



Health and Social Care Policy & Performance Board

Scrutiny Review of Mental Health Support

Report December 2025

1. Purpose of the report

The purpose of the report, as outlined in the initial topic brief (Appendix One) is to:

- Understand who uses the services and why.
- Understand how the service ensures equality of access and outcomes for all sections of the community, including minority or marginalised groups.
- Understand referral/access pathways, including any barriers.
- Understand key performance indicators, outcomes and service user experience.
- Understand how each of the services interact with the wider health and social care landscape.
- Understand the level of capacity and demand within the services and highlight emerging issues through trend analysis.
- Understand how the service is meeting current demand and what it predicts future demand will look like and how it will meet that demand.
- Understand any opportunities, challenges or emerging issues faced by the services.
- Highlight any innovative work taking place to improve performance, outcomes and service user experience.
- Make recommendations as to how services can further improve performance, outcomes and service user experience.

2. Policy and Performance Board (PPB)

This review was commissioned by the Health and Social Care PPB and the topic was formally adopted at the July 2025 meeting.

This report will be presented to the Health and Social Care PPB in February 2026. The report will also be presented to the Adults Directorate Senior Management Team, Executive Board and boards or committees of stakeholders, as appropriate.

3. Membership of the Topic Group

An open invitation to participate in the scrutiny group was made to all Members of the Health and Social Care PPB. The table below details which Members and officers participated in the review:

Elected Members: Councillor Eddie Dourley (Chair), Councillor Colin Hughes, Councillor Katy McDonagh, Councillor Louise Goodall, Councillor Norman Plumpton-Walsh, Councillor Sandra Baker, Councillor Sian Davidson, Councillor Stan Hill.

Halton Borough Council: Helen Moir – Head of Services, Independent Living and Safeguarding; Nicola Hallmark – Senior Service Development Officer

The Schedule of Activity (Appendix Two) shows the visiting presenters who contributed to the topic review.

The Chair would like to extend thanks to all those who took the time to participate in this review, in particular to Tim McPhee, Associate Director Integration, Transformation and

Partnerships for Mersey Care NHS Foundation Trust, who attend most meetings and delivered a number of the presentations on behalf of the Trust.

4. Methodology Summary

This Scrutiny Review was conducted through the following means:

- Regular meetings of the Scrutiny Review Topic Group between August and December 2025
- Verbal and presentations being made by key stakeholders and partners in the delivery of mental health, and related services across the borough (details of the presentations are embedded into the Appendices of this report)
- The provision of further supporting information and signposting to relevant websites
- Site visits to the SPACE Café in Runcorn and The Brooker Centre, based at Halton Hospital in Runcorn.

5. Introduction

5.1 Objectives and scope of the Scrutiny Review

The Halton Borough Council Corporate Plan 2024-2029 sets out one of its six strategic priorities as: “Improving Health, Promoting Wellbeing and Supporting Greater Independence. “ Within this priority the Council would further like to see ‘improved mental health wellbeing in Halton’.

The Health and Social Care Policy and Performance Board have chosen this year’s Scrutiny Topic Review in-line with this ambition to look at how existing mental health provision is meeting the current demand, and to question how future demand will be met. The Board wanted to look at access to mental health services for both adult and children and young people, and wished to better understand how equality of access to services is achieved for marginalised and minority groups.

Mersey Care NHS Foundation Trust (henceforth referred to as Mersey Care) is commissioned by the Integrated Care Board (ICB) as the main delivery agent for the majority of community mental health services in Halton. As such, they played a key role in conveying the current position of services and in communicating their ambitions for the future of Halton’s mental health services.

Within the Topic Group meetings, Members heard from other partners and stakeholders who play their own significant part in achieving a collaborative approach to mental health needs across the borough.

The range and breadth of services in support of mental health is extensive and it has not been possible to cover all provision in depth within the Topic Group. As such this report will draw on the presentations given, discussion held and other information sources shared to extract conclusions that will not necessarily be transformative but will go some way to enhancing services for mental health across the borough.

5.2 Mental Health and Mental Health Services in Halton

The term 'mental health' is widely used to define overall wellbeing. It is used to describe our psychological and emotional state as well as how we are impacted on by the different aspect of our lives such as family dynamics, careers prospects and status, our financial position and many other forces. Mental health is the way we feel, think and act on a day-to-day basis.

For the purposes of examining mental health services and provision within this report, the term will, for the most part, be used in its medical sense in relation to diagnosable conditions such as depression, anxiety, post-traumatic stress disorder, psychosis, schizophrenia, bipolar effective disorder, personality disorders, eating disorders, dementia and a number of other disorders of the mind requiring therapeutic interventions.

It is to be noted that this Topic Group Review and report does not cover the services and support for neurodiversity or learning disability. While these fall within the commissioning requirements of the ICB they are not within scope of this Review.

Data on the prevalence of mental ill health in Halton was not specifically shared within the presentations to and discussion of the Topic Group. Instead, data and statistics focused on delivery of service provision, including service uptake and access/response rates, and these will be further explored in the various sections of this report.

For an indication into the impact of mental ill health, and associated determinants, we need to look into broader, existing population details for the borough.

[Halton's Health Profile](#) shows that:

- 17% of the population are diagnosed with depression – age 18+
- There are 170 hospital admissions for self-harm in 10-24 year olds per year
- There are 40 hospital admissions for mental health conditions in under 18s per year

This is further impacted by a range of health determinants, including:

- 30% of the population live in the 10% most deprived area in England
- 61% of the population have their day-to-day activities limited by disability or long-term health conditions
- 14% of households in the borough are fuel poor
- There are 25 admissions for substance misuse in 15-24 year olds per year
- There are 1,251 admissions for alcohol-specific conditions in one year

While these are just extracts from a much wider picture they indicate a need for a good mix of mental health services in the borough. Moreover, they signify a requirement for collaborative, multi-agency working practices, which were found to be in place across the provision that was examined.

The delivery of mental health provision in Halton involves both formal and informal services, initiatives and activity. These, in turn, fall to a number of agencies and organisations including those delivering statutory provision and those providing

support across the community. Key players in mental health that make up the delivery landscape include health services, social care services, and the community and voluntary sector.

This report will include a section on social care functions, and in particular those duties under the Mental Health Act 2007. However, as initiated by the Topic Brief, greater focus will be placed on health services, predominantly those within the remit of the ICBs commissioning function, and therefore those deliver by Mersey Care as the principally appointed provider for mental health services in the borough.

6. Social care duties under the Mental Health Act 2007

Halton Borough Council's Adult Social Care Services has a dedicated Mental Health team. Steve Westhead, Principal Manager of the team opened the Scrutiny Topic Review with a presentation which looked at some of the mental health conditions that acute services deal within Halton, as well as giving over overview of the functions and statutory duties which fall under his team.

The session enabled Members to gain context of Halton Borough Council's Social Services operational delivery against mental health needs prior to them looking into the health-based services on offer, which was set out as the main focus of the Topic Group.

Steve apprised Members of the team's social work responsibilities and the team make up, including three social workers which are co-located with the Later Life and Memory (LLAMS) service at The Brooker Centre. The support offered within the social work function aligns with the Council's Care Act 2014 duties.

