and retaining volunteers, organisational planning and strategy, maintaining sufficient financial reserves, and influencing key decision and policy makers (9.6% each). 67% of groups reported feeling confident in being able to achieve these goals, with 25% unsure

3.4 A significant role for the sector is in wellbeing and much of its work is reported in this space and if we are to really get underneath the challenges for local people and communities, we need a VCFSE sector that is well supported, resourced and sustainable. The demand is increasing on the local sector as is the complexity of issues and concerns local people have. This is happening at a time when it is harder for groups to find funding for their work.

3.5 At VCA we have a number of ways of gathering information and data from groups, the State of the Sector report is one, alongside this we use our Forum and specific surveys to check in on the issues and challenges groups are facing.

3.6 One of the key issues that groups have raised is the potential impact of the welfare benefit reforms on levels of income and therefore people’s lives.

4.0 **POLICY IMPLICATIONS**

None Identified

5.0 **FINANCIAL IMPLICATIONS**

None Identified

6.0 **IMPLICATIONS FOR THE COUNCIL’S PRIORITIES**

6.1 Improving Health, Promoting Wellbeing and Supporting Greater Independence

The VCSFE plays a key role across Halton's health and wellbeing sector

6.2 Building a Strong, Sustainable Local Economy

VCSFE organisations support local residents around employment

6.3 Supporting Children, Young People and Families

VCSFE organisations are involved in supporting young people and families in Halton

6.4 Tackling Inequality and Helping Those Who Are Most In Need
Halton's VCSFE sector works to support the reduction of inequalities throughout the borough

6.5 Working Towards a Greener Future
Climate change and the environment are considered as part of the work the VCSFE carries out in Halton

6.6 Valuing and Appreciating Halton and Our Community
The VCSFE sector plays an important role in supporting communities throughout Halton

6.7 Resilient and Reliable Organisation
The VCSFE sector works in partnership with Halton Borough Council organisation in many sectors

7.0 **RISK ANALYSIS**
None identified

8.0 **EQUALITY AND DIVERSITY ISSUES**
None identified

9.0 **CLIMATE CHANGE IMPLICATIONS**
None Identified

10.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

Core20 Plus5 Report Available from Halton & St Helens VCA
State of the Sector Summary Report Halton. Available from Halton & St Helens VCA

REPORT TO: Health & Wellbeing Board

DATE:

REPORTING OFFICER: Hitesh N Patel (Citizens Advice Halton)

PORTFOLIO: Health & Wellbeing

SUBJECT: The impact of advice services on tackling poverty and the wider determinants of health.

WARD(S) Boroughwide

1.0 PURPOSE OF THE REPORT

1.1 To provide an overview of the volume and nature of enquiries local people are raising with Citizens Advice Halton, what trends are emerging and what challenges this may pose for the wider health & wellbeing system may need to prepare for.

2.0 RECOMMENDATION: That the report be received and the Board determines a way forward.

3.0 SUPPORTING INFORMATION

3.1 In 2024-25 Citizens Advice Halton helped 7,695 people (of whom 65% classed themselves as being wither disabled or having a long-term health condition.

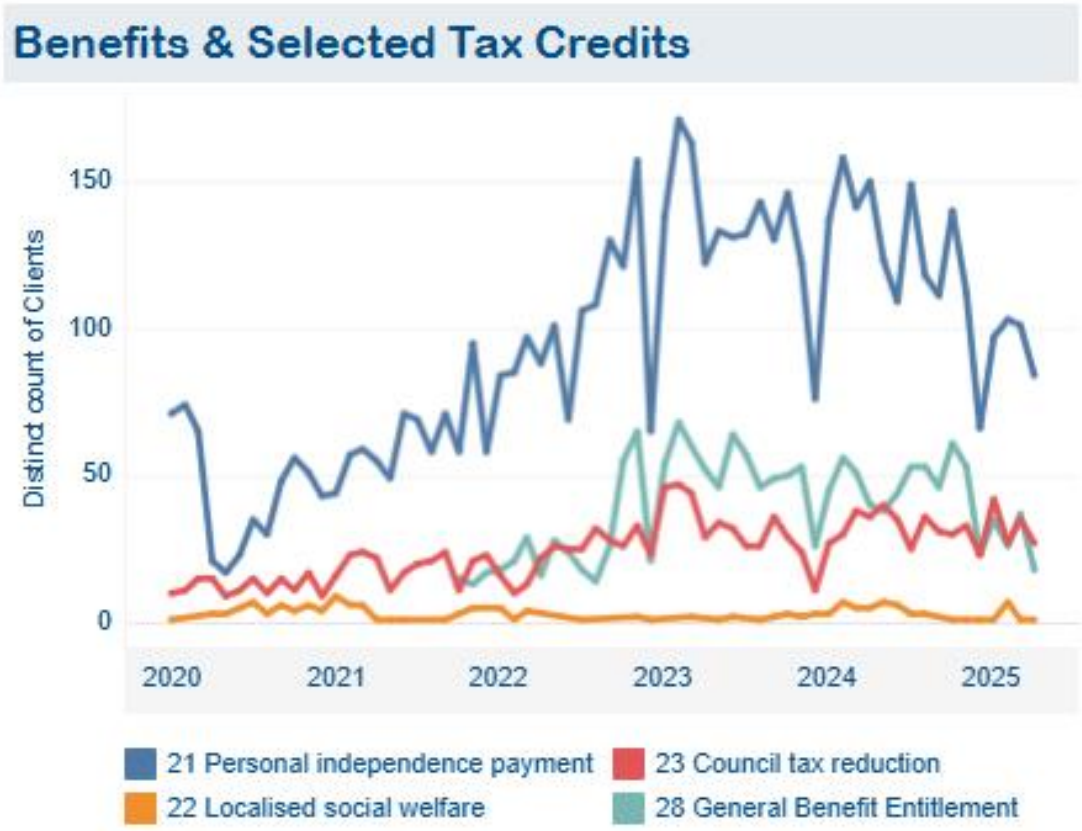
- 18% requested help to access charitable support (e.g. food/fuel vouchers, grants for household goods),
- 20% requested debt advice,
- 30% requested welfare benefits advice.

As a result of Citizens Advice's intervention £7.9million of debt was written off and £6.2million of additional income was gained.

3.2 Citizens Advice Halton will present data showing how the nature and number of enquiries they deal with has changed over the years and what this might mean for local services and policy development.

3.3 For example, there has been significant increase in demand for support to apply for Personal Independence Payments. This benefit is subject to overhaul by the Government and this will have significant societal implications for our population (e.g. carers would no longer be able to claim Carer's Allowance) and operational implications for local services (e.g. with less disposable income to

maintain independent living, disabled people may instead ask the Council to provide additional support)



4.0 POLICY IMPLICATIONS

4.1 None identified

5.0 FINANCIAL IMPLICATIONS

5.1 None identified

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 The work of advice agencies like Citizens Advice Halton contributes to:

- Priority 1 of Halton BC's Corporate Plan i.e. Improving Health, Promoting Wellbeing and Supporting Greater Independence, and
- Priority 4 i.e. Tackling Inequality, Helping Those Who Are Most In Need.

7.0 RISK ANALYSIS

7.1 Based on HM Treasury methodology it is estimated that Citizens Advice saved the NHS and local authority £987,474 last year.

- £97,278 in reduced demand for GP appointments
- £367,720 in reduced demand for Mental Health services
- £90,523 is reduced demand for other parts of the NHS system
- £436,953 in preventing homelessness

If the gap between supply and demand for social welfare information, advice and support grows, and mitigation is not put in place then it is conceivable that more financial pressure will be placed on the local public sector.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 The advice sector is relied upon predominantly by people with a protected characteristic (e.g. disability, gender, sexuality, race, pregnancy/maternity).

9.0 CLIMATE CHANGE IMPLICATIONS

9.1 None Identified

10.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

‘None under the meaning of the Act.’

REPORT TO: Health & Wellbeing Board

DATE: 9th July 2025

REPORTING OFFICER: Executive Director of Adult Services,

PORTFOLIO: Adult Social Care

SUBJECT: Better Care Fund (BCF) Plan 2025-26

WARD(S): Borough-wide

1.0 PURPOSE OF REPORT

1.1 To update the Health and Wellbeing Board on the BCF Plan 2025-26, for information, following its submission on 31st March 2025.

2.0 RECOMMENDATION: That the Board: -

1) Note the contents of the report and associated appendices.

3.0 SUPPORTING INFORMATION

3.1 The Government published the BCF Policy framework for 2025-26 at the end of January 2025, along with the associated planning requirements.

The framework and planning requirements set out the vision, funding, oversight and support arrangements, focused on 2 overarching objectives for the BCF in 2025-26, as follows:-

- Reform to support the shift from sickness to prevention; and
- Reform to support people living independently and the shift from hospital to home

3.2 The BCF Plan for 2025-26 consists of 3 documents, as follows: -

- Narrative Plan;
- Planning Template; and
- Capacity & Demand Template 2025-26

3.3 In terms of the planning template and the BCF schemes listed in it (***Appendix 2***), much of the 2025-26 plan remains a continuation of the successful approach undertaken in 2024-25, with some changes made in respect to how the schemes are funded based on national changes to the funding streams that are available.

3.4 Unlike last year, a full narrative plan was required to be submitted, in addition to a local capacity and demand plan; these are attached at ***Appendix 1 & 3*** respectively.

3.5 Following submission of the plan, all BCF Plans are scrutinised by regional assurers. At the time of writing this report, Halton's plan is currently going through this scrutiny

process. National guidance issued suggests that the process will run to the end of May, however at the time of writing this report we are still awaiting the outcome of the process. Once formal approval letters are issued, this will then allow for the release of the NHS minimum contribution amount, as per our plan.

3.6 In line with the governance arrangments outlined in the Joint Working Agreement between Halton Borough Council and NHS Cheshire & Merseyside (Halton Place), prior to its submission, the BCF Plan, including the expenditure plan, was presented and discussed at both the Better Care Commissioning Advisory Group and the Joint Senior Leadership Group.

The Board should note that to support the BCF Plan 2025-26, the Joint Working Agreement was reviewed and updated as necessary to reflect changes in governance and processes. The new Joint Working Agreement runs for two years up to the end of March 2027 and has been approved by both partners.

4.0 POLICY IMPLICATIONS

4.1 None identified.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 The Better Care Fund sits within the wider pooled budget arrangement and the financial context of the local health and social care environment. The pooling of resources and integrating processes and approach to the management of people with health and social care needs will support effective resource utilisation.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Improving Health, Promoting Wellbeing and Supporting Greater Independence

Developing integration further between Halton Borough Council and the NHS Cheshire and Merseyside (Halton Place) will have a direct impact on improving the health of people living in Halton. The plan that is developed is linked to the priorities identified for the borough by the Health and Wellbeing Board.

6.2 Building a Strong, Sustainable Local Economy

None identified.

6.3 Supporting Children, Young People and Families

None identified.

