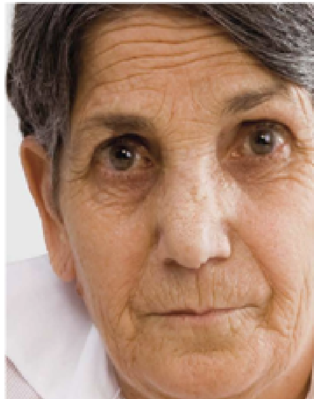
STRONGER LOCAL VOICES
FOR HEALTH AND SOCIAL CARE



'ENTER AND VIEW' VISIT

MERSEY CARE NHS TRUST, BROADOAK UNIT

11th October 2010

Hosted by
Liverpool Charity and Voluntary Services
Helping you make a difference

Contents

1.0 Introduction: Local Involvement Networks (LINks)
– Powers to Enter and View Services p 3

2.0 Reason for visit p 4

3.0 Evidence from visit p 5

4.0 Are patient needs/preferences being met? p 15

5.0 Recommendations p 15

6.0 Contact information p 17

1.0 Introduction: Local Involvement Networks (LINks) – Powers to Enter and View Services

1.1 Local Involvement Networks (LINks) were established across England by the Local Government and Public Involvement in Health Act 2007.

1.2 LINks are networks of local people and organisations, funded by Government and supported by independent organisations known as Hosts to promote and support the involvement of people in the commissioning, provision and scrutiny of local health and social care services. There is a LINk in every Local Authority area that has social services responsibility. In Liverpool the LINk is hosted by Liverpool Charity and Voluntary Services (LCVS).

1.3 LINks were established to:

- give everyone an opportunity to say what they think about their local health and social care services – what is working well and what is not so good;
- give people an opportunity to monitor and check how services are planned and run; and
- provide feedback on what people have said about services, so that things can change for the better.

1.4 LINks use a range of methods to enable them to say how local services could improve, such as:

- making reports and recommendations to commissioners and getting a reply within a set period of time;
- asking commissioners for information and getting a reply within a set period of time;
- going into some types of health and social care premises to observe the nature and quality of services; and
- referring issues to the local Overview and Scrutiny Committee and receiving a response.

1.5 To enable LINks to gather the information they need about services, there are times when it is appropriate for them to see and hear for themselves how those services are provided. That is why the Government has introduced duties on certain commissioners and providers of health and social care services (with some exceptions) to allow authorised LINk representatives to enter premises that providers own or control to observe the nature and quality of services.

1.6 In the context of the duty to allow entry, the organisations or persons concerned are:

- NHS Trusts
- NHS Foundation Trusts

- Primary Care Trusts
- Local Authorities
- a person providing primary medical services (e.g. GPs)
- a person providing primary dental services (i.e. dentists)
- a person providing primary ophthalmic services (i.e. opticians)
- a person providing pharmaceutical services (e.g. community pharmacists)
- a person who owns or controls premises where ophthalmic and pharmaceutical services are provided
- Bodies or institutions which are contracted by Local Authorities or NHS Trusts, Primary Care Trusts or Strategic Health Authorities to provide care services.

2.0 Reason for visit

2.1 Liverpool LINk has recently formalised the appointment of volunteer Health and Social Care Ambassadors (HASCAs) to each NHS Trust within its jurisdiction (i.e. the area covered by Liverpool PCT). Enter and View visits are one way of helping the HASCAs and other authorised LINk members who have undergone training and CRB checks to develop positive relationships with Trust officers and to start building a picture of the work of each Trust, with a view to making useful contributions to Quality Accounts commentaries and in a range of other ways.

2.2 Liverpool LINk members have an ongoing interest in mental health services as mental health is consistently an issue raised by the public as a major health concern. Indeed LINk members have recently produced a report which considers Liverpool's approach to mental health commissioning and pathways and are about to start a study of mental health support needs and services in the Alt Valley area.

