Oxfordshire Maximising Recovery Interventions & Outcomes Group (MaRIO); Payment by Results (PbR) Cluster Pathways.
CARE CLUSTERS AND PATHWAYS TO RECOVERY

What is changing?
The care and support that people with mental illness and mental health problems receive is not changing. The NHS will still provide the services that people need to get better.

Some of the ways we describe support and the ways we think about it are changing. The NHS wants to make sure that everything we do focuses on recovery. We also want to make sure that the services and support people get are fair and that everyone knows what support and treatment people should get. We will do this by grouping people with the same needs into care clusters. The NHS in Oxfordshire has written a care pathway for each care cluster.

What is recovery?
Recovery is learning to live with a serious illness. Some people get fully better and don’t need support or treatment: other people need on-going support and treatment: some people need support and treatment sometimes and not at other times. Everyone’s experience is personal.

What are Care Clusters?
Care clusters are a way of grouping (“clustering”) people with similar support and treatment needs. Mental health workers will talk to you and your carers about your illness, your support needs, and your treatment and will use this information to identify which care cluster you are in. People will be reassessed regularly and your care cluster will change as your need for support and treatment changes.

The NHS will use information from clusters to be sure that people with the same needs get a fair level of treatment, no matter where in the county they live and no matter what their social or cultural background. The NHS has done this by writing care pathways for each care cluster.

What are Care Pathways?
Care pathways describe the services and support people in a particular care cluster could receive. These pathways are based on the best available research evidence, on the views of people with lived experience of the conditions, their carers, and mental health professionals. The pathways are designed so that users of services and their families can work with health care professionals to make sure all their needs are taken into account.

The aim is to try to explain what services will be available and how people, together with their families and health professionals, can choose the best types of care, support and interventions to meet their needs and to achieve their health goals.

What services can people expect to be able to access?
Treatment and support will be provided by a range of local organisations. These may include services provided by Primary Care (from a GP practice), NHS mental health services, provided by other NHS funded organisations (such as voluntary organisations) or services bought with direct payments. The services they provide will be tailored to meet a person’s needs and enable them to achieve their goals.
### Understanding the Problem

- **Common MH Problems (Low Severity with greater need)**
  - Gloominess or minor changes in mood or minor anxiety etc. No more than fleeting thoughts of self-harm.
  - Criminal Justice System
  - Care Quarters 1, 3 or 18

### Agree the Plan

- **Who, Where and When?**
- **Assessment**
- **Referral**
- **Primary Care Counseling Service**

### Move on

- **Mental Health Cluster Pathways**
- **Care Quarters 3, 5 or 18**
- **Unlikely to Cluster 18**
- **Consider ongoing support for Carer / Family on the Carer’s Pathway**

### Key

- **Usual Range of Activities**
- **Psychiatric or Psychological Assessment**
- **Physical Health Activities**
- **Social, Financial, Housing, Employment & Occupational Activities**
- **Self-directed Activities - e.g. with Personal Budgets**
- **Family, Care & Dependents activities**
- **Services**

### TRIAGE

- Identifying the nature of the problem and involving the right service

### Addressing Needs

- **Information**
- **Talking Space**
- **Primary Care Counseling Service**

### Move on

- **Crisis to care pathway no longer met?**
- **MDS on discharge**
- **Consider ongoing support for Carer / Family on the Carer’s Pathway**
- **Optimising social network**

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### Additional Notes

- **NHSD**
- **MFT & Counsellor**
- **Services user effect - Brokering Support**

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### Footer

- **Mental Health Cluster Pathways**
- **Oxfordshire Clinical Commissioning Group**
- **2011**
- **Page 2 of 23**
Non Psychotic
(Severe)

Depressive with inappropriate self-blame, preoccupied by guilt feelings. Risk of self-harm may include suicidal non-hazardous self-harm (eg wrist-scratching).

Care Quarters: 1, 2, 3, 5, 18

GP

Criminal Justice System

Primary Care Counselling Service

Rehabilitation with psychological intervention or psychotherapy.

Assessment of social, housing, financial & occupational need

Recovery Services

Employment Support

Assessment of physical health

Baseline examination and investigations

Identify and quantify habitual substance use

Family Carers & Dependents: Assessment

Involves family, carer & dependents in planning

Agreed prioritisation of social, housing, financial, educational, employment & occupational need

Identification of balance of self-help & professional help

Region: 2

Ongoing Monitoring Investigations

Intervention to reduce familial or dependent uptake

Consider referral for family, carer, dependents

Optimising opportunities for employment, work, education & training and meaningful activity

Help in parenting and carer roles

Region: 2

Support for carer

IAPT & Midwifery

Repeat IAPT MDS at each session

If MDS significantly unchanged at end of plan consider onward referral

Communicate with referrer / GP

Communicate with referrer / GP

Communicate with referrer / GP

Move on

Criminal Justice Pathway

Consider onward to Cluster 9

who; where & when?

Discuss between GP or current care co-ordinator and assessment team (CMHT in hours or CRHT out of hours)

Talking Space

Needs & Risk Assessment

Acute care pathway need?

Psychological intervention or Psychotherapy

Consider Step 3 interventions

"Move on" to Cluster 15

Primary Care

Referral

PHQ9, GAD7, or HAD

After trial of Step 1 interventions, may consider referral to----

Provisional Dx

Psychological intervention

Consider Step 3 interventions

Most likely to "No significant Mental Health Problems"

Possibly to Clusters 2, 3, 5, or 8

Usual Range of Activities

Self-directed Activities - eg with Personal Budgets

Family, Carer & Dependents activities

Services

TRIAGE or Identifying the nature of the problem and involving the right service

Understanding the problem

Agree the plan

Addressing Needs

Move on

Wellbeing Service

Accept to specialist mental health service

Follow pathway as in Cluster 5

Rehabilitation with psychological intervention or psychotherapy.

Assessment of social, housing, financial & occupational need

Recovery Services

Employment Support

Assessment of physical health

Base line examination and investigations

Identify and quantify habitual substance use

Family Carers & Dependents: Assessment

Involves family, carer & dependents in planning

Agreed prioritisation of social, housing, financial, educational, employment & occupational need

Identification of balance of self-help and professional help

Region: 2

Optimising housing status

Optimising social network

Optimising finances

Optimising social network

Monitoring implementation of personal budget for social care

Support Plan for informal social network needs (eg. Dementia, Day Opportunity, Supported Living & Residential)

Service user shared brokerage

Social Care Support Plan reviewed at CPA assessment reviews

Social Care support plan reviewed at CPA assessment

Monitoring implementation of personal budget for social care

Support Plan for informal social network needs (eg. Dementia, Day Opportunity, Supported Living & Residential)

Service user shared brokerage

Social Care Support Plan reviewed at CPA assessment reviews

Social Care support plan reviewed at CPA assessment
5

### Understanding the problem

<table>
<thead>
<tr>
<th>Non Psychotic (Very Severe)</th>
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<tbody>
<tr>
<td>Severely depressed and/or anxious and/or other - No disturbing hallucinations or delusions but may have some unreasonable beliefs. May often be at high risk for non-accidental self injury and may present self-harming issues. May have severe disruption to everyday living.</td>
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</tbody>
</table>

