

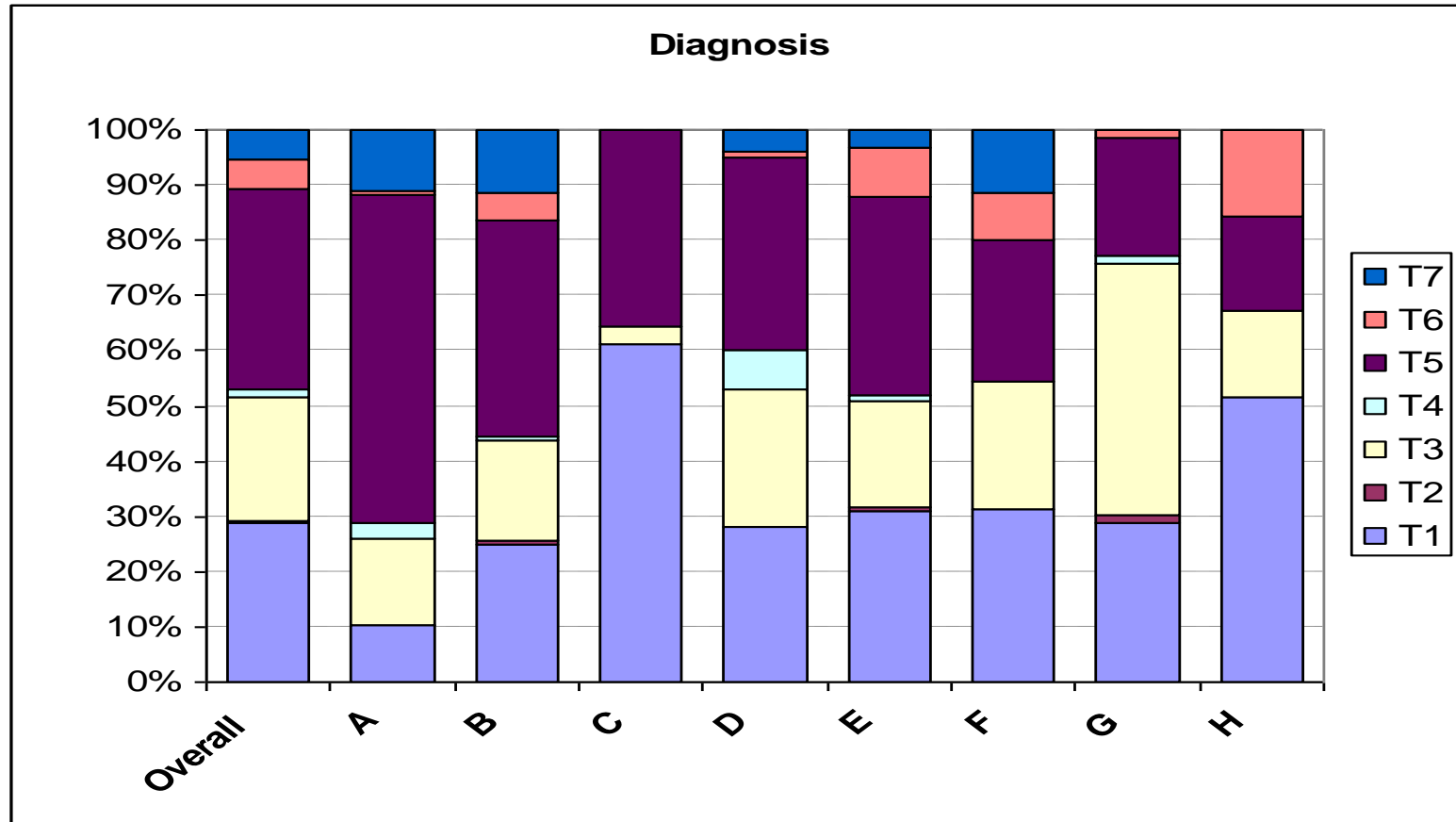
# AWP & PbR

- **Pre PbR AWP had concerns about clinical capacity**
- **Enquiries highlighted problems with caseload management, supervision and CPA process**
- **Major reorganisation of services meant need to review team structures**
- **Teams had individual, referral, exit and entry criteria**
- **Audit commission plan to review CMHT activity within teams**

