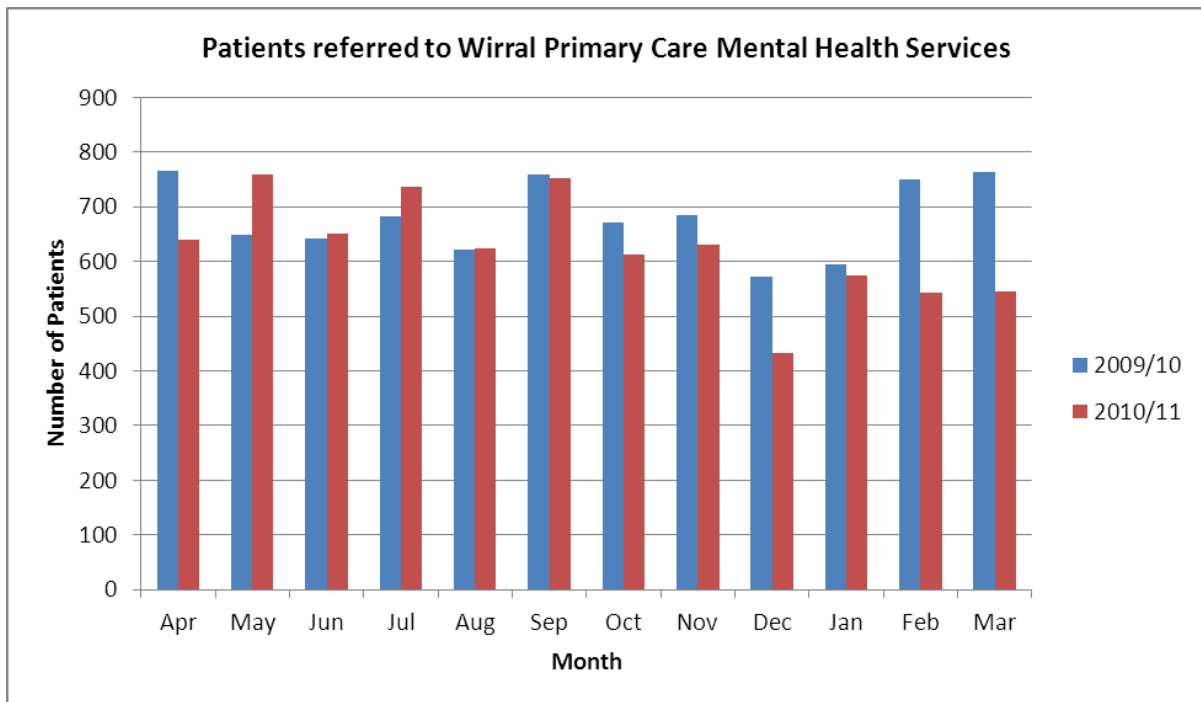


Mental Health Services

1.1 Wirral Primary Care Mental Health Services

During the period 1 April 2009 – 31 March 2011, a total of 15,659 patients were referred to Wirral Primary Care Mental Health Service, with an 8% decrease between 2010-11 and 2009-2010.

Table 1.1.1 Patients referred to Wirral Primary Care Mental Health Services



Year	Apr	May	Jun	Jul	Au g	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2009/10	766	649	642	682	622	758	672	685	573	594	751	763	8,157
2010/11	639	760	652	736	623	753	612	631	432	574	544	546	7,502
Variance	-127	111	10	54	1	-5	-60	-54	-141	-20	-207	-217	-655
Variance %	-16.6	17.1	1.6	7.9	0.2	-0.7	-8.9	-7.9	-24.6	-3.4	-27.6	-28.4	-8.0

Source: Wirral Primary Care Mental Health Services, 2011

Demand for the Wirral service was high and the service encountered capacity issues which led to lengthy waiting times for patients in need of Step 3 & 4 psychological therapies.

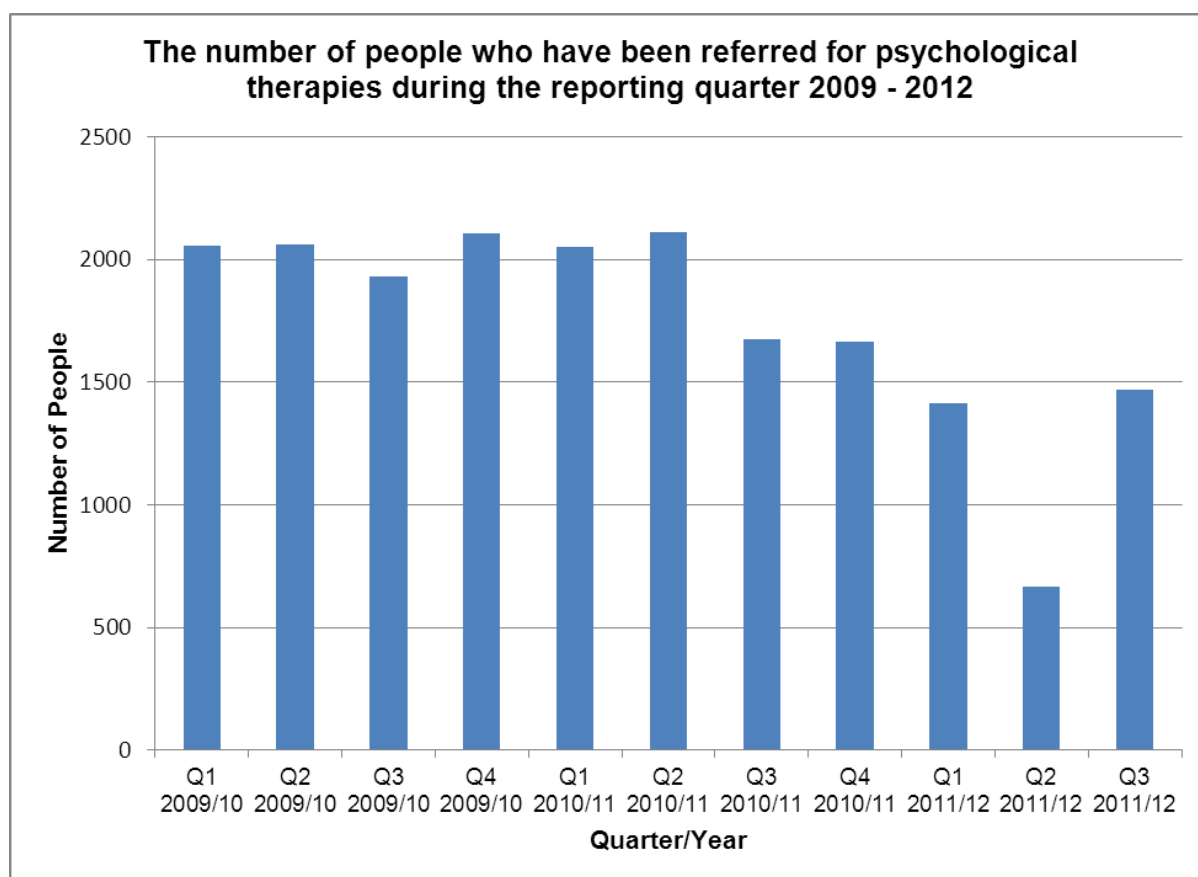
In 2010, the Coalition government white paper Liberating the NHS brought about the introduction of Clinical Commissioning Groups (CCG's)