6.4 Tackling Inequality and Helping Those Who Are Most In Need

Linked to the Council priority relating to improving health, promoting wellbeing and supporting greater independence, the plan will also aim to help those who are most in need within our community.

6.5 Working Towards a Greener Future

None identified.

6.6 **Valuing and Appreciating Halton and Our Community**

None identified.

7.0 **RISK ANALYSIS**

7.1 Management of risks associated with service redesign and project implementation are through the governance structures outlined within the Joint Working Agreement.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 None associated with this report.

9.0 **CLIMATE CHANGE IMPLICATIONS**

9.1 There are no environmental or climate implications as a direct result of this report.

10.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

10.1

Document	**Place of Inspection**	**Contact Officer**
Joint Working Agreement – HBC & NHS Cheshire & Merseyside 1.4.25 - 31.3.27	Copy available on request	Susan.Wallace-Bonner@halton.gov.uk Tel: 0151 511 8825

REPORT TO:	Health & Wellbeing Board
DATE:	9th July 2025
REPORTING OFFICER:	Sue Wallace-Bonner, Executive Director of Adult Services, Halton Borough Council
PORTFOLIO:	Adult Social Care
SUBJECT:	Better Care Fund (BCF) 2024-25: Year End Report
WARD(S):	Borough Wide

1.0 **PURPOSE OF THE REPORT**

1.1 To update the Health and Wellbeing Board on the Better Care Fund 2024-25 Year End report, for information, following its submission on 29th May 2025.

2.0 **RECOMMENDATION: That the Board: -**

1) *Note the contents of the report and associated appendix.*

3.0 **SUPPORTING INFORMATION**

3.1 **BCF Year End Report 2024-25**
The BCF Year End Report for 2024-25 is attached at ***Appendix 1*** and details the following information: -

3.1.1 **Tab 3 – National Conditions**
In addition to confirming that the Section 75 for the BCF Plan has been finalised and signed off, there are four national conditions which are confirmed as being met: -

- A jointly agreed plan is in place;
- The plan aims to support the BCF Policy Objective in respect to enabling people to stay well, safe and independent at home for longer;
- The Plan aims to support the BCF Policy Objective of providing the right care in the right place, at the right time; and
- It aims to maintain the NHS's contribution to Adult Social Care and investment in NHS commissioned out of hospital services.

3.1.2 **Tab 4 – Metrics**
There are four national metrics that needed to be reported upon. We have reported that we have meet three out of four of them.

In respect to the metric relating to **Residential Admissions** we have reported that data is not available to assess progress against the target at present. This is because there have been changes to statutory returns and this has impacted on the Council's reporting systems and we could not guarantee the accuracy of this data at this stage.

3.1.3 **Tabs 5.1 & 5.2 Capacity and Demand Guidance & Assumptions and Actual Activity**

As part of the BCF Plan for 2024/25, details were included in respect to estimated demand in relation to people discharged from Hospital to Intermediate Care Services and those requiring access to Intermediate Care from the Community, in addition to Urgent Community Response services.

The end of year report contains details on actual activity/admissions to these services during January – March 2025, along with any changes to the estimates that we had included within the original plan.

3.1.4 **Tab 5 – Income Actual**

This lists the actual income received in 2024/25, against the planned income and includes the Disabled Facilities Grant (DFG) underspend (£419,584) which was carried forward from 2023/24.

3.1.5 **Tab 7b – Expenditure Tab *(NB. 7a – Expenditure Guidance: This tab just contains guidance for completing Tab 7b)***

This tab contains details of related spend for each of the schemes in our BCF Plan for 2024-25. It also includes the number of outputs delivered during the year, where this information was required.

3.1.6 **Tab 8 – Year End Impact Summary**

This summary confirms that the overall delivery of the BCF in our locality has improved joint working between health and social care and our schemes for 2024-25 were implemented as planned and had a positive impact.

Two main successes highlighted were: -

- *Collaborative Leadership & Shared Governance*
    - There is a history of pooled resources in place. This has continued to be in place/has been maintained throughout the year with agreed governance arrangements in place, supported by the Joint Working Agreement (Section 75) between Halton Borough Council and NHS Cheshire & Merseyside (Halton Place).
- *Joint Commissioning & Pooled or aligned resources*
    - Integrated commissioning arrangements supported through the Better Care Fund has successfully delivered a number of schemes including the home first approach for hospital discharge ensuring resources were allocated to maintain improved capacity.

Two main challenges highlighted were: -

- *Digital records, date and shared information*
    - Plans still in development for integrated care records – work is ongoing regionally, but progress is slow.
- *Sustainable Care Provider Market*
    - Challenges in ensuring the care market as a whole remains viable and sustainable remains an ongoing challenge due to a number of pressures in respect to finances available and also workforce. This is a national

issue and is not just specific to Halton. Work continues with providers to support them in addressing the challenges that are faced.

4.0 POLICY IMPLICATIONS

4.1 None identified.

5.0 FINANCIAL IMPLICATIONS

5.1 The Better Care Fund sits within the wider pooled budget arrangement and the financial context of the local health and social care environment. The pooling of resources and integrating processes and approach to the management of people with health and social care needs will support effective resource utilisation.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Improving Health, Promoting Wellbeing and Supporting Greater Independence

Developing integration further between Halton Borough Council and the NHS Cheshire and Merseyside (Halton Place) will have a direct impact on improving the health of people living in Halton. The plan that is developed is linked to the priorities identified for the borough by the Health and Wellbeing Board.

6.2 Building a Strong, Sustainable Local Economy

None identified.

6.3 Supporting Children, Young People and Families

None identified.

6.4 Tackling Inequality and Helping Those Who Are Most In Need

Linked to the Council priority relating to improving health, promoting wellbeing and supporting greater independence, the plan will also aim to help those who are most in need within our community.

6.5 Working Towards a Greener Future

None identified.

6.6 Valuing and Appreciating Halton and Our Community

None identified.

7.0 RISK ANALYSIS

7.1 Management of risks associated with service redesign and project implementation are through the governance structures outlined within the Joint Working Agreement in place between Halton Borough Council and NHS Cheshire & Merseyside.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 None associated with this report.

9.0 **CLIMATE CHANGE IMPLICATIONS**

9.1 There are no environmental or climate implications as a direct result of this report.

10.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

10.1

Document	**Place of Inspection**	**Contact Officer**
Joint Working Agreement – HBC & NHS Cheshire & Merseyside 1.4.23 - 31.3.25	Copy available on request	Sue Wallace-Bonner Susan.Wallace-Bonner@halton.gov.uk Tel: 0151 511 8825

Integration and Better Care Fund

Better Care Fund 2025-26

Health & Wellbeing Board Submission

Narrative Plan

Health & Wellbeing Board	**Halton**
Integrated Care Board	**NHS Cheshire & Merseyside**

Contents

Department of Health & Social Care | Ministry of Housing, Communities & Local Government | NHS England

Section 1: Overview of Better Care Fund (BCF) Plan

1.1 Priorities for 2025/26

In line with the national BCF objectives for 2025/26, locally our key priorities are as follows: -

- Support Local Authorities duties within the Care Act – namely provide resources to support care homes and domiciliary care provision.
- Maintain and expand the Home First / Discharge To Assess (D2A) approach with additional resources invested to support hospital discharge and trusted assessment processes, so achieving timely and effective discharge from hospital settings.
- Support community health (including Urgent Community Response (UCR) and Virtual Wards) and social care, intermediate care and equipment services, to not only support timely hospital discharge, but to also help prevent avoidable hospital admissions.
- Maintain and improve support for unpaid carers.
- Align the BCF programme with the wider Urgent & Emergency Care (UEC) Recovery Plan and the NHS Operational and Planning guidance, including the development of Neighbourhood Health Services and it's core components.

1.2 Key Changes Since Previous BCF Plan

The plan is kept under review in line with the governance arrangements laid out in the Joint Working Agreement (Section 75) in place between Halton Borough Council and NHS Cheshire & Merseyside (Halton Place) and at the time of writing this plan, as at the end of Quarter 3 2024/25, all outputs included in the 24/25 BCF Plan are expected to be met.

As the new key national metrics are in line with the previous intentions within the local systems i.e. aim to bolster community and intermediate care services, to support the reduction in admission and acute discharge, with the care and management of people in their own homes, we do not intend to make any significant/key changes to the 2025/26 plan which would impact adversely on the metrics which have been set and are outlined in the associated BCF Planning template. Our approach to delivering the plan and associated metrics will increasingly be through neighbourhood approaches in line with relevant planning guidance.

1.3 Approach to Joint Planning & Governance

One Halton's Health and Wellbeing Strategy 2022 – 2027 was developed and approved with the aim of improving health and reducing health inequalities.

A number of stages to the development of the Strategy took place, involving various stakeholders, based around a shared ambition to:

"To improve the health and wellbeing of the population of Halton by empowering and supporting local people from the start to the end of their lives by preventing ill health, promoting self-care and

independence, arranging local, community-based support and ensuring high quality services for those who need them".

Stakeholders included (list not exhaustive):-

- Halton Borough Council
- NHS Cheshire and Merseyside
- Bridgewater Community Healthcare NHS Foundation Trust
- Mersey Care NHS Foundation Trust
- Mersey & West Lancashire Teaching Hospitals NHS Trust (Previously St Helens and Knowsley Teaching Hospital NHS Trust)
- Warrington and Halton Teaching Hospitals NHS Foundation Trust
- Runcorn and Widnes primary care networks
- Halton Housing
- Halton and St Helens Voluntary and Community Action
- Healthwatch Halton

With partners being fully involved with the development of the Health and Wellbeing Strategy, as described in our previous plan, the BCF plan for 2025/26 will run parallel to this and all members of the Health and Wellbeing Board (HWB) will approve the plan and the ambitions for the metrics.

To support the HWB, the specific development and monitoring of the BCF Plan, associated pooled budget and Joint Working Arrangements (Section 75) sits with Halton Borough Council (HBC) Adult Social Care and NHS Cheshire & Merseyside (NHSCM) (Halton Place).

HBC and NHSCM have established a Joint Senior Leadership Team (JSLT) which is responsible for the direction, oversight, monitoring and use of the BCF, as part of the Joint Working Arrangements. The JSLT is supported in this duty via the Better Care Commissioning Advisory Group (BBCAG) which reviews in detail information pertaining to BCF Plan, associated pooled budget, quality, performance, local learning and national best practice, activity and finances and make recommendations to the JSLT on remedial action plans or future use of the BCF as appropriate.

The work that is undertaken, on an ongoing basis, between HBC and NHSCM, with partners and stakeholders supports the identification of priorities and therefore the development of schemes which feature within the plan. For example the work undertaken as part of the UEC Improvement Programme has helped inform the schemes such as 2-hour Urgent Community Response and the Hospital Discharge Team.

In line with national requirements, the BCF Plan is signed off by the HWB and regular update/monitoring reports are presented to the Board on the progress of the BCF Plan priorities, metrics, schemes etc on a quarterly basis.