Alongside this, the Mental Health team has a specific duty as part of the Council's statutory responsibilities under the Mental Health Act 1983, as amended in 2007 to make sufficient provision for the borough in relation to the role of an Approved Mental Health Professional (AMHP).

The AMHP role is open to any qualified professional (nurses, occupational therapists, psychologists, etc) as an additional qualification but Steve explained that it tends to be taken up by social workers, and therefore managed within the team.

Members heard that an AMHP play a vital role under the Mental Health Act (MHA), being responsible for making applications for detention of individuals needing hospital treatment, together with ensuring that the Act and its associated Code of Practice are followed correctly.

It is the AMHP's duty, when two medical recommendations have been made, to decide whether or not to make the application for the detention of the person who has been assessed under the MHA, also known as sectioning. This includes considering the correct legal frameworks (Mental Capacity Act, including Deprivation of Liberty Safeguards), including alternatives to admission, ensuring that the patient is involved, and identifying and involving their nearest relative.

AMHPs have a designated set of powers under the MHA which include:

- The power to make an application for compulsory admission to hospital under Sec.2, Sec.3 or Sec.4
- The power to make an application for guardianship under Sec.7
- The power to convey the patient to hospital or to authorise others to do so
- The power to enter and inspect premises – other than a hospital - where someone is not receiving proper care Sec.115.
- The power to apply for a warrant to search for and remove patients or persons living alone in need of care under Sec.135(1)

They have a duty to:

- Interview the patient “in a suitable manner” (Sec 13(2). The duty to respond to a request by a Nearest Relative (NR) to assess someone under the MHA (Sec.13(4))
- Consult the patient’s Nearest Relative when considering a Sec.3 (or guardianship) If the NR unreasonably objects you may have to take to NR to court.
- Inform the patient’s Nearest Relative when detaining under Sec.2
- Interview a person removed to a "place of safety" by police under S.136
- Consider an application for a patient to be made subject to Supervised Community Treatment under Sec.17A

In support of this function Steve explained the need to work in partnership with health services, particularly in relation to acute admission. He spoke about Mersey Care’s expansion into Halton, and on being asked, expressed a strain on what Halton-based beds in The Brooker Centre. These are part of a wider pool of provision and are allocated regionally according to need. Steve said that this could mean that Halton patients are treated in St Helens or Knowsley or elsewhere in the region. He talked further about the impact not just on social care teams, to visit and assess, but on families, and their ability to offer on-hand support. He summed up that while the unification with Mersey Care has brought some additional resource, it has also brought some challenges.

Steve gave Members insight into some other community-based resources across the borough through partner organisations. He also spoke of the Council’s Mental Health Outreach Team, who provide short-term structured support to those with an assessed mental health need who may have social needs impacting on them and who might go into further crisis without early intervention and support.

Conclusions

- The Council play a key role in ensuring that legislative duties are delivered upon. The MHA places a responsibility on adult social care services that requires resource, and that resource can easily be stretched with additional burden e.g. in-patient placements outside of the immediate area.

- It is recognised that strong joint working relationships across social care, health and other partners is key to maintaining a throughput of provision.

7. Community-based responses and primary care services

Commissioning for Primary Care services, primarily delivered through GP surgeries, falls within the remit of the Integrated Care Board (ICB). One of the issues Members were keen to consider within the Scrutiny Topic Review was whether there are alternatives to accessing GP surgeries for mental health needs. Evidence presented showed that GPs have a role to play in supporting people with mental health needs but they are not the only port of call, and don't necessarily have to be the first.

Members learned that GPs can support management of mild to moderate mental illness and refer on to the specialist services as needed. Within the borough, Mental Health Practitioners are funded by both Primary Care Networks (Widnes and Runcorn) to support patients at the fringe between primary and secondary care, and will support transitions between services.

GPs are responsible for annual health checks for those on their register with Severe Mental Illness (SMI) – bipolar disorder, schizophrenia, psychosis, etc. The ICB additional commission a Wellbeing Nurse team through the Bridgewater Health Care NHS Trust to support practices with these checks. The national target for these checks on a rolling 12-month period is to achieve a 60% uptake. As at April 2025 Halton achieved 67%.

Details were given of services which sit alongside GP provision which don't require GP referral. This included ICB commissioned service *We Connect*, provided by Wellbeing Enterprise. Wellbeing Enterprises were not available to present to the Board during the Topic Group but supplied a briefing (at Appendix Three - 6 November 2025) on their offer. Members were told, by the ICB, that a recent evaluation of *We Connect* established a strong return on investment, equating to a social value of between £46.67 and £74.68 for every £1 spent.

The ICB further commission Talking Therapies, provided by Mersey Care. Again the service doesn't require GP referral, and it provides psychological therapy via a stepped care model for patients with anxiety, depression, phobias and PTSD. Members heard that this provision can be accessed in different ways, including in-person sessions, one-to-one support, group sessions, as well as through guided or self-led on-line therapy. Access targets following referral were mostly being met. Members were advised that face-to-face and one-to-one support could take longer to access. An improvement plan is in place to achieve targets, including plans to centralise recruitment to the service and grow a pipeline of talent.

With regard to Talking Therapies, Members were made aware that the service has, more recently, been opened up in Halton to 16-18 years old. It had previously been an 18+ service in the borough but this aligns it to other areas.

Outside of NHS services Members heard throughout the Scrutiny Topic Review about a range and breadth of community based services aimed at supporting people's

mental health and wellbeing. A number of these were learned to be part of Council services – informal support at community centre and libraries, mental health walks through Active Halton, courses available through the Adult Learning Team and provision through the Health Improvement Team, who additionally maintain a Council webpage to signpost the public to a wide assortment of support: [How can I seek & get help for a mental health problem?](#)

Further access points for support with mental health and wellbeing are commissioned by the Council, including services through Halton Carers Centre, Age UK Mid Mersey, Citizen's Advice Bureau, The British Red Cross, the Integrated Sensory Support Service, Change Live Grow (CGL), to name a few.

Members felt the voluntary and community sector play a significant role in supporting people on a day-to-day basis with their overall wellbeing, and this was reflected in a site visit to the SPACE café in Runcorn – details given on the next page.

Further resources are discussed on the accompanying presentation slides embedded into the Appendices of this report.

Conclusions

- Community and GP support was felt to be plentiful, however Members didn't always feel that the public are aware of the opportunities out there.
- Members were pleased that clear links are being made between physical and mental health needs.
- No specific or wasteful duplication was found in community and GP provision for mental health, however Members felt that some of the seldom heard and seldom seen communities could be better served.
- Members considered those services closest to the community, delivered in people's neighbourhoods, and would like further consideration to be given to how they can be incorporated into the roll-out of neighbourhood models of care to ensure a joined-up offer is made available.

Site Visit: Despresso Club – SPACE Café, Runcorn

16 October 2025

Members were keen, as part of the Scrutiny Topic Review, to better understand local services and what they mean to those who use them.

As a valued community resource in Runcorn Town Centre, the SPACE Café was chosen for a site visit.