The total number of referrals to Wirral Primary Care Mental Health Service and, percentage share for Wirral CCG's are detailed below:

Wirral GP Clinical Commissioning Group	38%	(5,950)
Wirral Health Clinical Commissioning Group	49%	(7,673)
Wirral Alliance Clinical Commissioning Group	13%	(2,036)

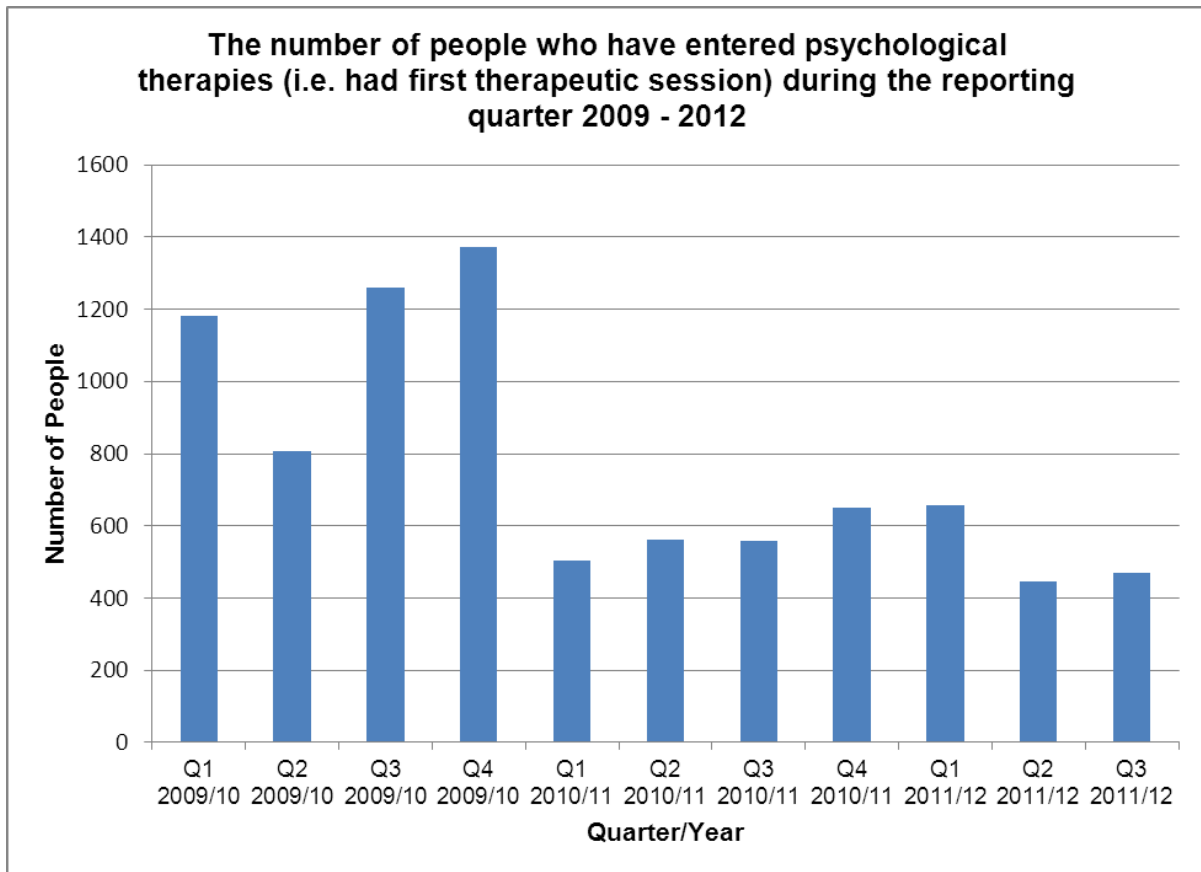
In 2011, NHS Wirral underwent a procurement process for Primary Care Mental Health Services on behalf of three Wirral CCG's. Each CCG develop a service specification that reflected national IAPT and NICE guidance. The service models are based on the 'Stepped Care' model (NICE 2005) and aim to provide GP practice based therapeutic interventions.

Figure 1.1.2: The number of people in Wirral who have been referred for psychological therapies during the reporting quarter 2009 - 2012



Source: Information Centre, Omnibus Survey - Wirral PCT Performance Monitoring Team Data, Jan 2012

Figure 1.1.3: The number of people in Wirral who have entered psychological therapies during the reporting quarter 2009 - 2012



Source: Information Centre, Omnibus Survey - Wirral PCT Performance Monitoring Team Data, Jan 2012

Evidence shows this approach can save the NHS up to £272million and the wider public sector will benefit by more than £700 million.

1.2 Primary Care Advice Liaison (PCAL)

The Primary Care Advice Liaison Service (PCAL) was commissioned to provide an advice service to people with a mental health problem as a result of a practical or social issue. In 2008, the service was PCAL which is a partnership between Wirral Citizens Advice Bureau (CAB) who provide generalist advice and Advocacy in Wirral (AIW) who provide specialist advice and low intensity psychological therapies

The aim of the service is to provide general and specialist advice as an early intervention model, whilst also providing low level psychological interventions for

people with a mild to moderate mental health problem as a consequence of a social or practical issue. The causal link between social and practical issues and in particular, debt issues and mental health is widely known. A report commissioned by Rethink and the RCPSYCH in 2009 stated 'indebtedness has been identified as an "important risk factor for mental disorder 'and was highlighted as an issue in the Layard Report (2006)

The service is available to adults aged 16 and over (no upper age limit), who are registered with a Wirral GP, with a social or practical issue that is causing mental distress.

The referral pathway is GP to CAB advisor with integrated pathways to other services such as cCBT and Primary Care Mental Health Services.

The initial patient contact is with a CAB generalist advisor who will either deal with the presenting problem or refer patients who need specialist advice (bankruptcy, representation etc) or psychological support to a Mental Health Advocate/low intensity worker. Since the service commenced 800 people have required specialist advice, or psychological support. Pre and post assessment scores (PHQ9/GAD-7) report 65% improvement rates.

