

REPORT TO: Executive Board
DATE: 20 July 2017
REPORTING OFFICER: Strategic Director, People
SUBJECT: Halton Women's Centre
PORTFOLIO Health & Wellbeing
WARDS: All

1.0 PURPOSE OF REPORT

1.1 This Report seeks retrospective approval from the Executive Board for proposals to bring the management of the Halton Women's Centre into the structure of Halton Borough Council, until such time as a suitable alternative can be arranged.

2.0 RECOMMENDATION: That

- 1) Executive Board note the contents of this report; and
- 2) Give retrospective approval to the proposal to draw the management of Halton Women's Centre into the structures of the Borough Council, as described in paragraphs 3.3.2 and 3.3.3 of this Report.

3.0 SUPPORTING INFORMATION

3.1 Context:

3.1.1 It has long been recognised that the experiences of men and women in the mental health system differ considerably. This recognition was formally acknowledged in 2005, with the national publication by the Department of Health of the "Implementation Guidance: Mainstreaming Gender and Women's Mental Health", as part of a range of national guidance documents issued to support the delivery at the time of the Mental Health National Service Framework.

3.1.2 This Policy Implementation Guide made the following key points about the differing experiences of men and women:

- Childhood and adult life experiences: women are more likely to experience violence and abuse
- Day to day social, family and economic realities: women are more likely to live in poverty and be lone parents; men are more likely to be in employment and not be full-time carers

- Expression and experience of mental ill-health: women are more likely to self-harm and suffer from depression and anxiety; they are more likely to attempt suicide, although men are more likely to succeed.
- Treatment needs and responses: women are more likely than men to actively seek “talking therapies” and self-help groups

3.1.3 This was a very timely report for Halton, which until then had no history of providing gender-related services, and which had been recognised as a service gap within local mental health services. The Council had recently received two capital grants, amounting to a total of £173,000, from central government to develop the infrastructure around mental health services, and the decision was made to invest this in adapting a former children’s home in Castlefields into a new Women’s Centre. This was approved at an Executive Board Sub-committee in April 2006.

3.1.4 This project was delivered jointly across Halton Borough Council and the then Halton Primary Care Trust (now NHS Halton Clinical Commissioning Group). The Council agreed to pay for the running costs of the building in Castlefields, whilst the PCT paid for the staffing costs of the new service. The contract to deliver the service was given by the PCT to the Relationship Centre, a Warrington-based charity which has retained the contract until now. It should be noted that it is the only Centre of its kind in the North West of England, and is therefore a showcase for Halton.

3.2 **Delivery of the service at the Women’s Centre:**

3.2.1 Until very recently, the Relationship Centre has delivered what is seen as a very successful service. Given the relatively low level of financial investment (see section 6 below), the service has been run by a 21-hour co-ordinator, supported by a 12-hour administrative post (currently vacant), with additional support from volunteers. In the most recent performance report (Quarter 4, 2016 – 17), the Relationship Centre states:

“Tailored services are available to support the physical, social and emotional wellbeing of women... the number one issue facing most of the women, young or old, coming through our doors is a feeling of social isolation, often depression, anxiety and panic attacks, coupled with low confidence and self-esteem... these women gain strength from each other and develop social networks and friendships through attending the Centre.”

3.2.2 Some of the figures produced in the Quarter 4 quarterly performance report give a good idea of the level of contact and some of the outcomes (bearing in mind that the service is only open for three days a week):

- 298 clients seen during the period
- 40 new referrals (the referral criteria have recently been extended to include GP referrals, which immediately resulted in an increase of 10)
- 107 events: confidence building, chair yoga etc)
- 250 volunteer hours donated
- Counselling services delivered by volunteers every day the service is open
- Three people entering further education
- 57 people accessing basic life skills coaching

3.3 **Recent events:**

- 3.3.1 Very recently, the Relationship Centre has had to give notice of its intention to withdraw from running the Halton Women's Centre, as from the end of June 2017. This is because of events which have affected their Warrington services, relating to activities by their former Chief Executive (who has now left the organisation) which are the subject of police and safeguarding investigations in Warrington. Clear assurances have been given that none of these safeguarding concerns relate to the Halton service, whether for adults or children, as the former Chief Executive had little or no contact with the Women's Centre. A new acting Chief Executive is in place, who is working proactively with the Council and the CCG to see whether suitable alternative arrangements can be made to deliver this local service.
- 3.3.2 Given the extent to which the Women's Centre is well regarded in Halton, its uniqueness and the outcomes it is achieving, the Council and the CCG are working closely together to determine how and whether this service should be maintained. It is proposed that the management of the Women's Centre should be drawn into the remit of the Borough Council for a period of six months. This will allow time for a detailed review of the service itself, both in terms of its delivery and the "fit" with local commissioning intentions, and, if it is seen as appropriate to continue, time to tender out for a new service provider. The management support would come from the team manager of the joint Council and CCG Mental Health Outreach Team.
- 3.3.3 Clearly, the timescales on this have been very tight, and the decision to take this forward has had to be taken on an interim basis by the Director of Adult Social Services, Sue Wallace-Bonner, and the Executive Member for Adult Social Care, Councillor Marie Wright, ahead of formal approval by the Executive Board. The Executive Board is therefore asked to consider and approve this course of action.
- 3.3.4 The implications of this are that the existing part-time Centre co-ordinator post should become a Halton Borough Council employee under TUPE arrangements, for the period of time that the