Members attended a Thursday evening session of the venue's Despresso Club which offers designated sessions for those with low mood, those feeling lonely, or those who just want to talk, to drop in and have a brew, connect with others and gain access to any further resources they might need.

The Club runs on a Tuesday lunchtime and a Thursday teatime and is open to all. There are regular members who have formed friendships and those who just drop by. Hot and cold drinks are provided free of charge to make it accessible to all.

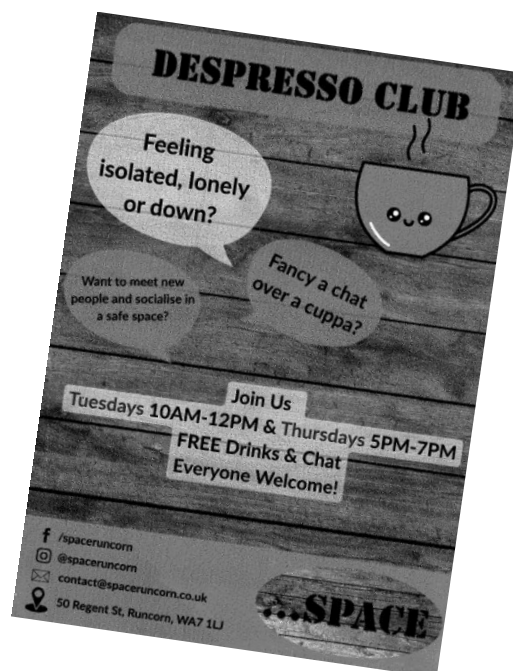
At each session there are trained Mental Health Ambassadors, from a small pool of volunteers, who are on-hand to support people, to get them talking and to signpost them to other services and support as needed.

On a day-to-day basis the café runs as a Community Interest Company, open Tuesdays to Saturdays between 10am and 2pm. The Café offers an open and inviting atmosphere for people who come for food and drink, and Mental Health Ambassadors are on-hand during these times also. Any profit from the Café are ploughed back into activities and events and these are wide and varied.

As well as the café area the building has a therapy room upstairs and an event room. Sessions on offer, across a busy calendar, include everything from yoga and crafts to guitar lessons and more focussed support groups. Some of these are funded, some are at cost and the Café runs an innovative 'pay it forward' scheme where patrons can add any amount to their food or drink bill to pay for others to have a drink, a meal or even attend an event.

Those spoken to during the visit found the sessions invaluable. Caroline, founder and manager of the venue said that the Despresso Club has been particularly well attended by men, who don't necessarily want to do the activity-based events. She expressed that it gives them space to just come and chat with others who might be in a similar place.

Member feedback following the visit was positive and the SPACE café was held up as a benchmark for good practice.



8. Crisis responses, including suicide prevention

The Scrutiny Topic Group expressed concern around whether there is sufficient provision for those in mental health crisis, and a full meeting was dedicated to examining this area.

Prior to this session, Members had already been presented with information on crisis responses commissioned by the ICB.

They were given an overview of the First Response Vehicles, which are a partnership commission with North West Ambulance (NWS) and Mersey Care, where ambulance response vehicles cover calls for those in need of immediate mental health support. The service was reported to be showing positive outcomes in terms of reduced conveyances to hospital in these situations.

Also, the ICB spoke about the All-Age Street Triage Services, where Mental Health Practitioners from Mersey Care work with the police across the community to lessen the strain on emergency services.

The ICB further indicated that there is a national requirement for them to commission a Mental Health Crisis Text Service by 31 March 2026. Work has commenced on implementation of this.

Mersey Care had outlined in previous presentation what their Urgent Care Responses looked like, including a Mental Health Triage and Response Team, their Core24 offer in Accident and Emergency Departments (A&E), and the role of their Crisis Home Treatment Team as the gatekeepers of mental health in-patients beds.

At the dedicated crisis response session, Mersey Care spoke about in greater detail about the relatively new position they've achieved with NHS England and the NHS 111 phonenumber service. All callers to 111 across the Mersey Care footprint (and sharing their location, where a smartphone is used) get a call direct option – Option 2 – where they can identify that they are in mental health crisis. This directs them to Mersey Care 24/7 All Age Crisis Line and allows them to access local services.

As an indication of use of the Crisis Line, Members were informed that 6,660 calls were received in May '23 (prior to linking with NHS 111) whereas 9,510 calls were received in 2024.

Mersey Care went on to present information on their Zero Suicide Approach, which entails a small Safe from Suicide Team who co-ordinate provision and deliver on the Trust's Suicide Strategy and associated workplan. The strategy maps against the National Confidential Enquiry into Suicide and Mental Health (NCISH) to ensure data is used correctly to understand and respond to the situation.

It was reported that NHS England guidance has recently been updated, and the Strategy will be further pulled in-line with this. One of the key updates is to no longer undertake risk stratification with those presenting with suicidal ideations as these can give a false indication. Mersey Care are to re-look at their tools and training as a result.

Areas of the Strategy being taken forward include:

- An immediate action plan to look to spot those 'at risk' in presenting data and proactively reaching out, giving suicide specific, short interventions. The Crisis Home Treatment Team will be used effectively for this and the Trust are devising new approaches through services to meet the recognised needs.
- Achieving a standard training offer for staff, including monitoring who's had suicide training
- Using data to better understand the offer
- Coproducing responses with experts by experience
- Devise a pathway of Essential Safety Elements, including a structure for 48-hour follow-up for those leaving in-patient services.
- Achieving a Gold Standard approach in proactive engagement with patients and through monitoring of data
- Working with people with long-term conditions. It was stated that people with long-term health conditions are much more likely to take their own life.
- Looking at transitions – between services – to ensure continuity of care is achieved
- Creating an Intensive Support Pathway for those at imminent risk
- Revising their Suicidal Ideations Pathway and Mental Health Crisis Pathway

It was discussed that those presenting with suicidal ideations are not often best served at Accident and Emergency Departments. Mersey Care are currently working in a pilot on Southport with a mental health crisis suite which is separate from A&E. This pilot would indicate the need for further roll-out across the region, and it was reported that the provision is being well-received at present.

Mersey Care are keen to offer opportunities for suicide prevention and reiterated the range and promotions of prevention and early interventions services across the borough. Given that the Talking Therapies service has recently been extended to 16-18 year old, the Trust has undertaken some proactive work with Riverside College during their autumn induction week.

Members spoke about the importance of GP Surgeries treating those who present with suicide thoughts and ideations with dignity, respect and urgency. It was considered that those with suicidal ideation needs parity of esteem with those presenting with an acute condition such as a heart attack.

Mersey Care gave further details that they are very vigilant to look after own staff who are dealing with these situations day in and day out and they have their own 24-hour crisis line for employees.

Mental Health Matters, who run a national resource website, have just won a contract with Mersey Care to provide a Mental Health Café across Warrington and Halton. Details of this were shared: [Warrington & Halton Support Hub: Mental Health Help](#)

During this dedicated session, Public Health were also invited to give their views on suicide prevention. Julia Rosser, Deputy Director for Public Health in Halton, gave an overview of local figures reflecting that Public Health have a statutory role in ongoing monitoring across the borough.

