

Public Document Pack



Health and Wellbeing Board

Wednesday, 25 March 2026 2.00 p.m.
Council Chamber, Runcorn Town Hall

A handwritten signature in black ink that reads 'A. Jonsson'.

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 15 July 2026

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

Part I

Item No.	Page No.
1. APOLOGIES FOR ABSENCE	
2. MINUTES OF LAST MEETING	1 - 9
3. NEIGHBOURHOOD HEALTH	10 - 13
4. BETTER CARE FUND PLAN 2025/26 - QUARTER 3 UPDATE	14 - 22
5. REVIEW OF TERMS OF REFERENCE	23 - 28

HEALTH AND WELLBEING BOARD

At a meeting of the Health and Wellbeing Board on Wednesday, 14 January 2026 at DCBL Stadium, Widnes

Present: Councillor Wright (Chair)
 Councillor T. McInerney
 Councillor Woolfall
 I. Onyia - Public Health
 S. Foy - Adult Social Care
 T. McPhee - Mersey Care NHS Foundation Trust
 A. Leo - Integrated Commissioning Board
 L. Gardner - Warrington & Halton Teaching Hospitals
 L. Hughes - Healthwatch Halton
 S. Patel - Local Pharmaceutical Committee
 G. Augustine – Pan Cheshire Child Death Overview Panel
 W. Longshaw – St. Helens & Knowsley Hospitals
 A. Hindhaugh – Children’s Services
 C. Baker – Public Health
 J. McNally – Cheshire Police
 K Butler – Democratic Services
 F. Watson – Public Health
 D. Wilson – Healthwatch Halton
 J. Rosser – Public Health

Action

HWB21 APOLOGIES FOR ABSENCE

Apologies had been received from Councillor A. Ball, E. Doyle – Cheshire Fire, L. Windle – Halton Housing, H. Bennett – Mersey Care and H. Patel – Citizens Advice Halton.

HWB22 MINUTES OF LAST MEETING

The Minutes of the meeting held on 8 October 2025 having been circulated were signed as a correct record.

HWB23 UPDATE ON HALTON'S PARTNERSHIP RESPONSE TO RISING KETAMINE USE

The Board received a report from the Director of Public Health, which provided an update on the rise in Ketamine use and associated harms in Halton. The report also provided Members with some reassurance that the co-ordinated partnership response remained proportionate, evidence-led and aligned to Halton’s priorities for young

people, adults and communities.

Ketamine was a dissociative anaesthetic with legitimate clinical uses, however, there has been an increase in recreational misuse which cause physical, psychological and behavioural harms. The shifting patterns of use are thought to be driven by low cost, wide availability and limited awareness of related risks factors.

Halton's Combatting Drugs Partnership (CDP) identified Ketamine as an emerging and rapidly escalating issue in Halton. The partnership held a Ketamine-specific workshop in November 2024 at which Partners reported a number of concerns.

In March 2025, the Ketamine Task and Finish Group was established to deliver a coordinated, whole-system response, with aims focused on strengthening evidence and intelligence, improving coordinated interventions, and enhancing multi-agency collaboration. Membership included representatives from Public Health, Education, Police, the NHS, Youth Services, Change Grow Live and safeguarding teams. The group reported into several senior forums, including the Combatting Drugs Partnership, the Contextual Safeguarding Strategic Group and the Safer Halton Partnership.

Cheshire Police reported a significant increase in ketamine use and supply affecting young people in Halton and outlined their response through Operation Yellow Darting. Specialist officers worked with The Bridge School to carry out targeted operations and this resulted in several arrests for suspected supply of the Class B drug. Police also delivered awareness sessions in schools on the physical harms of ketamine and continued to encourage public reporting, while engaging with families and communities to safeguard vulnerable young people.

It was suggested that some young people were using the substance as a form of self-medication following pandemic-related trauma and in relation to neurodiverse diagnoses. The Police representative highlighted that it continued to be widely perceived as a party drug and provided the Board with an update on recent police pursuits; options were being explored to address the issue through a review of referral pathways. Social media messaging remained active and wide-reaching, although a more hard-hitting approach was considered necessary.

Following discussions, it was agreed that officers

would investigate and report back on the following matters:

- whether there had been any involvement from the Halton Youth Cabinet;
- whether Whiston had an established referral pathway; and
- the training currently available to staff in the NHS.

RESOLVED: That the report be noted.

Director of Public Health

HWB24 PHARMACEUTICAL NEEDS ASSESSMENT

The Director of Public Health, presented a report which outlined a proposed process on how to respond to pharmacy application notifications and consolidated applications received during the lifetime of the 2025-28 Pharmaceutical Needs Assessment (PNA).

In July 2025, the Board received a report which briefed them on the PNA and the proposed local governance arrangements and the responsibilities of Health and Wellbeing Boards. During the lifetime of the PNA, the Health and Wellbeing Board can make written representation on applications to change pharmacy provisions. There were two type of applications: Pharmacy application notifications and Consolidation applications and details of both were contained within the report.