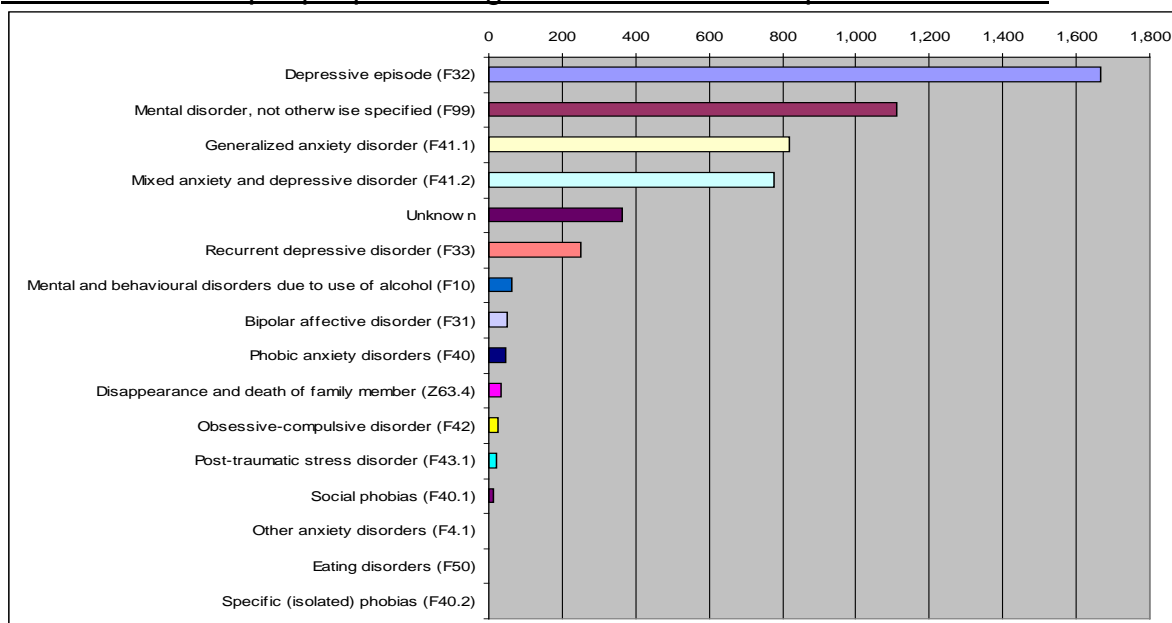
There have been a total of 5247 referrals to the service under the current Department of Health contract arrangements (April 2009 to June 2011), following analysis this has been broken down by clinical commissioning group as follows;

1.2.1: Referrals to PCAL April 2009 to June 2011

Referrals	Wirral GP Commissioning Consortia	Wirral Health Commissioning Consortia	Wirral NHS Alliance Commissioning Consortia	Unallocated
5247	2251	2190	794	13
	42.9%	41.7%	15.1%	0.2%

Source: Cheshire and Wirral Partnership (NHS) Trust, 2011

1.2.2 Number of people presenting with a mental health problem to PCAL



An analysis of service activity has resulted in:

- 71% of issues relate to debt and benefit
- 23% of issues relate to;
 - Housing (3% of patients not in settled accommodation)
 - Employment
 - Relationship
 - Legal issues
- 6% of issues relate to other
- 53% of presenting problems have been resolved and no further intervention has been required
- 12% of patients re-entered the service with a new problem
- 26% of patients have required specialist/low intensity interventions
- 5% of patients have been 'Stepped Up' to Computerised Cognitive Behavioural Therapy (cCBT) or Talking Changes.
- 8% of patients failed to attend (the provider has proactively managed failed attendances and rates have steadily declined from an average of

15% when the service commenced to a rate of 8% per annum in year 3 (2011/12).

1.3 Computerised Cognitive Behavioural Therapy (CCBT)

In February 2006, NICE published a Technology Appraisal on the use of Computerised Cognitive Behaviour Therapy. The Technology Appraisal recommended “Beating the Blues” as one of the options for delivering computer-based Cognitive Behavioural Therapy

In 2008, a needs assessment of prevalence of common mental health problems in Wirral had been undertaken for the Joint Strategic Needs Assessment (JSNA). According to a Miquet data extract from GP practices, Anxiety with Depression was the most common individual diagnosis recorded during a three period (2005-2008) and remains to be in period 2009/11. As a consequence of this analysis it was deemed that a CBT package for depression was most suitable for local need and Beating the Blues was the only NICE approved model for depression

Computerised CBT was identified as a priority within the Primary Care Mental Health element of the Mental Health Portfolio in NHS Wirral Strategic Commissioning Plan 2009/2013. In addition to being a NICE approved therapy it is also recommended as a Step 2 intervention within Improving Access to Psychological Therapies (IAPT) programme which supports the Stepped Care Model.

The service is available to adults aged 16 and over (no upper age limit), who are registered with a Wirral GP, with a mild to moderate mental health problem. The capacity of the service is five hundred patients per year.

The referral pathway is via GP (62% of referrals are direct from GP's), PCAL (13% from the Advice workers) or the current Primary Care Mental Health Service, (18%). Self referrals are accepted subject to case.

During the period, July 2010 to March July 2011, the service received 496 referrals with 441 patients commencing the programme. The referrals have been apportioned to the clinical commissioning group as follows;

1.3.1 Total Referrals to Computerised Cognitive Behavioural Therapy

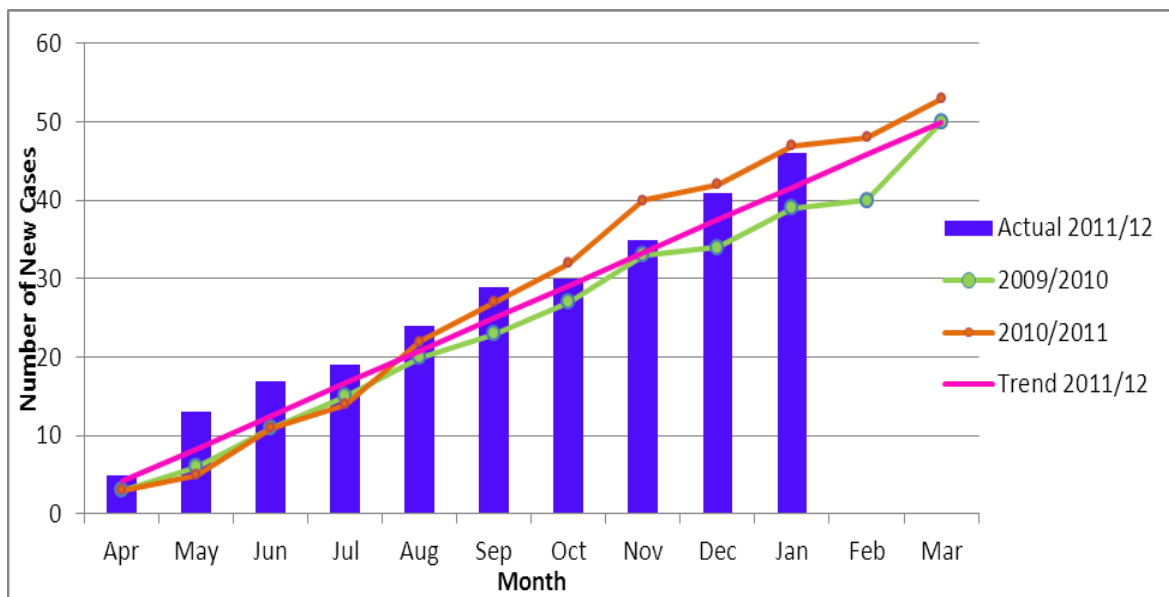
Total referrals	Wirral GPCCG	Wirral CCG	Wirral Alliance CCG	Unknown
496	164	224	89	19
	33%	45%	18%	4%