1.4 Alignment with Improvement of Urgent and Emergency Care Flow

Halton is activity involved in the UEC Improvement Programmes being undertaken at Warrington and Halton Teaching Hospitals NHS Foundation Trust and Mersey and West Lancashire Teaching Hospitals NHS Trust, with a particular focus on the areas outlined below: -

- Attendance and Admission Avoidance
- Reducing Delayed Discharges
- Optimising Intermediate Care
- Oversight and Governance

A number of schemes are included within the BCF Plan, which fund associated services, specifically intended to address these issues e.g. funding a proportion of Intermediate Care beds within Halton, high intensity users, hospital discharge team, 2-hour Urgent Community Response etc.

See the BCF Planning template for further details.

1.5 Priorities for Developing Intermediate Care

As part of the UEC Improvement Programmes, as Optimising Intermediate Care is a key objective of these, work continues to take place to ensure pathways and processes are reviewed and updated as necessary to ensure Intermediate Care services in Halton, are robust and of a high quality.

Home/Reablement First principles are embedded within the system to support residents to remain in their own homes and communities and to reduce the dependency on long term bed-based placements.

At the time of writing this plan, during 2024/25, capacity has not exceeded demand in respect to Halton's intermediate care provision.

1.6 Collaboration across HWBs

This BCF Plan has been developed within the boundary of Halton and therefore only covers one HWB.

However, a number of programmes of work, supported by various schemes within the BCF Plan, that Halton are actively involved in, such as the UEC improvement programme and the intermediate care flow through the local acute hospitals and into the community, are undertaken on a collaborative basis centred around wider hospital catchment systems, as well as the Integrated Care System, as a whole.

Section 2: National Condition 2 – Implementing the Objective of the BCF

2.1 Reform to Support the Shift from Sickness to Prevention

The focus of the plan is on ensuring sufficient resources are not only available for hospital discharge but also for community services/responses to support people to remain independent for longer and prevent escalation of their health and care needs.

Domiciliary care, intermediate care, wider community services including Unpaid Carers and UCR are the main features of the expenditure plan. The UCR function that sits within Halton Intermediate Care and Frailty Service plays a key role in responding to urgent need in the community to prevent admissions to hospital or care homes. It provides proactive assessment and care planning for patients to reduce exacerbation of their conditions and coordinates ongoing care from wider community teams within the borough.

Similarly, the BCF funds the High Intensity Users services which supports residents, who often have chaotic lives and are frequent attenders to urgent care services. The service collaborates through a Multi Disciplinary Team (MDT) approach in both acute A&E teams to identify suitable individuals and supports them to recover their mental and personal wellbeing.

Our approach to Home First/D2A and the capacity and demand assumptions made (as outlined in the capacity & demand plan) will inform the investment strategy for the NHS Minimum Contribution, Disabled Facilities Grant (DFG) and Local Authority Better Care Grant and how these resources will be used.

2.2 Reform to Support People Living Independently and the Shift from Hospital to Home

Our approach to Home First/D2A and the capacity and demand assumptions made (as outlined in the capacity & demand plan) will inform the investment strategy for the NHS Minimum Contribution, DFG and Local Authority Better Care Grant and how these resources will be used.

As above and in addition, Halton's Home Assistance Policy describes how Halton Borough Council use's its powers under the Regulatory Reform (Housing Assistance) (England and Wales) Order 2002 to provide home adaptations for disabled people. The policy aims to ensure that residents with disabilities are provided with support to adapt their home so that it meets their needs and they are able to continue living safely and independently at home. The assistance offered through this policy is funded through the DFG allocation, which forms part of the BCF.

The DFG is used as a means of financing a wide range of equipment and adaptations within and around the home to ease accessibility, aid independence and promote wellbeing and as a result help people remain independent for longer.

Halton is engaged with a series of programs to avoid hospital admissions through the use of community-based alternatives, including the test for change with the ambulance service for Call before Convey and

to have earlier access to patients on the stack, who would benefit from a more timely community intervention.

2.2.1 Home First Approach

The principles of Home First are embedded within the borough, including when patients require community rehabilitation or transition, with their ultimate aim is to return to their usual place of residence.

Investment will continue in 2025/26 to further strengthen our Home First / D2A approach.

As part of the UEC Improvement Programmes, work across the 2 hospital footprints on processes through and out of hospital to home will support improved pathways and processes to reduce length of stay and no right to reside numbers.

2.3 Joint Approach to Best Value

As part of the Joint Working Arrangements (Section 75) between HBC and NHSCM, the JSLT is responsible for the direction, oversight, monitoring of the BCF Plan and associated Pooled Budget. The JSLT is supported in this duty via the BCCAG. The BCCAG reviews in detail information pertaining to BCF Plan, impact of the Pool Budget, quality, performance, local learning and national best practice, activity and finances etc. and makes recommendations to the JSLT on remedial action plans or future use of the funding as appropriate to ensure value for money etc.

2.4 Metric Ambitions Support Alignment to System Partner Plans/Capacity & Demand

Halton has previously set high stretch targets within the BCF ambitions and consistently performs within the top quartile for the ICS. The new metrics align with the ambitions that are already set within the UEC recovery programmes for admission avoidance, reduction of no-right to reside occupancy and timely discharge, following the discharge ready date. The Trusts are currently developing their required planning return and working in partnership with all stakeholders to model the trajectories for the coming year.

There are a number of data quality issues relating to the metrics that results in errors in national reporting, and these are trying to be addressed locally to ensure a clear representation of the position is submitted within the various situation reports.

There is also inconsistency across hospitals on their recording of MFD/NRTR/DRD and the level of discharge planning undertaken prior to this date being recorded. This means that a high proportion of discharge planning occurs after the attending consultant has deemed them to be medically fit of discharge.

Currently across Cheshire and Merseyside 84% of discharges are on pathway 0, 10% are pathway 1, 3% pathway 2 and 3% pathway 3. The local expectation is that Pathway 0 should be discharged the same day, Pathway 1 will be discharged within 2 days, Pathway 2 within 3 and Pathway 3 within 7, recognising the additional assessment needs and the scarcity of complex/EMI beds.

Due to the recoding of patient being discharged to back to the existing package of care or to their originating care home, these are now pathway 0 and not pathway 1 or 3, and therefore not all pathway 0 are able to be discharged on the date they are medically fit as there may be additional requirement that are essential for discharge.

Ongoing improvement programs continue within the UEC recovery systems with a focus on admission avoidance, in hospital improvement and discharges, and to address some of the delays in discharge there is a focus on reducing the deconditioning of patients during their stay and the advance planning of their discharge on admission. This work is outside the scope of the BCF schemes, but all aspects inter-relate and serve to ensure improved flow within acute settings when there is a need to admit and ensure services in the community are available as alternative to bed based care.

2.5 Consolidated Discharge Funding

There are no planned changes to the schemes that have previously been supported via the Discharge Funding now the funding has been consolidated into the National Minimum Contribution and the Local Authority Better Care Grant.

The relevant schemes continue to support the resilience within the health and social care system within Halton as a whole, by supporting flow out of the acute trusts with the aim of reducing length of stay.

2.6 Intermediate Care Capacity & Demand

Work has taken place on the 2025/26 capacity and demand for intermediate care and details can be found in the associated capacity and demand plan. As previously done, information from Halton's Hospital Discharge Teams and provider services have been used to develop the capacity and demand plan.

At the time of writing this plan, during 2024/25, demand for Intermediate Care services has not exceeded the capacity available.

When or if demand does exceed capacity, additional resources are secured, when necessary, via agency staff or spot purchasing, to ensure that people are supported to avoid admission or to enable discharge.

Halton's Intermediate Care Services are delivered on a multi disciplinary team basis, including therapy and therefore therapy provision is taken into account when plans are developed.

Section 3: Local Priorities and Duties

3.1 Promoting Equality & Reducing Inequalities

The One Halton Health and Wellbeing Strategy 2022 – 2027 sets out how, as a system, we will work together to develop pro-active prevention, health promotion and identifying people at risk early, when physical and/or mental health issues become evident. This will be at the core of all our developments, with the outcome of a measurable improvement in our population's general health and wellbeing.

The BCF is considered as part of the wider borough work on health inequalities, and will contribute to the following actions to reduce inequalities in Halton:

- Supporting a community development asset-based approach and community-led initiatives that build capacity for local people to become more informed and involved in decisions about their health and wellbeing.
- Improving access to services for people and groups most at risk of poor health.
- Developing the health and social care workforce to ensure that they have the knowledge, skills and understanding about how to identify and respond to need and inequalities, signposting and referring appropriately.

3.2 Engaging/Consulting with People Affected

As outlined above, the work that is undertaken by HBC and NHSCM with partners and stakeholders on an ongoing basis e.g. UEC Improvement Programme etc., inform the development of the plan.

All members of the HWB will approve the plan and the ambitions for the metrics.

3.3 Reducing Inequality in Access to NHS Services

Halton lies with the top 20 local authority districts with the highest proportion of neighbourhoods in the most deprived 10 per cent of neighbourhoods nationally.

The Halton HWB Strategy encompasses the need to reduce inequalities and recognises the additional health and care demands associated with the levels of deprivation across the wards.

The BCF plan and the wider joint arrangements within Halton provides capacity to meet the higher demands within the borough and lower self-funding or contributing levels for ongoing care. The plan ensures that all residents and registered population of the borough have equal access to services in the community, across the two towns, closer to home and not having to travel out of the borough to the acute hospitals.

3.4 Supporting and Involving Unpaid Carers

Halton's all-age Carers Strategy aims to take a more joined-up and holistic approach to supporting carers in Halton. It describes areas for improvement based on the views of carers in Halton and links into national statutory guidance.

Our Carers Strategy group (a multi-agency partnership) provide strategic oversight of our approach and has membership from health and social care sectors, including representation from both adults and children's services, alongside third sector representation.

In delivering against our Care Act duties, there is a jointly commissioned service with our Halton Carers Centre, with service specification and performance monitoring jointly reviewed between NHS and Social Care commissioners.

Halton Carers Centre are the primary point of contact for all carers', including young carers and young adult carers, to access a wide range of universal and targeted services that will support them to improve their quality of life throughout all stages of their caring role. This is delivered via services to meet these objectives including:

- Identification of carers
- Provision of information, advice and guidance
- Signposting carers to appropriate advice and support
- Advocating on behalf of carers
- Providing short term intensive support to carers where there is significant risk of carer breakdown
- Expanding and diversifying provision of activities and peer support for carers
- Supporting carers to take part in education, training or work opportunities

Further funding is allocated to support provision of a home-based respite care service, which provides breaks for carers and to assist people to live in their own homes to remain independent for as long as possible. This service provides home care normally provided by the unpaid carer and allows that carer to have respite from their role.

Better Care Fund 2025-26 Update Template

1. Guidance

Overview

HWBs will need to submit a narrative plan and a planning template which articulates their goals against the BCF objectives and how they will meet the national conditions in line with the requirements and guidance set out in the table on BCF Planning Requirements (published).