It was explained that the duties placed on Public Health are around annual completion of a Suicide Audit, however the team currently go further than that and undertaken 'real time' surveillance of suicides. This is achieved with ongoing intelligence from the Coroner's Office. To achieve a 'live' picture, the information shared is prior to inquests and works on the basis

on the information to hand. In this sense, it was made clear that this is based on an initial position.

The surveillance data enables Public Health to monitor themes and trends and take any immediate action identifiable. It was explained that this work is based on extremely sensitive information but can identify certain locations of risk, the need to target certain family groups, or circles of friends, schools, etc. with further prevention activity.

On occasions, where there is a 'cluster event', with more than one incident, Public Health will convene a multi-disciplinary team response to the situation, but this was reported to be few and far between.

From the data presented, it was explained to Members that the Pandemic had a big impact on figures. However, the impact then further rolled forward into 2021 and 2022 as some inquests were delayed and the official audit figures only reflect deaths deemed as suicide following an inquest.

Figures indicate that more men tend to take their own lives than woman and Members discussed that some specific provision has been made over the years for male mental health needs, including some work done through the Widnes Vikings.

Suicides by age groups were examined and it Members heard that targeted prevention work is aimed at different indicators. One of the more current risk factors coming through was reported to be around financial difficulties.

Leading on from Julia's presentation, Kate Bazley from the Health Improvement Team, which is the health promotion delivery arm of Public Health in Halton, gave an overview of her team's work.

As part of the Council's public web pages, Kate's team maintain a [Mental Health Info Point](#), with tools, resources and signposting to other access points for mental health support. They also undertake activities and interventions across the borough to offer support and training. This includes training for Halton Borough Council staff on stress management as well as suicide awareness.

The Health Improvement Team work to a local suicide prevention strategy. Due to the sensitive nature of the work this is an internal document that pick up themes from the Suicide Audits as well as the suicide surveillance. Members were apprised that the work picked up against the strategy is proactive but also responsive, and an example was given that the team are currently working to a new, national critical response framework.

The team run a number of groups, including a Men's group. This is a legacy from additional funding allocated during the pandemic. They also produce public information resources.

Members were keen to observe that the suicide statistics are only part of the picture and that every number represents a devastating loss to someone. They raised concerns around the impact of drink and drugs on suicide rates and Public Health reported that their commissioned contract with Change Grow Live (CGL) in the borough supports alleviate of this influence where possible.

Conclusions

- Members didn't feel that the NHS 111, Option 2 support was widely known. They also felt there was a raft of other information and advice points that could be further promoted.

- Members felt that Mental Health crisis is met with robust proactive monitoring and interventions but there is a need to continuously reiterate key messages.
- New developments were felt to be moving at pace and Members expressed that they would like to be kept updated of these
- It was agreed that equipped yourself with some simple knowledge and understanding (through training opportunities and awareness raising) could go a long way in effecting the outcomes for those in mental health crisis.
- It was acknowledged that the pandemic had a dramatic effect on suicide rates as well as increased mental ill health

9. Secondary care, including bed-based services

Secondary care for mental ill health revolves around those medical services which are a step up from community and primary care options. This can involve clinics and out patients services and specialist professional assessments as well as provision for bed-based services.

In terms of provision commissioned by the ICB, Members heard that this includes the following Mersey Care provision:

- Early Intervention Psychosis (EIP) – for patients aged 14-65 years experiencing a first episode of psychosis.
- Assessment Team - providing specialist assessment, advice and signposting for adults with moderate to severe symptoms of mental illness such as severe depression and anxiety and conditions like schizophrenia and bipolar disorder.
- Recovery Team – focusing on strengths, goals and building resilience for patients with long-term conditions.
- Personality Disorder Service – working with patients with complex and severe Personality Disorders, reducing hospital admissions and preventing need for any out of are admissions.
- Individual Placement Support (IPS) – an employment support services integrated within community mental health teams to support people with severe mental health conditions to find and retain employment.

Members were informed that current improvement priorities for the ICB include maintaining oversight of service performance and standardising data information requests from Mersey Care across the Cheshire and Merseyside Integrated Care System (ICS).

As regards to bed days the ICB commissions 14,890 adult in-patient bed days per year, comprising:

- 10,220 adult mental health bed days – Mersey Care
- 280 mental health Psychosis Intensive Care Unit (PICU) bed days (equating to 0.75 bed) – Mersey Care
- 3,650 Adult Mental Health rehabilitation bed (equating to 10 beds) across Halton and Warrington (with Alternative Futures) to patients detained under the Mental Health Act and to informal patients.

The ICB described a Mental Health Capacity and Flow Recovery Programme that will be operating throughout 2025/26 to improve mental health system flow across the system with an aim to increase the available bed capacity through reducing the number of people who are clinically ready for discharge. Mersey Care also highlighted steps that they take on a day-to-day basis to manage capacity and flow.

The impact of delayed discharges was further discussed and deficits around housing provision, particularly where aligned to MHA Section 117 duties*, were identified as a concern.

*Section 117 revolves around a joint responsibility between ICBs and Local Authorities to provide 'after-care' services to individuals discharged from hospital under qualifying mental health detentions.

It was reported that Halton currently has no patients in out of area secondary care beds.

Mersey Care further demonstrated their commitment to workforce planning as well as workforce resilience within secondary care services. They also spoke about patient experience and engagement within this area.

Some additional services under secondary care falls into more specialist areas. These are further explored in Section 10.

Members undertook a site visit to The Brooker Centre in Runcorn, as the main building-based provision for secondary mental health services in the borough - details given on the next page.

Conclusions

- While it is recognised that provision across the Mersey Care footprint has given Halton residents access to a wider offer, it was reiterated that any in-patient placements out of the borough place additional burden on other areas of services, including social care services (as also highlighted in Section 6 of this report).
- Similarly to the conclusions captured under Section 7 of this report, Members observed a good range of provision which was considered to have no specific overlap or duplication that would create inefficiencies. Likewise to Section 7, Members would like to ensure that different communities and cultures represented across Halton find these services accessible and inclusive.
- Consideration, again comparable to that in Section 7, was directed at community provisions and how this will map to plans for neighbourhood model of care, going forward. The collaborative approach to working across the borough were recognised by Members and are felt to be pivotal to assuring an integrated service offer into the future.
- Delayed discharges were noted as a concern, and the system pinch points surrounding this and related to the need for further supported housing provision.
- Members, in particular those who attended the site visit, applauded those involved in direct delivery of services and acknowledged their resilience.

Site Visit: The Brooker Centre, Runcorn

6 November 2025

The Brooker Centre is a dedicated mental health provision, based at the Halton Hospital site and is run by Mersey Care NHS Foundation Trust. The team also have a satellite office in Widnes, which is used by the Recovery Team, LLAMS and is also a base for the Early Intervention Team.

Members visited the Centre as part of the Scrutiny Topic Review to consider the resource as a key Halton asset.

Members were initially met by Operations Manager, Katie, and had the opportunity to discuss different areas of provision and meet with different teams.