2.3 The visit to Broadoak was arranged following discussions between Tim Oshinaike (Liverpool LINK's Ambassador to Mersey Care) and Carol Bernard (Director, Mersey Care Clinical Business Unit (CBU)) and was envisaged as providing an introduction to the structure and functions of Liverpool CBU and a chance to meet staff in the Access Service (for service users aged 16 – 65) with a view to arranging further visits in the future – particularly in relation to Mersey Care's Quality Priorities.

2.4 Liverpool LINk Core Group members who took part in the visit were:

- Tim Oshinaike (Liverpool LINk Health and Social Care Ambassador to Mersey Care NHS Trust)
- Eric Toke
- Stanley Mayne
- John Bruce

They were accompanied by Claire Stevens from the LINk Support Team.

2.5 The purpose of the visit was to conduct a fact-finding exercise highlighting good practice and positive outcomes as well as asking questions about any potential changes or improvements that could be made and making recommendations where appropriate. LINk members would like to thank Mersey Care staff for their willingness to take part in the exercise and for being so generous with their time and input.

3.0 Evidence from visit

3.1 During the course of their visit the authorised LINk representatives met with Carol Bernard (Director, Liverpool Clinical Business Unit), Marian Bullivant (Lead for Nursing and Quality), Jane Dunn (Deputy Director), Maria Tyson (Modern Matron), Jimmy Cousineau (Crisis Lead), Nick Wade (Clinical Lead), Margaret Brown (Acute Services Lead) and Jill Pendleton (Older Adult Service).

a) Broadoak in the context of Mersey Care NHS Trust

3.2 Mersey Care NHS Trust provides a range of specialist mental health, substance misuse and learning disability services in Liverpool, Sefton and Knowsley. It also provides medium secure services for the whole of Merseyside and Cheshire and high secure services for North West England, the West Midlands and Wales. The Trust is organised into Clinical Business Units (CBUs) which each focus on specific areas of the Trust's work whilst also working closely in partnership with each other.

3.3 Broadoak is an Open Acute Unit for adults of working age within Mersey Care's Liverpool CBU. This is the lowest category of in-patient unit for individuals with mental health support needs and whilst it is not a secure unit it does have to take account of safety concerns. This means that the building and certain areas within it, including wards, are locked. However, this is as much to prevent unauthorised people accessing the premises as it is to prevent service users leaving.

3.4 The Broadoak Unit includes three admission wards. Two of these are currently for men and one for women. Sixty six individuals can be accommodated at any time (24 women and 42 men) – Mersey Care has a further 24 beds at Windsor House on Upper Parliament Street and a Psychiatric Intensive Care Unit (PICU).

3.5 The PICU has 8 beds (all male) with en suite facilities and cares for people who cannot be safely managed elsewhere in the Unit. It provides intensive therapy over relatively short periods (up to 8 weeks) before

service users are transferred back to the main Broadoak Unit or back into the community with Home Care support. The PICU has a Psychologist and a safe care, low stimulation area as well as a seclusion facility which is not used often and which is very robustly managed, audited and reviewed.

3.6 Broadoak itself is staffed by a multi-disciplinary team including a Lead Nurse, Nurses and Nursing Assistants, Consultant Psychiatrists, Psychologists and Occupational Therapists. Staff also work very closely with Social Workers and Community Psychiatric Nurses.

3.7 Service users may be informal (voluntary) or detained under Section 2 or Section 3 of the Mental Health Act. The ratio changes over time and sometimes informal service users may need to be detained if their condition changes.

3.8 Informal service users are able to leave if they wish although they have to see the doctor on call before they are able to do so and will occasionally discharge themselves against medical advice.

3.9 Although some service users do not wish to be at Broadoak there are others who may not wish to leave. This could be for a number of reasons and staff will work to support them in developing skills, interests and confidence to enable them to feel socially included and equipped for life back in the community. This may be through gym attendance, enrolling at Liverpool Community College or a variety of other options. Any delayed discharges must be reported and monitored monthly.

b) <u>The work of the Unit</u>

1) Crisis Resolution / Home Treatment Services

3.10 The majority of service funding (85%) is to work with people who have severe and enduring mental health support needs and who are in crisis. The remaining funding (15%) is for work with individuals without previous mental health problems experiencing a mental health crisis.