Submissions of plans are due on the 31 March 2025 (noon). Submissions should be made to the national Better Care Fund england.bettercarefundteam@nhs.net and regional Better Care Managers.

This guidance provides a summary of the approach for completing the planning template, further guidance is available on the Better Care Exchange.

Functional use of the template

We are using the latest version of Excel in Office 365, an older version may cause an issue.
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

This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.
Within the BCF submission guidance there will be guidance to support collaborating across HWB on the completion of templates.

Data Sharing Statement

This section outlines important information regarding Data Sharing and how the data provided during this collection will be used. This statement covers how NHS England will use the information provided. Advice on local information governance which may be of interest to ICSs can be seen at https://data.england.nhs.uk/sudgt/ - Please provide your submission using the relevant platform as advised in submission and supporting technical guidance.

2. Cover

The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off. To view pre-populated data for your area and begin completing your template, you should select your HWB from the top of the sheet.

Governance and sign-off
National condition one outlines the expectation for the local sign off of plans. Plans must be jointly agreed and be signed off in accordance with organisational governance processes across the relevant ICB and local authorities. Plans must be accompanied by signed confirmation from local authority and ICB chief executives that they have agreed to their BCF plans, including the goals for performance against headline metrics. This accountability must not be delegated.

Data completeness and data quality:
- 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 in this table are green should the template be sent to the Better Care Fund Team: england.bettercarefundteam@nhs.net (please also copy in your Better Care Manager).
- The checker column, which can be found on each individual sheet, 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'.
- The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
- Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'. Please ensure that all boxes on the checklist are green before submission.

3. Summary

The summary sheet brings together the income and expenditure information, pulling through data from the Income and Expenditure tabs and also the headline metrics into a summary sheet. This sheet is automated and does not require any inputting of data.

4. Income

This sheet should be used to specify all funding contributions to the Health and Wellbeing Boards (HWB) Better Care Fund (BCF) plan and pooled budget for 2025-26. The final planning template will be pre-populated with the NHS minimum contributions, Disabled Facilities Grant and Local Authority Better Care Grant. Please note the Local Authority Better Care Grant was previously referred to as the iBCF. For any questions regarding the BCF funding allocations, please contact england.bettercarefundteam@nhs.net (please also copy in your Better Care Manager).

Additional Contributions

This sheet also allows local areas to add in additional contributions from both the NHS and LA. You will be able to update the value of any Additional Contributions (LA and NHS) income types locally. If you need to make an update to any of the funding streams, select 'yes' in the boxes where this is asked and cells for the income stream below will turn yellow and become editable. Please use the comments boxes to outline reasons for any changes and any other relevant information.

Unallocated funds

Plans should account for full allocations meaning no unallocated funds should remain once the template is complete.

5. Expenditure

For more information please see tab 5a Expenditure guidance.

6. Metrics

Some changes have been made to the BCF metrics for 2025-26; further detail about this is available in the Metrics Handbook on the Better Care Exchange. The avoidable admissions, discharge to usual place of residence and falls metrics/indicators remain the same. Due to the standing down of the SALT data collection, changes have been made to the effectiveness of reablement and permanent admissions metrics/indicators.

For 2025-26 the planning requirements will consist of 3 headline metrics and for the planning template only the 3 headline metrics will be required to have plans entered. HWB areas may wish to also draw on supplementary indicators and there is scope to identify whether HWB areas are using these indiciators in the Metrics tab. The narrative should elaborate on these headline metrics [and may] also take note of the supplementary indicators. The data for headline metrics will be published on a DHSC hosted metrics dashboard but the sources for each are also listed below:

1. Emergency admissions to hospital for people aged 65+ per 100,000 population. (monthly)
- This is a count of non-elective inpatient spells at English hospitals with a length of stay of at least 1 day, for specific acute treatment functions and patients aged 65+
- This requires inputting of both the planned count of emergency admissions as well as the projection 65+ population figure on monthly basis
- This will then auto populate the rate per 100,000 population for each month

https://digital.nhs.uk/supplementary-information/2025/non-elective-inpatient-spells-at-english-hospitals-occurring-between-01-04-2020-and-30-11-2024-for-patients-aged-18-and-65

Supplementary indicators:

Unplanned hospital admissions for chronic ambulatory care sensitive conditions.

Emergency hospital admissions due to falls in people aged 65+.

2. Average number of days from Discharge Ready Date to discharge (all adult acute patients). (monthly)
- This requires inputting the % of total spells where the discharge was on the discharge ready date and also the average length of delay in days for spells where there was a delay.
- A composite measure will then auto calculate for each month described as 'Average length of discharge delay for all acute adult patients'
- This is a new SUS-based measure where data for this only started being published at an LA level since September hence the large number of missing months but early thinking about this metric is encouraged despite the lack of available data.

https://www.england.nhs.uk/statistics/statistical-work-areas/discharge-delays/discharge-ready-date/

Supplementary indicators:

Patients not discharged on their DRD, and discharged within 1 day, 2-3 days, 4-6 days, 7-13 days, 14-20 days and 21 days or more.

Local data on average length of delay by discharge pathway.

3. Admissions to long term residential and nursing care for people aged 65+ per 100,000 population. (quarterly)
- This section requires inputting the expected numerator (admissions) of the measure only.
- Please enter the planned number of council-supported older people (aged 65 and over) whose long-term support needs will be met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care)
- Column H asks for an estimated actual performance against this metric in 2024-25. Data for this metric is not yet published, but local authorities will collect and submit this data as part of their SALT returns. You should use this data to populate the estimated data in column H.
- The pre-populated cells use the 23-24 SALT data, but you have an option of using this or local data to use as reference to set your goals.
- The pre-populated denominator of the measure is the size of the older people population in the area (aged 65 and over) taken from Office for National Statistics (ONS) mid-year population estimates. This is changed from last year to standardize the population figure used.
- The annual rate is then calculated and populated based on the entered information.
https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-outcomes-framework-ascof/england-2023-24
Supplementary indicators:
Hospital discharges to usual place of residence.
Proportion of people receiving short-term reablement following hospital discharge and outcomes following short term reablement.

7. National conditions

This section requires the Health & Wellbeing Board to confirm whether the four national conditions detailed in the Better Care Fund Policy Framework for 2025-26 (link below) will be met through the delivery of your plan. (Post testing phase: add in link of Policy Framework and Planning requirements)

This sheet sets out the four conditions, where they should be completed and requires the Health & Wellbeing Board to confirm 'Yes' or 'No' that the HWB meets expectation. Should 'No' be selected, please note the actions in place towards meeting the requirement and outline the timeframe for resolution.
In summary, the four National conditions are as below:

- National condition 1: Plans to be jointly agreed
- National condition 2: Implementing the objectives of the BCF
- National condition 3: Complying with grant and funding conditions, including maintaining the NHS minimum contribution to adult social care (ASC)
- National condition 4: Complying with oversight and support processes
- How HWB areas should demonstrate this are set out in Planning Requirements

Better Care Fund 2025-26 Planning Template

2. Cover

Version 1.5

Please Note:
- The BCF planning template is categorised as 'Management Information' and data from them will be published in an aggregated form on the NHS England website and gov.uk. This will include any narrative section. Some data may also be published in non-aggregated form on gov.uk. 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 Better Care Exchange) 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 (MHCLG, DHSC, NHS England) 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.

Governance and Sign off

			Complete:
Health and Wellbeing Board:	Halton		Yes
Confirmation that the plan has been signed off by Health and Wellbeing Board ahead of submission - Plans should be signed off ahead of submission.	No		Yes
If no indicate the reasons for the delay.	The HWB is not due to meet until 9th July 2025 and therefore has		Yes
If no please indicate when the HWB is expected to sign off the plan:	Wed 09/07/2025	<< Please enter using the format, DD/MM/YYYY	Yes

Submitted by:	Louise Wilson	Yes
Role and organisation:	Commissioning & Development Manager - Halton Borough Council	Yes
E-mail:	louise.wilson@halton.gov.uk	Yes
Contact number:	0151 511 8861	Yes
Documents Submitted (please select from drop down) **In addition to this template the HWB are submitting the following:**	Narrative	Yes
	C&D Local Template	Yes

	Role:	Professional Title (e.g. Dr, Cllr, Prof)	First-name:	Surname:	E-mail:	Organisation	
Health and wellbeing board chair(s) sign off	Health and Wellbeing Board Chair	Cllr	Marie	Wright	marie.wright@halton.gov.uk		Yes
	Health and Wellbeing Board Chair						
Named Accountable person	Local Authority Chief Executive	Mr	Stephen	Young	Stephen.young@halton.gov.uk		Yes
	ICB Chief Executive 1	Mr	Graham	Urwin	graham.urwin@cheshireandmerseyside.nhs.uk	NHS Cheshire & Merseyside	Yes
	ICB Chief Executive 2 (where required)						
	ICB Chief Executive 3 (where required)						

Finance sign off	LA Section 151 Officer	Mr	Ed	Dawson	ed.dawson@halton.gov.uk		Yes
	ICB Finance Director 1	Mr	Mark	Bakewell	mark.bakewell@cheshireandmerseyside.nhs.uk	NHS Cheshire & Merseyside	Yes
	ICB Finance Director 2 (where required)						
	ICB Finance Director 3 (where required)						

Area assurance contacts	Local Authority Director of Adult Social Services	Mrs	Sue	Wallace-Bonner	Susan.Wallace-Bonner@halton.gov.uk		Yes
	DFG Lead	Mr	Damian	Nolan	damian.nolan@halton.gov.uk		Yes
	ICB Place Director 1	Mr	Tony	Leo	anthony.leo@cheshireandmerseyside.nhs.uk	NHS Cheshire & Merseyside	Yes
Please add any additional key contacts who have been responsible for completing the plan	ICB Place Director 2 (where required)						
	ICB Place Director 3 (where required)						

Assurance Statements

National Condition	Assurance Statement	Yes/No	If no please use this section to explain your response	
National Condition One: Plans to be jointly agreed	The HWB is fully assured, ahead of signing off that the BCF plan, that local goals for headline metrics and supporting documentation have been robustly created, with input from all system partners, that the ambitions indicated are based upon realistic assumptions and that plans have been signed off by local authority and ICB chief executives as the named accountable people.	Yes		Yes
National Condition Two: Implementing the objectives of the BCF	The HWB is fully assured that the BCF plan sets out a joint system approach to support improved outcomes against the two BCF policy objectives, with locally agreed goals against the three headline metrics, which align with NHS operational plans and local authority adult social care plans, including intermediate care capacity and demand plans and, following the consolidation of the Discharge Fund, that any changes to shift planned expenditure away from discharge and step down care to admissions avoidance or other services are expected to enhance UEC flow and improve outcomes.	Yes		Yes