At the meeting in July 2025, the Board approved the publication of the 2025-28 PNA and also delegated the PNA Steering Group to write supplementary statements. In addition to this, the Group sought approval from the Board to grant additional delegated duty to respond to applications on its behalf as part of the National Health Service England decision-making process.

RESOLVED: That the Board:

- 1) approve the process for responding to pharmacy applications; and
- 2) delegate the PNA Steering Group to deal with application representations needed throughout the lifetime of the 2025-28 PNA.

Director of Public Health

HWB25 PAN CHESHIRE CHILD DEATH REVIEW PANEL ANNUAL REPORT 2024/2025

A presentation on the Annual Report of the Pan Cheshire Child Death Overview Panel for 2024/25 was

delivered to the Board. The presentation outlined the key trends identified during child death reviews undertaken in 2024/25 and set out the associated recommendations for system leaders and partners.

Partners of the Overview Panel included the Cheshire Local Authorities and the NHS Cheshire and Merseyside Integrated Care Board and included representatives from across Cheshire East, Cheshire West and Chester, Halton and Warrington. The child death review process was outlined in statutory guidance, Working Together to Safeguard Children 2023 and Child Death Review Statutory and Operational Guidance (England) 2018.

The report highlighted the following points in relation to the Pan Cheshire footprint:

- rates of child notifications were reasonably stable over the last five years;
- there were 59 child death notifications during 2024/25 compared to 52 during 2023/24;
- the rate of notifications across Pan Cheshire during 2024/25 was 2.63/10,000 0–17-year-olds and 2.35/10,000 during 2023/24, compared to the rate of notifications across England, which was 2.98/10,000 during 2023/24;
- the majority of notifications were in children under the age of 1 year (54% - 38/70), this was a similar to the age distribution across England as a whole (61%);
- the most child death reviews were completed in Cheshire East (24/70 - 34%) followed by Cheshire West and Chester (18/70 - 26%);
- 60 % (42/70) child death reviews related to death within the first year of life, 57% (40/70) of which occurred within the neonatal period;
- perinatal/neonatal events accounted for 33% (22/70) of all completed cases reviewed, with 20% (14/70) completed cases categorised as chromosomal, genetic and congenital anomalies; and
- a higher proportion of child death reviews occur in the most deprived decile (19%,13/70), compared to the least deprived (6%, 4/70)

Between 1 April 2024 and 31 March 2025, the leading modifiable (or vulnerability) factors associated with reviews of death completed by the Pan Cheshire Child Death Overview Panel included:

- issues in service provision in 44% (31/70) of all completed reviews;

- maternal obesity (Body Mass Index ≥ 30) in 24% (17/70) of all completed reviews;
- mental health concerns of the child 20% (14/70) of all completed reviews;
- smoking in 17% (12/70) of all completed reviews; and
- late booking/hidden pregnancy in 12% (12/70) of all completed reviews.

The report also outlined the progress made by the Overview Panel over the past year, including developments in ways of working, increased public and professional awareness, and the delivery of educational events. It was further noted that the final report of the Thirlwall Inquiry was expected to be published in early 2026. The Overview Panel would continue to work with partners to ensure that any required actions and recommendations were implemented to support children, their parents, guardians and carers.

Page 34 of the report noted that a deep dive would be undertaken into the issues in service provision identified in the completed review, in order to provide further clarity on available services and any gaps. The findings would be included in the next annual report, although the information could be shared with Board Members earlier upon request. It was also suggested that the report should be presented to the Children's Safeguarding Board.

RESOLVED: That the Board:

- 1) note the report; and
- 2) endorse the Pan Cheshire Child Death Overview Panel recommendations for 2025/26 as follows:
 - a) the Directors of Public Health across the Pan Cheshire footprint to ensure that women and families have good access to health advice and services to promote a healthy weight, mental wellbeing, and smoking cessation;
 - b) the Pan Cheshire maternity services are aware of, and refer mothers to, services that support maintaining a healthy weight during, and after, pregnancy and smoking cessation;
 - c) all Pan Cheshire Multi-Agency Safeguarding Children Partnerships to ensure that therapeutic interventions are in place to reduce the harmful effects of adverse childhood experiences

Director of Public Health

identified; and

- d) Cheshire and Merseyside Health and Care Partnership to assess the feasibility of delivering a comprehensive service for pre-conceptual care and advice for first and subsequent pregnancies.

HWB26 CHILDHOOD ACCIDENTS

The Board received a report from the Director of Public Health which provided an overview of childhood accident data and details of work undertaken by the Council's Public Health Team to prevent accidents in children and young people and to raise awareness of the opportunities for further collaboration with partners.

Unintentional injuries (accidents) were one of the main causes of premature death and illness for children in England. Every year in England, 60 children under the age of five years die from injuries in and around the home, which is one in twelve of all deaths of children aged one to four years.

