

NHS

**East Midlands
Ambulance Service**

NHS Trust



Collaborative Work to Provide Urgent Mental Health Support



Helen Auld, Mental Health Lead - EMAS

Respond | Develop | Collaborate

Aims of presentation



- Discuss the vision of the NHS Long Term Plan in relation to Ambulance Service Mental Health Provisions
- Share findings from EMAS Regional Mental Health Audit 2019/20 and current pressures
- Identify the importance of collaboration with system wide partners
- Discuss how EMAS can support the wider system

NHS Long Term Plan

- The NHS Long Term Plan (LTP) focusses largely on integrated care and partnership working.
- This is supported by local Integrated Care Systems approaches who are responsible for bringing multi-agencies together for alignment and to improve health and inequalities across localities (The ICS Office, 2019)
- The LTP sets out a dedicated national investment programme specifically to improve the capacity of ambulance services to meet mental health demand with a £70 million investment by 2023/2024



EMAS MH Audit



- Audit covered period from **1.3.2019- 22.9.2020**
- On average, approx. 60% mental health presentations deployed to ED
- Top four clinical impressions made on scene across all areas were:
 - 1) Anxiety
 - 2) Intentional overdose
 - 3) Depression
 - 4) Other (i.e psychosis, mania)
- On average 29% mental health pathways across the region were unavailable

Today...

- Approx 11.5% all calls to EMAS 999 service are specifically related to mental health.
- “On Scene” clinical impressions are estimated at approx. 12%-13%
- EMAS is operating under heightened demand and associated pressures
- Working with commissioners to identify the priorities for Mental Health Ambulance LPT funding in line with EMAS strategy and supporting the wider system.

EMAS MH Strategy



- Increase MH clinicians in EOC to further increase hear and treat rates
- Invest in training and development of entire operational workforce to increase confidence in managing MH cases most appropriately thereby further reducing conveyance
- Implement joint pathways based on successful models elsewhere
- Invest in divisional resource to support best practice in relation to MH crisis presentations and multi-agency working

Collaborative Working

- Identified areas of agencies working in silo (police, MH providers, local authorities and ambulance service)
- In real on scene time, multi-agency working can be challenging for attending crews (Burns, 2018)
- Multi-agency working key in successful patient outcomes by preventing patients from falling through the gaps (Robinson & Cottrell, 2009)

Tri- Partite Hub for Collaboration

- Multi-agency working between police, MH Trust and EMAS.
- Tactical advice via information sharing and clinical expertise
- Quantitative data pending full analysis, some data accessed with promising outcomes
- Qualitative feedback extremely positive

System Wide Collaboration

- Challenges as a Regional Provider
- Multi-agency agreements
- Policies and processes
- ICS level decision making
- Putting the patient at the forefront



References

Burns, J. (2018) GP perspectives of paramedic referrals to urgent and primary care. *Journal of Paramedic Practice*, 10 (7) pp: 284-289

Robinson, M. and Cottrell, D. (2009) Health professionals in multi-disciplinary and multi-agency teams: Changing professional practice. *Journal of Interprofessional Care*. 19 (6) pp:547-560

The ICS Office (2019) *Everyone's different, everyone's equal: All-age integrated mental health and social care strategy*.

Questions?