National Condition Three: Complying with grant and funding conditions, including maintaining the NHS minimum contribution to adult social care (ASC)	The HWB is fully assured that the planned use of BCF funding is in line with grant and funding conditions and that funding will be placed into one or more pooled funds under section 75 of the NHS Act 2006 once the plan is approved	Yes		Yes
	The ICB has committed to maintaining the NHS minimum contribution to adult social care in line with the BCF planning requirements.	Yes		Yes
National Condition Four: Complying with oversight and support processes	The HWB is fully assured that there are appropriate mechanisms in place to monitor performance against the local goals for the 3 headline metrics and delivery of the BCF plan and that there is a robust governance to address any variances in a timely and appropriate manner	Yes		Yes

Data Quality Issues - Please outline any data quality issues that have impacted on planning and on the completion of the plan	
Halton sits primarily between two acute hospitals with roughly equal levels of activity, with smaller levels going to other DGHs and specialist trusts. Warrington Hospital has been recording SDEC activity as type5 ED through all of 2024/25 and has reasonably good discharge data, has initiated delay coding and days delayed from the discharge ready date is recorded. There are a few patients who status changes and errors are caused but within acceptable levels. Mersey and West Lancashire Hospitals, Whiston site, does still record SDEC as non-elective admissions, has data quality and completeness issues recording discharge ready dates and no right to reside numbers as well as issues with the completeness and reliability of the site's recording of discharge pathways data accuracy resulting in significantly under reporting the level of patients who are not discharged on the discharge ready date. Having two very different levels of data quality makes the baseline information and the national monitoring unreliable and difficult to correct due to the reporting variances. This together with less granular information at a sub-ICB level does not allow local data to be used as a substitute. The methodology used to set the over 65+ admissions nationally has been to count all non-elective admissions with a length of stay of 1 day or more for a range of treatment function codes, SDEC activity can include 1 day lengths of stay and NEL admissions to a ward can have a zero length stay and therefore this will not correct the SDEC coding issue and is reducing the true admissions. We have attempted to give an accurate position and trajectory but the quarterly national monitoring is unlikely to match the local position and if Whiston Hospital improves their reporting during the year it will cause movements in the trends, through counting and coding changes, rather than actual activity changes. The national guidance on the futures portal states 4 principle criteria for hospital data to be acceptable. Currently across Cheshire and Merseyside 84% of discharges are on pathway zero, 10% are pathway 1, 3% pathway 2 and 3% pathway 3. Due to the recoding of patient being discharged to back to the existing package of care or to their originating care home, these are now pathway 0 and not pathway 1 or 3 and by the potential additional requirements not all pathway 0 are able to be discharged on the date they are medically fit. The local expectation is that pathway 1 will be discharged within 2 days, pathway 2 within 3 and pathway 3 within 7, recognising the additional assessment needs and the scarcity of EMI home and the reluctance to step dementia patients down and then onwards due to the detrimental outcomes. For the local providers Warrington's discharges are approximately in line with the Cheshire and Merseyside position but Mersey and West Lancashire report 94% pathway 0, 2% pathway 1, 0% pathway 2 and 4% pathway 3 and are very much out of line with neighbouring hospitals and not reflecting the local operational position. As they also code SDEC activity as NEL and not type 5 ECDS their discharges are overstated, and if they started to code correctly there would be around a 10% reduction in NEL discharges and by the nature of SDEC they would all be pathway 0 and discharged on the date of discharge ready. The Cheshire and Merseyside ICB business intelligence team is building a BCF dashboard to support monitoring but will predominantly utilise national sit-rep information and we will work with them to identify the errors and develop alternative	Yes

Question Completion - When all questions have been answered and the validation boxes below have turned green, please send the template to the Better Care Fund Team england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. Please also copy in your Better Care Manager.

Template Completed	
	Complete:
2. Cover	Yes
4. Income	Yes
5. Expenditure	Yes
6. Metrics	Yes
7. National Conditions	Yes

<< Link to the Guidance sheet

^^ Link back to top

Better Care Fund 2025-26 Planning Template

3. Summary

Selected Health and Wellbeing Board: Halton

Income & Expenditure

Income >>

Funding Sources	Income	Expenditure	Difference
DFG	£2,475,102	£2,475,102	£0
NHS Minimum Contribution	£15,032,442	£15,032,442	£0
Local Authority Better Care Grant	£8,613,534	£8,613,534	£0
Additional LA Contribution	£0	£0	£0
Additional ICB Contribution	£0	£0	£0
Total	**£26,121,078**	**£26,121,078**	**£0**

Expenditure >>

Adult Social Care services spend from the NHS minimum contribution

	2025-26
Minimum required spend	£7,043,087
Planned spend	£7,614,212

Metrics >>

Emergency admissions

	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	1,921	1,861	1,849	1,825	1,792	1,623	1,817	1,571	1,635	1,611	1,430	1,700

Delayed Discharge

	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	1.20	1.20	1.10	1.10	1.00	1.00	1.00	1.00	0.90	0.90	0.90	0.90

Residential Admissions

		2024-25 Estimated	2025-26 Plan Q1	2025-26 Plan Q2	2025-26 Plan Q3	2025-26 Plan Q4
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	866.0	217.5	217.5	217.5	217.5

Better Care Fund 2025-26 Planning Template

4. Income

Selected Health and Wellbeing Board: Halton

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
Halton	£2,475,102
DFG breakdown for two-tier areas only (where applicable)	
Total Minimum LA Contribution (exc Local Authority BCF Grant)	**£2,475,102**

Complete:

Local Authority Better Care Grant	Contribution
Halton	£8,613,534
Total Local Authority Better Care Grant	**£8,613,534**

Are any additional LA Contributions being made in 2025-26? If yes, please detail below	No

Yes

Local Authority Additional Contribution	Contribution	Comments - Please use this box to clarify any specific uses or sources of funding
Total Additional Local Authority Contribution	**£0**	

Yes

NHS Minimum Contribution	Contribution
NHS Cheshire and Merseyside ICB	£15,032,442
Total NHS Minimum Contribution	**£15,032,442**

Are any additional NHS Contributions being made in 2025-26? If yes, please detail below	No

Yes

Additional NHS Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
Total Additional NHS Contribution	**£0**	
Total NHS Contribution	**£15,032,442**	

Yes

	2025-26
Total BCF Pooled Budget	**£26,121,078**

Funding Contributions Comments
Optional for any useful detail
N/A

Yes

Better Care Fund 2025-26 Planning Template

5. Expenditure

Selected Health and Wellbeing Board: Halton

<< Link to summary sheet

	2025-26		
Running Balances	Income	Expenditure	Balance
DFG	£2,475,102	£2,475,102	£0
NHS Minimum Contribution	£15,032,442	£15,032,442	£0
Local Authority Better Care Grant	£8,613,534	£8,613,534	£0
Additional LA contribution	£0	£0	£0
Additional NHS contribution	£0	£0	£0
Total	**£26,121,078**	**£26,121,078**	**£0**

Required Spend

This is in relation to National Conditions 3 only. It does NOT make up the total NHS Minimum Contribution (on row 10 above).

	2025-26		
	Minimum Required Spend	Planned Spend	Unallocated
Adult Social Care services spend from the NHS minimum allocations	£7,043,087	£7,614,212	£0

Checklist

Column complete:

Yes	Yes	Yes	Yes	Yes	Yes	Yes

Scheme ID	Activity	Description of Scheme	Primary Objective	Area of Spend	Provider	Source of Funding	Expenditure for 2025-26 (£)	Comments (optional)
1	Assistive technologies and equipment	Halton Integrated Community Equipment Service	2. Home adaptations and tech	Community Health	NHS Community Provider	Local Authority Better Care Grant	£ 646,167	
1	Assistive technologies and equipment	Halton Integrated Community Equipment Service	2. Home adaptations and tech	Community Health	NHS Community Provider	NHS Minimum Contribution	£ 233,912	
3	Disabled Facilities Grant related schemes	DFG & Adaptations	2. Home adaptations and tech	Social Care	Private Sector	DFG	£ 2,475,102	
4	Wider local support to promote prevention and independence	Warrington Therapy Staff	4. Preventing unnecessary hospital admissions	Community Health	NHS Acute Provider	NHS Minimum Contribution	£ 199,751	
4	Wider local support to promote prevention and independence	Bridgewater Community Therapies	4. Preventing unnecessary hospital admissions	Community Health	NHS Community Provider	NHS Minimum Contribution	£ 163,899	
4	Wider local support to promote prevention and independence	High Intensity Users	4. Preventing unnecessary hospital admissions	Primary Care	NHS	NHS Minimum Contribution	£ 61,805	
4	Wider local support to promote prevention and independence	Mental Health Outreach Team	1. Proactive care to those with complex needs	Mental Health	Local Authority	NHS Minimum Contribution	£ 150,960	
5	Home-based intermediate care (short-term home-based rehabilitation, reablement and	Reablement Service	5. Timely discharge from hospital	Social Care	Local Authority	NHS Minimum Contribution	£ 978,492	

5	Home-based intermediate care (short-term home-based rehabilitation, reablement and	Reablement Service	5. Timely discharge from hospital	Social Care	Local Authority	Local Authority Better Care Grant	£ 800,930	
5	Home-based intermediate care (short-term home-based rehabilitation, reablement and	Home First Support	5. Timely discharge from hospital	Social Care	Private Sector	NHS Minimum Contribution	£ 1,940,916	
7	Long-term home-based social care services	Maintaining Domicilary Care Packages	6. Reducing the need for long term residential care	Social Care	Private Sector	NHS Minimum Contribution	£ 3,153,380	
7	Long-term home-based social care services	Maintaining Domicilary Care Packages	6. Reducing the need for long term residential care	Social Care	Private Sector	Local Authority Better Care Grant	£ 912,518	
8	Long-term home-based community health services	Community Respiratory Team (WHHFT)	4. Preventing unnecessary hospital admissions	Community Health	NHS Acute Provider	NHS Minimum Contribution	£ 153,940	
8	Long-term home-based community health services	Out of Hospital Respiratory Team (WHHFT)	4. Preventing unnecessary hospital admissions	Community Health	NHS Acute Provider	NHS Minimum Contribution	£ 357,286	
9	Bed-based intermediate care (short-term bed-based rehabilitation, reablement and recovery services)	Oakmeadow Intermediate Care Beds	5. Timely discharge from hospital	Community Health	Local Authority	NHS Minimum Contribution	£ 450,134	
9	Bed-based intermediate care (short-term bed-based rehabilitation, reablement and recovery services)	Oakmeadow Intermediate Care Beds	5. Timely discharge from hospital	Community Health	Local Authority	Local Authority Better Care Grant	£ 544,586	
10	Long-term residential/nursing home care	Maintaining Residential Care Home Placements	1. Proactive care to those with complex needs	Social Care	Private Sector	NHS Minimum Contribution	£ 1,511,424	
10	Long-term residential/nursing home care	Maintaining Residential Care Home Placements	1. Proactive care to those with complex needs	Social Care	Private Sector	Local Authority Better Care Grant	£ 5,709,333	
10	Long-term residential/nursing home care	Improving Residential & Nursing Care	1. Proactive care to those with complex needs	Social Care	Private Sector	NHS Minimum Contribution	£ 30,000	
11	Discharge support and infrastructure	Hospital Discharge Team	5. Timely discharge from hospital	Other	Local Authority	NHS Minimum Contribution	£ 749,435	
11	Discharge support and infrastructure	Early Supported Discharge - Stroke	5. Timely discharge from hospital	Community Health	NHS Acute Provider	NHS Minimum Contribution	£ 194,585	