Kate gave an overview of the Centre, explained that Mersey Care have only operated from there in the past four years following the dissolution of North West Boroughs Healthcare NHS Foundation Trust. She told Members of the changes during this time and spoke about the Centre being situated within the Mersey Care regional footprint, which she said brings with it both challenges but also opportunities.

She explained that the provision now runs to a 7-day working week, giving residents a more flexible service offer but also the adaptation is aimed at meeting increasing demand. Katie felt that overall improvements have been made to the patient journey since Mersey Care took on the provision.

LLAMS and Care Home Liaison

Members visited the Later Life and Memory Service (LLAMS) which is primarily aimed at supporting the ageing population in Halton and increases in memory-loss and dementia. However, it was put forward that the service are seeing increasing numbers of early on-set dementia and dementia and memory issues resulting from poor lifestyle choices, including alcohol and drug dependence.

Members were apprised of some recent investment that have been allocated to refurbish the LLAMS provision, and how this is supporting them to run therapeutic groups support sessions including Cognitive Stimulation Therapy.

LLAMS work in close partnership with other statutory services, including regular liaison with GP surgeries, and strong links with social care, with some co-located staffing. The service also has a dedicated Care Home Liaison function working across the borough with Nursing and EMI provision.

The LLAMS team liaise with and signpost to voluntary and community partners, including Alzheimer's Society (who have a contract with Halton Borough Council to run a Dementia Advisory service), Age UK Mid Mersey and Halton Carers Centre. They also make use of the ICB commissioned Admiral Nurses for those at later stages of their condition.

While LLAMS work is primarily with memory issues and dementia, Members were told about work being undertaken, as part of wider Mersey Care transformation programmes, to align services: This service will be for Adults over the age of 65 years old with both

Mental Health and Dementia diagnosis. Members were told that this would align their provision to the Mersey Care model across the region. Jaymie, the LLAMS team manager felt that staff have a lot of transferrable skills to offer with this change.

Recovery Service

The Recovery Service operates from the upper floor of the building and work is undertaken with patients following episodes of mental ill health, referrals are received from both Primary and Secondary services.

Katie was very proud of this area of service, saying that it isn't just about through put but looked at real, tangible outcomes for people. While there are patients who will have recurrences, Katie felt the service achieves clear recovery goals and said that the model developed is one of a few across the country that call themselves 'Recovery'.

The support offered within the Recovery Service includes psychological therapies and cases are triaged on a regular basis to look at step up/step down requirements as appropriate to need.

Within Halton, there is also Early Intervention Team, which are a specialist team that support service users with suspected or first episode of psychosis.

Mersey Care also have a CRHT 'Crisis Resolution Home Team' they are based in St Helens but support the community within Halton.

Members asked about Halton residents who are placed elsewhere within the Mersey Care footprint for in-patient treatment. Katie acknowledged that this happens, but reassured them that the team would look to re-patriate them if clinically appropriate closer to home.

Bridge and Weaver Wards

Members visited the in-patient wards at the Centre, offering a total of 33 beds as part of wider regional provision across Mersey Care services.

From previous discussion within the Scrutiny Topic Group, Members expressed concerns that provision covered a large area and that Halton patients sometimes had to be placed out of borough. Becky, as Matron, spoke to Members about the need to continually look at capacity and flow across the system, and while it was possible that a bed would not be available in-borough at the right time for a Halton resident they would be offered the choice to re-patriate as soon as a bed becomes available.

She described how coming under the Mersey Care footprint has reduced the need to buy bed space in other parts of the country (which had previously happened) so although there can be placements across the region, they are still within the local geography so far as possible.

Becky showed Members around the provision which has communal eating and activity areas as well as quiet space and single rooms and enclosed garden areas. She explained that funding has been sought to develop a new solitary suite with its own bathroom and more space. This would be a shared resource for the two wards with the existing space being reallocated. The suite is used for high intensity incidents where a person might need

separating from others on the Ward and Becky deems the new suite to be a positive move to offering more space to those in distress.

Patients have access to activities 7-days a week and the wards appeared to be well staffed. Becky explained that the team working on the Ward are only carrying two vacancies at present. She said that there had been a big push on recruitment more recently and this has helped relieve some of the pressures on team members. She described the environment as challenging but very rewarding and spoke about the staff supporting each other's mental wellbeing on a daily basis.

Members agreed that the work across the Centre was demanding and commended the commitment of a dedicated workforce.

All areas of service were keen to get patient feedback and run regular patient participation groups to capture views on an ongoing basis.

10. Specialist care services

Throughout the Scrutiny Topic Review Members were given details of the provision and services on offer across the borough. Within this, some dedicated, specialist mental health delivery was described as distinctive to certain cohorts of the population.

While not all of this is covered in this report, it is worth noting that these requirements are being considered and met.

Members were informed about:

Services aimed at meeting maternal and parental mental health needs – included

- The Silver Birch Hub, provided by Mersey Care, for women who have experienced distress, loss and trauma during pregnancy and birth.
- The Specialist Perinatal Mental Health Service (again provided by Mersey Care) for pregnant women and mum of infants up to 2 years of age who are currently experiencing complex or severe mental health problems, or have a history of, or risk of developing, these during the perinatal period.
- The Baby Infant Bonding Service – for parents expecting a baby or who have an infant aged up to 2 years old, who are having difficulty bonding and development their relationship with their child – delivered by Mersey Care.
- Parents in Mind – provided by the National Childbirth Trust for parents who require one-to-one or group support with mild or moderate health concerns who are antenatal or postnatal (up to the age of 2)

The ICB described the ongoing development of Family Hubs across Halton and how this has facilitated closer integration of services to support parents with mental health needs.

For Military Veterans in Halton, a service is provided by the Greater Manchester Mental Health NHS Foundation Trust. This dedicated service is for those who have mental health problems that relate to their military service and offers a stepped model of care and support.

An Adult Eating Disorders Service, offering outpatient support, is provided by Cheshire Wirral Partnership across Warrington, Halton and Trafford.

It was demonstrated that future needs were being considered alongside current provision. Mersey Care spoke to Members about links between physical and mental health and how they are looking to join up these requirements. As a particular specialist concern, Mersey Care have designed a training module for staff working with Motor Neuron Disease (MND) patients around the associated suicide risks.

Conclusions

- Members felt that there was a good breadth of services but again felt these weren't always known about until people get to the point of needing them in crisis.
- It was thought that services were vigilant and responsive to future needs. Members raised concerns that Halton, as one of the smaller local authority area in the region, may get overlooked when it comes to new and innovative delivery opportunities.

11. Children and Young People's services

Members additionally convened a dedicated Scrutiny Topic Group meeting to look at mental health services for children and young people. Like the crisis response and suicide prevention session this was an opportunity to focus in on a specific area of provision.

The ICB had previously introduced a number of commissioned services to meet the mental health needs of children and young people across the borough. This includes:

Children and Adolescent Mental Health Services (CAMHS), which is by Mersey Care. CAMHS also has a Crisis Response Team that provides risk assessment within 4 hours, brief interventions and home treatment as required.

Kooth, a digital mental health support service which offers counselling and wellbeing support, alongside self-help resources and signposting to community support. The service is aimed at young people aged 11-25.