Source: Beating the Blues, 2011

1.4 Early Intervention in Psychosis

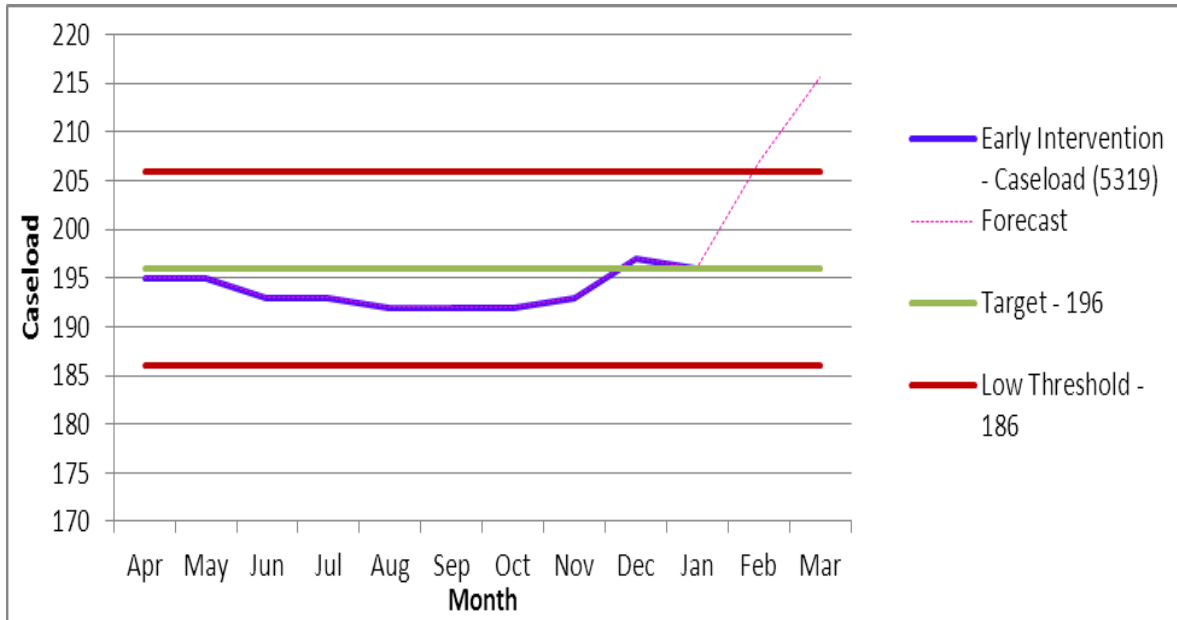
Wirral's Early Intervention in Psychosis service provide an extensive evidence based support for a three year period for individuals aged between 14 and 35 who are experiencing the symptoms of a first episode of a psychotic disorder. Wirral has delivered its target of 50 new cases per year from 2009/10, 2010/11 and is on target for 2011/12.

1.4.1 Number of new early intervention cases in Wirral by month April 2011 to March 2012



Source: Information Centre, Omnibus Survey - Wirral PCT Performance Monitoring Team Data, Jan 2012

1.4.2 Early Intervention caseload over 3 year period in Wirral as at January 2012



Source: Information Centre, Omnibus Survey - Wirral PCT Performance Monitoring Team Data, Jan 2012

1.4.3 Early Intervention Caseload by gender as at March 2011

Female	Male	Grand Total
64	132	196

Source: Information Centre, Omnibus Survey - Wirral PCT Performance Monitoring Team Data, March 2011

1.4.4 Percentage of Early Intervention Caseload by Ethnicity as at March 2011

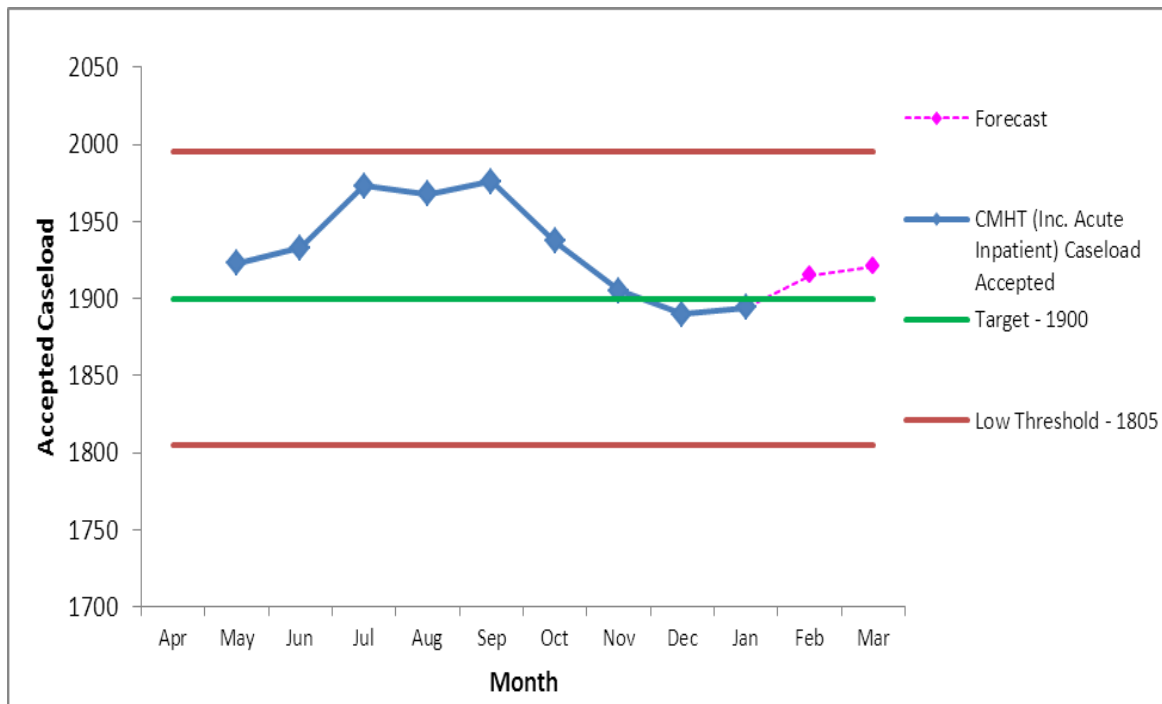
Ethnicity	Percentage
White: British	92%
White: Any other White background	2%
Mixed: Any other mixed background	1%
Asian or Asian British: Bangladeshi	1%
Asian or Asian British: Any other Asian background	2%
Black or Black British: Caribbean	1%
Black or Black British: Any other Black background	1%
Other Ethnic Groups: Chinese	1%
Other Ethnic Groups: Not stated	1%