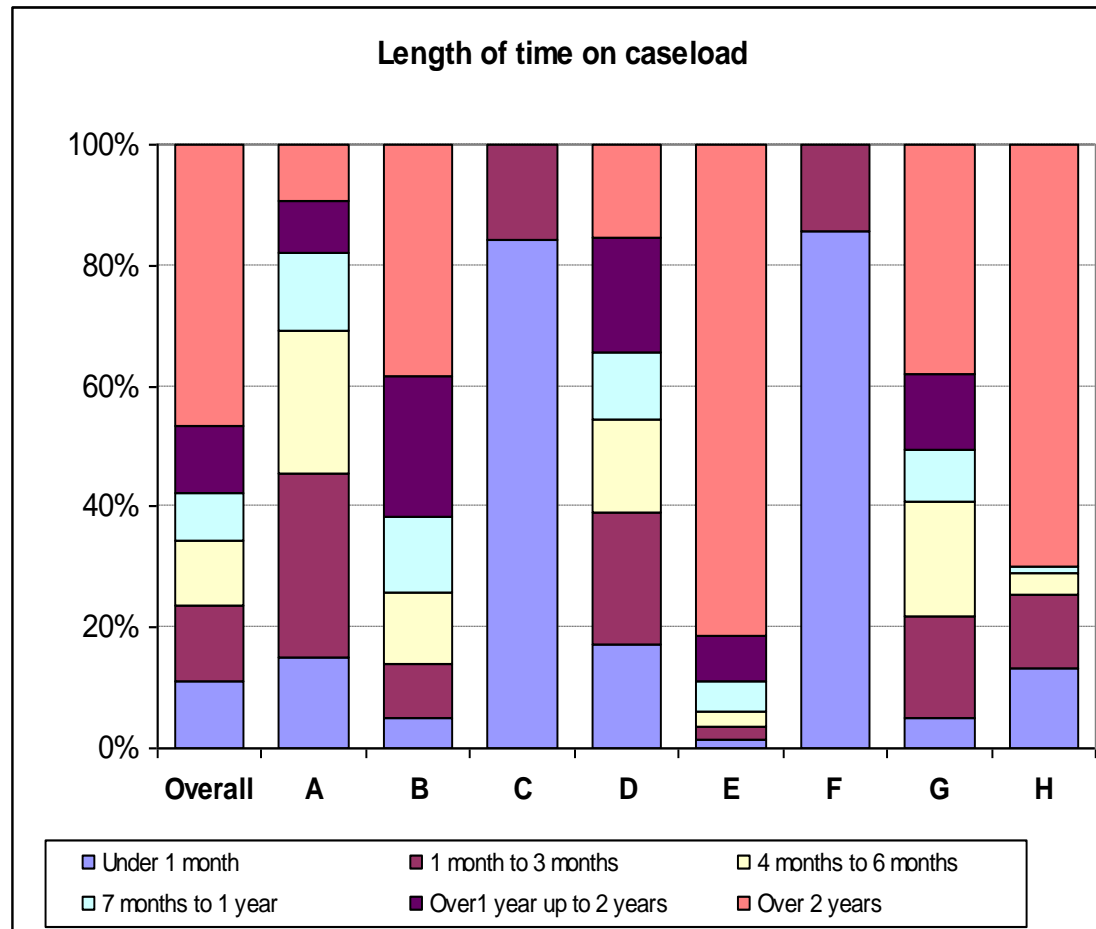
# Initial Actions

- **Development of Caseload profiling tool to support regular and effective supervision**
- **Review case loads based on 13 clusters**
- **Gathering cluster information from teams**
- **Raising of key issues at organisational level through project plan**
- **Audit commissions review of community and inpatient teamloads showed the following :**

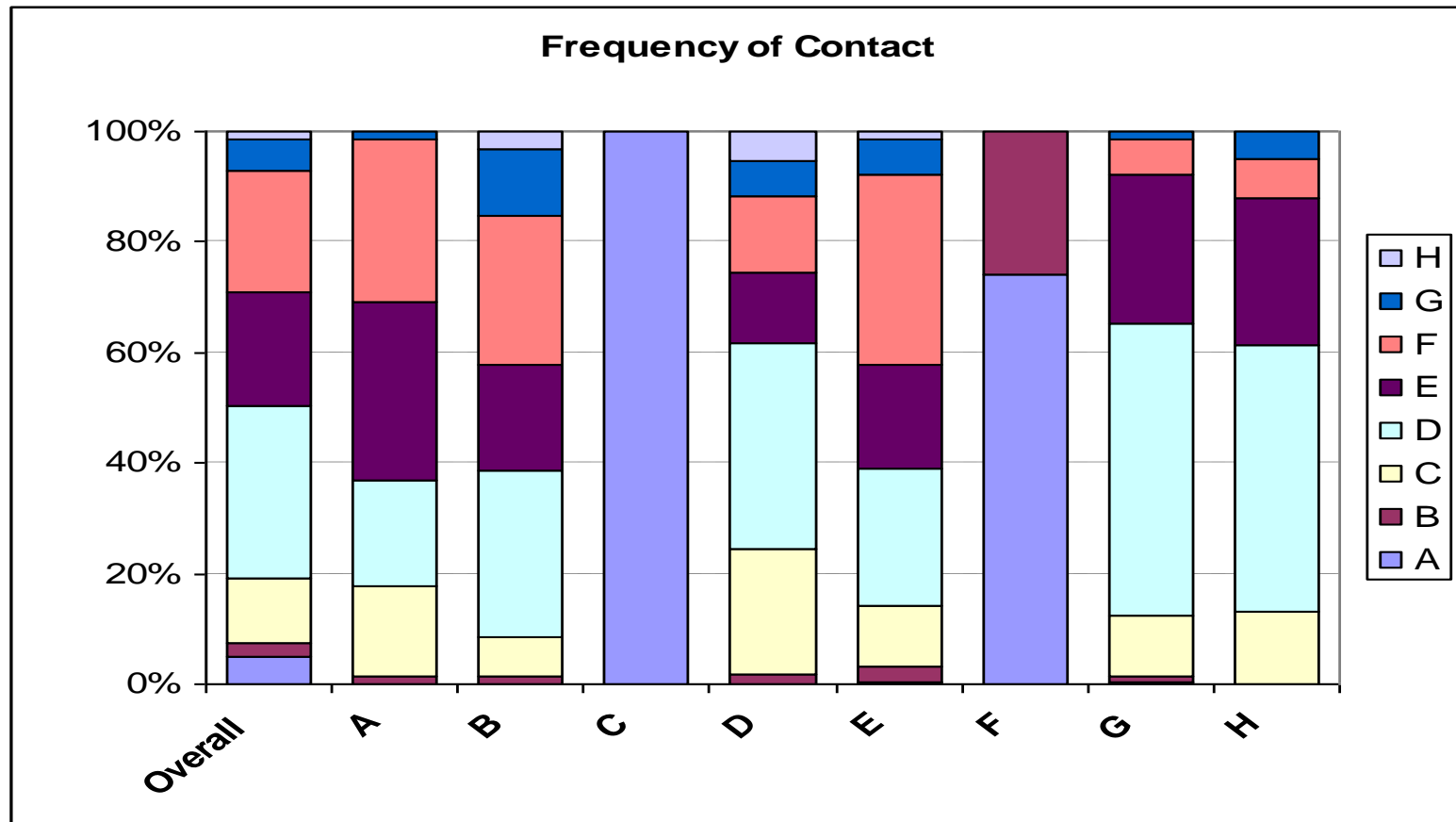
# What the analysis showed – some big variations in teams in terms of diagnosis that cannot be easily explained...