3.11 Referrals come from a range of places and the team work to the social model when assessing and supporting service users.

1a) Access

3.12 All referrals and most initial assessments are made via the Access Team who aim to make sure that if admission is required then every other option is explored first to ensure that the care offered is appropriate for the needs

of each individual and that service users cannot be cared for more appropriately elsewhere. They are also responsible for bed management.

3.13 The Access Team are on duty 24 hours a day and work closely with the A&E Department at the Royal. They form a single point of access to mental health services in respect of GP referrals and have made good progress in reducing Mersey Care's waiting list by 50% from 6 to 3 weeks since 1st May 2010. Staff can usually see individuals to make an initial assessment on the day they are referred. Home assessments are available in some cases, if appropriate, and blank slots are kept in the diary each day to cover emergencies. There is also an outpatients service.

3.14 Over 2,000 referrals have been dealt with since May 2010 with approximately 250 a month coming from A&E. The Team are working with primary care services to reduce the number of referrals being made to A&E but cannot stop individuals self-referring.

3.15 The Team also have links with the alcohol-specialist nurses in the Lifestyle team at the Royal but note that it can be difficult to assess people's mental health support needs when they are under the influence of alcohol (or other substances).

3.16 A&E staff are not generally well trained in mental health issues but Mersey Care staff are working closely with the staff at the Royal to develop a protocol including allowing a suitable waiting time before assessment, where individuals are under the influence of alcohol.

3.17 The Team also work closely with the Criminal Justice service.

1b) Interventions

3.18 Interventions managed by the Crisis Resolution Home Treatment team include home visits to service users with acute needs who are living in the community rather than as in-patients. Visits are generally made once a day and may happen up to six times a day although most individuals receive two visits daily (over 24 hours). There are 3 levels of care: Level 1 – minimum of 2 visits daily, Level 2 – minimum of 1 visit a day, Level 3 – visit every other day or less with view to transfer of care.

3.19 A big problem is providing continuity of contact as service users do not generally wish to repeat their story to various members of staff (and should not have to).

3.20 The team's aim is to provide one member of staff as a main link for each service user and to lead on developing their acute care plan. This staff member will then liaise with a key support worker and work to alleviate

client anxiety by limiting staff contact to three or four staff wherever possible.

3.21 The team works with service users based on where their GP is based so whilst the majority of service users live in Liverpool there is some cross-border work particularly with Sefton and Knowsley.

3.22 The team has a target of covering 91 episodes a month (involving a minimum of 2 visits each) and works with 60 – 80 service users at any one time. Less acute cases are handled by Community Mental Health Teams whilst the Early Intervention Team works with 14 – 35 year olds experiencing their first episodes of psychosis and the Assertive Outreach Team work with people who are otherwise hard to engage. The Trust is working with social care providers to improve and integrate transition pathways for older people with mental health support needs.

3.33 Despite the balance of funding, the team now deals largely with crisis referrals from Primary Care services. They have access to a 4-bed crisis unit where service users can stay for up to 28 days if required.

3.34 In relation to individuals with dual diagnosis (mental health and substance misuse issues) a new reciprocal pathway has been developed with Inclusion Matters (the Improving Access to Psychological Therapies (IAPT) service) so that referrals can now be made directly between the two services. The team also works closely with Addaction and the Windsor Clinic.

3.35 The team are also in contact with social work colleagues and with the GP Mental Health Lead (Dr Moya Duffy) regarding the transition to GP commissioning.

3.36 A six-month evaluation has shown that the team has been successful in keeping service users out of hospital.

2) Occupational Therapy (OT)

3.37 It was not possible to view the OT facilities due to the activities taking place but programmes made available to the LINk indicated that a broad range of activities take place including pottery, cookery, relaxation and reading groups.