Source: IC Omnibus Survey - Wirral PCT Performance Monitoring Team Data, March 2011

1.5 Wirral Community Mental Health Team (including Assertive Outreach Function)

Wirral accepted CMHT caseload is set to meet the agreed target of 1900 people on the teams caseload by end of year 2011/12 see figure 1.5.1:

1.5.1: Community Mental Health Team (inc. Acute Inpatient) Caseload as at January 2012.



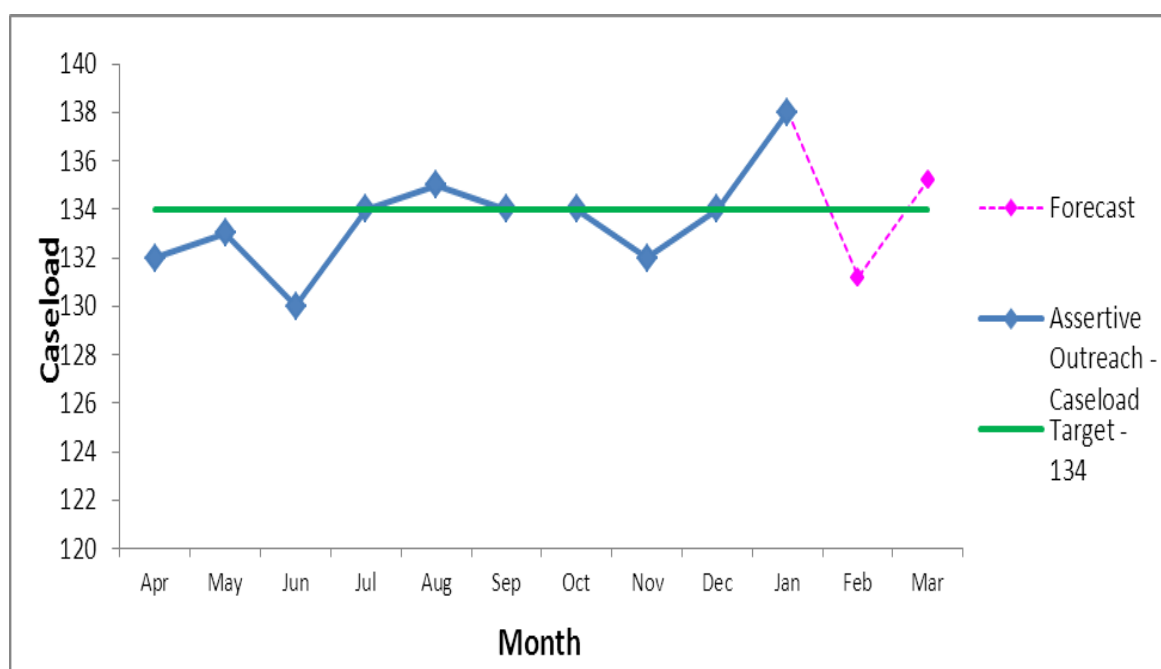
Source: Cheshire & Wirral Partnership (NHS) Trust, 2012

Wirral's Assertive Outreach caseload is also on track to reach its target, with the caseload as at January 2012 being 138, exceeding the target of 134 caseload.

Following a process of redesign, Adult Community Mental Health Teams now provide an Assertive Outreach function. The overall aims and objectives of that function is as follows:

Assertive outreach is a way of working with an identified client group of severely mentally ill adults who do not effectively engage with mental health services. The approach is characterised by work with clients in their own environment, wherever that may be. In assertive outreach services the worker goes to see the client in his or her environment – be that home, a café, a park or in the street – wherever it is most needed and most effective.

1.5.2 Assertive Outreach Caseload as at January 2012



Source: IC Omnibus Survey - Wirral PCT Performance Monitoring Team Data, Jan 2012

1.5.3 Assertive Outreach Caseload by gender as at March 2011

Male	Female	Total
90	47	137

Source: IC Omnibus Survey - Wirral PCT Performance Monitoring Team Data, March 2011

1.5.4 Percentage of Assertive Outreach Caseload by Ethnicity as at March 2011

	Percentage
White British	95%
White Irish	1%
Any other white	1%
Any other Asian	1%
African	1%
Any other black	1%

Source: IC Omnibus Survey - Wirral PCT Performance Monitoring Team Data, March 2011

1.6 Wirral Hub and Spoke Personality Disorder Service

Mental Health (secure and specialised services and including mental health, learning disability and personality disorder) accounts for 27% of the overall expenditure on specialised services in the North West.

Following the publication of the report Personality Disorder: No longer a diagnosis of exclusion, (NICE 2003) the function of the specialist inpatient Personality Disorder Unit for the North West was reviewed.

NHS Wirral undertook a review of personality disorder including current service provision, evidence and best practice and stakeholder views/engagement during 2008/2009. This worked linked with Regional, and local work involving Cheshire and Wirral Partnership (NHS) Foundation Trust, NHS Western Cheshire and Central and Eastern Cheshire PCT.

In reviews of epidemiology of personality disorder, the prevalence of unspecified personality disorder ranges from 10-13%. Personality disorder more common in younger age groups (25-44 years), equally distributed between males and females for all personality disorder types.