- **Single assessment with planned return to referrer**
- **Assessment of physical health**
- **Consider 7 Substance Misuse**
  - **Assessment of psychiatric intervention**
  - **Matching of existing coping strategies to formulated needs**
  - **Identification of need for additional psychological technique**

<table>
<thead>
<tr>
<th>Agree the plan</th>
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<tbody>
<tr>
<td><strong>Needs &amp; Risk Assessment</strong></td>
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<tr>
<td><strong>Gathering of further or detailed information</strong></td>
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<tr>
<td><strong>Treatment Objectives and Timeline</strong></td>
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<tr>
<td><strong>Information provision</strong></td>
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<td><strong>Consider need for care planning</strong></td>
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<td><strong>Communicate with referrer - GP</strong></td>
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<tr>
<th>Addressing Needs</th>
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<td><strong>HoNOS or PbR Care Clustering Tool (CCT) completed</strong></td>
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<td><strong>Develop a shared care plan with identified tasks for both professionals and individual</strong></td>
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<td><strong>Communicate with GP</strong></td>
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<table>
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<tr>
<th>Move on</th>
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<tbody>
<tr>
<td><strong>CPA review &amp; determine using CCT Cluster plan checks if appropriate</strong></td>
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<tr>
<td><strong>Gather further or detailed information</strong></td>
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<td><strong>Contingency plan</strong></td>
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<td><strong>Consider input from other agencies</strong></td>
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<td><strong>Agree transfer date</strong></td>
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<td><strong>CCT on discharge/transfer</strong></td>
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- **Accept a specialist mental health service**

### Detailed Social Care Assessment and calculation of personal budget for social care

- **Detailed Social Care assessment and calculation of personal budget for social care**

- **Agree nature of problem (provisional dx) & exclude organic causes**

### People moving on from previous care cluster

- **Agree nature of problem (provisional dx) & exclude organic causes**
- **Commencement of team care planning**
- **Consider input from other agencies**

### Usual Range of Activities

- **Assessment of physical health**
- **Baseline examination and investigations**
- **Identifying and quantification of habitual substance use**
- **Intervention to reduce harmful or dependent use**

### Mental Health Activities - Psychiatric or Psychological

- **Assessment of psychiatric intervention**
- **Establishing diagnosis**
- **Prescribing psychotropic drug regime**
- **Matching of existing coping strategies to formulated needs**

### Physical Health Activities

- **Assessment for psychiatric intervention**
- **Establishing diagnosis**
- **Prescribing psychotropic drug regime**
- **Matching of potential adverse effects**

### Social, Financial, Housing, Employment & Occupational Activities

- **Identifying need for additional psychological technique**
- **Matching of existing coping strategies to formulated needs**
- **Help in parenting and caring roles**
- **Support for family and carers**

### Brokerage Activities - e.g. with personal budgets

- **Prescribing psychotropic drug regime**
- **Adjustment of drug dosage against response**
- **Psychological therapy (specified technique and objectives)**

### Services

- **Identification of balance of self help and professional help**
- **Optimising housing status**
- **Help in parenting and caring roles**
- **Optimising finances**

### Family Carers & Dependents Assessment

- **Assessment of social, financial, occupational, educational & employment needs**
- **Address social care needs such as Domiciliary, Day Opportunity, Supported Living & other**
- **Social Care Support Plan reviewed at CPA assessment”**

### Key

- **Agreement to other service relevant to different care cluster**
- **Possible 5,6,7,8 out of clustering**
- **Unlikely 10,11,12,13,14,15,16**

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### Notes

- **TRIAGE** or identifying the nature of the problem and invoking the right service

- **Different pathway may be appropriate**

- **Criteria for pathway no longer met?**

- **Movement to more appropriate other care cluster or out of care clustering**

- **Is more intensity needed to support safety or treatment concordance?**

- **Is advocacy required?**

- **Co-morbid substance misuse identified?**

- **Intervention for co-morbid substance misuse**

- **Maternal mental health identified?**

- **Maternal mental health provision considered?**

- **Movement to more appropriate other care cluster or out of care clustering**

- **Is more intensity needed to support safety or treatment concordance?**

- **Criteria for pathway no longer met?**

- **Communicate with GP and secondary care co-ordinator**

- **Consider ongoing support**

- **Consider ongoing support for Carer / Family as per Carer’s Pathway**

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## Non Psychotic Disorder of Over-valued Ideas

Moderate to very severe disorders that are difficult to treat. This may include treatment resistant eating disorders, OCD etc, where extreme beliefs are strongly held, severe personality disorders and enduring depression.

### People moving on from previous Care Cluster
- Accept to specialist mental health service
- Consider between GP or other referral or using CCT if appropriate

### GP / Other referral source
- Carers Assessment
- Communication with carer / referrer / GP
- Repeat HoNOS/PBR care clustering tool at regular intervals

### Criminal Justice System
- Criminal Justice System
- Negotiate setting of care
- Is more intensity needed to support safety or treatment concordance?
- Criteria for pathway no longer met?
- Communicate with GP and secondary care co-ordinator

### Key
- Maternal mental health needs identified?
- Maternal mental health provision considered?
- Movement to more appropriate other care cluster or out of care clustering

### Usual Range of Activities

#### Mental Health Activities - Psychiatric or Psychological
- Assessment of physical health
- Baseline examination and investigations
- Single assessment with planned return to referrer
- Identification and clarification of mental health needs
- Establishing diagnosis
- Selecting psychological intervention
- Identifying need for additional psychological intervention

#### Physical Health Activities
- Assessment of physical health
- Baseline examination and investigations
- Identification and clarification of mental health needs
- Establishing diagnosis
- Selecting psychological intervention
- Identifying need for additional psychological intervention

#### Social, Financial, Housing, Employment & Occupational Activities
- Assessment of psychological functioning
- Matching of existing coping strategies to formulated needs
- Psychological therapy (identified technique and objectives)
- Matching of existing coping strategies to formulated needs
- Psychological therapy (identified technique and objectives)

#### Brokerage Activities - e.g. with Personal Budgets
- Assessment of social, housing, financial, occupational, educational & employment need
- Agreed prioritisation of social, housing, financial, occupational, educational & employment need
- Help in parenting and caring roles
- Identification of balance of self-help and professional help

#### Services
- Identification of need for additional psychological technique
- Referral to MHA when necessary
- Consider ongoing support
- Consider ongoing support for Carer / Family as per Carer’s Pathway

### Triage
- Identifying the nature of the problem and involving the right service

#### Understanding the problem
- Needs & Risk Assessment
- Treatment Objectives and Theses
- Agree Nature of Problem (Diagnosis & Exclusion Organic Causes)
- Contingency plan

#### Agree the plan
- Referral to MHA Care Planning Tool (CCT) completed
- Consider need for MHA
- Consider need for MIHO
- Treatment Objectives and Theses
- Identification and clarification of mental health needs
- Identifying need for additional psychological intervention

#### Addressing Needs
- Needs & Risk Assessment
- Treatment Objectives and Theses
- Agreement of Mental Health Needs
- Contingency care planning
- Referral to MHA Care Planning Tool (CCT) completed

#### Move on
- Ongoing monitoring investigations
- As per Carer’s Pathway
- Medical review if more appropriate care needed
- Criteria for pathway no longer met?
- Communicate with GP

### Support to other services
- Support to other services through appropriate services in case

### Contingency Plan
- Contingency plan
- Contingency plan
- Contingency plan
- Contingency plan
- Agree transfer date
- Agree transfer date
- Agree transfer date

### GPRS
- GPRS
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- GPRS
- GPRS

###רועות
- GPRS
Understanding the problem

Agree the plan

Addressing Needs

Move on

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### TRIAGE

**Enduring Non Psychotic Disorders** *(High Disability)*

This group suffers from moderate to severe disorders that are very disabling. They will have received treatment for a number of years and although they may have improvement in positive symptoms considerable disability remains that is likely to affect role functioning in many ways.