3) Sacred Space

3.38 This room has been open for approximately two years and is a protected space within the Unit. It is accessible with a key held at Reception and is available to service users, staff and visitors of any faith or denomination as

well as those of no faith who wish to use the space for contemplation or reflection. The design is deliberately plain and no artwork is included which may cause offence to any faith group (for example by including images of humans or animals which are not traditionally depicted in Islamic art). The Trust sought the advice of a range of faith leaders when designing the room which includes a set of labelled cupboards covering each of the main faiths and containing relevant materials (for instance, scriptures or sacred texts, prayer shawls or mats) and a separate shower / washroom. LINk visitors noted that not every cupboard contained materials and felt that further work could be done with the relevant faith groups to rectify this.

4) Family Room

3.39 This room was developed in collaboration with Barnardos and is again accessible with a key held at Reception. The room can be pre-booked by service users and visitors and is well used. It includes comfortable seating and a range of toys and play materials aimed at younger children in particular. Service users are risked assessed in relation to access when spending time with children.

3.40 It is hoped to provide improved family facilities, including an outdoor space, as part of the new-build TIME Project.

5) Lazy Dazy Café

3.41 This café is used by service users, staff and visitors and looks out on a courtyard area which was developed with support from the King's Fund and features mosaics made by service users with the help of a Community Artist. It has been designed to look like a 'commercial' café rather than an institutional service and serves a range of coffees, teas, snacks and meals including healthy options. Like the rest of the unit it also features artwork created by service users.

3.42 LINk visitors asked whether the Trust was able to meet cultural, faith or other dietary requirements of service users and were assured that this was the case. Most food served on wards was low in sugar and healthy options were always available. Healthy options were also available in vending machines in addition to less healthy snacks and soft drinks. Whilst service users were discouraged from buying takeaway meals they could not be prevented from doing so.

6) Brunswick Ward

3.43 This is the largest of the 3 wards and has recently been designated male only (after previously having male and female sections) in compliance with privacy and dignity considerations.

3.44 The ward has 4 single bedrooms but most of the service users sleep in dormitories which lack privacy and personal space.

3.45 All wards have lounge, toilet and bathing facilities, therapy and recreation spaces but the Trust recognises that these are no longer 'state of the art' despite only dating from the early 1990s. The new-build facilities (as part of the TIME Project) will take account of the current shortcomings and will provide individual rooms – double the size of the existing single rooms – with en suite facilities. In the meantime, all facilities meet the relevant standards (e.g. interview rooms comply with Royal College of Psychiatrists guidelines).

3.46 A range of activities were advertised for service users, including a 'newspaper group' and it was explained that the Trust worked in partnership with organisations including LIPA and Liverpool Philharmonic to provide diversionary activities including dance groups and drumming workshops. The ward also has a table tennis table and a Wii Fit console. New psychological groups were also due to start soon.

3.47 As each person comes into the service they are risk assessed and a decision is made about which ward is most suitable for them and whether they require a single room. Wherever possible choices are made with individuals but in some cases choice has to be restricted.

7) Harrington Ward

3.48 This is the Unit's women's ward and has very similar facilities to those in Brunswick. The LINk visitors saw the lounge, dining room (where service users can make hot or cold drinks 24 hours a day) and exercise bike – which service users can only use following assessment.

3.49 It was also noted that there was information available on notice boards about healthy eating and the visitors were told that Community Food Workers provide service users with training on making nutritious meals and that activities to mark Healthy Heart Day and other such days take place regularly. The Trust aims to do more to address the physical health of service users over the coming year in line with a focus by the Care Quality Commission (CQC).[1]

---

[1] See, for example, 'Position statement and action plan for mental health 2010-2015' Care Quality Commission (March 2010)

c) **Answers to questions raised by LINk members**

3.50 Following their tour of the Unit LINk members were invited to ask questions of staff. Questions and responses included:

1. What preparation do service users have for returning to the community, particularly given that their environment may have a significant impact on their mental wellbeing?