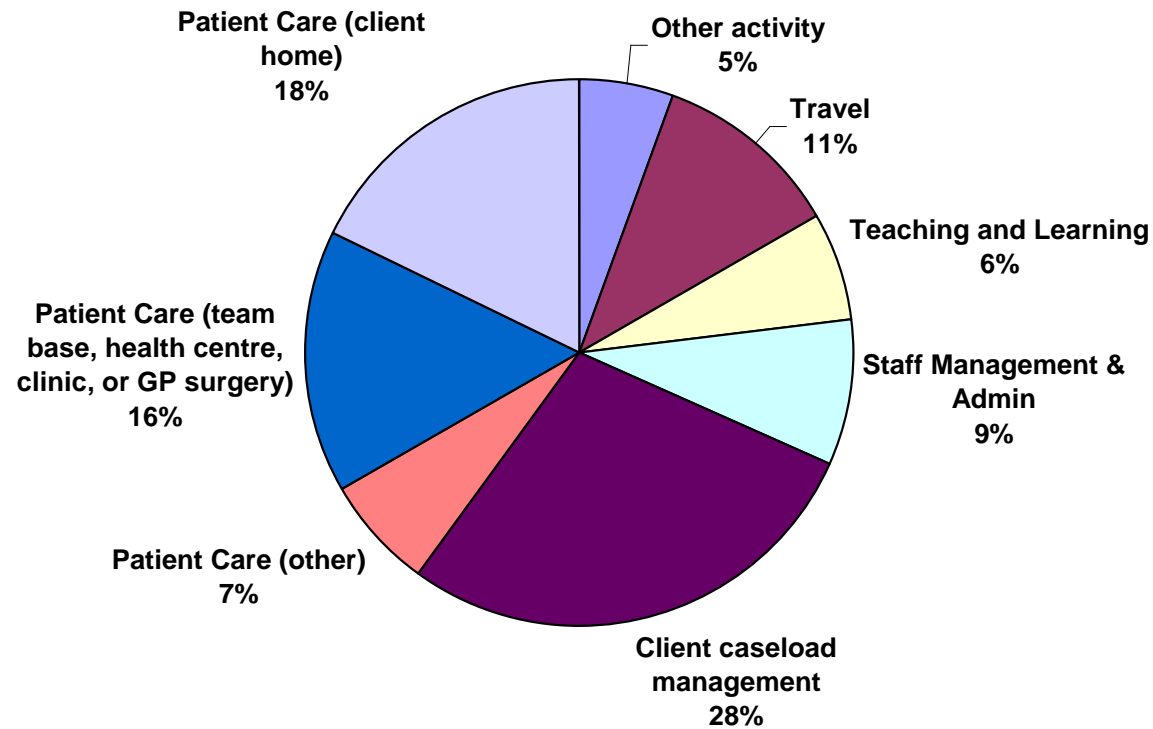
# Analysis — time on caseload. A now familiar picture with some very marked variations, in particular the contrast between team A and H