#### Key

- **Assessment of physical health**
- **Baseline examination and investigations**
- **Ongoing monitoring and investigations**
- **Assessment of psychological functioning**
- **Matching of existing coping strategies to formulated needs**
- **Psychological therapy** (specification of technique and objectives)
- **Identification of need for additional psychological techniques**
- **Adjustment of drug dosage against response**
- **Optimising opportunities for employment, work, education & training and meaningful activity**
- **Help in parenting and caring roles**
- **Optimising housing status**
- **Optimising finances**
- **Optimising social network**
- **Support plan put in place to address service needs such as domiciliary, day opportunities, supported living & tenemental**

#### Services

- **Assessment of social, housing, financial, occupational, educational & employment needs**
- **Domiciliary Social Care assessment and calculation of personal budget for social care**
- **Social Care Support Plan reviewed at CPA assessment**

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#### Triage

1. **People moving on from previous Care Cluster**
2. **Accept to specialist mental health service**
3. **Information provision**
4. **Information provision**
5. **Needs & Risk Assessment**
6. **Agree the plan**
7. **Addressing Needs**
8. **Move on**

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**Cluster 7**

**Understanding the problem**

- **Ongoing assessment of relevant return to referrer**
- **Gathering of further or detailed Information**
- **Needs & Risk Assessment**
- **Joining & Engagement**
- **Contingency plan**
- **HoNOS or PbR Care Clustering Tool (CCT) completed**
- **Develop a shared care plan with identified tasks for both professionals and individual**
- **Specific assistance towards self directed support**
- **CPA review & determine using CCT if current care cluster is appropriate**
- **Is advocacy required?**
- **Mental health activities - psychiatric or psychological**
- **Identification and quantification of habitual substance use**
- **Intervention to reduce harmful or dependent use**
- **Possible 5 or out of clustering**
- **Usual Range of Activities**
- **Assessment of physical health**
- **Baseline examination and investigations**
- **Most likely 6 or 8**
- **Psychiatric or Psychological Activities**
- **Establishing diagnosis**
- **Monitoring of symptomatic state**
- **Unlikely 10,11,12,13,14,15,18**
- **Social, Financial, Housing, Employment & Occupational Activities**
- **Selecting psychotropic drug regime**
- **Monitoring of potential adverse effects**
- **Consider ongoing support for Carer, Family as per Carer’s Pathway**
- **Family, Carer & Dependants activities**
- **Assessment of psychological functioning**
- **Matching of existing coping strategies to formulated needs**
- **Psychological therapy** (specification of technique and objectives)
- **Identification of need for additional psychological techniques**
- **Adjustment of drug dosage against response**
- **Optimising housing status**
- **Optimising finances**
- **Optimising social network**
- **Support plan put in place to address service needs such as domiciliary, day opportunities, supported living & tenemental**
- **Social Care Support Plan reviewed at CPA assessment**

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**Agree the plan**

- **Information provision**
- **Contingency plan**
- **Specific assistance towards self directed support**
- **CPA review & determine using CCT if current care cluster is appropriate**
- **Consider ? Substance Misuse Treatment Objectives and Timescale**
- **Prescription and adverse effect monitoring**
- **CPA review with relapse prevention plan**
- **Agree Nature of Problem (Provisional Dx) & Exclude Organic Causes**
- **Commencement of team care planning**
- **Communicate with carer**
- **Consider input from other agencies**
- **GP / Other referral source**
- **Discussion between GP or current care co-ordinator and assessment team (CMHT in hours or CRHT out of hours)**
- **Consider need for MHA**
- **Communicate with GP**
- **Agree transfer date**
- **Carers Assessment**
- **Communicate with referrer / GP**
- **Repeat HoNOS/PBR care clustering tool at regular intervals**
- **CCT on discharge/transfer**

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**Move on**

- **Accept to specialist mental health service**
- **Consider ? Substance Misuse**
- **Criteria for pathway no longer met?**
- **Communicate with GP and secondary care co-ordinator**
- **Signpost to other service relevant to different care cluster**
- **Is advocacy required?**
- **Co-morbid substance misuse identified?**
- **Intervention for co-morbid substance misuse**
- **Maternal mental health needs identified?**
- **Maternal mental health provision considered?**
- **Movement to more appropriate other care cluster or out of care clustering**
- **Most likely 6 or 8**
- **Paralle 5 or out of clustering**
- **Unlikely 10,11,12,13,14,15,18**
- **Consider ongoing support for Carers, Family or Carers Pathway**
- **Identify setting of care is more intensity needed to support safety or treatment concordance?**
- **Criteria for pathway no longer met?**
- **Communicate with GP and secondary care co-ordinator**
- **Signpost to other service relevant to different care cluster**
- **Is advocacy required?**
- **Co-morbid substance misuse identified?**
- **Intervention for co-morbid substance misuse**
- **Maternal mental health needs identified?**
- **Maternal mental health provision considered?**
- **Movement to more appropriate other care cluster or out of care clustering**
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- **Paralle 5 or out of clustering**
- **Unlikely 10,11,12,13,14,15,18**
- **Consider ongoing support for Carers, Family or Carers Pathway**
- **Identify setting of care is more intensity needed to support safety or treatment concordance?**
- **Criteria for pathway no longer met?**
- **Communicate with GP and secondary care co-ordinator**
- **Signpost to other service relevant to different care cluster**
- **Is advocacy required?**
- **Co-morbid substance misuse identified?**
- **Intervention for co-morbid substance misuse**
**Cluster 8**

### Understanding the problem

<table>
<thead>
<tr>
<th>Activity</th>
<th>Description</th>
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<tbody>
<tr>
<td>Needs &amp; Risk Assessment</td>
<td>Identification and quantification of habitual substance use</td>
</tr>
<tr>
<td>Single assessment with planned return to referrer</td>
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<tr>
<td>Referral to MAT or other mental health service</td>
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<tr>
<td>Identification of need for additional psychological intervention</td>
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<tr>
<td>Matching of existing coping strategies to formulated needs</td>
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<tr>
<td>Treatment &amp; Psychosocial Change</td>
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<tr>
<td>Engagement</td>
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<td>Group work or individual therapy</td>
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<td>Community reintegration</td>
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<td>Information provision</td>
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<tr>
<td>HoNOS or PbR Care Clustering Tool (CCT) completed</td>
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<tr>
<td>Consent for MHA</td>
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<tr>
<td>Referral to GP</td>
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<tr>
<td>Communication with carer</td>
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<td>Planned review</td>
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<td>Identify need for specialist mental health services</td>
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<td>Consider need for MHA</td>
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<tr>
<td>Consider need for support with self-directed support</td>
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<td>Contingency plan</td>
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<td>HoNOS care clustering tool completed</td>
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<td>Ongoing support</td>
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<td>Carer assessment</td>
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<tr>
<td>Communication with referrer or GP</td>
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<tr>
<td>Repeat HoNOS/PbR care clustering tool at regular intervals</td>
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### Agree the plan