There are 450,000 visits to A&E departments and 40,000 emergency hospital admissions in England each year because of accidents at home among under-fives. There was a strong link between child injuries and social deprivation with those from the most disadvantaged families more likely to be killed or seriously injured due to accidents. Children from the most deprived areas have hospital admission rates 40% higher than children from the least deprived areas.

In 2023/24 there were 23,925 A&E attendances for injuries in children and young people under the age of 18 in Halton, of these 9,605 were for children aged four and under. This has decreased for all children and young people aged 0 to 17 and for children aged 0 to 4 in the past two years.

The main causes of preventable accidents were a result of choking, suffocation and strangulation; falls; poisoning; burns and scalds; drowning; fire and roads. Types of injury vary by age i.e. younger children being more likely to have burns and poisoning; older children having sport injuries and road traffic injuries; all age groups suffer head injuries and falls.

The report contained an appendix which outlined data analysis relating to hospital admissions and accidental injury

relating to hospital activity and deaths. Effective prevention required co-ordinated action across health, social care, education, police, fire services, and the Council. Public Health's 0–19 service and family hubs played a key role in delivering home-safety and parenting support and the report highlighted the ongoing work through the Home Equipment for Little Peoples Safety (HELPS) programme.

It was noted that Halton appeared to be an outlier, and consideration was given to whether children might be more appropriately treated at the UTC rather than in A&E. Reference was made to suggestions that some families may be using Alder Hey as a primary care setting, with a marked difference observed between activity levels in Halton and the wider North West. It was agreed that the data would need to be checked. It was suggested that the issue may relate to public messaging regarding where children could be seen quickly.

RESOLVED: That the Board:

- 1) note the report; and
- 2) consider their respective organisations role in accident prevention and opportunities.

HWB27 FATHER INCLUSIVE PRACTICE IN HALTON

The Board received a report and accompanying presentation, which provided an overview of the work being undertaken in Halton to embed father-inclusive practice across the partnership. It also outlined the rationale, progress to date, impacts that had emerged and the next steps to ensure alignment with local priorities and the Best Start in Life Strategy.

It was noted that father's play a vital role in children's emotional stability, social skills and academic success. Research showed that when fathers were actively involved, outcomes for children improved significantly, which included mental health, educational attainment and resilience. Father inclusive practice challenged stereotypes, promoted equality, and ensure that services reflect the needs of all caregivers. In Halton, this approach was critical to address diverse family needs and improve community wellbeing.

RESOLVED: That the Board:

- 1) note the report;
- 2) endorse the continued development of father-

- inclusive practice in Halton;
- 3) support the integration of father-inclusive principles into all relevant strategies and commissioning plans; and
 - 4) encourage partner agencies to adopt and embed father-inclusive approaches.

HWB28 NEIGHBOURHOOD HEALTH

The Place Director presented a report to the Board, which outlined the progress that had been made in joining up services in the community more effectively. This included work to better support people with complex health and care needs, help children to thrive, enable adults to remain independent for longer, improve overall health and wellbeing, and reduce avoidable pressures on health, social care, and other public services.

It was noted that, in March 2023, the One Halton Place Based Partnership Board had agreed a model for integrating neighbourhood working, setting out a shared vision and key principles. It was reported that subsequent work had progressed on developing integrated approaches, including same-day access and long-term condition management models.

NHS England had published the *Neighbourhood Health Guidelines 2025/26* on 29 January 2025, followed by a letter from the Department of Health and Social Care on 30 January 2025 advising local authorities and integrated care boards to jointly plan a neighbourhood health model, initially focused on people with the most complex needs. Further national guidance on neighbourhood multidisciplinary teams for children and young people was issued on 19 February 2025.

Partners across Halton had progressed the requirements set out in these documents under the leadership of the One Halton Place Based Partnership Board, supported by Cheshire and Merseyside-wide programmes.

RESOLVED: That the Board:

- 1) note the report; and
- 2) consider its role in assuring, directing and ensuring the implementation of neighbourhood working in advance of a more detailed discussion at the next meeting in March 2026.

HWB29 BETTER CARE FUND (BCF) PLAN 2025/26 - 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 2025/26, following its submission to the National Better Care Fund Team.

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, however, 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.

Meeting ended at 3.54 p.m.

REPORT TO:	Health and Wellbeing Board
DATE:	25 th March 2026
REPORTING OFFICER:	Director of Public Health
PORTFOLIO:	Health and Wellbeing
SUBJECT:	Neighbourhood Health
WARD(S)	Borough wide

1.0 PURPOSE OF THE REPORT

1.1 To update the Board on the national proposals for the role of the Health and Wellbeing with regard to the new Neighbourhood health proposals.