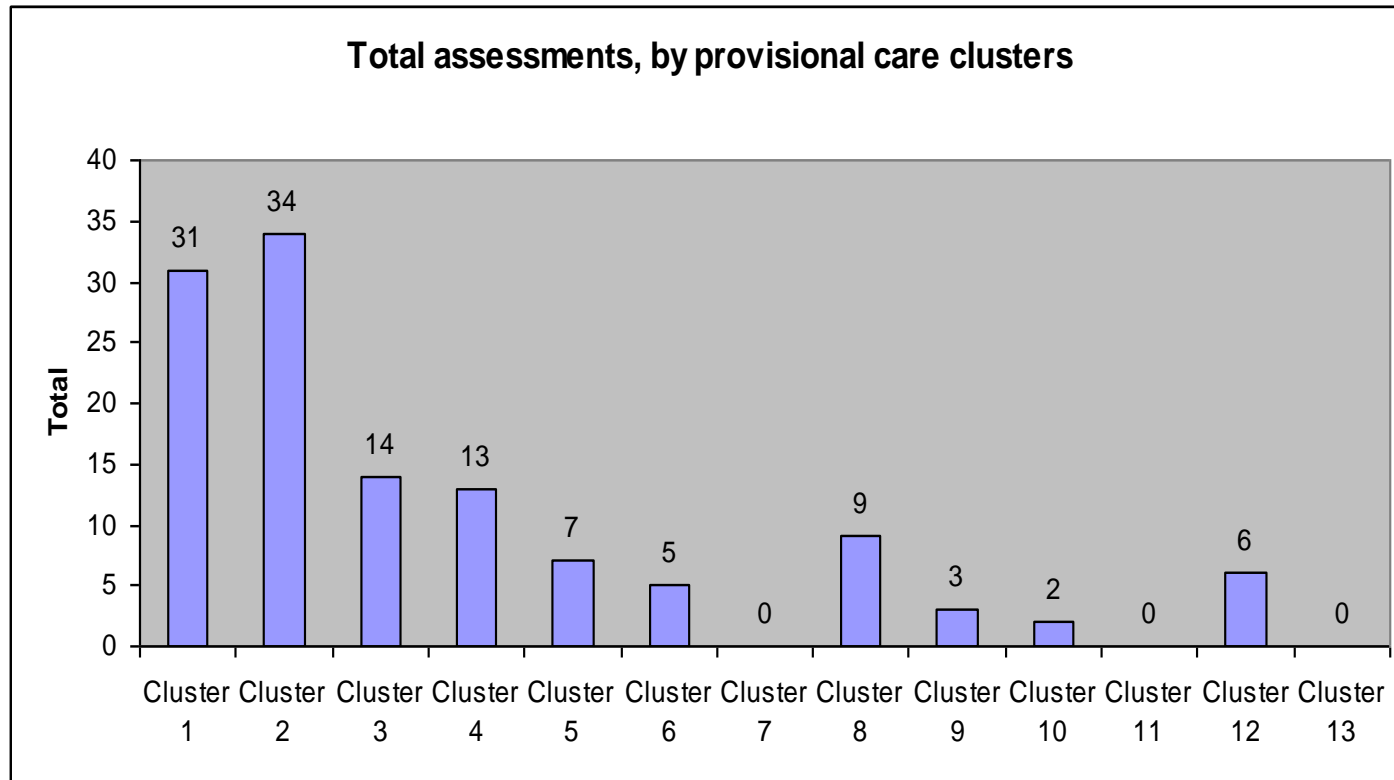
**Analysis** — variations are apparent when frequency of contact is examined, although in part this is because two teams (C and F) are crisis teams