3.51 The nature of Mersey Care's work means that staff's primary focus is on individual's illness. However, from the point of admission they do also capture information on work/interests/skills/support networks/opportunities to support service users into college courses or to attend gyms etc.

3.52 Staff can also work with Housing Officers to make sure that service users accommodation is suitable and to help them move to different accommodation if necessary. Staff work jointly with Liverpool PCT in a Housing Group to look at supported housing needs and Occupational Therapists and Social Workers will also make assessments and conduct home visits and there is also ongoing liaison with Community Mental Health teams and GPs.

3.53 Mersey Care staff also work closely with organisations such as LIPA, Liverpool Philharmonic and Liverpool and Everton football clubs to provide 'outreach' and 'inreach' activities for service users.

2. How are equality and diversity issues addressed in relation to service users needs?

3.54 The Trust takes equality and diversity issues seriously and works hard to address the cultural and faith needs of service users (and staff). There are close links with Mary Seacole House (particularly through Windsor House), the PCT's Community Development Team based at the Kuumba Imani Centre around cultural and gender issues and with the Somali community via the Maan group. Staff also work with organisations supporting asylum seekers and refugees (and have secured 12 months funding for an Outreach Worker to work with these communities) as well as with PCT, primary care, local authority and voluntary sector organisations. The Independent Mental Health Advocacy (IMHA) contact for Black and Racial Minority (BRM) service users is Simon Torkington.

3.55 Mersey Care has provided mental health/suicide training for a range of Third Sector organisations and works with the Chinese and Irish communities, as well as refugees and asylum seekers, to improve access to services and break down 'perceived' barriers.

3.56 Older Chinese people were supported through a telephone counselling service and it was recognised that dementia could have a particular impact on second language deterioration and that the availability of family and community support can vary within cultural groups as well as between groups.

3.57 Although the five-year Delivering Race Equality (DRE) programme had now ended it was hoped that GP consortia would continue to commission for the diverse needs of local communities as they were in many ways best placed to understand the needs and demographics of the communities within their jurisdictions.

3.58 Issues such as dietary and faith considerations were covered during the LINk tour of Broadoak.

3. Can anything be done to cut catering costs by sharing catering services with other Trusts based on the same site (e.g. Broadgreen, Heart and Chest and Liverpool Community Health (Kent Lodge))?

3.59 This is something that could be considered jointly with other Trusts although once the TIME project is up and running services will be delivered from a different site.

4. What are the implications of the health white paper for service commissioning and primary mental health care?

3.60 The long term goal would ideally be to have all service users cared for in the community with Primary Care support. This would fit within the QIPP (Quality, Innovation, Productivity and Prevention) approach and GPs are happy to take patients back. However, some patients require acute care and the immediate goal is therefore for Mersey Care to provide quick access to in-patient services when needed and timely discharge into appropriate care.

3.61 The Trust is working closely with the Liverpool GP consortia mental health leads (Moya Duffy and Nadim Fazlani) and although the demise of the PCT will inevitably have an impact on services and lead to some re-adjustments and negotiations the hope is that these will be minimized due to relationships with GPs being stronger locally than they are in other areas.

3.62 In the opinion of Mersey Care staff present at the meeting with Liverpool LINk it would appear that GPs tend to know where their expertise and boundaries of knowledge are – despite community fears about GPs cost

cutting by making inappropriate referrals or commissioning colleagues with 'expertise' in specialisms such as mental health.

3.63 Staff speak directly to GPs about appropriate referrals and more assessment rooms mean that referral times for assessments have been reduced. It is hoped to introduce a daily service whereby GPs can ring the Acccess Team (between 9 – 10am) for information and advice about service users.

5. What access is available to anxiety management / groupwork in the community?

3.64 Inclusion Matters is the Improving Access to Psychological Therapies (IAPT) service commissioned by Liverpool PCT for 3 years. Referrals can be made via GPs or Mersey Care staff.

