

**Trust Board Report Q2**

**Care Clusters and Packages Project**

**Background**

The organisation is undertaking a programme of work to ensure that it is ready for the roll out of Payment by Results (PbR) in Mental Health in April 2012. The project commenced in September 2010. The work involves the allocation of all service users within mental health services to one of the 21 nationally defined PbR Clusters (see Appendix) and the initial draft of standardised packages of care attributed to these clusters, against which the organisation will then be commissioned for services. Services currently within scope are all Adult and Older Adult Services within the Mental Health Division and the Specialist Eating Disorder Service (*although following national guidance recently issued we are now expecting that Eating Disorder Services will be removed at this stage*).

The targets for the project are:

* To ensure that all clinicians are trained to use the Mental Health Clustering Tool (MHCT)
* To allocate all service users within the Adult and Older Adult Services to a cluster by 31st December 2011, which is both a DH mandate and CQUIN target for Oxford Health
* To develop draft care packages for the 21 clusters and pilot them by February 2012
* To review and refine care packages in readiness for the 2012/2013 shadow year

Additionally a number of benefits for the project have been identified – please refer to the appendix for the benefits logic map summary.

During the last quarter a Project Steering Board has been convened to support the project and provide the strategic leadership that the programme requires. The board is a representative group of senior clinicians, commissioners, service users, board representatives and representatives from finance. The board is chaired by the medical director.

The care packages have been developed by 3 working groups, one focussing on the non-psychosis clusters, another focussing on the psychosis clusters and another looking at the organic clusters. These working groups are facilitated by the project lead and comprise of a mix of clinical staff (representing all professional groups) and senior managers. The training plan for the MHCT was facilitated by a ‘Train the Trainer’ approach and was rolled out using a network of cascade trainers based within clinical teams. The project is further supported by Jackie Thomas who is the Division’s lead for care clusters and packages.

Over the next few months the project will begin to focus on the quality of clustering allocation to ensure that it is as accurate as it reasonably can be. This will be underpinned by a number of data quality reports, requests for which have been submitted to the information analysis team.

**Highlights from Q2**

* The project manager recently attended a national working group (The UK Routine Clinical Outcomes network (UKROM)), and of all the Trusts represented Oxford Health had the highest percentage of service users allocated to a cluster, currently standing at 83%. Some of the Trusts at the meeting have been clustering for 2 years, so this represents a real achievement for Oxford Health and all teams are to be commended for their efforts
* The working groups developing the care packages have continued to meet and draft care packages have now been completed for Clusters 4-21, this work is the most advanced in the SHA
* The development of a care plan library in RiO has continued in earnest over the last 3 months and we are now in a position to trial this on a wider basis. This work stream will support the roll out of the care packages. Thanks are due to the early implementer sites (CW and SW CMHT in High Wycombe, High Wycombe Older Adults CMHT and the Crisis service in Oxford) for their support with this work stream. They have worked tirelessly on this in addition to their regular duties
* Two additional posts to support the project implementation were agreed by the Steering Board and are currently out to advert

**Actions for Q3**

* To achieve the 100% CQUIN target
* It is proposed that in the November Project Steering Board a workshop will be facilitated to develop the programme’s strategy for the next financial year (see attached benefits logic map). This will include – outcome measurements framework, defining core business and service models to support core business, creation of consistent, high quality care pathways
* Appointment of 2 project facilitators to support the roll out of the care packages
* Service user and carer engagement events confirmed and planning for the events to commence
* Divisional lead to present the work of the care packages to the Extended Executive in November for stage 1 sign off

**Risks and Issues**

* Currently there are some teams who have not met the Q2 clustering target. This is due to a variety of reasons such as sickness absence and a number of recent management changes. There will be targeted support for these teams over the next few weeks to help them achieve the targets
* There have been some delays receiving data quality reports from information analysts. The Project Steering Board chair will liaise directly with them, to ensure that the project receives this vital data as soon as possible
* There is currently a lack of expertise to support the project with regards to specific clinical data analysis and the monitoring of clinical outcomes. The project board will have a discussion at the October meeting about how to best address this issue.

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