# How did the staff spend their time?

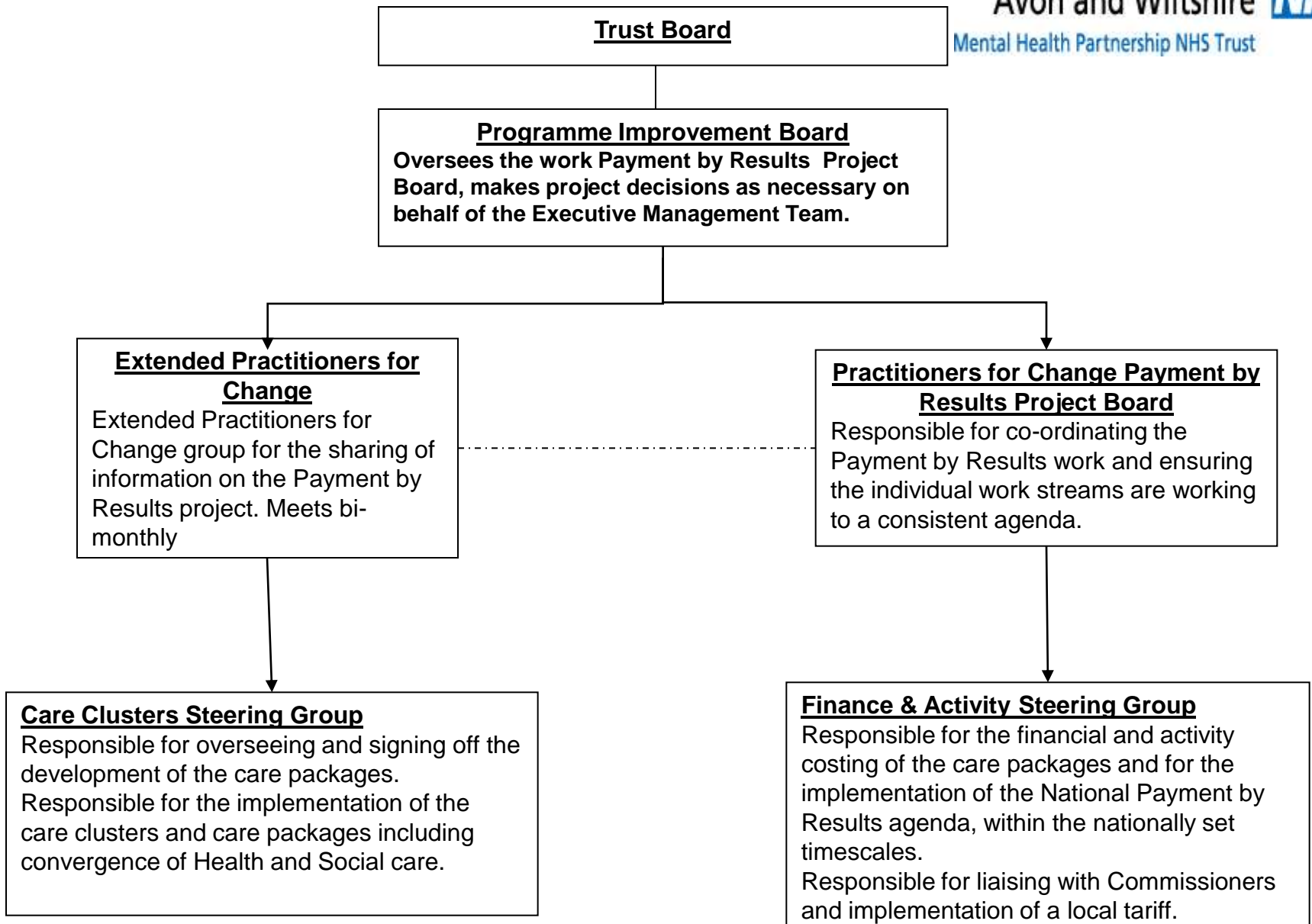


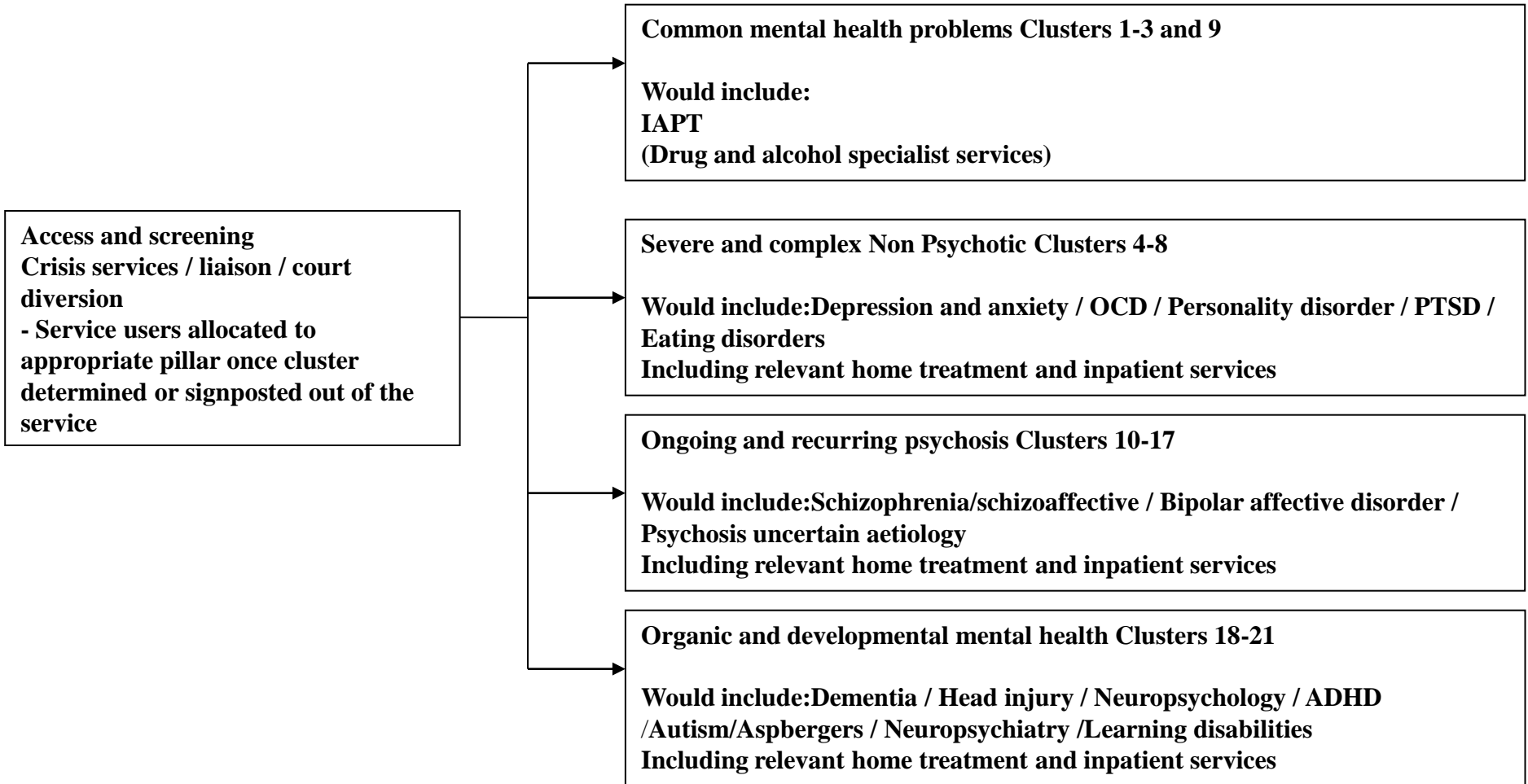
# Cluster results from service at assessment Dec 09



# What came next?

- **Establish a PBR board Structure**
- **Project plan with critical timelines linked to DOH requirements**
- **Staff engagement and communication**
- **Roll out cluster training to all teams**
- **Link PbR structures to redesign plans**
- **Develop CAST tool to record clusters**
- **Establish pilot sites including a PCT Pilot partner**





### CARE CLUSTER 21: Cognitive Impairment or Dementia (High Physical or Engagement)

**Description:** People with cognitive impairment or dementia who are having significant problems in looking after themselves, and whose physical condition is becoming increasingly frail. They may not be aware of their problems and there may be a significant risk of their care arrangements breaking down.