Moving on 2gether Service, provided by Barnado's, and jointly commissioned with Halton Borough Council. This offers specialist therapeutic support and interventions for children in care (5-25 years) and care leavers.

Mental Health Support Team (provided by Mersey Care) which promotes early detection and prevention of mental health problems as well as direct interventions for pupils with mild or moderate mental health conditions in schools. It also helps strengthen links between schools and mental health service provision so that transitions between services are smooth.

At the dedicated meeting to look in more detail at the offer to children and young people, Mersey Care introduced the Thrive Model, which is a national framework aimed at improving mental health services for children and young people, and their families. Moving away from a tiered approach the framework instead emphasises a needs-led approach to providing tailored support based on the individuals' vulnerabilities and circumstances.

Mersey Care mapped some of their service and provision to elements of the Thrive Model to show how progression of need is determined and escalated through service.

Members alluded to difficult press image of CAMHS across the country and reassurance was given that service were improving. This included being shown graphs and statistics on waiting times for access to services.

It was conveyed that Mersey Care manage the situation closely and that senior managers meet on a weekly basis to manage referrals to CAMHS and look at what adjustments are needed if waiting times are not met.

The main referral route into children and young people's mental health services was shared as being through their GP. It was highlighted that this is not always needed and Members felt that public awareness should be raised around this.

Increasingly, however, referrals were seen to be coming through schools as the Mental Health Support Team become more embedded. It was explained that Mersey Care don't have funding to extend this model across all schools in the borough at present, and as a result they are working with those deemed to have the highest level of need.

Members heard that the schools service is helping to identify which service is best able to meet the presenting needs, and children and young people would be escalated to CAMHS as required. They were informed that the greater spread of services, including more access to lower intensity psychological therapies in places where the child or young person already is, is alleviated pressure on higher intensity services.

Moreover, the network of support for children and young people was explained to be much wider than Mersey Care service, currently including 13 different providers, and including a range of early interventions opportunities that previously didn't exist. This includes the Kooth digital service but also a good spread of community and voluntary service activities and options aimed at maintaining the wellbeing of children and young people.

Mersey Care alluded to the fact that, where children and young people did have a need to access CAMHS services, they are being seen more quickly than previously because of the range of other interventions on offer. This enables CAMHS to deal with more complex cases more quickly including referrals on to other services such as those dealing with eating disorders.

Regarding eating disorders, it was confirmed that some children and young people do require in-patient care and Mersey Care will work with acute trusts around admission for this and other children and young people's mental health admissions.

Members asked specifically about the age from which eating disorders are diagnosed and it was shared that this is generally between 10 and 11 years. They were told that before this age it could often be 'avoidant restrictive food intake', which falls under a different diagnostic classification as disordered eating (as opposed to an eating disorder).

The ICB and Mersey Care confirmed that they are currently looking to develop a best practice model for the region around adolescent eating disorder.

The approach to crisis response for children and young people's mental health needs has been altered over the past few years. It was explained that, previously, there was not a dedicated 24-hour service and this led to out of hours admissions. Now, the CAMHS Crisis Response Team have a 4-hour response time to work to, and can also be accessed (like services for adults) through the NHS 111, Option 2 line.

Members asked about equity of access to services and Mersey Care declared that there's likely to be gaps with reaching immigrant communities. They are further looking at the data on this, as well as devising appropriate responses including training for staff to understand and incorporate cultural needs as well as considering institutional inequalities.

It was recapped that the Talking Therapies service in Halton has now been extended to 16-18 year olds.

Further to hearing from Mersey Care about their own and wider provision for children and young people, the session devoted to this area was also attended by Barnado's, who run the Moving on 2gether scheme.

Nicola Dunn, from Barnado's, explained that the schemes sits within a framework of support and is aimed at those in care and care leavers. It predominantly therapy and mental health service-based and where children are under the age of 12 years old they use specialist play therapists as part of interventions.

The scheme works closely with other services, including referring on to CAMHS as needed, and the delivery team will run a monthly panel to look at what service is best placed to meet the person's needs.

Nicola explained that, in terms of the Thrive Model, the interventions through Moving on 2gether are at the upper end of needs.

Referrals to the scheme go through an Emotional Health and Wellbeing Panel run by the Council and the ICB as commissioners of the service and case holders for those in care. The team then work with Halton children within a 40 miles radius, dependant on placements but can reach out further if agreed.

The team will at times undertake training with foster parents, or will conduct Filial Therapy, where they work with the person's carer who in turn works with the child. They also offer training to residential homes and to social workers.

In terms of figures, the scheme saw 42 referrals in 2024/25:

- 28 – Looked After Children
- 9 – Care Leavers
- 5 – Foster Carers

A breakdown of these referrals by demographics was presented to Members as well as some primary reasons for referrals and some other reasons for referrals. Presentation slides also gave some positive feedback on outcomes of the service from those who've used it.

Conclusions

- It was noted that the range of support now in place appears to meet previous gaps.
- Members, again, highlighted that public awareness of access point for mental health support was insufficient.
- The mental health support being rolled out across schools was particularly commended and Members considered schools as a good place to have daily oversight of the behavioural and mood changes that might accompany mental ill health.
- It was also mentioned within discussions that a couple of Members on the Scrutiny Topic Review are also Governors at schools in the borough. Members recognised their own role in promoting mental health services across the borough.

12. Overall conclusions and recommendations to the Health and Social Care Policy and Performance Board

The activity undertaken by the Board to achieve the outcomes of the Topic Review uncovered a wide variety of services and provision for those with mental ill health. The information shared was thought-provoking and revealed that services have come a long way in the short time, and intensively so since the Covid Pandemic.

The Board felt that that strategic intentions and planned transformation of services taking place to meet future demands are moving the right direction, with a clear starting point centred on prevention and early intervention and the needs of the community. Their one concern was that the specific needs of Halton residents should be prioritised when it comes to delivery of local services, and they did not want to see Halton's population generalised into a regional offer.

Across provision Members saw a real commitment from the workforce, and praised all staff across services for their ongoing resilience in what they felt was a challenging but reward field. Members felt that the workforce strategies and pledges made by Mersey Care effectively represented future needs and determined that no further recommendations were needed in relation to workforce planning.

The Board recognised that supporting mental health needs is wider than service provision and in fact involves everyone. They identified that they have a key role to play in providing help to those in emotional and psychological distress as prominent members of the community.

As a result of the Scrutiny Review Members have made 14 recommendations.