arrangement continues. Another post, that of the part-time administrator, will also be included in the overall process, but this post is currently vacant.

4.0 POLICY IMPLICATIONS

4.1 Mental health services continue to receive welcome scrutiny and attention from Central Government. In 2015, the Five Year Forward View for Mental Health was published, setting out for the NHS in particular the expected direction of travel for commissioning and service delivery. The Mental Health Crisis Care Concordat was published at around the same time, with the intention of ensuring that services for people in, or reaching, mental health crisis were adequate throughout the country. The Government has already announced its intention to have a full review of Mental Health legislation in this parliament. The thrust of the policy directives is to ensure that interventions are targeted at an earlier stage in the development of a person's mental health condition, so that fewer people end up requiring long-term, complex interventions from secondary mental health care services.

4.2 Locally, much work has been going on to redesign the way that services are delivered, to achieve this national agenda. The intention is to continue to support and develop community services which can help in managing and reducing the demand for mental health services as a whole, whether provided by primary or secondary care. The Halton Women's Centre currently meets this agenda.

4.3 It should also be noted that the Centre provides considerable volunteering opportunities for local people, who help to support the running of the service, and also provide direct inputs into the support and counselling sessions. As a direct consequence of this, two of their holistic therapists have gained full-time employment in the last Quarter.

5.0 SAFEGUARDING IMPLICATIONS

5.1 The Centre works with a number of individuals and families who are vulnerable and in need of support. It is closely linked to both the adult and children's safeguarding processes and has appropriate contact. In any long-term change of provider, this will be specifically built into the contracting arrangements.

6.0 FINANCIAL/RESOURCE IMPLICATIONS

6.1 This service is jointly financed by Halton Borough Council and NHS Halton CCG. The breakdown of the funding is as follows:

Halton Borough Council funds the running and maintenance costs of the building; for the 2017/ 18 financial year, the allocation is as

follows:

Total Direct costs (repairs and maintenance, telephone calls): £6480
Recharges: £7560.

The point has been made by our finance team that the recharges, which are an apportionment of existing time for finance and property services, would not be a saving to the council if the service were ultimately to close. The only saving would therefore relate to the direct running costs.

NHS Halton CCG: contributes as total of £28,750 towards the cost of the co-ordinator (21 hours a week) and administrative support (12 hours a week).

7.0 **OTHER IMPLICATIONS**

7.1 There are no other implications arising from this Report.

8.0 **RISK ANALYSIS**

8.1 There are a number of risks associated with this current situation. Perhaps the key risk is the loss of a highly regarded service which helps women in distress to be maintained safely in the community. As mentioned above, this is the only resource of its type in the North West, and the loss of this service would also be a blow to the prestige of the Council.

8.2 The other risks relate to the TUPE process – if the service were ultimately to close, then the staff member concerned would be liable to redundancy from the council. This is a possible scenario, but it is unlikely; without pre-empting any results of a service review, it is very likely that the Council and CCG will wish to continue with the service, possibly in an enhanced form. However, should it happen that the service cannot continue, then this risk applies.

8.3 There is one further risk that should be identified. This is a service which provides what is termed “low-level” support for people with mental health needs. It is designed to support people living in their own communities, to reduce their use of primary care services and medication, to enhance self-confidence and social functioning, to promote social engagement and to provide volunteering opportunities for local people. Without the service, it is very likely that some people who use the service would need additional support from primary care and secondary care mental health services, at a personal cost to the individuals concerned, and at a real financial cost to these already-stretched services.

9.0 **EQUALITY AND DIVERSITY ISSUES**

9.1 This service was specifically established to address the known disadvantages experienced by women and families involved in the mental health system. If a new provider is to be commissioned, it is likely that an Equalities Impact Assessment will be required, because it excludes some people (that is, men) from its service.

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

Document	Place of Inspection	Contact Officer
Mental Health Five Year Forward View	Runcorn Town Hall	Lindsay Smith
Mental Health Crisis Care Concordat	Runcorn Town Hall	Lindsay Smith
Implementation Guidance: Mainstreaming Gender and Women's Mental Health	Runcorn Town Hall	Lindsay Smith