

**WIRRAL LINK ENTER AND VIEW VISIT TO
BRACKENDALE AND MEADOWBANK OLDER PEOPLE'S WARDS,
SPRINGVIEW UNIT,
CHESHIRE AND WIRRAL PARTNERSHIP NHS FOUNDATION TRUST,
CLATTERBRIDGE
MONDAY 22 MARCH 2010**

Present

Ron Corbishley (RC) - Clinical Service Manager
Chris Jones (CJ) - Ward Manager, Brackendale Ward
Susie Walsh (SW) - Older People's Occupational Therapy Lead
Neil Effingham - Clinical Lead, Meadowbank Ward
Murdo Kennedy (MK) - Wirral LINK Board Mental Health Lead
Di Morley (DM) - Wirral LINK Board

1 Purpose

- a) To follow up the previous visit to Springview by Wirral LINK on 15 January 2010 in order to see the new Older People's wards in operation.
- b) To discuss related issues of mental health care for older people.
- c) To consider what recommendations Wirral LINK could make.

2 Background

A major reprovision costing £2.7M (joint investment with NHS Wirral) opened on 27 January 2010. The previous accommodation in Parkgate and Balmoral wards at Clatterbridge and in Church and Derby wards at St Caths had been judged not fit for purpose and provided some 40 beds for functional conditions (depression, psychosis etc) and 22 beds for organic conditions (dementia, Alzheimer's etc).

The new wards are a new state of the art facility with 20 functional beds in Brackendale ward and 13 organic beds in Meadowbank ward. The design of the wards and implementation of the project has had the close involvement of service users who will be using the service and the Alzheimer's Society. Patients have access to gym facilities, occupational therapy and will benefit from a therapeutic garden environment. New design features also include en-suite rooms and additional single sex lounges for comfort and privacy.

3 Visit to Brackendale and Meadowbank Wards

The wards were clean, fresh, bright and impressive. In addition to the en-suite toilet and shower facilities, there were bath facilities with specialist hoists. There were many pleasant pictures on the walls, very often with a local theme. There was also a small but well equipped hairdressing salon which was said to be very popular.

Since the purpose of these wards was to assess and stabilise patients, there were training kitchen facilities to help assess and improve capability for coping with activities of daily living.

The potential for "memory boards" was raised on Meadowbank Ward. This had been considered in detail and although appropriate for a long term care home, it was considered better to help patients with a "memory book" in the time they were on the unit which was generally around eight weeks.

Because nearly all patients were engaged in group therapy work during our visit, there was no real opportunity to engage with individual patients on this occasion.

4 Discussion on related mental health issues for older people

The main themes discussed were information, access to crisis care and training support to staff on acute medical wards and staff in care homes. This was in the context that **long term population trends** indicate a direction of travel of further resource transfer from adult to older people's services and **current economic trends** indicate further resource transfer from in-patient to community care and greater emphasis on outcomes and effectiveness

- particularly since 70% of the health and social care budget is for long term conditions (1).

a) Information

At our request, we were supplied the sort of information pack that would be given to patients and carers. This contained :

- general ward background (CWP Meadowbank undated draft)
- Advocacy in Wirral (undated)
- Patient Advice and Liaison Service (CWP Nov 2008, review Nov 2010)
- Occupational Therapy (CWP June 2007, review June 2009)
- Clozapine (CWP February 2006)
- Benzodiazepines (CWP February 2006)
- Avoiding slips, trips and broken hips (DTI January 2001).

However, it did not contain any of the service user and carer leaflets developed with carer groups at Bowmere or information about how recovery principles could be used even in older peoples mental health services.

b) Access to crisis care

Although the original Mental Health National Service Framework (NSF) specified that access to the 24/7 Crisis Response Home Treatment (CRHT) service was only for adults of working age, this barrier had now been removed for over 65's with a functional mental disorder, but **there was still no crisis home treatment service for people with dementia or other organic mental illness.**

For those not meeting CRHT criteria, the main crisis route would be the Liaison Psychiatry service provided by CWP at A & E and is mainly for assessment and not support and treatment. This service has now been funded by NHS Wirral to provide 0900 - 2400 cover 7 days a week.

c) Training support to acute medical ward and care home staff

There is anecdotal evidence that appropriate awareness training for staff on acute medical wards and staff in care homes could minimise distressing experiences all round for patients, carers and staff.

The former Team Leader of Older Peoples CMHT and Older Peoples Liaison Psychiatry Graham Dickson had in the past carried out a very well received pilot of awareness training, but this was apparently not followed up and rolled out more widely.

5 Conclusion

The facilities and staff on Brackendale and Meadowbank wards appear excellent and a credit to both the commissioner (NHS Wirral) and the provider (CWP).

Wirral LINK would like to thank the CWP staff for their friendly and efficient response.

6 Recommendations

- 6.1 CWP should consider whether the set of information leaflets on mental illness and treatments should be reviewed, updated and shared more widely across CWP.
- 6.2 CWP should consider to what extent recovery principles (2) could be used more widely to delay deterioration in patients with organic mental illness.
- 6.3 CWP should consider whether it could re-introduce a programme of dementia awareness training for staff on acute medical wards and staff in care homes.

References

- 1 ***Improving the health and well-being of people with long term conditions***
Department of Health 298720 January 2010 page 4
- 2 ***A Strategy for Services for Older People with Mental Health Needs 2009 and Beyond***
NHS Wirral and Wirral Department of Adult Social Services April 2009 para 7.22
“ The recovery model as outlined in the Mental Health and Well Being Integrated Commissioning Strategy is a positive approach which has been generated expressly from service users themselves. In summary, the emphasis of the recovery approach is on using what works for each individual in a planned and structured way, by promoting a self-help approach to maintaining wellness, identifying and monitoring illness triggers and the development of a personal crisis plan. The recovery approach utilises key individuals whether they are family members, friends or professionals to support the person with mental health problems. It enables people to take back control over their ‘treatment’ and encourages people to develop their own ‘wellness’ tools to complement mainstream health care approaches.”