**Diagnosis:** Likely to include: F00 – Dementia in Alzheimer’s disease, F01 – Vascular dementia, F02 – Dementia in other diseases classified elsewhere, F03 – Unspecified Dementia, F09 – unspecified organic or symptomatic mental disorder, Dementia with lewy bodies (DLB), Front temporal dementia (FTD)

**Impairment:** Likely to lack awareness of problems. Significant impairment of ADL function. Unable to fulfil self-care and social and family roles. Major impairment of role functioning.

**Risk:** High risk of self-neglect. Risk of breakdown of care.

**Course:** Long Term

| Colour Code | Service                                  | lead care co ordinator | Who Commissions? | What they do in the Cluster                        | Activity |
|-------------|--|------------------------|------------------|--|----------|
|             | AGE Concern (Carer Component)            |                        | LA               | Information, advice and advocacy                   |          |
|             | Alzheimer's (Carer Component)            |                        | LA               | Support, education and information for carers      |          |
|             | Aspects and Milestones (Somerset Hse)    |                        | PCT & LA         | Delivering a mental healthcare package             |          |
|             | Care Coordination                        |                        | PCT              | Monitor and care coordinate residential Placements |          |
|             | Crossroads Care Centre                   |                        | PCT & LA         | Carer support                                      |          |
|             |  |                        |                  |  |          |
|             | Rethink's Awareness of Dementia (Carers) |                        | LA               | Carer support                                      |          |
|             | Residential Placements                   |                        | PCT              | Delivering a mental health package                 |          |
|             | GPs                                      | P                      | PCT              | Ongoing health needs, End of life care             |          |

## CARE CLUSTER 2: Common Mental Health Problems (Low Severity with greater need)

Decryption: This group has definite but minor problems of depressed mood, anxiety or other disorder but not with any distressing psychotic symptoms. They may have already received care associated with cluster 1 and require more

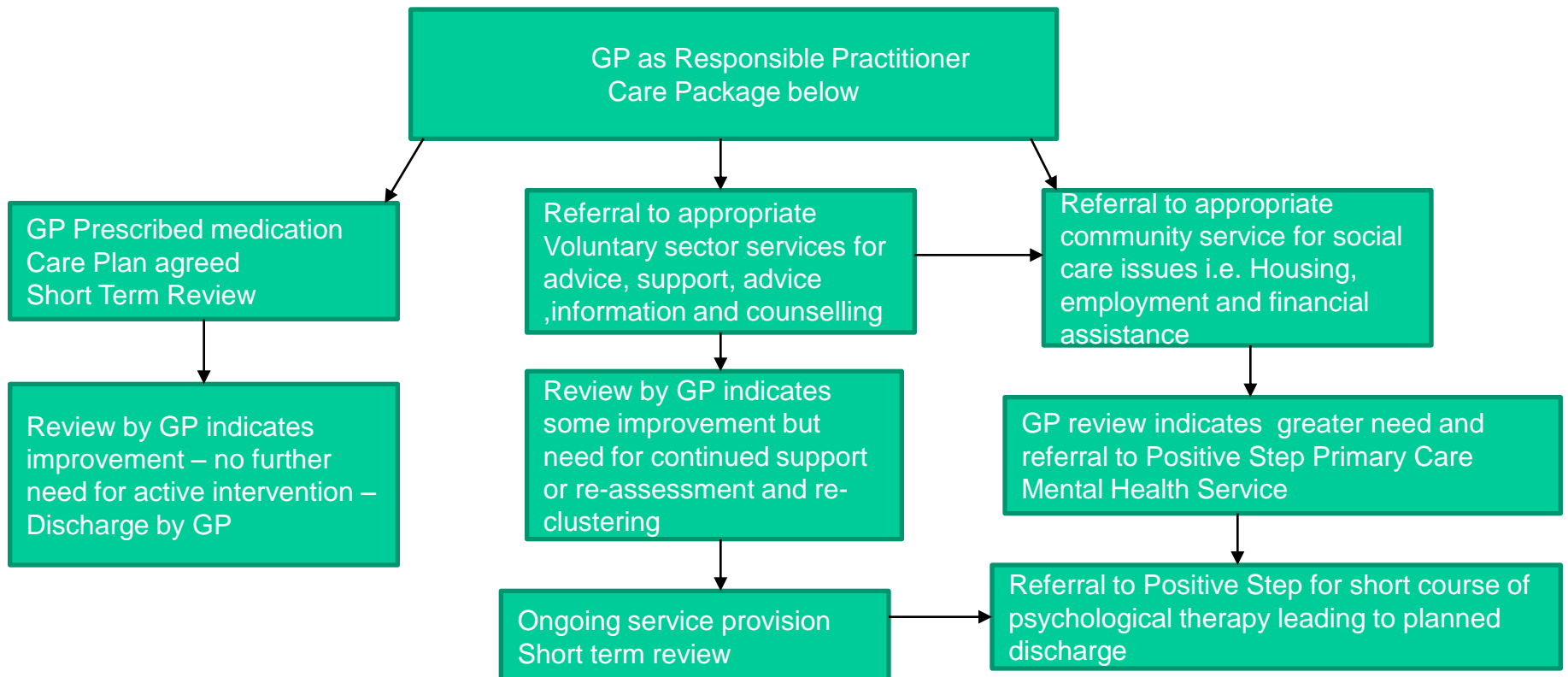
specific intervention or previously been successfully treated at a higher level but are re-presenting with low level symptoms.