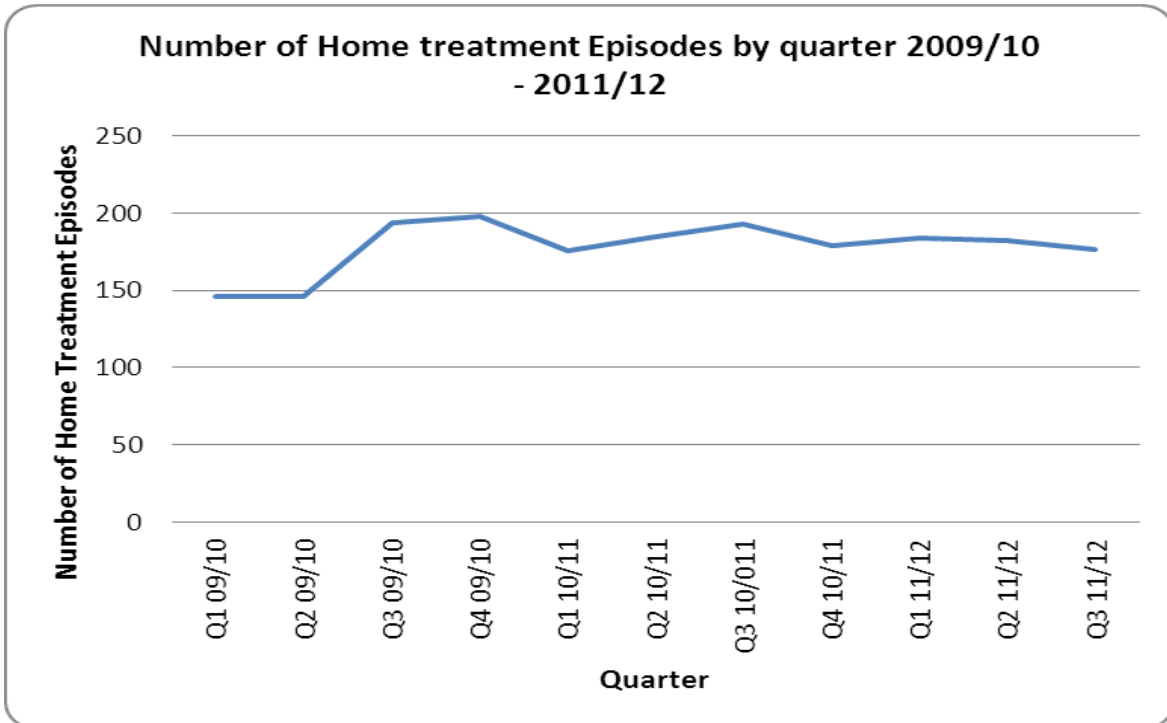
In Wirral, this equates to over 30,000 people with some form of unspecified personality disorder, although a substantial majority will not require nor be involved in service provision. In Secondary Care, it is estimated that almost half of patients have some aspect of personality disorder, with borderline type being the most prevalent. It is further suggested that prevalence can be as high as 70% in areas that provide dedicated in-patient services for people with drug, alcohol and eating disorders.

1.6.1 Hub and Spoke Model

Specific specialist service models for personality disorder are suggested to be more effective than general psychiatric care. A specific model described is a team of specially trained practitioners working together in a 'Hub', and whilst they may divide their roles, all are part of specialist services. All team members must work together as a Treatment Team and share information, allowing interventions and management to be informed fully by biological, psychological and social understandings. Good working relationships and collaboration are essential and treatment needs to be consistent and implemented according to agreed protocols. It is argued this model is particularly beneficial for people with Severe Personality Disorder who require frequent risk assessment, have multiple needs, demand continual engagement if they are to remain in treatment and provoke powerful counter transference reactions. It is this model that is recommended in the National Guidance (NIMHE 2003) and is the recommended model in this report.

The Wirral service is collaboration with NHS Western Cheshire and the model consists of a Specialist Hub team to provide specialist assessment, treatment, consultation, supervision and training.

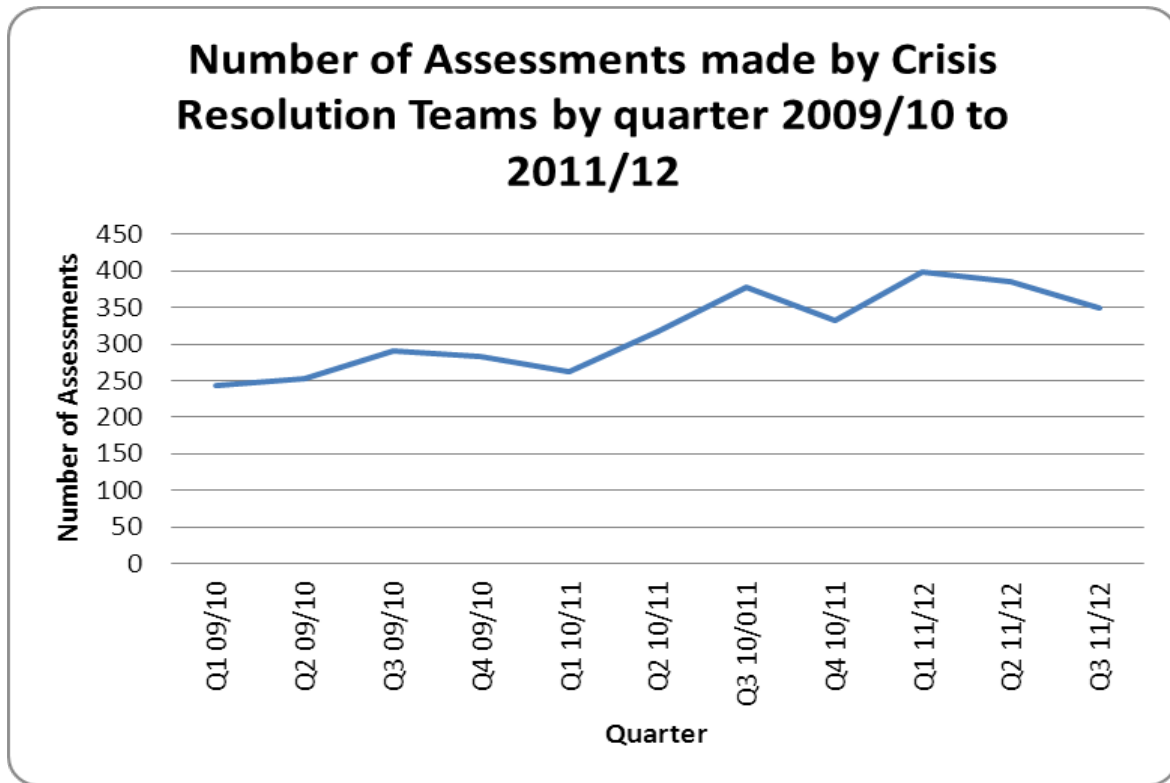
1.6.2: Crisis resolution (Home Treatment Episodes) 2008/11



Source: IC Omnibus Survey - Wirral PCT Performance Monitoring Team Data, Jan 2012

- Wirral has a target of 673 episodes of home treatment in one year (calculated on a cumulative basis).
- In the period April 2009 to March 2010 a total of 684 home treatment episodes were undertaken, and period April 2010 to March 2011 a total of 733 episodes which means that Wirral successfully met this target.

1.6.3 Crisis resolution (Home Treatment Assessments Made) 2009/10 to 2010/11



Source: IC Omnibus Survey - Wirral PCT Performance Monitoring Team Data, Jan 2012

- In period 2009/10 there were 1,068 assessments made
- In period 2010/11 there were 1,290 assessments made
- In period 2011/12 there have been 1,133 assessments made up to quarter 3.