2.0 RECOMMENDATION: That

- i) Note the content of the report and discuss implications from presentation

3.0 SUPPORTING INFORMATION

3.1 The publication of 'Fit for the Future' the 10 year health plan for England proposes a '*neighbourhood health service*' which will provide '*continuous, accessible and integrated care*'. It further details that '*although the NHS and local government have a shared purpose to improve the lives of local citizens, the multitude of plans, committees and measures have resulted in confusion, siloed working and inaction. **In the future, a neighbourhood health plan will be drawn up** by local government, the NHS and its partners at single or upper tier authority level **under the leadership of the Health and Wellbeing Board**, incorporating public health, social care, and the Better Care Fund*'.

3.2 Neighbourhood health aims to '*create healthier communities, helping people of all ages live healthy, active and independent lives for as long as possible while improving their experience of health and social care, and increasing their agency in managing their own care*' (**Reference- NHS England Neighbourhood health guidelines 2025/26**).

3.3 The presentation today will describe the 'neighbourhood health service' in more detail and how it may apply to Halton based on existing guidance and future proposals as outlined in the NHS 10

year health plan. Our understanding is that these plans will replace the previous 'One Halton' plans for the area.

3.4 It should be noted that there have been no known changes in legislation regarding Health and Wellbeing Board statutory duties. These were last updated in the Health and Care Act 2022. However that there are plans for legislation affecting health systems expected to begin progress through the legislative procedure this year. This legislation is expected to include plans to abolish NHS England (planned for 2027). It is not yet known if this legislation will include changes to Health and Wellbeing Boards.

3.5 Nonetheless, given the progress to date on 'Neighbourhood Health' as determined by the Department of Health and Social Care, it is important for the Health and Wellbeing Board to consider how it will best meet the needs to providing leadership for these plans affecting our community.

4.0 **POLICY IMPLICATIONS**

4.1 Halton Neighbourhood Health plan should be used to inform commissioning plans and wider action for the NHS and other partners as appropriate.

5.0 **FINANCIAL IMPLICATIONS**

5.1 It is unclear if there is any funding available to support Health and Wellbeing Boards and is presumed that this leadership role in Neighbourhood Health Service is to be undertaken using existing resources.

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

6.1 **Improving Health, Promoting Wellbeing and Supporting Greater Independence.** The Neighbourhood Health Plans relate directly to this priority.

6.2 **Building a Strong, Sustainable Local Economy** The link between economic productivity and a health workforce is well established- improving the health (as an aim of the neighbourhood health plan) would contribute towards a productive economy.

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

health of children provides them with a better start in life.

6.4 **Tackling Inequality and Helping Those Who Are Most In Need.**
Tackling health inequalities and supporting those who are most vulnerable in our society need to also be aims of the neighbourhood health plan.

6.5 **Working Towards a Greener Future** Reducing the need for healthcare through the actions in the neighbourhood plan reduces the carbon footprint of healthcare.

6.6 **Valuing and Appreciating Halton and Our Community** Optimising health and care services promotes the wellbeing of our community.

7.0 **RISK ANALYSIS**

7.1 Development of the neighbourhood plan does not present any obvious risk however there may be risks with the delivery plan which must be managed appropriately.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 The neighbourhood plan should account for inequalities and address these as part of the plan.

9.0 **CLIMATE CHANGE IMPLICATIONS**

9.1 AS noted above, reducing the need for healthcare through optimal action in the neighbourhood plan reduces the carbon footprint of healthcare.

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

'Fit for the Future' 10 Year Health Plan for England (July 2025)
[10 Year Health Plan for England: fit for the future - GOV.UK](#)

Neighbourhood health guidelines 2025/26 NHS England (Jan 2025) [NHS England » Neighbourhood health guidelines 2025/26](#)

Health and Care Act 2022 [Health and Care Act 2022](#)

REPORT TO:	Health & Wellbeing Board
DATE:	25 th March 2026
REPORTING OFFICER:	Director, Commissioning & Provision (Interim)
PORTFOLIO:	Adult Social Care
SUBJECT:	Better Care Fund (BCF) Plan 2025/26 – Quarter 3 Update
WARD(S):	Borough-wide

1.0 PURPOSE OF REPORT

- 1.1 To update the Health and Wellbeing Board on the Quarter 3 (Q3) BCF Plan 2025/26 following its submission to the National BCF Team.

2.0 RECOMMENDATION

RECOMMENDED: That

- a) the report and associated appendix be noted.**

3.0 SUPPORTING INFORMATION

- 3.1 Following submission of the BCF Plan for 2025/26 in March 2025¹, quarterly monitoring has been mandated from Q1 2025/26 onwards. Attached is a copy of the Q3 report which was submitted in line with the national requirements.

As at the end of Q3, there are no areas of concern being highlighted to the Board.

3.2 **Tab 3 – National Conditions**

In addition to confirming that we have a Section 75 agreement in place to support the BCF Plan, there are four national conditions which we have confirmed we are meeting, as follows: -

- That we have a jointly agreed plans in place;
- We are implementing the BCF objectives;
- We are complying with the grant and funding conditions, including maintaining the NHS's contribution to Adult Social Care; and
- Complying with oversight and support processes.