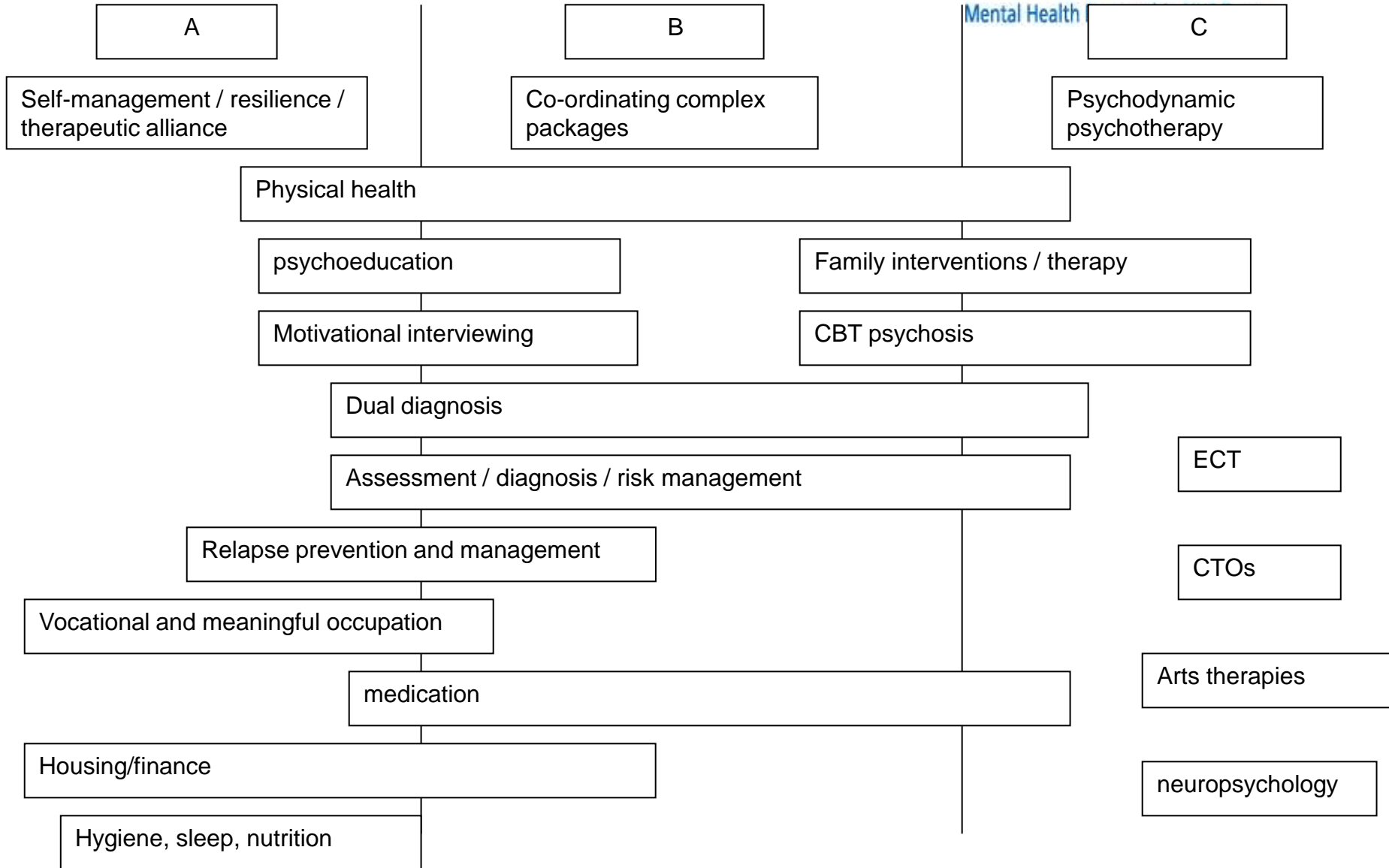
Diagnosis: Likely to include: F32 Depressive Episode, F40 Phobic Anxiety Disorders, F41 Other Anxiety Disorders, F42 Obsessive-Compulsive Disorder, F43 Stress Reaction/Adjustment Disorder, F50 Eating Disorder.