3.66 A range of groups are also available to people accessing Mersey Care services via the Assertive Outreach Team and Community Mental Health Teams.

3.67 From the community perspective a lot of information is available via the Advocacy Rights Hub[2], Family Services Directory[3] and through Health Trainers[4] (sometimes based in GP practices).

3.68 The Mersey Care website also provides information and allows people to comment.

6. What risks might personalised budgets bring in relation to mental health support services?

3.69 Liverpool is a pilot site for personalised health budgets which will allow participants to have more input and choice over the way NHS money is used in their treatment. In Liverpool the pilot scheme will involve the Early Intervention Team (working with 14 – 35 year olds experiencing early episodes of psychotic illness) helping service users to identify how they would like to spend designated pots of money to improve their mental wellbeing and help them achieve positive outcomes. Examples might be paying for a gym membership, buying a laptop or buying and caring for a dog.

3.70 Personalised health budgets are separate from personalised care budgets and the current debate in Liverpool around the proposed closure of adult social care day centres and changes to other adult services provided by

[2] www.advocacyrightshub.co.uk
[3] www.fsd.liverpool.gov.uk
[4] www.liverpoolhealthtrainers.org.uk

Liverpool City Council should not be conflated with the debate about the future of mental health day centres.

7. What Forensic Psychiatry provision is available locally?

3.71 Mersey Care is divided into a number of Clinical Business Units (CBUs). Broadoak is part of the Liverpool CBU but staff meet regularly with colleagues in other CBUs and there are clear care pathways for service users between CBUs.

3.72 The Mersey Care SaFE (Safe and Forensic Environments) Partnerships CBU provides a range of low and medium secure services, prison health liaison services and criminal justice liaison. Forensic mental health assessment services and a forensic integrated resource team are also part of this CBU.

3.73 The Rebuild CBU provides services for people with learning disabilities, rehabilitation needs and brain injuries.

8. How does Mersey Care work with the prison service and who is/will be responsible for providing mental health services to prisoners?

3.74 Mersey Care and Liverpool PCT currently work with local prisons but any future changes would be subject to negotiation between the prison trusts, mental health authorities, Mersey Care and any other relevant bodies.

3.75 Prisoners diagnosed with a personality disorder should not be excluded from mental health support services.

9. How is Foundation Trust Equivalent status progressing?

3.76 Mersey Care is restricted in its ability to become a Foundation Trust because it provides High Secure Services (at Ashworth). However, it is in the process of applying to become a Foundation Trust Equivalent.

3.77 Enough members have now been recruited and the next stage is to elect a Membership Council. All members will be contacted about this.

3.78 The regulator, Monitor, will be looking at governance structures, policies and procedures, ability to meet targets and financial security and will be talking to staff and service users over the next couple of months.

10. How can engagement with Liverpool LINk progress?

3.79 In respect of the Liverpool CBU Carol Bernard (Service Director) and Dr Simon Tavernor (Clinical Director) would like to meet with Tim Oshinaike on a regular basis and facilitate future visits by Liverpool LINk members. Joint facilitation of public consultation would also be welcomed.

3.80 Liverpool LINk's relationship with other CBUs and with the Trust Board should be addressed through the appropriate officers but Carol Bernard will raise Tim Oshinaike's concerns about the level of welcome he felt he was afforded at the Trust's recent Board meeting.

3.81 The LINk visitors ended the visit by thanking Carol Bernard and her staff for the welcome they had extended to Liverpool LINk and for their openness and honesty as well as for the lunch that had been provided.

4.0 Are service users needs/preferences being met?

4.1 It was not possible or appropriate to speak to service users on this visit but it is hoped that Liverpool LINk will have opportunities to speak to users in the future – see recommendations below.

4.2 On the basis of what LINk visitors were able to see and the questions they were able to put to staff there was no reason to doubt the standard of care being offered or the ability of service users or carers to make their needs known and to have them met wherever possible.