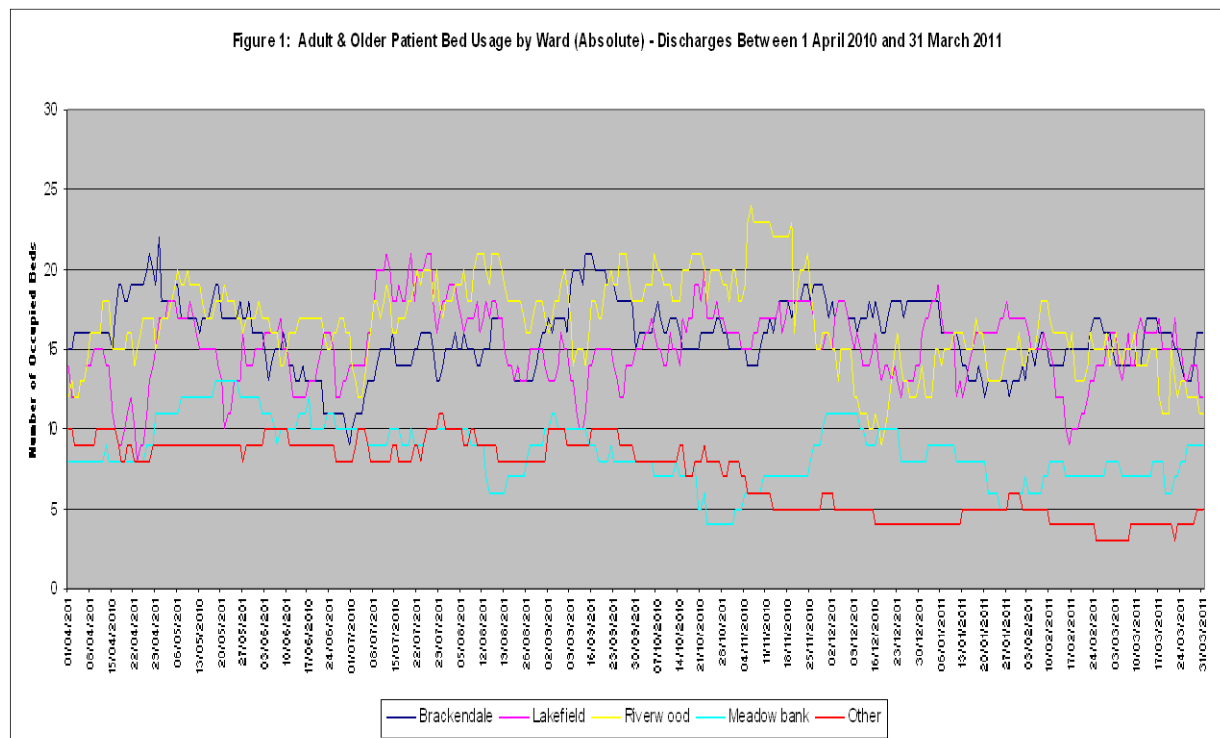
2.1 In-patient Mental Health

An analysis of mental health hospital admissions and beds occupancy in relation to Adult and Older People Inpatient wards, Cheshire & Wirral Partnership Trust was undertaken in 2011.

Wards included in the analysis include, analysing all discharges in the 2010/11 financial year see table 2.1.1

2.1.1 : Number of discharges by Consortia by adult and older people functional wards

Wards	Unknown		WGPC		WHCC		WHA		TOTAL
	Activity	%	Activity	%	Activity	%	Activity	%	
Brackendale	3	2.3%	39	30%	68	53%	19	15%	129
Lakefield	5	2.6%	74	39%	84	44%	28	15%	191
Riverwood	6	3.0%	95	47%	80	39%	22	11%	203
TOTAL	14	2.7%	208	40%	232	44%	69	13%	523



Source: Cheshire and Wirral Partnership (NHS) Trust, 2011

2.1.2 Hospital admissions

In 2010/11 there were 2,468 emergency hospital admissions as a result of a mental health problem and or physical health need. This resulted in 45,445 bed days at a cost of almost £1.5 million (Dr Foster,2011).

Mental health hospital admission rates are higher in areas of deprivation, see table 2.1.2a.

2.1.2a: Hospital admissions for people with Mental Health Needs in Wirral by deprivation quintile, 2010/11

<u>IMD 2010 Quintile</u>	<u>Observed</u>	<u>Expected</u>	<u>SAR</u>	<u>Low</u>	<u>High</u>
Q1 Least deprived	219	141.3	155	135.2	177
Q2 Below average	319	218.3	146.1	130.5	163.1
Q3 Average	343	233.2	147.1	131.9	163.5
Q4 Above average	454	302.8	149.9	136.5	164.4
Q5 Most deprived	1,133	708.7	159.9	150.7	169.4
All	2,468	1604.3	151.6	136.96	167.48

Source: Dr Foster Intelligence, 2011

- The standardised admissions ratio (SAR) for all mental health related hospital admissions in Wirral, between April 2010 and March 2011 was 151.6
- In the most deprived quintile, the admission rate (150) is lower than the national rate

2.1.3 Antipsychotic prescribing

Wirral Antipsychotic prescribing expenditure accounted for approximately £2.1 million. This is equivalent to the 3.8% of total drug expenditure for the Wirral, (see table 2.1.3a).