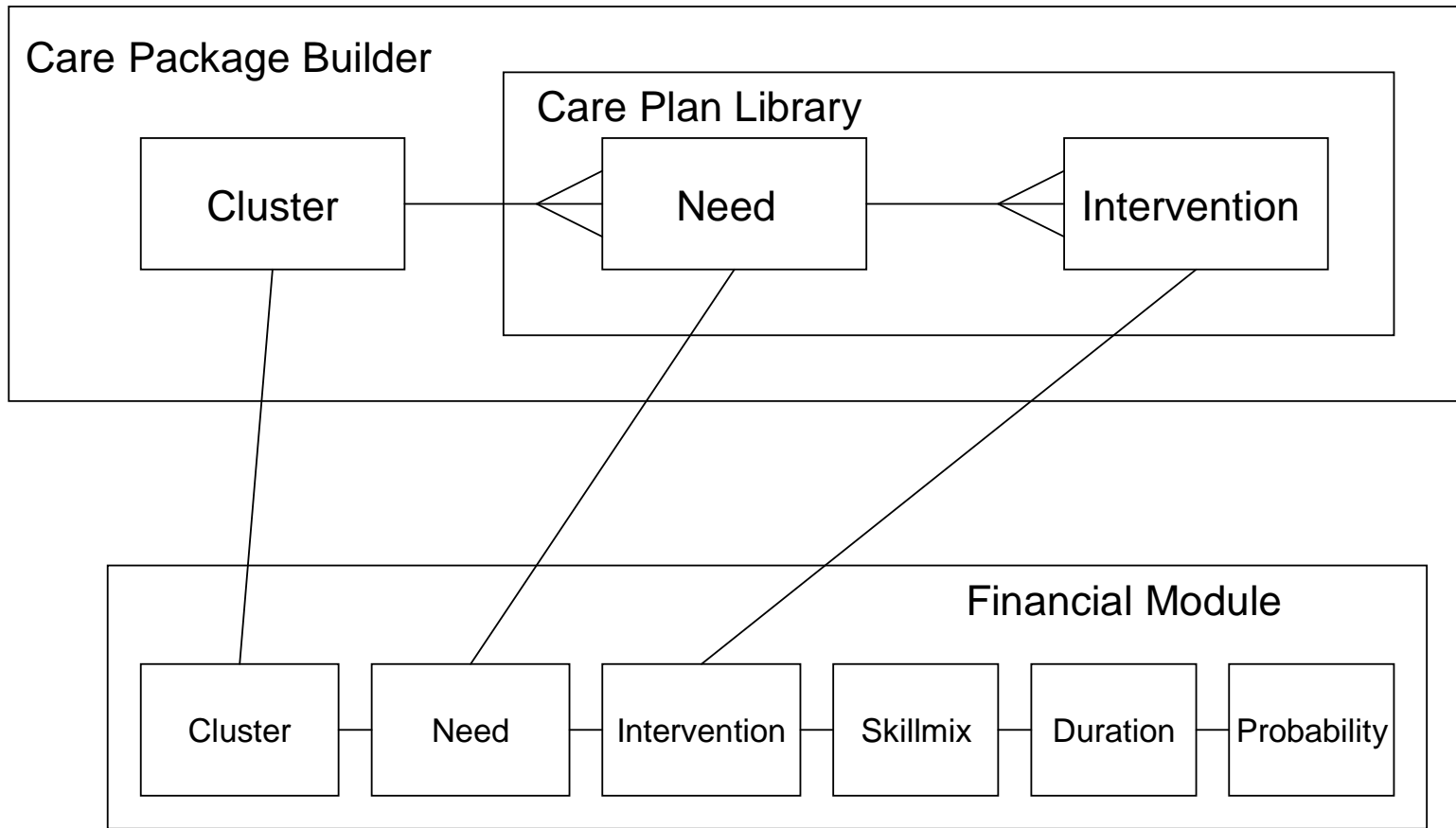
Impairment: Disorder unlikely to cause serious disruption to wider functioning but some people will experience minor problems.

Risk: Unlikely to be an issue.

Course: The problem is likely to be short term and related to life event







# PBR – Current position

- **Linked PBR to redesign via Trust Program Board**
- **Completed two annual PbR conferences**
- **Review CPA process based on emerging redesign model**
- **Complete 95% clustering target**
- **Developed a data warehouse and care planning library**
- **Enhanced CAST tool to collect care package bundles**
- **Added MHMDS cluster fields to CAST**
- **Reviewing clinical data from cluster analysis**
- **Completing financial modelling of care packages**

## Lessons Learnt

- **Essential to get early PCT/ Commissioner leadership**
- **Early involvement of Local Authority Partners**
- **Align to QIPP process if possible**
- **Involve all mental health commissioned providers at an early stage in developing a comprehensive care pathway**
- **Use a practice development approach to staff training**
- **Early engagement with service users and carers**
- **When planning new services consider PbR structures to advise on the developing models**

## Lessons Learnt – cont'd

- **GP engagement from the start**
- **Establish comprehensive care pathways incorporating shared care protocols**
- **Consider new - (0 or 9) clusters for assessment , Liaison, referral management systems etc**
- **Develop care packages for specialist services .**
- **Maintain national networks**
- **Be innovative and challenge boundaries**

# Team manager Feedback

- **Effective for caseload management.**
- **Tool can be used to look at the ‘weight’ of the case load and encourages staff to think about ‘Recovery Journey’.**
- **Uses to ensure right Care coordinator**
- **Useful to use the tool for identifying different stages in the Recovery cycle.**
- **Identify appropriate interventions/where blocks are?**
- **Highlight this in bright colour so this can be discussed in supervision monthly.**

# Team Members view

**““I learned the importance of keeping my work focused towards clear goals. Time goes by quickly and caseload profiling is a way of keeping focused on our goals, and monitoring how we are doing, or what needs to change. It gave me confidence in my practice.**

**It gave me the opportunity to sit down and focus solely on my caseload with the guidance of someone senior with an objective view.”**

**“Care cluster and caseload supervision enabled me to clearly identify what I was doing, who I was doing it with and why I was doing it. It allowed me to prioritise patients and identify the level of intervention required.”**