



South Central Ambulance Service **NHS**  
NHS Foundation Trust

## Mental Health Annual Report 2016-17

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## 1 **Executive Summary.**

South Central Ambulance Service NHS Foundation Trust (SCAS) covers a population of approximately 4 million people, over a geographic area of 4,600 square miles, across Buckinghamshire, Oxfordshire, Berkshire and Hampshire (with the exception of the Isle of Wight).

Demand for services is increasing every year and in the last 12 months SCAS took on average over 1,800 emergency 999 calls every day; over 3,400 daily calls to NHS 111 and undertook over half a million patient transport journeys. A significant number of these involve patients with mental disorders.

One in four people experience mental ill health in their lifetime. For those who do not directly have this experience, many of us know and care for people who do. Less than 30% of people currently access the support they need and for too many, the quality of care is variable and outcomes are inconsistent.

Significant drivers to improve the quality of service available for people with mental illness include the following from the Department of Health (DH):

- *'No Health without mental health'* (2012).
- *'The Mental Health Crisis Care Concordat'* (2014).
- *'Achieving Better access to mental health services by 2020'* (DH and NHS England).
- *'Future in Mind'* (the report of the Children and Young People's Mental Health Taskforce which was launched in March 2015).
- And, most recently, the *'Five Year Forward View for Mental Health'* (2016).

Key themes emerging from all of these are:

- Better access to services (particularly in an emergency).
- Parity of esteem.
- Reduction of stigma.

People living with mental illness (particularly those experiencing a crisis) are often vulnerable; contacting the ambulance service (via 111 and/or 999) may be the only way they feel they can access help and support when required.

SCAS has taken measures to ensure that policies and processes adhere to the requirements and performance outlined in the publication listed above and in addition:

- CQC regulation Core Standards.
- NICE Guidelines.
- Mental Health Act 1983 (MHA) [and the Code of Practice].
- Mental Capacity Act 2005 (MCA) [and the Code of Practice].

This report has been developed to cover the main areas of work, and the progress made over the last year, to improve the Trust response to people in our care with mental health problems.

This includes the work with regard to strategic action plans in accordance with the Crisis Care Concordat and the national Suicide Prevention and Intervention Network and – at a more local level – the introduction of Mental Health/Dementia Champions within front line teams.

Activity is monitored in line with the agreed Terms of Reference, through the Trust Patient Safety, Clinical Review and Accelerated Transformation Groups. The Clinical Lead for Mental Health and Learning Disability (MH/LD) has regular 1:1s with the

Chief Executive Officer (who is the mental health lead for the Association of Ambulance Chief Executives).

## **2 Standards and compliance.**

In addition to the Care Quality Commission (CQC) Fundamental Standards, many of the mental health specific standards are set in line with joint strategic Concordat Action Plans agreed with partners across the Trust, and the internal Dementia Strategy (see Appendix 1 and 2 for further details). SCAS Dementia Awareness training meets Tier 1 of the National Core Skills & Knowledge Framework for Dementia.

## **3 Action Plan Review.**

The Concordat action plan has been completed, apart from the restraint element, which is now being addressed as a separate matter within the corporate Health, Safety and Risk Group.

Strategic Concordat Action Plans for the next 18 months to two years are being finalised in each SCAS area (there are five in total), although there have been some delays due to uncertainties about the future direction under local NHS Sustainability and Transformation Plans (STPs). A second internal Concordat action plan has not been required; all elements directly relevant to SCAS have been included in each of the locality strategic plans (e.g. better access to 'crisis' teams, better resources in emergency departments, and services for patients with dual diagnosis).

## **4 Activity.**

Internally, mental health/learning disability (MH/LD) related issues are considered by the Patient Safety Group which meets six times a year. The primary reason for this direction is that all aspects of the MH/LD agenda are reviewed by all departments and that the implications and risks are reviewed and discussed fully. Clinical incidents and complaints are monitored through the group in line with the agreed SCAS process. The Trust Clinical Lead for MH/LD works closely with the Head of Safeguarding and the Operational Directorate.

The Clinical Lead for MH/LD attends the Contract Quality Review Meeting (CQRM) for urgent and emergency care, to report on progress of the outcome measures associated with the agreed MH/LD agenda.

Externally, the Clinical Lead for MH/LD attends all of the strategic Crisis Care Concordat multi-agency meetings) and the strategic multi-agency mental health meetings (5 in total). This is supported by operational level equivalent multi-agency meetings where SCAS is represented (whenever possible) by operational staff.

Meetings regularly take place with the MH Leads from Hampshire Constabulary, Thames Valley Police and other key professional groups (e.g. British Transport Police, the Independent Police Complaints Commission, Her Majesty's Inspectorate of Custody, and Network Rail Suicide Prevention Lead).

The Clinical Lead for MH/LD also has links with the Suicide Prevention and Intervention Networks across the Trust and has been working with the Suicide Prevention Lead for Network Rail as part of this.

With support from the Clinical Lead for MH/LD, the Education Lead for Dementia is fully engaged with the Health Education England Thames Valley Dementia Leads

Forum, which meets bi-monthly, and is actively involved with several Dementia Action Alliances across SCAS.

Nationally, the Clinical Lead for MH/LD chairs the National Ambulance MH Group (NAMHG) and continues to attend other senior level meetings to represent the ambulance service at national level (including the Royal College of Psychiatrists national s136 group, National Crisis Care Concordat Group, and the National s135/6 MHA review group).