11	Discharge support and infrastructure	Trusted Assessor - Care Home	5. Timely discharge from hospital	Community Health	Local Authority	NHS Minimum Contribution	£ 60,728	
11	Discharge support and infrastructure	Trusted Assessor - Mental Health	5. Timely discharge from hospital	Mental Health	NHS Acute Provider	NHS Minimum Contribution	£ 20,000	
11	Discharge support and infrastructure	Pathway 3 - Discharge to Assess	5. Timely discharge from hospital	Community Health	NHS	NHS Minimum Contribution	£ 426,272	
11	Discharge support and infrastructure	Healthy at Home (VCA)	5. Timely discharge from hospital	Other	Charity / Voluntary Sector	NHS Minimum Contribution	£ 28,000	
11	Discharge support and infrastructure	Support at Home Service (BRC)	5. Timely discharge from hospital	Other	Charity / Voluntary Sector	NHS Minimum Contribution	£ 9,521	
13	Support to carers, including unpaid carers	Carers Centre	3. Supporting unpaid carers	Other	Charity / Voluntary Sector	NHS Minimum Contribution	£ 352,359	
13	Support to carers, including unpaid carers	Home Based Carers Respite Service	3. Supporting unpaid carers	Other	Private Sector	NHS Minimum Contribution	£ 124,740	
14	Evaluation and enabling integration	Mental Health Joint Commissioning Role	1. Proactive care to those with complex needs	Mental Health	Local Authority	NHS Minimum Contribution	£ 71,408	
15	Urgent community response	Halton Intermediate Care & Frailty Service (HICAFS) - Nursing	4. Preventing unnecessary hospital admissions	Community Health	NHS Community Provider	NHS Minimum Contribution	£ 1,532,956	
15	Home-based intermediate care (short-term home-based rehabilitation, reablement and	Halton Intermediate Care & Frailty Service (HICAFS) - Therapy	5. Timely discharge from hospital	Community Health	NHS Acute Provider	NHS Minimum Contribution	£ 1,480,227	
15	Home-based intermediate care (short-term home-based rehabilitation, reablement and	Halton Intermediate Care & Frailty Service (HICAFS) - Adult Social Care	5. Timely discharge from hospital	Community Health	Local Authority	NHS Minimum Contribution	£ 596,312	

5a. Expenditure Guidance

Guidance for completing Expenditure sheet

How do we calcute the ASC spend figure from the NHS minimum contribution total?

Schemes tagged with the following will count towards the planned **Adult Social Care services spend** from the NHS minimum:

- **Area of spend** selected as 'Social Care' and **Source of funding** selected as 'NHS Minimum Contribution'

The requirement to identify which primary objective scheme types are supporting is intended to provide richer information about the services that the BCF supports. Please select [from the drop-down list] the primary policy objective which the scheme supports. If more than one policy objective is supported, please select the most relevant. Please note The Local Authority Better Care Grant was previously referred to as the iBCF.

On the expenditure sheet, please enter the following information:
1. Scheme ID:
- Please enter an ID to represent the Scheme ID for the scheme being entered. Please enter the same Scheme ID in this column for any schemes that are described across multiple rows.
2. Activity:
- Please select the Activity from the drop-down list that best represents the type of scheme being planned. These have been revised from last year to try and simplify the number of categories. Please see the table below for more details.
3. Description of Scheme:
- This is a free text field to include a brief headline description of the scheme being planned. The information in this field assists assurers in understanding how funding in the local BCF plan is supporting the objectives of the fund nationally and aims in your local plan.
4. Primary Objective:
- Sets out what the main objective of the scheme type will be. These reflect the six sub objectives of the two overall BCF objectives for 2025-26. We recognise that scheme may have more than one objective. If so, please choose one which you consider if likely to be most important.
5. Area of Spend:
- Please select the area of spend from the drop-down list by considering the area of the health and social care system which is most supported by investing in the scheme.
6. Provider:
- Please select the type of provider commissioned to provide the scheme from the drop-down list.
- If the scheme is being provided by multiple providers, please split the scheme across multiple lines.
7. Source of Funding:
- Based on the funding sources for the BCF pool for the HWB, please select the source of funding for the scheme from the drop down list. This includes additional, voluntarily pooled contributions from either the NHS or Local authority
- If a scheme is funded from multiple sources of funding, please split the scheme across multiple lines, reflecting the financial contribution from each.
8. Expenditure (£)2025-26:
- Please enter the planned spend for the scheme (or the scheme line, if the scheme is expressed across multiple lines)
9. Comments:
Any further information that may help the reader of the plan. You should estimate the overall spend on the activity type in question across the system (both local authority and ICB commissioned where both organisations commission this type of service). Where the total spend in the system is not clear, you should include an estimate. The figure will not be subject to assurance.

2025-26 Revised Scheme Types

Number	Activity (2025-26)	Previous scheme types (2023-25)	Description
1	Assistive technologies and equipment	Assistive technologies and equipment Prevention/early intervention	Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Community based equipment, Digital participation services).
2	Housing related schemes	Housing related schemes Prevention/early intervention	This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.
3	DFG related schemes	DFG related schemes	The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes. The grant can also be used to fund discretionary, capital spend to support people to remain independent in their own homes under a Regulatory Reform Order, if a published policy on doing so is in place.
4	Wider support to promote prevention and independence	Prevention/early intervention	Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and wellbeing
5	Home-based intermediate care (short-term home-based rehabilitation, reablement and recovery services)	Home-based intermediate care services Home care or domiciliary care Personalised care at home Community based schemes	Includes schemes which provide support in your own home to improve your confidence and ability to live as independently as possible Also includes a range of services that aim to help people live in their own homes through the provision of domiciliary care including personal care, domestic tasks, shopping, home maintenance and social activities. Home care can link with other services in the community, such as supported housing, community health services and voluntary sector services
6	Short-term home-based social care (excluding rehabilitation, reablement and recovery services)	Personalised care at home	Short-term schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home often complemented with support for home care needs or mental health needs. This could include promoting self-management/expert patient, establishment of 'home ward' for intensive period.
7	Long-term home-based social care services	Personalised care at home	Long-term schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home often complemented with support for home care needs or mental health needs. This could include promoting self-management/expert patient or to deliver support over the longer term to maintain independence.

8	Long-term home-based community health services	Community based schemes	Schemes that are based in the community and constitute a range of cross sector practitioners delivering collaborative services in the community typically at a neighbourhood/PCN level (eg: Integrated Neighbourhood Teams) Reablement services should be recorded under the specific scheme type 'Reablement in a person's own home'
9	Bed-based intermediate care (short-term bed-based rehabilitation, reablement or recovery)	Bed-based intermediate care services (reablement, rehabilitation in a bedded setting, wider short-term services supporting recovery)	Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and often delivered by a combination of professional groups.
10	Long-term residential or nursing home care	Residential placements	Residential placements provide accommodation for people with learning or physical disabilities, mental health difficulties or with sight or hearing loss, who need more intensive or specialised support than can be provided at home.
11	Discharge support and infrastructure	High Impact Change Model for Managing Transfer of Care	Services and activity to enable discharge. Examples include multi-disciplinary/multi-agency discharge functions or Home First/ Discharge to Assess process support/ core costs.
12	End of life care	Personalised care at home	Schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home for end of life care.
13	Support to carers, including unpaid carers	Carers services	Supporting people to sustain their role as carers and reduce the likelihood of crisis. This might include respite care/carers breaks, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence.
14	Evaluation and enabling integration	Care Act implementation and related duties Enablers for integration High Impact Change Model for Managing Transfer of Care Integrated care planning and navigation Workforce recruitment and retention	Schemes that evaluate, build and develop the enabling foundations of health, social care and housing integration, encompassing a wide range of potential areas including technology, workforce, market development (Voluntary Sector Business Development: Funding the business development and preparedness of local voluntary sector into provider Alliances/ Collaboratives) and programme management related schemes. Schemes may include: - Care Act implementation and related duties - High Impact Change Model for Managing Transfer of Care - where services are not described as "discharge support and infrastructure" - Enablers for integration, including schemes that build and develop the enabling foundations of health, social care and housing integration, and joint commissioning infrastructure. - Integrated care planning and navigation, including supporting people to find their way to appropriate services and to navigate through the complex health and social care systems; may be online or face-to-face. Includes approaches such as Anticipatory Care. Integrated care planning constitutes a co-ordinated, person centred and proactive case management approach to conduct joint assessments of care needs and develop integrated plans, typically carried out by professionals as part of an MDT. - Workforce recruitment and retention, where funding is used for incentives or activity to recruit and retain staff or incentivise staff to increase the number of hours they work.
15	Urgent Community Response	Urgent Community Response	Urgent community response teams provide urgent care to people in their homes which helps to avoid hospital admissions and enable people to live independently for longer. Through these teams, older people and adults with complex health needs who urgently need care, can get fast access to a range of health and social care professionals within two hours.
16	Personalised budgeting and commissioning	Personalised budgeting and commissioning	Various person centred approaches to commissioning and budgeting, including direct payments.
17	Other	Other	This should only be selected where the scheme is not adequately represented by the above scheme types.

Better Care Fund 2025-26 Planning Template

6. Metrics for 2025-26

Selected Health and Wellbeing Board: Halton

8.1 Emergency admissions

		Apr 24 Actual	May 24 Actual	Jun 24 Actual	Jul 24 Actual	Aug 24 Actual	Sep 24 Actual	Oct 24 Actual	Nov 24 Actual	Dec 24 Actual	Jan 25 Actual	Feb 25 Actual	Mar 25 Actual	Rationale for how local goal for 2025-26 was set. Include how learning and performance to date in 2024-25 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area.	Complete:
Emergency admissions to hospital for people aged 65+ per 100,000 population	Rate	1,853	1,732	1,913	1,994	1,913	1,712	1,994	1,712	n/a	n/a	n/a	n/a	To correct the SDEC coding at NEL at Whiston, the actual 65+ SDEC activity has been deducted from the reported NEL activity. The same activity profile has been used for the plan and may differ next year. The UEC improvement programs have admission avoidance plans which will continue to show overall reductions in A&E attendances and admissions. In 2024/25 there has been a 3% reduction in A&E attendances, reductions in overall admissions but 65+ admissions have risen, and this is being reviewed to determine the change in admission rates and cohorts presenting. An ambition has been set for a 5% reduction in 65+ activity by the end of 2025/26.	Yes
	Number of Admissions 65+	460	430	475	495	475	425	495	425	n/a	n/a	n/a	n/a		
	Population of 65+*	24,827	24,827	24,827	24,827	24,827	24,827	24,827	24,827	n/a	n/a	n/a	n/a		
		Apr 25 Plan	May 25 Plan	Jun 25 Plan	Jul 25 Plan	Aug 25 Plan	Sep 25 Plan	Oct 25 Plan	Nov 25 Plan	Dec 25 Plan	Jan 26 Plan	Feb 26 Plan	Mar 26 Plan		
	Rate	1,921	1,861	1,849	1,825	1,792	1,623	1,817	1,571	1,635	1,611	1,430	1,700		
	Number of Admissions 65+	477	462	459	453	445	403	451	390	406	400	355	422		Yes
	Population of 65+	24,827	24,827	24,827	24,827	24,827	24,827	24,827	24,827	24,827	24,827	24,827	24,827		

Source: https://digital.nhs.uk/supplementary-information/2025/non-elective-inpatient-spells-at-english-hospitals-occurring-between-01-04-2020-and-30-11-2024-for-patients-aged-18-and-65

Supporting Indicators		Have you used this supporting indicator to inform your goal?	
Unplanned hospital admissions for chronic ambulatory care sensitive conditions. Per 100,000 population.	Rate	Yes	Yes
Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	Rate	Yes	Yes

8.2 Discharge Delays

*Dec Actual onwards are not available at time of publication

Apr 24 Actual	May 24 Actual	Jun 24 Actual	Jul 24 Actual	Aug 24 Actual	Sep 24 Actual	Oct 24 Actual	Nov 24 Actual	Dec 24 Actual	Jan 25 Actual	Feb 25 Actual	Mar 25 Actual	Rationale for how local goal for 2025-26 was set. Include how learning and performance to date in 2024-25 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area.