3.3 **Tab 4 – Metrics**

There are three national metrics that are assessed, linked to: -

¹ Letter received from NHS England on 11th June 2025, confirming approval of the Plan following the regional assurance process.

- Emergency Admissions;
- Discharge Delays
- Residential Admissions

In respect to Emergency Admissions the monthly activity between April and September was below the planned levels and therefore we are on track to meet the goal set. NB. At the time of submission, data was only available up to the end of September.

In respect to Discharge Delays, like Emergency Admissions, at the time of submission data was only available up to the end of September, however local data shows improvements in No Right to Reside and time taken to discharge patients.

In respect to Residential Admissions, based on Client Level Data (CLD), as at the end of Q2 (end of September 2025), 46 permanent long term admissions have been made, which equates to a rate of 181.3 per 100k population. At the time of submission Q3 CLD was currently being compiled, but we are confident that the numbers at the end of 2025/26 will come under target - lower the number of permanent admissions is better.

3.4 **Tab 5 – Expenditure**

This section required confirmation of an update to actual income received in 2025-26 as well as spend to date. As can be seen the income received is what was planned.

Expenditure as at the end of Q3 was lower than 75% of the planned income. This is mainly due to changes in the invoicing procedures for some Health providers, resulting in invoicing delays. These remain unpaid at the end of the third quarter, but will be paid before the end of the financial year so will be included in the end of year BCF return.

3.5 In summary, no issues in relation to spend or activity at the end of Q3 are currently being reported. Spend and activity will continue to be monitored via the Better Care Commissioning Advisory Group, as part of the joint working arrangements between the Local Authority and NHS Cheshire & Merseyside (Halton Place).

4.0 **POLICY IMPLICATIONS**

4.1 None identified at this stage.

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 continues to support effective resource utilisation.

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

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

Exploring opportunities for integration further between Halton Borough Council and the NHS Cheshire & Merseyside will have a direct impact on improving the health of people living in Halton. The BCF Plan 2025/26 that has been 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**
None identified.

6.5 **Working Towards a Greener Future**
None identified.

6.6 **Valuing and Appreciating Halton and Our Community**
None identified.

6.7 **Resilient and Reliable Organisation**
None identified.

7.0 RISK ANALYSIS

7.1 Management of risks associated with the BCF Plan and associated funding is through the governance structures outlined within the Joint Working Agreement.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 None identified at this stage.

9.0 CLIMATE CHANGE IMPLICATIONS

9.1 None identified at this stage.

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

10.1 None under the meaning of the Act.

Better Care Fund 2025-26 Q3 Reporting Template

1. Guidance

Overview

The Better Care Fund (BCF) reporting requirements are set out in the BCF Planning Requirements for 2025-26 (refer to link below), which supports the aims of the BCF Policy Framework and the BCF programme; jointly led and developed by the national partners Department of Health and Social Care (DHSC), Ministry for Housing, Communities and Local Government (MHCLG), NHS England (NHSE).

<https://www.england.nhs.uk/long-read/better-care-fund-planning-requirements-2025-26/#introduction>

<https://www.gov.uk/government/publications/better-care-fund-policy-framework-2025-to-2026/better-care-fund-policy-framework-2025-to-2026>

As outlined within the planning requirements, quarterly BCF reporting will continue in 2025-26, with areas required to set out progress on delivering their plans by reviewing metrics performance against goals, spend to date as well as any significant changes to planned spend.

The primary purpose of BCF reporting is to ensure a clear and accurate account of continued compliance with the key requirements and conditions of the fund. The secondary purpose is to inform policy making, the national support offer and local practice sharing by providing a fuller insight from narrative feedback on local progress, challenges and highlights on the implementation of BCF plans and progress on wider integration.

BCF reporting is likely to be used by local areas, alongside any other information to help inform HWBs on progress on integration and the BCF. It is also intended to inform BCF national partners as well as those responsible for delivering the BCF plans at a local level (including ICBs, local authorities and service providers) for the purposes noted above.

In addition to reporting, BCMs and the wider BCF team will monitor continued compliance against the national conditions and metric ambitions through their wider interactions with local areas.

BCF reports submitted by local areas are required to be signed off HWB chairs ahead of submission. Aggregated data reporting information will be available on the DHSC BCF Metrics Dashboard and published on the NHS England website.

Note on entering information into this template

Please do not copy and paste into the template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background, as below:

Data needs inputting in the cell

Pre-populated cells/Not required

Note on viewing the sheets optimally

To more optimally view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance tab for readability if required.

The row heights and column widths can be adjusted to fit and view text more comfortably for the cells that require narrative information.

Please DO NOT directly copy/cut and paste to populate the fields when completing the template as this can cause issues during the aggregation process. If you must 'copy and paste', please use the 'Paste Special' operation and paste Values only.