**Key elements of activity this year are summarised below:**

- **The mental health nurse in the clinical coordination centre (CCC).**  
This project has been evaluated and all the key outcomes were achieved. This service is now available seven days per week, between the hours of 18:00 – 04:00 and to date has managed over 1,000 calls. At the time of writing this is only for people from Buckinghamshire and Oxfordshire but discussions are taking place to explore opportunities for this to expand into other areas. During the project, there was a 14% reduction in the number of unnecessary journeys to the local Emergency Departments (ED). An Executive Summary is included in Appendix 3.
- **Action Learning sets.**  
The Clinical Lead for MH/LD continues to deliver regular Action Learning sets with front line staff – most frequently as part of a Team Training event. These have been well received. Negotiations with relevant managers have commenced in order to replicate these with other staff groups – in particular our Community First Responders (CFRs).
- **Elderly Adult Sensory Experience (EASE) and Dementia programme.**  
This is a bespoke programme aimed at increasing awareness amongst ambulance staff of the challenges associated with the process of ageing for our patients. This is led by the Trust Education Manager (Older Adult, Frailty and Dementia) who works closely with the Clinical Lead for MH/LD. This has been very successful and our CEO (Will Hancock) also joined the CEO – and other members of staff - from a local hospital to complete the course. EASE sessions are provided to all new frontline, CCC/111 and Non-Emergency Patient Transport Service staff and also CFRs. Education on Dementia is included in the Trust mandatory training programme and the Trust is compliant with HEE requirements.
- **Roll out of a new suicide risk assessment tool.**  
Educational resources for the new IPAP Suicide Risk Assessment Tool (introduced in the 2016 UK Ambulance Service Clinical practice Guidelines) were designed by the Trust Clinical Lead for MH/LD, and have been shared nationally. The NAMHG has agreed to evaluate the impact of this. Resources include self-directed eLearning, posters, workbooks and PowerPoint presentations for group sessions. The self-directed eLearning resource is currently going through an approval process by Health Education England. If it is approved the resource will be made available to all NHS staff via a national eLearning platform. See Appendix 4 for details.
- **Pocket book guidance re MHA and MCA for front line staff.**  
Existing posters/handouts and summaries of teaching sessions about the MHA and MCA have been collated into a short pocket sized document for front line staff. This was supported by the SCAS Charity which funded the printing costs, ensuring that every member of front line staff will be able to have one. See Appendix 5 for details.

- **Mental Health Awareness campaign.**

During September 2016 the internal staff magazine (Staff Matters) dedicated the whole month to raising awareness about mental health, and each week a different topic was covered:

- Bipolar Disorder.
- Suicide awareness (to coincide with World Suicide Prevention Day on Sept 10th).
- Clinical depression.
- Dementia.
- Anxiety.

- **Education.**

The Trust Clinical Lead for MH/LD is actively involved in the Trust wide programme of education for all staff. As a subject matter expert the clinical lead advises and reviews education packages. Refresher/update sessions have been delivered with education Managers and regular quality assurance checks are completed, to ensure consistency and compliance in delivery of the agreed sessions. A new session on stigma was developed this year.

In addition, Action Learning sets have continued to be well received amongst front line staff, and have included sessions on the Mental Capacity Act 2005, section 136 of the Mental Health Act 1983, and suicide risk assessment.

- **Audits/Surveys.**

- MCA policy compliance.
- Patient Satisfaction Survey (for patients aged over 65).

Education programmes were amended in line with recommendations from these.

- **Health and wellbeing programme.**

The Trust Clinical Lead for MH/LD is actively involved in the Trust wide programme of health and wellbeing for all staff and has joined colleagues at various venues throughout the year to promote mental health, alongside physical health. The Mind Blue Light pledge developments have become embedded into core business and the action plan has been completed.

- **National work streams.**

- I. This year the Trust has taken part in a consultation, development and pilot of a new mental health assessment tool for front line clinicians. This is in line with the recommendations made in 'Future National Clinical Priorities for Ambulance Services in England', published by AACE in 2014<sup>1</sup>.
- II. The Trust has also been involved in the development of ten eLearning modules for the College of Paramedics.

## **5 Risks and incidents**

During the past year, two serious incidents requiring investigation (SIRIs) concerning patients with mental health issues occurred. As a result of the investigations a new programme of education about suicide risk assessment, and the pocket book guidance on the MHA and MCA (mentioned previously) have been introduced, and an introduction to the MCA is included in induction training - in line with the current statutory and mandatory training programme.

## 6 Future developments for 2017/2018.

The focus for next year will be to maintain the high profile of mental health and learning disability within the Trust. The development of an integrated urgent care pathway will include mental health and provide opportunities for further innovative developments (e.g. increasing the availability of MH Nurses, direct referral pathways and closer working with the police).

The current mental health education sessions will be reviewed in line with the Skills for Health Mental Health Framework (2016) and recommendations made regarding how SCAS will address these.

## Appendices.

<b>Appendix 1</b>	MH Crisis care Concordat key actions for local action plans 2017-2018.	 MH Crisis Care Concordat key action
<b>Appendix 2</b>	SCAS Dementia Strategy 2014 – 2017.	 A1 Dementia Strategy 2015 Final.c
<b>Appendix 3</b>	Executive summary of MH Nurse Ambulance Triage project evaluation	 MH Nurse Amb Triage Project evalua
<b>Appendix 4</b>	IPAP Suicide Risk Assessment Tool.	 IPAP poster.pdf   Bookmark ppt IPAP v1#5 Nov 22nd 2016
<b>Appendix 5</b>	MHA/MCA Pocket Guidance.	 FINAL SCAS MHA-MCA-a6-leaflet-