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<td>Consent for MHA</td>
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<td>Communication with GP</td>
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<tr>
<td>Agree transfer date</td>
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<tr>
<td>CPA review &amp; determine if current care cluster is appropriate</td>
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<tr>
<td>CPA review with specialist prevention plan</td>
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<td>HO NOS &amp; PbR care clustering tool completed</td>
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<td>Ongoing care clustering tool utilised</td>
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<td>Communication with referrer</td>
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<tr>
<td>Family Carers &amp; Dependants assessment</td>
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<tr>
<td>Service user offered brokerage support</td>
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### Addressing Needs

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<td>People moving on from previous care cluster</td>
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<tr>
<td>Accept to specialist mental health service</td>
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<tr>
<td>Transitional between GP or primary care coordinator and assessment leads (CMHT) or mental health</td>
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<td>GPs or other referral source</td>
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<td>Criminal Justice System</td>
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<tr>
<td>Initial assessment</td>
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<td>Following of family or detailed interventions</td>
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<td>Reassurance and support</td>
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<tr>
<td>Specific assistance towards self-directed support</td>
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<td>Contingency plan</td>
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<td>CPA review</td>
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<tr>
<td>CPA review with specialist prevention plan</td>
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<td>Somatic evaluations</td>
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<tr>
<td>Communication with GP</td>
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<tr>
<td>Planned review</td>
<td></td>
</tr>
<tr>
<td>Identify need for specialist mental health services</td>
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<tr>
<td>Consider need for MHA</td>
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<tr>
<td>Consider need for support with self-directed support</td>
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<tr>
<td>Contingency plan</td>
<td></td>
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<tr>
<td>HoNOS care clustering tool completed</td>
<td></td>
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<tr>
<td>Ongoing support</td>
<td></td>
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<tr>
<td>Carer assessment</td>
<td></td>
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<tr>
<td>Communication with referrer or GP</td>
<td></td>
</tr>
<tr>
<td>Repeat HoNOS/PbR care clustering tool at regular intervals</td>
<td></td>
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<tr>
<td>CPA review</td>
<td></td>
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<tr>
<td>CPA review with specialist prevention plan</td>
<td></td>
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<tr>
<td>Communication with referrer</td>
<td></td>
</tr>
<tr>
<td>Ongoing care clustering tool utilised</td>
<td></td>
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<tr>
<td>Communication with referrer</td>
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</tbody>
</table>

### Move on

<table>
<thead>
<tr>
<th>Activity</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>People moving on from previous care cluster</td>
<td></td>
</tr>
<tr>
<td>Accept to specialist mental health service</td>
<td></td>
</tr>
<tr>
<td>Transitional between GP or primary care coordinator and assessment leads (CMHT) or mental health</td>
<td></td>
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<tr>
<td>GPs or other referral source</td>
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<tr>
<td>Criminal Justice System</td>
<td></td>
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<tr>
<td>Initial assessment</td>
<td></td>
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<tr>
<td>Following of family or detailed interventions</td>
<td></td>
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<tr>
<td>Reassurance and support</td>
<td></td>
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<tr>
<td>Specific assistance towards self-directed support</td>
<td></td>
</tr>
<tr>
<td>Contingency plan</td>
<td></td>
</tr>
<tr>
<td>CPA review &amp; determine if current care cluster is appropriate</td>
<td></td>
</tr>
<tr>
<td>CPA review with specialist prevention plan</td>
<td></td>
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<tr>
<td>Somatic evaluations</td>
<td></td>
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<tr>
<td>Somatic monitoring</td>
<td></td>
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<tr>
<td>Information provision</td>
<td></td>
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<tr>
<td>Needs &amp; Risk Assessment</td>
<td></td>
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<tr>
<td>Treatment &amp; Psychosocial Change</td>
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<tr>
<td>Engagement</td>
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<tr>
<td>Group work or individual therapy</td>
<td></td>
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<tr>
<td>Community reintegration</td>
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<tr>
<td>Information provision</td>
<td></td>
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<tr>
<td>HoNOS or PbR Care Clustering Tool (CCT) completed</td>
<td></td>
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<tr>
<td>Consent for MHA</td>
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<tr>
<td>Communication with referrer</td>
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</tr>
</tbody>
</table>

### Key

- Maternal mental health needs identified?
- Maternal mental health provision considered?
- Movement to more appropriate care cluster or out of care clustering?
- Usual Range of Activities
  - Assessment of physical health
  - Baseline examination and investigations
  - Ongoing monitoring investigations
  - Most likely 5
- Mental Health Activities
  - Psychiatric or Psychological
  - Consider? Substance Misuse Identification and quantification of habitual substance use
  - Intervention to reduce harmful or dependent use
  - Possible 6, 7, 10 or out of clustering
- Physical Health Activities
  - Assessment for psychiatric intervention
  - Establishing diagnosis
  - Monitoring of symptomatic state
  - Unlikely 11, 12, 13, 14, 15, 18
- Social, Financial, Housing, Employment & Occupational Activities
  - Selecting psychotropic drug regime
  - Monitoring of potential adverse effects
  - Consider ongoing support for carer/family as per care cluster' pathway
- Brokerage Activities - e.g. with Personal Budgets
  - Identification of need for additional psychological technique
  - Optimising opportunities for employment, work, education & training and meaningful activity
  - Optimising housing status
  - Optimising social network
  - Optimising finances
- Family, Carer & Dependents activities
  - Assessment of psychological functioning
  - Identification of need for additional psychological intervention
  - Optimising support for family, carer, dependents
  - Optimising social network
  - Optimising housing status
  - Optimising opportunities for employment, work, education & training and meaningful activity
  - Service user offered brokerage support
- Detailed Social Care assessment and calculation of personal budget for social care
- Service user offered brokerage support
- Referral to specialist mental health service
- Transitional between GP or primary care coordinator and assessment leads (CMHT) or mental health
- GPs or other referral source
- Criminal Justice System
- Initial assessment
- Following of family or detailed interventions
- Reassurance and support
- Specific assistance towards self-directed support
- Contingency plan
- CPA review & determine if current care cluster is appropriate
- CPA review with specialist prevention plan
- Communication with referrer or GP
- Repeat HoNOS/PbR care clustering tool at regular intervals
- CPA review on discharge/transfer
### First Episode Psychosis

This group will be presenting to the service for the first time with mild to severe psychotic phenomena. They may also have depressed mood or anxiety or other behaviours. Drinking or drug taking may be present but will not be the only problem.

#### People moving on from previous Care Cluster
- Accept to specialist mental health service

#### GP / Other referral source
- Communication between GPs or other care co-ordinators and assessment team (CMHT hours or CRHT out of hours)
- Carers Assessment

#### Criminal Justice System
- Is advocacy required?
- Is more intensity needed to support safety or treatment concordance?
- Criteria for pathway no longer met?