They recommend that:

Recommendation	Thematic area	Responsibility	Timescale
Mersey Care and Halton Borough Council's Mental Health team re-institute regular meetings specific to monitor retention of patients in-borough.	Communication/ partnership working	Mersey Care / Halton Borough Council - Mental Health	To be set up by March 2026
<p>All agencies working to deliver mental health services, the ICB and Mersey Care in particular, should continue to monitor data and forecast demands in order to effectively allocate resources.</p> <p>They should look to bring any concerns to the Health and Social Care Policy and Performance Board as part of maintaining a systems approach.</p>	Forward planning/ Demand management/ Systems approach	ICB / Mersey Care	Ongoing
<p>Halton Borough Council conducts a series of targeted social media campaigns to promote the range and breadth of mental health support services across the borough, and to dispel some common myths (e.g. you don't need to see your GP to access services). In particular, the following are to be promoted:</p> <ul style="list-style-type: none"> • NHS 111, Option 2 • Access points for children and young people with mental ill health • Community-based services, such as the crisis café and the SPACE café 	Promotion/ Communication/ Awareness	Halton Borough Council – Marketing and Communication	Across 2026 – schedule of activity to be devised
<p>Members to act as Mental Health champions within their own wards, keeping themselves up-to-date with local service offers in order to signpost people appropriately and raising awareness of local websites promoting resources and support available, including Calm your mind Get back to a better place and Mental Health Info point</p> <p>Member to receive annual Member Seminars on Mental Health – Committee Services to work with relevant partners to deliver.</p>	Community support/ Awareness	Members / Member Services	Ongoing with annual updates

<p>The innovation and responsiveness to mental health needs across services, and Mersey Care's steer in that, is recognised and commended by Members.</p> <p>Members would like to be kept aware of the development of new services, including the progress towards implementing a Mental Health Crisis Text Service.</p>	<p>Innovation/ demand management/ Systems approach</p>	<p>ICB / Mersey Care</p>	<p>By March 2026, then ongoing</p>
<p>Members recognise that delayed discharge can revolve around housing needs and acknowledge the Council's new Housing Strategy as a positive opportunity for ensuring system wide approaches to the health and wellbeing of the public are achieved. Also, that there's work across the Liverpool City region to look at issues related to homelessness.</p> <p>Members urged relevant partners to continue to have open dialogue in relation to system pinch points and place-based responses.</p>	<p>Discharge flow/ systems approach/ Housing and community</p>	<p>Halton Borough Council / Mersey Care / ICB</p>	<p>In-line with roll- out of Halton Housing Strategy</p>
<p>Mersey Care, and respective partners, continue to work towards improving response rates and reducing wait times, as well as maintaining general throughput for services.</p> <p>Ongoing consideration to be given to ease of access to services for Halton residents and the share of resources being allocated to the borough.</p>	<p>Demand management/ partnership working/ system approach</p>	<p>Mersey Care / ICB</p>	<p>Ongoing</p>
<p>Member would like to see the Mental Health Support Teams in schools model extended across the borough, and support opportunities to roll this out further to achieve 100% coverage.</p>	<p>Prevention/ Community support/ Demand management</p>	<p>ICB / Mersey Care</p>	<p>By March 2027 (dependant on funding)</p>
<p>Public Health to present the annual Suicide Audit to the Health and Social Care Policy and Performance Board, and to keep Members updated with any significant campaign activity to prevent suicide rates in Halton.</p>	<p>Systems approach/ Partnership Working/ Prevention</p>	<p>Halton Borough Council – Public Health</p>	<p>Annually</p>

<p>The Zero Suicide Alliance Suicide Awareness Training is to be mandated e-learning for Halton Borough Council staff and Elected Members. This is considered the minimum standard that should be achieved.</p> <p>((Halton Borough Council staff also have access to suicide awareness training delivered by the Health Improvement Team and this is promoted to staff on a regular basis.))</p>	<p>Workforce/ Awareness/ Prevention</p>	<p>Members / Halton Borough Council – Learning and Development</p>	<p>Implemented as Mandatory by March 2026</p>
<p>The Council's Health Improvement Team consider mental health and wellbeing alongside physical health needs and have strong links with health partners. Members called for this approach to further roll-out through neighbourhood models of care, and that all partners involved ensure that integrated working is utilised to achieve the best outcomes for the population of Halton.</p>	<p>Prevention/ Partnership working/ system approach</p>	<p>Halton Borough Council – Public Health</p>	<p>Ongoing</p>
<p>Members would like to see improved access to mental health services for marginalised groups (such as settled refugees) and request that One Halton set data metrics within the implementation of neighbourhood models of care to ensure this is achieved.</p>	<p>Inclusion/ Communication/ Awareness</p>	<p>Mersey Care / ICB / One Halton</p>	<p>Across 2026 – schedule of activity to be devised</p>
<p>Members considered the current trajectory towards delivering prevention and low intensity services and feel this direction of travel should continue to be prioritised, particularly in consideration of how neighbourhood models of care are to be delivered.</p>	<p>Prevention/ Community</p>	<p>Halton Borough Council / Mersey Care / ICB / One Halton</p>	<p>Ongoing</p>
<p>Members heard about maternal mental health services and support for parents with antenatal and postnatal mental health concerns. Members would like to see these services further promoted to the public via GP surgeries and within existing provisions targeted at families e.g. Family Hubs</p>	<p>Partnership working/ Communication</p>	<p>Halton Borough Council – Children and Family Services.</p>	<p>Across 2026 – schedule of activity to be devised</p>

These recommendations are felt to be realistic and practicable, and it is anticipated that a small Task and Finish Group should be set up to instigate the activity indicated. This group should have representation from Mersey Care, the ICB and Halton Borough Council, as a minimum.

Appendix One

Health Policy & Performance Board (HPPB) Scrutiny Review 2025/26

Topic Brief

Topic Title: Mental Health Support

Officer Lead: Helen Moir, Head of Service – Independent Living Services & Mental Health

Planned Start Date: July 2025

Target PPB Meeting: February 2026

Topic Description and Scope:

The 2025/26 scrutiny review for the Health Policy & Performance Board will look at Mental Health Support, specifically how existing provision is meeting current demand and responding to predicted demand, and equality of access to services for marginalised or minority groups, covering both Adults and Children and Young People Services.

This will include:

- The range and type of support and services for mental health available in Halton.
- Access to mental health support via primary care and during times of crisis.
- Assessment, diagnosis and treatment of mental health conditions.
- Community based mental health services.
- Inpatient mental health services and alternatives to hospital admission.
- The mental health crisis response.

Please note that services to support those with dementia, a learning disability and/ or autism are out of scope of this scrutiny topic.

The main focus of the topic will be on health services delivered by Mersey Care NHS Foundation Trust. Predominantly this will be looking at services for adults but the topic will also consider Child and Young People's Mental Health Services (CAMHS).

Through evidence presented at the scrutiny meetings, and/or site visits to services, the scrutiny group will develop an oversight of the key duties of each service, as well as the referral pathways, key operational practices and interface with other services. Through considering current performance, outcomes and service user feedback for each service area, the group will make recommendations on how services can further improve service user experience, outcomes and maximise performance.

Why this topic was chosen:

“Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. It is an integral component of health and well-being that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in. Mental health is a basic human right.”

(World Health Organization, 2022)

According to NHS England, one in four adults and one in 10 children experience mental illness. The NHS Long Term Plan makes a renewed commitment to improve and widen access to care for children and adults needing mental health support.

Mental health has a direct impact on an individual’s overall wellbeing and quality of life and is interlinked with physical health. It is essential that people have access to support at the earliest opportunity when they are experiencing difficulties with their mental health. It is also important for those with mental health conditions to be able to access appropriate treatment and ongoing support.

It is important for Health PPB Members to gain an understanding of the local services that are in place to support the mental health needs of the local community in order to ensure that Halton residents have access to the right support at the right time.

