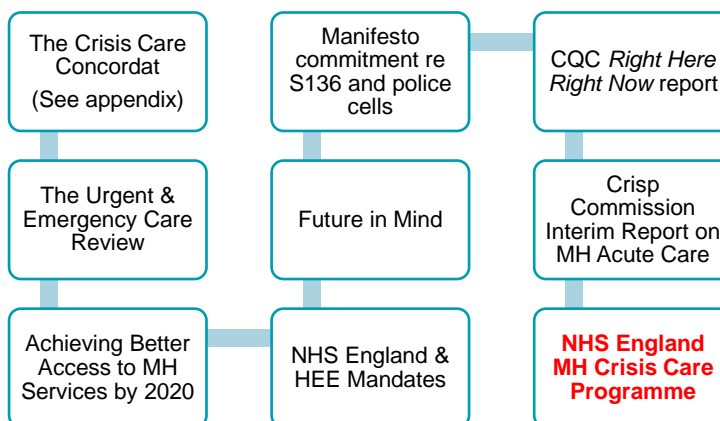


NHS England / NCCMH Mental Health Crisis Care Programme

19.08.2015



Policy context (and associated activity)



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Scoping the programme

NHS
England

Crisis Care (Phase 1)

- Primary care (in and OOH)
- 111 / DoS and 999 / ambulance – standards work being led by P&I
- 24/7 MH crisis line (tele-triage & tele-health) and 24/7 community-based crisis response (CR bit of CRHTTs)
- Police & transport-hub liaison (incl street triage, custody suites & transport hubs)
- Health based places of safety
- Liaison psych in A&E (+alcohol care teams?)

Acute Care (Phase 2)

- Alternatives to admission – crisis & respite houses, family placements
- 24/7 intensive home treatment as alternative to admission (HTT bit of CRHTTs)
- Acute day care
- Acute inpatient services
- PICU services (?)
- *Acute out of area placements*
- *Acute bed / system management, DToCs etc*

USE OF DIGITAL TECHNOLOGY

SELF MGT & CARE PLANNING

Within the scope of the UECR programme (& payment model)

Outside the scope of the UECR programme (& payment model)

We need to describe the equivalent for children and young people (part of the work)....

Must ensure that we take a joined up approach for people (including CYP) with co-existing MH and SM conditions...



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Phase 1: What are we asking for from NCCMH?

NHS
England

An ERG driven process covering...

For whole pathway & whole system (all ages):

- Clarity as to what a best practice crisis pathway looks like, including MH access & waiting time standards
- Definition of the metrics that should be used to judge performance of a local crisis (and acute) pathway → for 'handover' to DH / PHE

NHS MH services only:

- Data specification
- Costed optioBaseline 'audit' and gap analysis
- ns for A&W standards
- Commissioning guidance (including safe & effective staffing)
- Accreditation scheme / quality network
- Expert advice re workforce development
- Expert advice re payment / lever / incentive system development
- Expert advice re transparency agenda (MHIN etc)

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