#### Key
- Usual Range of Activities
  - Mental Health Activities: Psychiatric or Psychological
    - Identification and quantification of habitual substance use
    - Intervention to reduce harmful or dependent use
  - Physical Health Activities
    - Assessment for psychiatric intervention
      - Establishing diagnosis
      - Monitoring of symptomatic state
  - Social, Financial, Housing, Employment & Occupational Activities
    - Assessment of social, housing, financial, occupational & employment need
      - Agreement of need for additional psychological techniques
      - Identification of barriers to achievement or access of needs
      - Identification of balance of self help and professional help
    - Family, Care & Dependents Activities
      - Assessment of psychological functioning
      - Identification of need for additional psychological techniques
      - Monitoring of treatment plans and strategies to be formulated
      - Agreement of need for psychological intervention
      - Identification of balance of self help and professional help

#### Services
- Service user offered Brokerage Support
- Social Care Support Plan reviewed at CPA assessment

### TRAIGE

**or identifying the nature of the problem and involving the right service**

**Understanding the problem**
- Single assessment with general return to referrer
- Needs & Risk Assessment
- OdM or Path Care Assessment Stall (CMHT or CRHT hours)

**Agree the plan**
- Agree Nature of Problem (Provided by the Referrer / Diagnosis)
- Treatment Objectives and Timelines
- Agreement of intervention with identified tasks for both professionals and individual

**Addressing Needs**
- Contingency plan
- Specific assistance towards self-directed support
- Development of individual care plan
- Participate in mental health needs and risk assessment

**Move on**
- CPA review and discharge prevention plan
- Consider other service relevant to different care cluster
- Complain to other agencies

---

2011 Cluster 10
TRIAGE or identifying the nature of the problem and invoking the right service

Ongoing Recurrent Psychosis (Low Symptoms)
This group has a history of psychiatric symptoms that are currently controlled and causing minor problems. They are currently experiencing a period of recovery where they are capable of full or near functioning. However, there may be impairment in self-esteem and efficacy and vulnerability to life.

Understanding the problem
Single assessment with planned return to caller

Agree the plan
Gather information
Develop a shared care plan with joint decision making by both professionals and individual

Addressing Needs
Commencement of medication planning
Treatment Objectives and Timeline
Communication of new care planning
Specific information regarding self-harm support

Move on
CCT or discharge to care
CCT on discharge / transfer
CCT or discharge to care
CCT on discharge / transfer

Key

Usual Range of Activities
Mental Health Activities - Psychiatric or Psychological
Physical Health Activities
Social, Financial, Housing, Employment & Occupational Activities
Brokerage Activities – e.g. personal budgets
Family, Care & Dependents Activities
Services

Detailed Social Care assessment and calculation of personal budget for social care
Support Plan put in place to address social care needs such as Domiciliary, Day Opportunity, Supported Living & Respite
Social Care Support Plan reviewed at CPA assessment

Potential to all other clusters
Consider ongoing support for Carer / Family as per Care Cluster Pathway

Potential to 5, 15, 16, 17
Consider ongoing support for Carer / Family as per Care Cluster Pathway

Possibility to 12, 13, 14 or out of clustering
Consider ongoing support for Carer / Family as per Care Cluster Pathway

Movement to more appropriate other cluster or mental healthcare clustering

TRIAGE or identifying the nature of the problem and invoking the right service

Psychosis ongoing & recurrent with low symptoms & disability

- History of psychotic symptoms with significant disability and major impact on role functioning. Likely to be vulnerable to abuse or exploitation.

People moving on from previous Care Cluster

- Accept to specialist mental health service

GP / Other referral source

- Discuss between GP or current care co-ordinator and assessment team (CMHT in hours or CRHT out of hours)

Criminal Justice System

- Appropriate other service relevant to different care cluster

Understanding the problem

- Single assessment with general return to referrer

Agree the plan

- Needs & Risk Assessment

Addressing Needs

- Agree Nature of Problem (Physical or Psychological Causes) & Risk

Move on

- Comply with discharge / transfer

Key

Usual Range of Activities

- Baseline examination and investigations

Mental Health Activities - Psychotic or Psychiological

- Identification and quantification of habitual substance use

Physical Health Activities

- Monitoring of symptomatic state

Social, Financial, Housing, Employment & Occupational Activities

- Agreed prioritisation of social, housing, financial, occupational & employment need

Family, Carer & Dependants Activities

- Identification of balance of self help and professional help

Services

- Supportive family or carers in planning

Family, Carer & Dependants Assessment

- Supporting families to address social care needs such as Domesticity, Day Opportunity, Supported Living & Residential

Detailed Social Care Assessment and calculation of personal budget for social care

Social Care Support Plan reviewed at CPA assessment

- Contingency plan

- Specific assistance needs self-directed support

- Prescription plan and adverse effect monitoring

- Communication with care

- Information provision

- HoNOS or PbR care clustering tool (CCT) completed

- Contingency plan

- Develop a shared care plan with identified tasks for both professionals and individual

- Consider ? Substance Misuse

- Bio-psycho / social formulation

- Specific assistance towards self directed support

- CPA review & determine using CCT if current care cluster is appropriate

- Accept to specialist mental health service

- Agree Nature of Problem (Provisional Dx) & Exclude Organic Causes

- Identification of need for additional psychological techniques

- Help in parenting and caring roles

- Optimising housing status

- Optimising finances

- Optimising social network

- Social work role supporting other care clusters or social care clustering

- Need likely to 11, 13, 14

- Possibly to 15, 16, 17

- Unlikely to all other clusters

- Consider ongoing support

History of psychotic symptoms with significant disability and major impact on role functioning. Likely to be vulnerable to abuse or exploitation.

TRIAGE

or Identifying the nature of the problem and invoking the right service
### Mental Health Cluster Pathways

#### Joining & Engagement

- Agree transfer date

#### Assessment of physical health

- Baseline examination and investigations

#### Understanding the problem

- Setting up appointment
- Gathering of further or directed information
- Provision of information

#### Agree the plan

- Needs & Risk Assessment
- Joining & Engagement
- Contingency plan

#### Move on

- Consider input from other agencies
- CPA review with unique prevention plan

#### Assessing the nature of the problem and involving the right service

<table>
<thead>
<tr>
<th>Psychotic Crisis</th>
<th>Understanding the problem</th>
<th>Agree the plan</th>
<th>Addressing Needs</th>
<th>Move on</th>
</tr>
</thead>
<tbody>
<tr>
<td>They will be experiencing an acute psychotic episode with severe symptoms that cause severe disruption to role functioning. They may present as vulnerable and a risk to others or themselves.</td>
<td>Setting up appointment</td>
<td>Agree formal approach for self-directed support</td>
<td>Consider ongoing support for Carer/Family as per Carer’s Pathway</td>
<td></td>
</tr>
</tbody>
</table>

#### Key

- **Usual Range of Activities**
- **Mental Health Activities**
- **Physical Health Activities**
- **Social, Financial, Housing, Employment & Occupational Activities**
- **Brokerage Activities**
- **Family, Carer & Dependents activities**
- **Services**