The details of each sheet within the template are outlined below.

Checklist (2. Cover)

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be complete before sending to the BCF Team.

2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the

3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.

4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.

5. Please ensure that all boxes on the checklist are green before submission.

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off. Once you select your HWB from the drop down list, relevant data on metric goals from your BCF plans for 2025-26 will pre-populate in the relevant worksheets.

2. HWB Chair sign off will be subject to your own governance arrangements which may include a delegated authority.

3. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to:

england.bettercarefundteam@nhs.net

(please also copy in your respective Better Care Manager)



Better Care Fund 2025-26 Q3 Reporting Template

2. Cover

Version 2.0

Please Note:

- The BCF quarterly reports are categorised as 'Management Information' and data from them will be published in an aggregated form on the NHSE website. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.
- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.
- All information will be supplied to BCF partners to inform policy development.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	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 Chair at the time of submission?	Yes
If no, please indicate when the report is expected to be signed off:	

Checklist	
Complete:	
	Yes

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'.

Complete

	Complete:
2. Cover	Yes
3. National Conditions	Yes
4. Metrics	Yes
5. Expenditure	Yes

For further guidance on requirements please refer back to guidance sheet - tab 1.

[<< Link to the Guidance sheet](#)

[^^ Link back to top](#)

Better Care Fund 2025-26 Q3 Reporting Template

3. National Conditions

Selected Health and Wellbeing Board:

Halton

Confirmation of Nation Conditions		
National Condition	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met in the quarter and mitigating actions underway to support compliance with the condition:
1) Plans to be jointly agreed	Yes	
2) Implementing the objectives of the BCF	Yes	
3) Complying with grant and funding conditions, including maintaining the NHS minimum contribution to adult social care (ASC) and Section 75 in place	Yes	
4) Complying with oversight and support processes	Yes	

Checklist Complete:
Yes
Yes
Yes
Yes

Better Care Fund 2025-26 Q3 Reporting Template

4. Metrics for 2025-26

Selected Health and Wellbeing Board:

For metrics time series and more details:

[BCF dashboard link](#)

For metrics handbook and reporting schedule:

[BCF 25/26 Metrics Handbook](#)

4.1 Emergency admissions

Plan		Apr 25 Plan	May 25 Plan	Jun 25 Plan	Jul 25 Plan	Aug 25 Plan	Sep 25 Plan	Oct 25 Plan	Nov 25 Plan	Dec 25 Plan	Jan 26 Plan	Feb 26 Plan	Mar 26 Plan
Emergency admissions to hospital for people aged 65+ per 100,000 population	Rate	1,879.5	1,820.4	1,808.6	1,784.9	1,753.4	1,587.9	1,777.1	1,536.7	1,599.7	1,576.1	1,398.8	1,662.8
	Number of Admissions 65+	477	462	459	453	445	403	451	390	406	400	355	422
	Population of 65+	25,379.0	25,379.0	25,379.0	25,379.0	25,379.0	25,379.0	25,379.0	25,379.0	25,379.0	25,379.0	25,379.0	25,379.0

Assessment of whether goal has been met in Q2:	On track to meet goal
You may use this box to provide a very brief explanation of overall progress if you wish.	<p>The monthly reporting shows each months actuals are below the planned levels</p> <p>April 1891 May 1734 June 1675 July 1714 Aug 1733 Sep 1733</p> <p>Data available only up to the end of September, while local data shows 65+ admissions remain lower than the previous year.</p>

4.2 Discharge Delays

Original Plan	Apr 25 Plan	May 25 Plan	Jun 25 Plan	Jul 25 Plan	Aug 25 Plan	Sep 25 Plan	Oct 25 Plan	Nov 25 Plan	Dec 25 Plan	Jan 26 Plan	Feb 26 Plan	Mar 26 Plan
Average length of discharge delay for all acute adult patients (this calculates the % of patients discharged after their DRD, multiplied by the average number of days)	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%
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

Assessment of whether goal has been met in Q2:	On track to meet goal
You may use this box to provide a very brief explanation of overall progress if you wish.	<p>April to July reported lower levels than planned, August has seen a slight breach, but recognise there were a few very long complex patients that pushed the average up</p> <p>Apr - 1.07 May - 0.89 Jun - 0.82 Jul - 0.92 Aug - 1.05 Sep - 0.61</p>
	Data only available up to the end of September, local data shows improvement in NRTR numbers and time taken to discharge

4.3 Residential Admissions

Actuals + Original Plan		2023-24 Full Year Actual	2024-25 Full Year CLD Actual	2025-26 Plan Q1 (April 25- June 25)	2025-26 Plan Q3 (July 25- Sept 25)	2025-26 Plan Q3 (Oct 25-Dec 25)	2025-26 Plan Q4 (Jan 26-Mar 26)
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Rate	616.3	252.2	212.8	212.8	212.8	212.8
	Number of admissions	153.0	64.0	54.0	54.0	54.0	54.0
	Population of 65+*	25379.0	25379.0	25379.0	25379.0	25379.0	25379.0