Key outputs and outcomes sought:

- Understand who uses the services and why.
- Understand how the service ensures equality of access and outcomes for all sections of the community, including minority or marginalised groups.
- Understand referral/access pathways, including any barriers.
- Understand key performance indicators, outcomes and service user experience.
- Understand how each of the services interact with the wider health and social care landscape.
- Understand the level of capacity and demand within the services and highlight emerging issues through trend analysis.
- Understand how the service is meeting current demand and what it predicts future demand will look like and how it will meet that demand.
- Understand any opportunities, challenges or emerging issues faced by the services.
- Highlight any innovative work taking place to improve performance, outcomes and service user experience.
- Make recommendations as to how services can further improve performance, outcomes and service user experience.

Which of Halton’s strategic priorities this topic addresses and the key objectives and improvement targets it will help to achieve:

Priority One: Improving Health, Promoting Wellbeing and Supporting Greater Independence

Encouraging good quality health, wellbeing and social care, by involving everyone in our community. To support the people of Halton to feel safe, be active, happy and lead their best lives.

This scrutiny topic will contribute to the following objectives from the Corporate Plan 2024-2029:

- Offer easily accessible and integrated health care, advice and services from birth.
- Encourage preventative care and healthy lifestyles for the people of Halton throughout their lives.
- Support mental health services and tackle elderly isolation in Halton.

Nature of expected/desired PPB input:

This Member-led scrutiny review of Mental Health Support Services in Halton will be undertaken through a series of six monthly meetings at which Members will receive evidence presentations by the service areas identified. Service site visits will be arranged as applicable/requested. Members will make recommendations for inclusion in the Scrutiny Topic report to be presented to Health PPB and Executive Board.

The Children, Young People and Families Policy and Performance Board will be invited to attend the CAMHS session due to the overlap with their remit.

Preferred mode of operation:

- Meetings with/presentations from relevant officers from each of the services identified.
- Visit to services where applicable/requested.

Agreed and signed by:

Role	Signature	Date
HPPB Chair <i>(Cllr Eddie Dourley)</i>		
Lead Officer <i>(Helen Moir, Head of Service)</i>		

Appendix Two

Health Policy & Performance Board (HPPB) Scrutiny Review 2025/26: Meeting Schedule

Topic: Mental Health Support

Date/Time	Location	Theme	Speaker / Area of Focus
Thursday 21 August 2025 - 6-7.30/8pm	Civic Suite, Runcorn Town Hall	Evidence session 1: Social care responses to mental ill health: <ul style="list-style-type: none"> • Mental Health – Halton Borough Council 	Steve Westhead – Principal Manager – Mental Health Team <ul style="list-style-type: none"> • The role of social care in supporting mental health needs • Overview of common mental health needs and conditions • Social Care interaction with the wider system
Thursday 4th September 2025 - 6-7.30/8pm	Civic Suite, Runcorn Town Hall	Evidence session 2: <ul style="list-style-type: none"> • ICB context / overview (what they commission, performance, outcomes etc.) 	Philip Thomas and Karen Hampson – NHS Cheshire & Merseyside <ul style="list-style-type: none"> • Scene setting from the Integrated Care Board (ICB) and place-based partnership (One Halton) perspective Phil Watson – Head of Operations – Community Nicola Jones – Assistant Director of Nursing – Inpatients <ul style="list-style-type: none"> • The scope of services which come under the umbrella of Mersey Care












Date/Time	Location	Theme	Speaker / Area of Focus
		<ul style="list-style-type: none"> Mersey Care responses to mental health needs across the borough – teams, services and access points 	<ul style="list-style-type: none"> The Trust’s main objectives and current challenges. Provision local to Halton and how it operates in connection with the wider regional offer
Thursday 9th October 2025 - 6-7.30/8pm	Civic Suite, Runcorn Town Hall	Evidence session 3: <ul style="list-style-type: none"> Focus on Children’s Mental Health 	Lisa Simpson – Children and Young People’s Mental Health Clinical Services Manager – Mersey Care <ul style="list-style-type: none"> Overview of Mersey Care services for children and young people, including CAMHS, the Mental Health Support Team (MHST) and specialist services e.g. eating disorders Nic Dunn – Children’s Service Manager – Barnado’s <ul style="list-style-type: none"> Covering the Moving On 2gether service – what it does, some service user feedback, service outcomes, and issues faced by Looked After Children and Care Leavers
Site Visit – 16 October 5-7pm	SPACE café – Despresso Club	Details sent to Members for sign-up	Attended by Cllr. Hughes and Cllr. Plumpton-Walsh
Thursday 23rd October 2025 <ul style="list-style-type: none"> 6-7.30/8pm 	Committee Room 1, Runcorn Town Hall	Evidence session 4: <ul style="list-style-type: none"> Focus on suicide prevention and crisis intervention 	Kate Bazley - Mental Health and Wellbeing lead <ul style="list-style-type: none"> Halton Health Improvement Team programmes in support of understanding suicide prevention Tim McPhee – Associate Director Integration, Transformation and Partnerships, Mersey Care <ul style="list-style-type: none"> Overview of Safe from Suicide service

Date/Time	Location	Theme	Speaker / Area of Focus
Site Visit – 5th November 10-11.30am	Brooker Centre	Details sent to Members for sign-up	
Thursday 6th November 2025 - 6-7.30/8pm	Civic Suite, Runcorn Town Hall	Evidence session 5: <ul style="list-style-type: none"> • Feedback on site visits • Community Mental Health partners • Briefing – We Connect • Talking Therapies and primary care support • Consider draft recommendations for final report 	Kate Bazley - Mental Health and Wellbeing lead <ul style="list-style-type: none"> • The role of the Halton Health Improvement Team in supporting community wellbeing • The team’s promotion of community-based services Briefing to be shared from Wellbeing Enterprises Tim McPhee – Associate Director Integration, Transformation and Partnerships, Mersey Care <ul style="list-style-type: none"> • Further details of the Talking Therapies services and the role of the Mental Health Practitioner Service. All to discuss
Thursday 4th December 2025 - 6-7.30/8pm	Civic Suite, Runcorn Town Hall	Draft report presented for final comments Consideration of topics for next year’s scrutiny review	
January – date TBC		Report to Adults Directorate SMT	

Date/Time	Location	Theme	Speaker / Area of Focus
Tuesday 10th February 2026		Report to Health Policy & Performance Board	
Date TBC		Report to Executive Board	

Appendix Three

Presentations from the Scrutiny Topic Group

21 August 2025	 MH Presentation 21.08.2025.pdf
4 September 2025	 ICB MH Commissioned Service  Overview of Mersey Care Services Halton !  MH Div Halton Health Policy Performance Bc
9 October 2025	 CYPMHS Sep 25.pdf  Halton MO2G Service Brief Presentation.pdf
23 October 2025	 Suicide Prevention overview Oct 2025.pd  Zero Suicide Halton Oct 25.pdf
6 November 2025	 Mental Health Prevention overview N  Talking Therapies Halton Scrutiny Topic  WE Connect Briefing Paper HBC MH Scrutir