#### Mental Health Activities - Psychiatric or Psychological

- **Assessment of social, financial, occupational & employment need**
- **Assessment of psychological functioning**
- **Assessment for psychiatry intervention**

#### Physical Health Activities

- **Assessment of social, financial, occupational & employment need**
- **Assessment of potential adverse effects**
- **Adjustment of drug dosage against polinephritis**

#### Social, Financial, Housing, Employment & Occupational Activities

- **Assessment of social, financial, occupational & employment need**
- **Financial support and professional help**
- **Identify the nature of the problem and involving the right service**
- **Clarify coordination with carer**
- **Addressing adverse effects**

#### Family, Carer & Dependents activities

- **Involve family, carer & dependents in planning**
- **Consider need for support for family, carer, dependents**

#### Services

- **Identify the nature of the problem and involving the right service**
- **Clarify coordination with carer**
- **Addressing adverse effects**

---

**2011 Oxfordshire Clinical Commissioning Group**
Severe Psychotic Depression

This group will be suffering from an acute episode of mania and severe depressive symptoms. Delusions and hallucinations will be present. It is likely that this group will present a risk of non-accidental self injury and have disruption in many areas of their lives.

TRIAGE or identifying the nature of the problem and involving the right service

Understanding the problem

Agree the plan

Addressing Needs

Move on

People moving on from previous Care Cluster

Single assessment with specialist mental health service

Needs & Risk Assessment

Catching any further or detailed information

Contingency plan

Information provision

People moving on from specialist mental health service

Admit to specialist mental health service

Agree Nature of Problem

Develop a shared care plan with contingency plan for both professionals and individual

Contingency plan

Information provision

People moving on from specialist mental health service

Accept to specialist mental health service

Agree Nature of Problem

Develop a shared care plan with contingency plan for both professionals and individual

Contingency plan

Information provision

Criminal Justice System

Assessment of physical health

Baseline examination and investigations

Get people into care clustering

Case Assessment

CCT on discharge / transfer

Family, Carers & Dependents

Assessment of psychological functioning

Identification and quantification of hallucinations;

Trust

CCT on discharge / transfer

Social Care Support Plan reviewed at CPA assessment

Assessment of social, housing, financial, occupational & employment need

Identification of need for additional psychological services

CCT on discharge / transfer

Support Plan put in place to address social care needs

Criminal Justice System

Assessment of social, housing, financial, occupational & employment need

Identification of balance of self help and professional help

CCT on discharge / transfer

Service user offered brokerage support

Key

Usual Range of Activities

Mental Health Activities

Psychiatric & Psychological

Physical Health Activities

Social, Financial, Housing, Employment & Occupational Activities

Brotherage Activities – e.g. with Personal Budgets

Family, Carers & Dependents

Activities

Services

People moving on from previous Care Cluster

Determination of care clustering

Assessment of initial social care needs (CAMHS) or Early Child Development (ECD) care

Assessment of initial social care needs (CAMHS) or Early Child Development (ECD) care

Assessment of initial social care needs (CAMHS) or Early Child Development (ECD) care

People moving on from GP / Other referral source

People moving on from Criminal Justice System

Key

Usual Range of Activities

Mental Health Activities - Psychiatric or Psychological

 Katz

Physical Health Activities

Social, Financial, Housing, Employment & Occupational Activities

International Activities - e.g. with Personal Budgets

Family, Carers & Dependents Activities

Services
16

**TRIAGE** - or identifying the nature of the problem and invoking the right service

**Understanding the problem**

- Single assessment with planned return to referrer
- Agreement of further or detailed information
- Information provision

**Agree the plan**

- Needs & Risk Assessment
- Treatment Objectives and Timetable
- Communication with care planning
- Information provision

**Addressing Needs**

- HoNOS or PbR Care clustering tool completed
- Specific assistance needed self-directed support
- Communication with care

**Move on**

- People moving on from previous care cluster
- Accept to specialist mental health service
- CPA review with relapse prevention plan

**People moving on from previous care cluster**

- Accept to specialist mental health service
- CPA review with relapse prevention plan

**Key**

- People moving on from previous Care Cluster
- GP / Other referral source
- Criminal Justice System

**Usual Range of Activities**

- Mental Health Activities - Psychiatric or Psychological
- Physical Health Activities
- Social, Financial, Housing, Employment & Occupational Activities
- Family, Care & Dependents
- Services

**Dual Diagnosis**

- This group has enduring, moderate to severe psychiatric or affective symptoms with instability, chaotic lifestyles and co-existing problem drinking or drug taking. They may present a risk to self and others and engage poorly with services. Role functioning is often globally impaired.

**Mental Health Cluster Pathways**

- People moving on from previous Care Cluster
- Accept to specialist mental health service
- CPA review with relapse prevention plan

**People moving on from previous care cluster**

- Accept to specialist mental health service
- CPA review with relapse prevention plan

**Usual Range of Activities**

- Mental Health Activities - Psychiatric or Psychological
- Physical Health Activities
- Social, Financial, Housing, Employment & Occupational Activities
- Family, Care & Dependents
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**Mental Health Cluster Pathways**

- People moving on from previous Care Cluster
- Accept to specialist mental health service
- CPA review with relapse prevention plan

**People moving on from previous care cluster**

- Accept to specialist mental health service
- CPA review with relapse prevention plan

**Usual Range of Activities**

- Mental Health Activities - Psychiatric or Psychological
- Physical Health Activities
- Social, Financial, Housing, Employment & Occupational Activities
- Family, Care & Dependents
- Services

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**Mental Health Cluster Pathways**

- People moving on from previous Care Cluster
- Accept to specialist mental health service
- CPA review with relapse prevention plan

**People moving on from previous care cluster**

- Accept to specialist mental health service
- CPA review with relapse prevention plan

**Usual Range of Activities**

- Mental Health Activities - Psychiatric or Psychological
- Physical Health Activities
- Social, Financial, Housing, Employment & Occupational Activities
- Family, Care & Dependents
- Services

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- This group has enduring, moderate to severe psychiatric or affective symptoms with instability, chaotic lifestyles and co-existing problem drinking or drug taking. They may present a risk to self and others and engage poorly with services. Role functioning is often globally impaired.

**Mental Health Cluster Pathways**

- People moving on from previous Care Cluster
- Accept to specialist mental health service
- CPA review with relapse prevention plan

**People moving on from previous care cluster**

- Accept to specialist mental health service
- CPA review with relapse prevention plan

**Usual Range of Activities**

- Mental Health Activities - Psychiatric or Psychological
- Physical Health Activities
- Social, Financial, Housing, Employment & Occupational Activities
- Family, Care & Dependents
- Services

**Dual Diagnosis**

- This group has enduring, moderate to severe psychiatric or affective symptoms with instability, chaotic lifestyles and co-existing problem drinking or drug taking. They may present a risk to self and others and engage poorly with services. Role functioning is often globally impaired.