Better Care Fund 2025-26 Q3 Reporting Template

5. Income & Expenditure

Selected Health and Wellbeing Board:

Halton

Source of Funding	2025-26		DFG Q3 Year-to-Date Actual Expenditure
	Planned Income	Updated Total Plan Income for 25-26	
DFG	£2,475,102	£2,475,102	£2,047,559
Minimum NHS Contribution	£15,032,442	£15,032,442	
Local Authority Better Care Grant	£8,613,534	£8,613,534	
Additional LA Contribution	£0	£0	
Additional NHS Contribution	£0	£0	
Total	£26,121,078	£26,121,078	

	Original	Updated	% variance
Planned Expenditure	£26,121,078	£26,121,078	0%

		% of Planned Income
Q3 Year-to-Date Actual Expenditure	£16,090,039	62%

<p>If planned expenditure by activity has changed since the original plan, please confirm that this has been agreed by local partners. If that change in activity expenditure is greater than 5% of total BCF expenditure, please use this box to provide a brief summary of the change.</p>	<p>Expenditure to date is currently lower than 75%. This is mainly due to changes in the invoicing procedures for some Health providers, resulting in invoicing delays. These remain unpaid at the end of the third quarter, but will be paid before the end of the financial year so will be included in the next BCF claim.</p>
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Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

REPORT TO:	Health & Wellbeing Board
DATE:	25 th March 2026
REPORTING OFFICER:	Director of Public Health
PORTFOLIO:	Health and Wellbeing
SUBJECT:	Review of Terms of Reference
WARD(S)	Borough wide

1.0 **PURPOSE OF THE REPORT**

1.1 To review the Terms of Reference for the Health and Wellbeing Board in the light of new guidance and several changes and that have occurred since the last refresh in 2023.

2.0 **RECOMMENDED: That**

- 1) **the report be noted; and**
- 2) **the Board discuss and review the refreshed terms of reference**
- 3) **the Board agrees to remove the alignment of agenda with strategy priorities**

3.0 **SUPPORTING INFORMATION**

3.1 Health and Wellbeing Boards were established under the Health and Social Care Act 2012 to act as a forum in which key leaders from the local health and care system could work together to improve the health and wellbeing of their local population. The 2012 Act prescribes a core statutory membership of at least one elected representative of the local authority, a representative from each CCG whose area falls within or coincides with, the local authority area, the local authority directors of adult social services, children's services, and public health and a representative from the local Healthwatch organisation.

3.2 In November 2022, the Department of Health and Social Care set out new guidance for all Health and Wellbeing Boards in the light of changes to the NHS and in particular the establishment of Integrated Care Boards (ICBs) and Integrated Care Systems (ICSs). The guidance was to support the ICB and ICP leaders, local authorities and Health and Wellbeing Boards to understand how they should work together to ensure effective system and place-based working and to determine the integrated approach that will best deliver holistic care and prevention activities, including action on wider determinants in their communities.

- 3.3 The 2022 guidance prompted changes to the terms of reference and format of the meeting. The 4 meetings a year were aligned to health and wellbeing board strategy priorities. It has at times proved challenging to align papers to the different priorities and timings have led to papers being delayed.
- 3.4 At the end of last summer, the 10-year NHS plan, Fit for the Future was published. It states: In the future, a neighbourhood health plan will be drawn up by local government, the NHS and its partners at single or upper tier authority level under the leadership of the Health and Wellbeing Board, incorporating public health, social care, and the Better Care Fund.
- 3.5 New national guidance for the NHS suggests the HWBB will lead the development of Neighbourhood Plans, aligning with Better Care Fund that will transform into a new Integrated Care Funding Framework, beginning in 2026/27
- 3.6 A refreshed approach to agenda planning is proposed with a decoupling of the HWBB strategy priorities from the agenda to allow the HWBB focus on neighbourhood health
- 3.7 Updated Term of reference is included for review in Appendix 1

4.0 **POLICY IMPLICATIONS**

- 4.1 With HWBBs being responsible for signing off neighbourhood health plans and retaining a role in the sign-off and oversight of reformed BCF plans, Boards will play a critical part in driving prevention, integration and place-based delivery.

5.0 **FINANCIAL IMPLICATIONS**

- 5.1 HWBBs do not commission health services themselves and do not have their own budget but play an important role in informing the allocation of local resources.

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

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

Employment, learning and skills is a key determinant of health and wellbeing and is therefore a key consideration for the Health and Wellbeing Board.

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

Improving the health and wellbeing of children and young people is a key priority in Halton and will continue to be addressed through the work of the Health and Wellbeing Board.

6.4 Tackling Inequality and Helping Those Who Are Most In Need

All issues outlined in this report focus directly on this priority

6.5 Working Towards a Greener Future

The environment in which we live, and the physical infrastructure of our communities has a direct impact on our health and wellbeing. It should therefore be a key consideration when developing strategies to address health and wellbeing.