Average length of discharge delay for all acute adult patients (this calculates the % of patients discharged after their DRD, multiplied by the average number of days)	n/a	n/a	n/a	n/a	n/a	1.28	0.85	1.07	n/a	n/a	n/a	n/a	The DRD and delay data available to forecast from is limited and the quality of data reported by Whiston is poor. Warrington Hospital has the highest proportion of patients entering a P1-3 pathway in the region and longer right to reside lengths of stay, resulting in more complex discharges. There is an expectation that 90% of all discharges should be P0 and be discharged on the date ready, which is 6% higher than the current C&M position. The reported position of the catchment of Mersey and West Lanc is skewed due to their sit-rep data. The Newton Europe UEC improvement program at Warrington identified the need to reduce average discharge delays by 3 days overall, with improvement targets for the different pathways, recognising P3 discharges to care homes are the most complex and can cause significant variations in the average for long stay patients. The current average time to discharge is 12 days and the aim will be to reduce that to 9 for the winter period.	Yes
Proportion of adult patients discharged from acute hospitals on their discharge ready date	n/a	n/a	n/a	n/a	n/a	91.8%	93.0%	90.3%	n/a	n/a	n/a	n/a		
For those adult patients not discharged on DRD, average number of days from DRD to discharge	n/a	n/a	n/a	n/a	n/a	15.6	12.1	11.1	n/a	n/a	n/a	n/a		
	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	1.20	1.20	1.10	1.10	1.00	1.00	1.00	1.00	0.90	0.90	0.90	0.90		
Proportion of adult patients discharged from acute hospitals on their discharge ready date	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%		Yes
For those adult patients not discharged on DRD, average number of days from DRD to discharge	12.00	12.00	11.00	11.00	10.00	10.00	10.00	10.00	9.00	9.00	9.00	9.00		Yes

Source: https://www.england.nhs.uk/statistics/statistical-work-areas/discharge-delays/discharge-ready-date/

Supporting Indicators		Have you used this supporting indicator to inform your goal?	
Patients not discharged on their DRD, and discharged within 1 day, 2-3 days, 4-6 days, 7-13 days, 14-20 days and 21 days or more.	Number of patients	Yes	Yes
Local data on average length of delay by discharge pathway.	Number of days	Yes	Yes

8.3 Residential Admissions

		2023-24 Actual	2024-25 Plan	2024-25 Estimated	2025-26 Plan Q1	2025-26 Plan Q2	2025-26 Plan Q3	2025-26 Plan Q4		Rationale for how the local goal for 2025-26 was set. Include how learning and performance to date in 2024-25 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area.	
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	616.3	636.4	866.0	217.5	217.5	217.5	217.5		Increase in 65+ population and demand driven through hospital discharge. Due to the changes from SALT to CLD, local data has been used to estimate the 24-25 numbers and contribute to the 25-26 plan	Yes
	Number of admissions	153	158	215	54	54	54	54			Yes
	Population of 65+*	24,827	24,827	24,827	24,827	24,827	24,827	24,827			

Long-term admissions to residential care homes and nursing homes for people aged 65+ per 100,000 population are based on a calendar year using the latest available mid-year estimates.

Supporting Indicators		Have you used this supporting indicator to inform your goal?	
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence	Percentage	Yes	Yes
The proportion of people who received reablement during the year, where no further request was made for ongoing support	Rate	Yes	Yes

Better Care Fund 2025-26 Update Template

7: National Condition Planning Requirements

Health and wellbeing board: Halton

National Condition	Planning expectation that BCF plan should:	Where should this be completed	HWB submission meets expectation	Where the Planning requirement is not met, please note the actions in place towards meeting the requirement	Timeframe for resolution
1. Plans to be jointly agreed	Reflect local priorities and service developments that have been developed in partnership across health and care, including local NHS trusts, social care providers, voluntary and community service partners and local housing authorities	Planning Template - Cover sheet Narrative Plan - Overview of Plan	Yes		
	Be signed off in accordance with organisational governance processes across the relevant ICB and local authorities	Planning Template - Cover sheet	Yes		
	Must be signed by the HWB chair, alongside the local authority and ICB chief executives – this accountability must not be delegated	Planning Template - Cover sheet	Yes		
2. Implementing the objectives of the BCF	Set out a joint system approach for meeting the objectives of the BCF which reflects local learning and national best practice and delivers value for money	Narrative Plan - Section 2	Yes		
	Set goals for performance against the 3-headline metrics which align with NHS operational plans and local authority adult social care plans, including intermediate care capacity and demand plans	Planning Template - Metrics	Yes		
	Demonstrate a 'home first' approach and a shift away from avoidable use of long-term residential and nursing home care	Narrative Plan - Section 2	Yes		
	Following the consolidation of the previously ring-fenced Discharge Fund, specifically explain why any changes to the use of the funds compared to 2024-25 are expected to enhance urgent and emergency care flow (combined impact of admission avoidance and reducing length of stay and improving discharge)	Narrative Plan - Section 2	Yes		
3. Complying with grant and funding conditions, including maintaining the NHS minimum contribution to adult social care (ASC)	Set out expenditure against key categories of service provision and the sources of this expenditure from different components of the BCF	Planning Template - Expenditure	Yes		
	Set out how expenditure is in line with funding requirements, including the NHS minimum contribution to adult social care				
4. Complying with oversight and support processes	Confirm that HWBs will engage with the BCF oversight and support process if necessary, including senior officers attending meetings convened by BCF national partners.	Planning Template - Cover	Yes		
	Demonstrate effective joint system governance is in place to: submit required quarterly reporting, review performance against plan objectives and performance, and change focus and resourcing if necessary to bring delivery back on track	Narrative Plan - Executive Summary	Yes		


Complete:
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes

BCF Capacity & Demand Template 2025-26

1. Guidance

Overview

This template has been unlocked to allow editing as required. It is optional to submit capacity & demand figures as per this template format and a customised format of this will be accepted.

Note on entering information into this 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 can be input into the cell
Pre-populated cells

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off. You should select your HWB from the top of the sheet which will also reveal pre-populated trusts for your area.

2. Once you are satisfied with the information entered the template should be sent to the Better Care Fund Team: england.bettercarefundteam@nhs.net (please also copy in your Better Care Manager).

3. Sign off - HWB sign off will be subject to your own governance arrangements which may include delegated authority. If your plan has been signed off by the full HWB, or has been signed off through a formal delegation route, select YES. If your plan has not yet been signed off by the HWB, select NO.

3. Capacity and Demand

A full capacity and demand planning document has been shared on the Better Care Exchange, please check this document before submitting any questions on capacity and demand planning to your BCM. Below is the basic guidance for completing this section of the template.

This template follows the same format as last year and so contains all the previously asked for data points including demand (referrals), block and spot capacity, average duration of treatment and time from referral to treat all split by pathway. It is however only required that some form of data points are submitted to show projected demand (disaggregated by step-up and step-down) and capacity for intermediate care and other short term care. The additional data points on average treatment time, time to treat and spot/block capacity split are optional but have remained in case you may find these data points useful.

As with the last capacity and demand update, summary tables have been included at the top of both capacity and demand sheets that will auto-fill as you complete the template, providing and at-a-glance summary of the detail below.

List of data points in template:

3.1 C&D Step-down

Estimates of available capacity for each month of the year for each pathway.
Estimated average time between referral and commencement of service.
Expected discharges per pathway for each month, broken down by referral source.
Estimates of the average length of stay/number of contact hours for individuals on each of the discharge pathways.

3.2 C&D Step-up

Estimated capacity and demand per month for each service type.
Estimated average length of stay/number of contact hours for individuals in each service type for the whole year.

Better Care Fund 2025-26 Capacity & Demand Template

2. Cover

Health and Wellbeing Board:	Halton
Completed by:	Louise Wilson
E-mail:	Louise.wilson@halton.gov.uk
Contact number:	0151 511 8861
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	Yes

Once complete please send this template to the Better Care Fund Team england.bettercarefundteam@nhs.net saving the file as 'C&D - Name HWB' for example 'C&D - County Durham HWB'. Please also copy in your Better Care Manager.