**Mental Health Cluster Pathways**

- People moving on from previous Care Cluster
- Accept to specialist mental health service
- CPA review with relapse prevention plan

**People moving on from previous care cluster**

- Accept to specialist mental health service
- CPA review with relapse prevention plan

**Usual Range of Activities**

- Mental Health Activities - Psychiatric or Psychological
- Physical Health Activities
- Social, Financial, Housing, Employment & Occupational Activities
- Family, Care & Dependents
- Services

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**Mental Health Cluster Pathways**

- People moving on from previous Care Cluster
- Accept to specialist mental health service
- CPA review with relapse prevention plan

**People moving on from previous care cluster**

- Accept to specialist mental health service
- CPA review with relapse prevention plan

**Usual Range of Activities**

- Mental Health Activities - Psychiatric or Psychological
- Physical Health Activities
- Social, Financial, Housing, Employment & Occupational Activities
- Family, Care & Dependents
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**Mental Health Cluster Pathways**

- People moving on from previous Care Cluster
- Accept to specialist mental health service
- CPA review with relapse prevention plan

**People moving on from previous care cluster**

- Accept to specialist mental health service
- CPA review with relapse prevention plan

**Usual Range of Activities**

- Mental Health Activities - Psychiatric or Psychological
- Physical Health Activities
- Social, Financial, Housing, Employment & Occupational Activities
- Family, Care & Dependents
- Services

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- This group has enduring, moderate to severe psychiatric or affective symptoms with instability, chaotic lifestyles and co-existing problem drinking or drug taking. They may present a risk to self and others and engage poorly with services. Role functioning is often globally impaired.

**Mental Health Cluster Pathways**

- People moving on from previous Care Cluster
- Accept to specialist mental health service
- CPA review with relapse prevention plan

**People moving on from previous care cluster**

- Accept to specialist mental health service
- CPA review with relapse prevention plan

**Usual Range of Activities**

- Mental Health Activities - Psychiatric or Psychological
- Physical Health Activities
- Social, Financial, Housing, Employment & Occupational Activities
- Family, Care & Dependents
- Services

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- This group has enduring, moderate to severe psychiatric or affective symptoms with instability, chaotic lifestyles and co-existing problem drinking or drug taking. They may present a risk to self and others and engage poorly with services. Role functioning is often globally impaired.

**Mental Health Cluster Pathways**

- People moving on from previous Care Cluster
- Accept to specialist mental health service
- CPA review with relapse prevention plan

**People moving on from previous care cluster**

- Accept to specialist mental health service
- CPA review with relapse prevention plan

**Usual Range of Activities**

- Mental Health Activities - Psychiatric or Psychological
- Physical Health Activities
- Social, Financial, Housing, Employment & Occupational Activities
- Family, Care & Dependents
- Services
Understanding the problem

- Single assessment with planned return to referrer
- Accept to secondary care services
- Accept to secondary care services
- CMHT
- Self directed support
- Detailed Social Care assessment and calculation of personal budget for social care
- Psychological Therapies

Agree the plan

- Setting up a formal assessment appointment
- Needs & Risk Assessment
- Case & treatment planning meeting
- Assessment for psychiatric intervention
- Assessment of psychological functioning
- Assessment of social, housing, financial & occupational need
- Family, Carers & Dependants Assessment
- Detailed Social Care assessment and calculation of personal budget for social care
- Carers support as appropriate
- Biographical interventions
- Monitoring of psychiatric state
- Monitoring of potential adverse effects
- Optimising opportunities for employment, skills, education & training and meaningful activity
- Optimising housing status
- Optimising social network
- Optimising finances
- Service user offered Brokering Support
- Social Care Support Plan reviewed at CPA assessment
- Family carers & dependants in planning
- Involving family, carer, & dependants in planning

Addressing Needs

- Cognitive Impairment (Low Need)
- People who may be in the early stages of dementia (or who may have an organic brain disorder affecting their cognitive function) who have some memory problems, or other low level cognitive impairment but who are still managing to cope reasonably well. Underlying reversible physical causes have been ruled out.

Move on

- CRNA on discharge/transferring
- CRNA on discharge/transferring
- Consider ongoing support for Carer / Family as per Carer’s Pathway
- Consider care pathway for more appropriate other care cluster or out of care clustering
- Little change stay in 18
- Possibly step up to 19, 20 or 21
- Unlikely all other clusters

Key

- Usual Range of Activities
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- Usual Range of Activities
- Usual Range of Activities
- Usual Range of Activities

- Criminal Justice System
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- Criminal Justice System
- Criminal Justice System

- Cognitive Impairment (Low Need)
- Cognitive Impairment (Low Need)
- Cognitive Impairment (Low Need)
- Cognitive Impairment (Low Need)
- Cognitive Impairment (Low Need)
- Cognitive Impairment (Low Need)
**Understanding the problem**

- **Setting up a formal assessment appointment**
- **Gathering further or detailed information**

**Agree the plan**

- **Needs & Risk Assessment**
- **Joining & Engagement**
- **Care & treatment planning meeting**

**Addressing Needs**

- **HoNOS or PR2 Care Clustering Tool (CCT) completed**
- **Treatment Objectives and Timeline**
- **Commencement of team care planning**

**Move on**

- **Criteria for pathway no longer met?**
- **Consider input from other agencies**
- **CPTA review with detailed care plan**

---

**Cognitive Impairment or Dementia Complicated (Moderate Need)**

- **Single assessment with planned return to referrer**
- **Accept to secondary care services**
- **Initial assessment includes care and relevant others**

**Triage**

- Discussion between GP or current care co-ordinator and assessment team (CMHT in hours or CRHT out of hours)

**CMHT**

- **Accept to secondary care services**
- **Memory assessment service**
- **Referral to other service relevant to different care cluster**

**Key**

- **Usual Range of Activities**
- **Mental Health Activities - Psychiatric or Psychological**
- **Physical Health Activities**
- **Social, Financial, Housing, Employment & Occupational Activities**
- **Support Activities - e.g. with Personal Budgets**
- **Family, Carer & Dependants activities**
- **Services**

**Psychological Therapies**

- **Assessment of psychological functioning**
- **Matching of existing coping strategies to formulated needs**

**Assessment of social, housing, financial & occupational need**

- **Assessment of social, housing, financial & occupational need**
- **Agreed prioritisation of social housing, financial & occupational need**
- **Identification of balance of self help and professional help**

**Assessment of physical health**

- **Baseline examination and investigations**
- **Establishing diagnosis**

**Biophysical interventions**

- **Optimising opportunities for employment, work, education & training and meaningful activity**
- **Optimising Housing status**
- **Optimising Finances**

**PSYCHODYNAMIC APPROACH**

- **Identification of need for additional psychological technique**

**Relationships**

- **Optimising social network**
- **Optimising social network**

**Self directed support**

- **Detailed Social Care assessment and calculation of personal budget for social care**
Understanding the problem

Agree the plan

Addressing Needs

Move on

Cognitive Impairment or Dementia Complicated (High Need)

People with dementia who are having significant problems in looking after themselves and whose behaviour may challenge their care or services. They may have high levels of anxiety or depression, psychotic symptoms or significant problems such as aggression or agitation. They may not be aware of their problems. They are likely to be at high risk of self neglect or harm to others, and there may be a significant risk of their care arrangements breaking down.