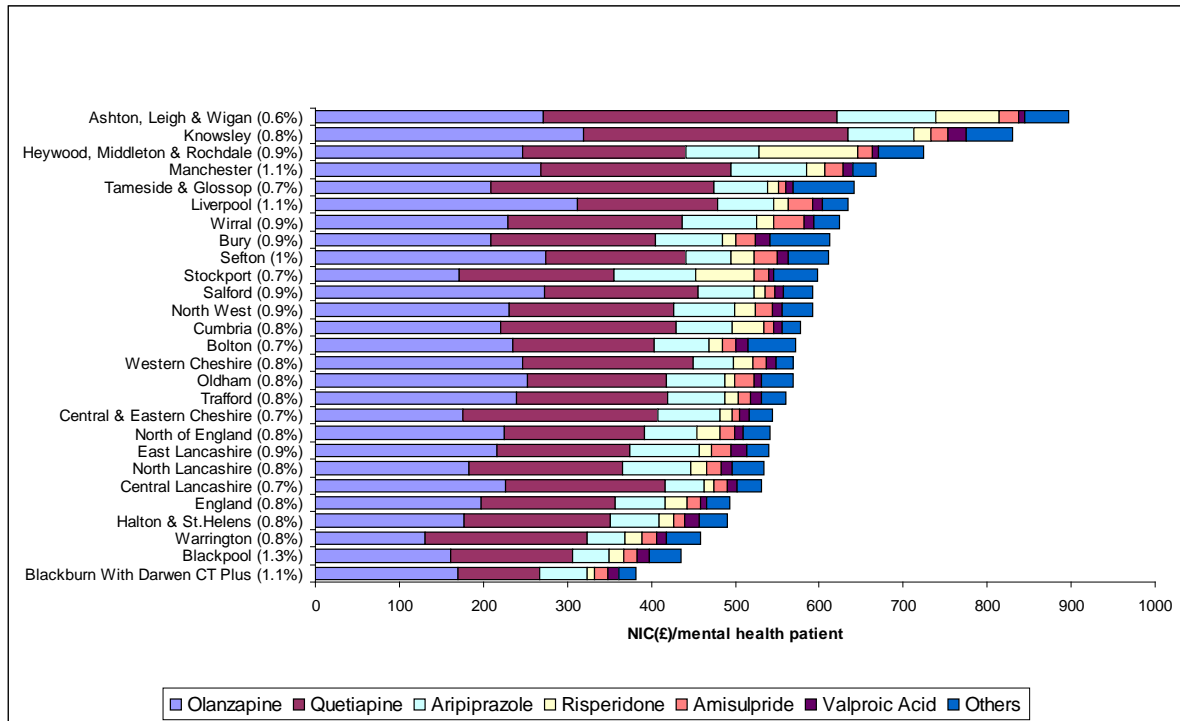
2.1.3a: Actual and standardised numbers of antipsychotic items and cost prescribed between April 2010 and March 2011

	Total Antipsychotic Items	Total Antipsychotic Cost	Standardised Items/1000 Astro-PU's	Standardised cost/1000 Astro-PU's £
Wirral GP Consortia	21,592	£876,551	13.83	£1,125
Wirral Health Consortia	24,242	£954,263	11.6	£921
Wirral NHS Alliance	7,313	£291,367	13.23	£1,059
All Day Health Centre	63	£2,272	20.03	£1,329
Wirral Practices	53,305	£2,128,652	12.67	£1,017
National	-	-	11.26	£767

Source: ePACT Prescription Services, 2011

- Prescribing rates for the Wirral are higher than the national average (This may be due to deprivation rates locally)
- Wirral's prescribing of these drugs by General Practitioners is 7th highest across the North West region. See 2.1.3b.

2.1.3b: Standardised prescribing cost of antipsychotics across North West SHA PCTs



Source: ePACT Prescription Services, 2011

In response to the National and local dementia strategy, and a local needs assessment a number of services have been developed or newly commissioned, these include;

- Wirral Memory Assessment Service
- Dementia Carers outreach support
- Get into Reading for people with dementia in care homes
- Hospital and community advocacy services
- Expansion of the Psychiatric Liaison service based at APH, which has included the establishment of a 0.5 WTE Consultant Psychiatrist post for Older People.
- Training for staff across private and independent sectors in Dementia Awareness.

2.1.4 Adults with ADHD

During an eighteen month period from 2008 to 2010 a pilot project was undertaken in Wirral to assess the needs for a service for adults with ADHD. The pilot project arose from a significant increase in referrals to the Health Treatment Panel for Adults, who had not been diagnosed in childhood and were presenting to the GP with symptoms of ADHD.

The outcome of the pilot demonstrated that a significant number of newly diagnosed adults with ADHD were responding to drug and or psychological therapy, with 92% of patients responding to drug therapy. The NICE guidance (2008), in the treatment of ADHD in Adults recognises drug treatment of ADHD as part of a “comprehensive treatment programme addressing psychological behavioural and educational or occupational needs”. It considers drug treatment as the “first line treatment unless the person prefers psychological treatment.

From a cohort of 68 adults (2008 – 2010 pilot study) diagnosed with Adult ADHD 45 (66%) of patients in Wirral were identified to have co morbid factors as below;

21	Substance misuse (11 of these misused more than 1 substance)
14	Obsessive Compulsive Disorder
14	Personality Disorder
12	Depressive Disorder
5	Schizophrenia
3	Asperser's Syndrome
2	Learning Disability
1	Bipolar Affective Disorder

As a consequence of the outcome of the pilot project the service was mainstreamed with effect from April 2010. There has been a considerable increase of 147% in the number of referrals to the Adult ADHD service. This increase has resulted in service capacity issues with waiting times increasing from 11 weeks to an average of 30 weeks. A review of the capacity, demand and service model is in process, with a view to a redesigned service being implemented in April 2012

2.1.5 ARBD

In 2009-2010 The Wirral Adult Cognitive Assessment team conducted an audit of the service using a sample of 41 patients from a case load of 120 with a diagnosis of ARBD. Results of the audit found that:

2.1.5a ARBD Outcomes Achieved in 2010

- 100% of all service users were given a general health and social assessment. 54% in 2010 and 62% in 2009 got an additional care package – a decrease of 8% this year.
- 67% had cognitive improvement compared to 90% in 2009 – a decrease of 23%.
- 90% had their drinking controlled or stopped compared to 81% in 2009 – an increase of 9%.
- 100% had improved memory compared to 86% in 2009 – an increase of 14%.
- 100% had improved communication skills compared to 76% in 2009 – an increase of 24%.
- 100% had improved behaviour compared to 52% in 2009 – an increase of 48%.
- 83% had no hospital admissions compared to 71% in 2009 – a positive increase of 12%.
- 100% had improved activities of daily living (ADL) compared to 76% in 2009 – an increase of 24%.
- 100% had physical improvement compared to 62% in 2009 – an increase of 38%.
- 93% patients had a Healthy Diet compared to 33% in 2009 – an increase of 60%.
- 100% patients had an improvement in personal hygiene compared to 14% in 2009 – an increase of 86%.
- 10% of patients were discharged to Drugs and Alcohol compared to 0% in 2009 – an increase of 10%.
- 27% of patients were discharged – service not required compared to 5% in 2009 – an increase of 22%.
- 20% were Independently Living compared to 0% in 2009 – an increase of 20%.
- 77% of service users had carer/family involvement compared to 62% in 2009 – an increase of 15%.
- 70% had Community Rehabilitation compared to 57% in 2009, an increase of 13%.
- 83% went to the MH Panel for funding compared to 67% in 2009 – an increase of 16%.
- 67 % had Cognitive Improvement compared to 90% in 2009 – a decrease of 23%.

References

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Merseyside Mental Health Needs Assessment: available at:
http://www.liv.ac.uk/PublicHealth/obs/publications/report/86_Merseyside_mental_health_needs_assessment_WEB_VERSION.pdf

ePACT Prescription Services, 2011

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IC Omnibus Survey - Wirral PCT Performance Monitoring Team Data, Jan 2012

Beating the Blues, 2011

Wirral Primary Care Mental Health Services, 2011