<< Link to the Guidance sheet

Better Care Fund 2025-26 Capacity & Demand Template

3.1. C&D Step-down

Selected Health and Wellbeing Board: Halton

Step-down	Capacity surplus (not including spot purchasing)												Capacity surplus (including spot puchasing)											
Capacity - Demand (positive is Surplus)	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Reablement & Rehabilitation at home (pathway 1)	16	17	22	11	20	21	8	13	18	16	22	14	16	17	22	11	20	21	8	13	18	16	22	14
Short term domiciliary care (pathway 1)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation in a bedded setting (pathway 2)	7	8	8	2	2	9	7	8	3	7	-2	6	7	8	8	2	2	9	7	8	3	7	-2	6
Other short term bedded care (pathway 2)	8	2	8	7	9	8	4	8	4	7	7	7	8	2	8	7	9	8	4	8	4	7	7	7
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Capacity - Step-down		Refreshed planned capacity (not including spot purchased capacity)												Capacity that you expect to secure through spot purchasing											
Service Area	**Metric**	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Reablement & Rehabilitation at home (pathway 1)	Monthly capacity. Number of new packages commenced.	70	70	70	70	70	70	70	70	70	85	80	70	0	0	0	0	0	0	0	0	0	0	0	0
Short term domiciliary care (pathway 1)	Monthly capacity. Number of new packages commenced.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly capacity. Number of new packages commenced.	19	19	19	19	19	19	19	19	19	19	19	19	0	0	0	0	0	0	0	0	0	0	0	0
Other short term bedded care (pathway 2)	Monthly capacity. Number of new packages commenced.	10	10	10	10	10	10	10	10	10	10	10	10	0	0	0	0	0	0	0	0	0	0	0	0
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Monthly capacity. Number of new packages commenced.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Demand - Step-down		Expected no. of referrals:											
Pathway	**Trust Referral Source**	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Total Expected Step-down:	Total Step-down	**68**	**72**	**61**	**79**	**68**	**61**	**80**	**70**	**74**	**84**	**82**	**72**
Reablement & Rehabilitation at home (pathway 1)	Total	**54**	**53**	**48**	**59**	**50**	**49**	**62**	**57**	**52**	**69**	**58**	**56**
	MERSEY AND WEST LANCASHIRE HOSPITALS NHS TRUST	20	27	19	32	17	26	25	23	14	29	30	27
	WARRINGTON AND HALTON TEACHING HOSPITALS NHS FOUNDATION TRUST	30	22	25	23	29	19	33	30	34	36	24	25
	OTHER	4	4	4	4	4	4	4	4	4	4	4	4
Short term domiciliary care (pathway 1)	Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
	MERSEY AND WEST LANCASHIRE HOSPITALS NHS TRUST	0	0	0	0	0	0	0	0	0	0	0	0
	WARRINGTON AND HALTON TEACHING HOSPITALS NHS FOUNDATION TRUST	0	0	0	0	0	0	0	0	0	0	0	0
	OTHER	0	0	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation in a bedded setting (pathway 2)	Total	**12**	**11**	**11**	**17**	**17**	**10**	**12**	**11**	**16**	**12**	**21**	**13**
	MERSEY AND WEST LANCASHIRE HOSPITALS NHS TRUST	3	4	4	9	8	4	4	3	9	9	10	1
	WARRINGTON AND HALTON TEACHING HOSPITALS NHS FOUNDATION TRUST	9	7	7	8	9	6	8	8	7	3	11	12
	OTHER	0	0	0	0	0	0	0	0	0	0	0	0
Other short term bedded care (pathway 2)	Total	**2**	**8**	**2**	**3**	**1**	**2**	**6**	**2**	**6**	**3**	**3**	**3**
	MERSEY AND WEST LANCASHIRE HOSPITALS NHS TRUST	1	5	1	1	1	1	3	2	5	2	2	2
	WARRINGTON AND HALTON TEACHING HOSPITALS NHS FOUNDATION TRUST	1	3	1	2	0	1	3	0	1	1	1	1
	OTHER	0	0	0	0	0	0	0	0	0	0	0	0
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
	MERSEY AND WEST LANCASHIRE HOSPITALS NHS TRUST	0	0	0	0	0	0	0	0	0	0	0	0
	WARRINGTON AND HALTON TEACHING HOSPITALS NHS FOUNDATION TRUST	0	0	0	0	0	0	0	0	0	0	0	0
	OTHER	0	0	0	0	0	0	0	0	0	0	0	0

Better Care Fund 2025-26 Capacity & Demand Template

3.2. C&D Step-up

Selected Health and Wellbeing Board: Halton

Step-up **Refreshed capacity surplus:**

Capacity - Demand (positive is Surplus)	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Social support (including VCS)	10	4	10	19	13	15	5	8	4	10	10	10
Reablement & Rehabilitation at home	3	0	1	2	4	3	4	3	3	3	3	4
Reablement & Rehabilitation in a bedded setting	2	2	2	1	2	2	2	1	2	2	1	2
Other short-term social care	0	0	0	0	0	0	0	0	0	0	0	0

Expected capacity:

Capacity - Step-up		Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Service Area	Metric												
Social support (including VCS)	Monthly capacity. Number of new clients.	20	20	20	20	20	20	20	20	20	20	20	20
Reablement & Rehabilitation at home	Monthly capacity. Number of new clients.	4	4	4	4	4	4	4	4	4	4	4	4
Reablement & Rehabilitation in a bedded setting	Monthly capacity. Number of new clients.	2	2	2	2	2	2	2	2	2	2	2	2
Other short-term social care	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0

Expected no. of referrals:

Demand - Step-up	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Service Type												
Social support (including VCS)	10	16	10	1	7	5	15	12	16	10	10	10
Reablement & Rehabilitation at home	1	4	3	2	0	1	0	1	1	1	1	0
Reablement & Rehabilitation in a bedded setting	0	0	0	1	0	0	0	1	0	0	1	0
Other short-term social care	0	0	0	0	0	0	0	0	0	0	0	0

REPORT TO:	Health & Wellbeing Board
DATE:	9th July 2025
REPORTING OFFICER:	Executive Director of Adult Services
PORTFOLIO:	Adult Social Care
SUBJECT:	Better Care Fund (BCF) 2024-25: Year End Report
WARD(S):	Borough Wide

1.0 **PURPOSE OF THE REPORT**

1.1 To update the Health and Wellbeing Board on the Better Care Fund 2024-25 Year End report, for information, following its submission on 29th May 2025.

2.0 **RECOMMENDATION: That the Board: -**

1) *Note the contents of the report and associated appendix.*

3.0 **SUPPORTING INFORMATION**

3.1 **BCF Year End Report 2024-25**
The BCF Year End Report for 2024-25 is attached at ***Appendix 1*** and details the following information: -

3.1.1 **Tab 3 – National Conditions**
In addition to confirming that the Section 75 for the BCF Plan has been finalised and signed off, there are four national conditions which are confirmed as being met: -

- A jointly agreed plan is in place;
- The plan aims to support the BCF Policy Objective in respect to enabling people to stay well, safe and independent at home for longer;
- The Plan aims to support the BCF Policy Objective of providing the right care in the right place, at the right time; and
- It aims to maintain the NHS's contribution to Adult Social Care and investment in NHS commissioned out of hospital services.

3.1.2 **Tab 4 – Metrics**
There are four national metrics that needed to be reported upon. We have reported that we have meet three out of four of them.

In respect to the metric relating to **Residential Admissions** we have reported that data is not available to assess progress against the target at present. This is because there have been changes to statutory returns and this has impacted on the Council's reporting systems and we could not guarantee the accuracy of this data at this stage.

3.1.3 **Tabs 5.1 & 5.2 Capacity and Demand Guidance & Assumptions and Actual Activity**

As part of the BCF Plan for 2024/25, details were included in respect to estimated demand in relation to people discharged from Hospital to Intermediate Care Services and those requiring access to Intermediate Care from the Community, in addition to Urgent Community Response services.

The end of year report contains details on actual activity/admissions to these services during January – March 2025, along with any changes to the estimates that we had included within the original plan.

3.1.4 **Tab 5 – Income Actual**

This lists the actual income received in 2024/25, against the planned income and includes the Disabled Facilities Grant (DFG) underspend (£419,584) which was carried forward from 2023/24.

3.1.5 **Tab 7b – Expenditure Tab *(NB. 7a – Expenditure Guidance: This tab just contains guidance for completing Tab 7b)***

This tab contains details of related spend for each of the schemes in our BCF Plan for 2024-25. It also includes the number of outputs delivered during the year, where this information was required.

3.1.6 **Tab 8 – Year End Impact Summary**

This summary confirms that the overall delivery of the BCF in our locality has improved joint working between health and social care and our schemes for 2024-25 were implemented as planned and had a positive impact.

Two main successes highlighted were: -

- *Collaborative Leadership & Shared Governance*
    - There is a history of pooled resources in place. This has continued to be in place/has been maintained throughout the year with agreed governance arrangements in place, supported by the Joint Working Agreement (Section 75) between Halton Borough Council and NHS Cheshire & Merseyside (Halton Place).
- *Joint Commissioning & Pooled or aligned resources*
    - Integrated commissioning arrangements supported through the Better Care Fund has successfully delivered a number of schemes including the home first approach for hospital discharge ensuring resources were allocated to maintain improved capacity.

Two main challenges highlighted were: -

- *Digital records, date and shared information*
    - Plans still in development for integrated care records – work is ongoing regionally, but progress is slow.
- *Sustainable Care Provider Market*
    - Challenges in ensuring the care market as a whole remains viable and sustainable remains an ongoing challenge due to a number of pressures in respect to finances available and also workforce. This is a

national issue and is not just specific to Halton. Work continues with providers to support them in addressing the challenges that are faced.

4.0 POLICY IMPLICATIONS

4.1 None identified.

5.0 FINANCIAL IMPLICATIONS

5.1 The Better Care Fund sits within the wider pooled budget arrangement and the financial context of the local health and social care environment. The pooling of resources and integrating processes and approach to the management of people with health and social care needs will support effective resource utilisation.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Improving Health, Promoting Wellbeing and Supporting Greater Independence

Developing integration further between Halton Borough Council and the NHS Cheshire and Merseyside (Halton Place) will have a direct impact on improving the health of people living in Halton. The plan that is developed is linked to the priorities identified for the borough by the Health and Wellbeing Board.

6.2 Building a Strong, Sustainable Local Economy

None identified.

6.3 Supporting Children, Young People and Families

None identified.

6.4 Tackling Inequality and Helping Those Who Are Most In Need

Linked to the Council priority relating to improving health, promoting wellbeing and supporting greater independence, the plan will also aim to help those who are most in need within our community.

6.5 Working Towards a Greener Future

None identified.

6.6 Valuing and Appreciating Halton and Our Community

None identified.

7.0 RISK ANALYSIS

7.1 Management of risks associated with service redesign and project implementation are through the governance structures outlined within the Joint Working Agreement in place between Halton Borough Council and NHS Cheshire & Merseyside.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 None associated with this report.

9.0 **CLIMATE CHANGE IMPLICATIONS**

9.1 There are no environmental or climate implications as a direct result of this report.

10.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

10.1

Document	Place of Inspection	Contact Officer
Joint Working Agreement – HBC & NHS Cheshire & Merseyside 1.4.23 - 31.3.25	Copy available on request	Sue Wallace-Bonner Susan.Wallace-Bonner@halton.gov.uk Tel: 0151 511 8825

Better Care Fund 2024-25 EOY Reporting Template

6. Income actual

Selected Health and Wellbeing Board: Halton

Source of Funding	2024-25 Planned Income	2024-25 Actual income	2024-25 Carried from previous year (23-24)	2024-25 Actual total income (Column D + E)
DFG	£2,175,723	£2,175,723	£419,584	£2,595,307
Minimum NHS Contribution	£13,484,478	£13,484,478		£13,484,478
iBCF	£6,982,074	£6,982,074		£6,982,074
Additional LA Contribution	£0	£0		£0
Additional NHS Contribution	£0	£0		£0
Local Authority Discharge Funding	£1,631,460	£1,631,460		£1,631,460
ICB Discharge Funding	£1,281,956	£1,281,956		£1,281,956
Total	**£25,555,691**			**£25,975,275**

Checklist
Complete:
Yes
Yes
Yes
Yes
Yes
Yes
Yes