6.6 Valuing and Appreciating Halton and Our Community

All issues outlined in this report focus directly on this priority

7.0 RISK ANALYSIS

7.1 There are no identified risks with development of renewed terms of reference

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 This is in line with all equality and diversity issues in Halton.

9.0 CLIMATE CHANGE IMPLICATIONS

9.1 The HWBB terms of reference have no immediate or indirect effect on the Climate. Printing of documents will be limited, and all versions are available online.

Appendix 1

1. Halton Health and Wellbeing board acts as a forum in which key leaders from the local health, care and wider system can work together to improve the health and wellbeing of the local population living and working in Halton.

The main duties include:

- Set the strategic direction to improve health and wellbeing and reduce health inequalities.
- Provide a strong focus on establishing a sense of place.
- Promoting and encouraging partnership working through joint commissioning and integrated provision between health, children's services, public health and social care

- Assessing the health and wellbeing needs in Halton
- Publishing a joint strategic needs assessment (JSNA)
- Publishing a joint local health and wellbeing strategy (JLHWS)
- Publish a pharmaceutical needs assessment (PNA)

2. The Health and Wellbeing Board will provide a key forum for public accountability of NHS, Public Health, Social Care for Adults and Children and other commissioned services that the board agrees are directly related to health and wellbeing in Halton.

The Health and Wellbeing Board has the following responsibilities:

- Provide strategic oversight for plans and strategies related to health and care in Halton.
- Promote strong joint commissioning and integrated working across health, public health, social care, children's services and the voluntary and community sector.
- Monitor health inequalities and oversee related performance and improvement activity.
- Maintain effective relationships with other strategic boards in Halton.
- Oversee the work of the Combatting Drugs Partnership, Community Safety Partnership and receive reports from other relevant groups.
- Support the development of health, care and wellbeing services in response to changes in government policy and legislation.
- Provide a forum for representing the views of Halton residents on health and social care commissioning and provision.
- Such other functions delegated to it by the Local Authority.
- Such other functions as are conferred on Health and Wellbeing Boards by law.

Membership

Executive Board Portfolio Holder for Health and Wellbeing (Chair)

Executive Board Member: Children, Education and Social Care

Executive Board Portfolio Holder for Adult Social Care

Other Local Authority Portfolio Holders for other strategic priorities that sit under Halton's HWBB.

NHS Cheshire and Merseyside – Halton Place Director

Chair Healthwatch

Chair Halton & St Helens Voluntary and Community Action

Chef Officer Citizens Advice Halton

GP Representatives from Widnes and Runcorn areas

Executive Director, Adults

Executive Director, Children

Executive Director, Environment & Regeneration

Director of Public Health

Strategic Director Mersey Care

Strategic Director Bridgewater Community Healthcare NHS Trust

Strategic Director Warrington & Halton Hospitals NHS Foundation Trust

Strategic Director Mersey and West Lancashire Teaching Hospitals NHS Trust
Strategic Director Halton Housing Association
Chair of the Halton Community Safer Strategic Partnership
Police Representative
Fire and Rescue Service Representative
North West Ambulance Service Representative
Local Pharmaceutical Committee Representative

Should a representative be unable to attend a meeting, their organisation must designate an appropriate substitute.

MEMBERS ROLES AND RESPONSIBILITIES

The commitment of members is crucial to the success of the Health and Wellbeing Board (HWBB). Information, reports and agendas for meetings will be circulated and shared amongst members.

1. All members are able to provide items or suggest issues for discussion at meetings.
2. All members are able to contribute to the formal decisions and recommendations of the Board.
3. Members will take responsibility for working with partners to ensure priorities and key actions are met.
4. Members will ensure they are fully briefed and informed and are able to share information from their parent organisation or sector, whilst also reflecting confidentiality and data protection issues.
5. Members will bring forward agenda items or information in areas where they can provide expertise or have an interest and will share the information in an accessible format and by agreed deadlines.
6. Members are prepared to regularly attend all Board meetings or send an agreed substitute in exceptional circumstances.
7. Members will act as ambassadors for the HWBB and take responsibility for communicating messages across their own organisations and sector contacts, other partnerships and the public.

Meetings

Meetings will be held quarterly and are open to the press and public. The Chair may call an extraordinary meeting at any time. Agendas and papers will be published at least five working days in advance, with minutes available on the Council website. Reports must be submitted to Democratic Services at

least fourteen working days before the meeting. Only items on the published agenda will be considered.

Chair

The Chair will be an elected member of Halton Borough Council

Decisions

Where a decision is required, that decision will be made by agreement among a majority of members present. Where a decision needs to be ratified by one of the statutory agencies, the ratification process will be in accordance with the agreed process within that particular agency.

Review

The membership and terms of reference of this partnership will be reviewed regularly to ensure that they remain relevant and up to date.