Initial assessment may include a single assessment with planned return to referrer or an initial assessment (includes care and/or assessment team). Patients may be referred within 24 hours or by referral form (DOHT or PAH). Patients may be referred by GPs or other referrers.
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**Cognitive Impairment or Dementia (High Physical or Engagement)**

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.

**TRIAGE**

- **Single assessment with planned return to referrer**
- **Initial assessment (includes care and relevant others)**

**Understanding the problem**

- **Assessment of physical health**
- **Assessment of psychological functioning**

**Agree the plan**

- **Baseline examination and investigations**
- **Establishing diagnosis**

**Addressing Needs**

- **Biophysical interventions**
- **Psychological therapy (specified technique and objectives)**

**Move on**

- **Monitoring of potential adverse effects**
- **Optimising opportunities for employment, work, education & training and meaningful activity**

**Key**

- **Usual Range of Activities**
- **Mental Health Activities - Psychiatric or Psychological**
- **Physical Health Activities**
- **Social, Financial, Housing, Employment & Occupational Activities**
- **Brokerage Activities - e.g. with Personal Budgets**
- **Family, Carer & Dependants activities**
- **Services**

**General Health Cluster Pathways**
Mental Health Cluster Pathways

1 Non-Psychotic
   Common Mental Health Problems (Low Severity)
   This group has definite but minor problems of depressed mood, anxiety or other disorder but they do not present with any distressing psychotic symptoms.

2 Non-Psychotic
   Mild / Moderate / Severe
   Common Mental Health Problems (Low Severity with greater need)
   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.

3 Non-Psychotic
   Mild / Moderate / Severe
   Non Psychotic (Moderate Severity)
   Moderate problems involving depressed mood, anxiety or other disorder (not including psychosis).

4 Non-Psychotic
   Mild / Moderate / Severe
   Non-psychotic (Severe)
   This group is characterised by severe depression and/or anxiety and/or other increasing complexity of needs. They may experience disruption to function in everyday life and there is an increasing likelihood of significant risks.

5 Non-Psychotic
   Very Severe and Complex
   Non-psychotic Disorders (Very Severe)
   This group will be severely depressed and/or anxious and/or other. They will not present with distressing hallucinations or delusions but may have some unreasonable beliefs. They may often be at high risk for Non-accidental self injury and they may present safeguarding issues and have severe disruption to everyday living.

6 Non-Psychotic
   Very Severe and Complex
   Non-psychotic Disorders of Over-valued Ideas
   Ongoing Recurrent Psychosis (Low Severity)
   This group will be presenting to the service for the first time with mild to severe psychotic phenomena. They may also have depressed mood and/or anxiety or other behaviours. Drinking or drug-taking may be present but will not be the only problem.

7 Non-Psychotic
   Very Severe and Complex
   Enduring Non-psychotic Disorders (High Disability)
   Ongoing or recurrent Psychosis (Low Symptoms)
   This group has a history of psychotic symptoms that are currently controlled and causing minor problems if any at all. They are currently experiencing a period of recovery where they are capable of full or near functioning. However, there may be impairment in self-esteem and vulnerability to life.

8 Non-Psychotic
   Very Severe and Complex
   Non-Psychotic Chaotic and Challenging Disorders
   Ongoing or recurrent Psychosis (High Disability)
   This group have a history of psychotic symptoms with a significant disability with major impact on role functioning. They are likely to be vulnerable to abuse or exploitation.

9 Non-Psychotic
   Blank Place Marker
   Ongoing or recurrent Psychosis (High Symptom & Disability)
   This group will have a history of psychotic symptoms which are not controlled. They will present with severe to very severe psychotic symptoms and some anxiety or depression. They have a significant disability with major impact on role functioning.

10 Non-Psychotic
   First Episode
   First Episode Psychosis
   Psychotic crisis
   They will be suffering from an acute episode of moderate to severe depressive symptoms. This group will be presenting to the service for the first time with mild to severe psychotic phenomena. They may also have depressed mood and/or anxiety or other behaviours. Drinking or drug-taking may be present but will not be the only problem.

11 Psychosis
   Ongoing or recurrent
   Ongoing Recurrent Psychosis (Low Symptoms)
   Psychotic crisis
   Hallucinations and delusions will be present. It is likely that this group will present a risk of Non-accidental self injury and have disruption in many areas of their lives.

12 Psychosis
   Ongoing or recurrent
   Ongoing or recurrent Psychosis (High Disability)
   Severe Psychotic Depression
   This group has enduring, moderate to severe psychotic or affective symptoms with unstable, chaotic lifestyles and co-existing Problem drinking or drug taking. They may present a risk to self and others and engage poorly with services. Role functioning is often globally impaired.

13 Psychosis
   Ongoing or recurrent
   Ongoing or recurrent Psychosis (High Symptom & Disability)
   Severe Psychotic Depression
   This group has moderate to severe psychotic symptoms with unstable, chaotic lifestyles. There may be some problems with drugs or alcohol not severe enough to warrant dual diagnosis care. This group have a history of non-concordance, are vulnerable & engage poorly with services.

14 Psychosis
   Psychotic crisis
   Severe Psychotic Depression
   People who may be in the early stages of dementia (or who may have an organic brain disorder affecting their cognitive function) who have some memory problems, or other low level cognitive impairment but who are still managing to cope reasonably well. Underlying reversible physical causes have been ruled out.

15 Psychosis
   Psychotic crisis
   Severe Psychotic Depression
   Cognitive Impairment (Low Need)
   People who have problems with their memory, and or other aspects of cognitive functioning resulting in moderate problems looking after themselves and maintaining social relationships. Probable risk of self-neglect or harm to others and may be experiencing some anxiety or depression.

16 Psychosis
   Very Severe Engagement
   Dual Diagnosis
   Cognitive Impairment or Dementia Complicated (Moderate Need)
   People with dementia who are having significant problems in looking after themselves and whose behaviour may challenge their carers or services. They may have high levels of anxiety or depression, psychotic symptoms or significant problems such as aggression or agitation. The may not be aware of their problems. They are likely to be at high risk of self-neglect or harm to others, and there may be a significant risk of their care arrangements breaking down.

17 Psychosis
   Very Severe Engagement
   Psychosis and Affective Disorder – Difficult to Engage
   Cognitive Impairment or Dementia Complicated (High Need)
   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

18 Organic
   Cognitive Impairment
   Cognitive Impairment (Low Need)
   Cognitive Impairment or Dementia Complicated (Moderate Need)
   People who have problems with their memory, and or other aspects of cognitive functioning resulting in moderate problems looking after themselves and maintaining social relationships. Probable risk of self-neglect or harm to others and may be experiencing some anxiety or depression.

19 Organic
   Cognitive Impairment
   Cognitive Impairment or Dementia Complicated (Moderate Need)
   Cognitive Impairment (High Need)
   People with dementia who are having significant problems in looking after themselves and whose behaviour may challenge their carers or services. They may have high levels of anxiety or depression, psychotic symptoms or significant problems such as aggression or agitation. The may not be aware of their problems. They are likely to be at high risk of self-neglect or harm to others, and there may be a significant risk of their care arrangements breaking down.

20 Organic
   Cognitive Impairment
   Cognitive Impairment or Dementia Complicated (High Need)
   Cognitive Impairment or Dementia (High Physical or Engagement)
   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