5.0 Recommendations

5.1 Based on the evidence gathered in the course of the visit, Liverpool LINk makes the following recommendations.

I. The Mersey Care information packs provided to the LINk visitors were very useful and helped to back up the information given by staff. One small point to note was that the Complaints Procedure still refers to Independent review by the Healthcare Commission – presumably this should be amended to read Care Quality Commission.

II. It would also be useful for Liverpool service users in particular if a reference to the Advocacy Rights Hub (www.advocacyrightshub.co.uk) could be included on the 'Advocacy Services' information sheet.

III. Continued partnership work to develop equality of access by diverse groups would be welcome. For instance, Liverpool LINk applauds the partnership work Mersey Care is involved in with Mary Seacole House, the PCT Community Development Team and Maan amongst others (as well

as Mersey Care's sensitivity to diverse faith issues) but has concerns that the conclusion of the Delivering Race Equality programme and the introduction of GP Commissioning may have negative impacts on 'specialist' service areas and may further impact on minority groups accessing suitable and socially inclusive services. Given Lord Darzi's recognition of the innovative design of Liverpool PCT's Social Inclusion Team[5] it would be regrettable if all partners were to lose support of this type.

IV. Liverpool LINK notes that BRM individuals currently account for approximately 6.6% of known service users accessing Mersey Care's Services[6] (against 8.6% in Liverpool[7] and less in Sefton and Knowsley[8]) and would welcome efforts to reduce the percentage of service users whose ethnicity is 'not known' – currently 9%.

V. The Liverpool Faith Network[9] may be able offer support to improve the furnishing/equipping of the Sacred Space at Broadoak with appropriate materials.

VI. Liverpool LINk supports plans to provide improved family facilities at Broadoak and the TIME Project and recommends that the Trust takes account of the needs of diverse family groups (including the larger family sizes of some minority groups)[10].

VII. Any opportunities to cut catering costs by entering into joint contracts with services with other NHS Trusts should be explored. As should the local sourcing of food and opportunities for service users to be involved in food production and preparation.

VIII. Liverpool LINk would welcome the opportunity to support Mersey Care in public consultations or similar public engagement activities and would also be pleased to contribute to newsletters, staff briefings or stakeholder events as appropriate.

IX. Liverpool LINk welcomes the invitation to their Trust Ambassador to meet Liverpool CBU Directors quarterly. Liverpool LINk members would also like, if possible, to meet and talk to service users e.g. through Margaret

---

[5] http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Managingyourorganisation/Commissioning/Worldclasscommissioning/DH_083197

[6] Mersey Care NHS Trust, Annual Report, 2009-2010

[7] Office for National Statistics (ONS) population estimate, 2007

[8] 1.6% in Sefton (2001 Census) and 2.9% in Knowsley (ONS Population Estimates, 2007)

[9] Contact Danielle Richards (Faith Development Officer, Liverpool Community Network) Danielle.Richards@lcvs.org.uk

[10] See, for example, www.statistics.gov.uk/articles/population_trends/familysize_pt108.pdf

Brown, service user representatives on the Liverpool CBU Leadership Team, the Patients Council or the Acute Care Forum.

X. The Liverpool LINk Ambassador to Mersey Care (and other LINk members, as appropriate) would like to make further visits to Mersey Care premises, including the PICU and Windsor House, and is particularly interested to find out more about the Older Adults Service (65+) and the Trust's move towards making services 'needs led but age appropriate' rather than based on age alone.

XI. The LINk is also interested in discussions focusing on how Mersey Care is working on its three Quality Priorities for this year:

- Improving the Care Pathway
- Improving the Patient Environment
- Improving Stakeholder Involvement

6.0 Contact:

Liverpool LINk
LCVS
151 Dale Street
Liverpool
L2 2AH

Tel 0151 227 5177

Email info@liverpoollink.org.uk Web www.liverpoollink.org.uk

This report is also available in alternative languages and formats including Easy Read, large print, Braille and audio on request.

October 2010