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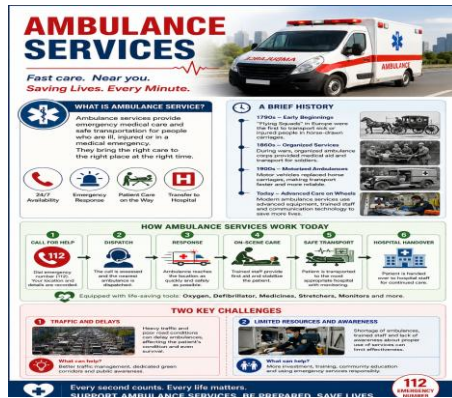
Content page

Element 1 page

Ambulance Services in the Uk

Poster

Text



Core Values

♥ **Compassion** — We care for everyone with empathy, dignity, and kindness.

💛 **Respect** — We treat all patients and colleagues fairly and professionally.

👤 **Integrity** — We act honestly, ethically, and do the right thing.

🔑 **Accountability** — We take responsibility for our actions and learn from experience.

👥 **Teamwork** — We work together to deliver safe, effective care.

★ **Excellence** — We strive to provide the highest standards of service.

🌍 **Inclusivity** — We value diversity and ensure equal access to care.

🔄 **Improvement** — We learn, develop, and innovate to serve communities better.

Helplines and how to get help

- 999 or 112 for life threatening emergencies.
- NHS 111 Urgent medical advice, non-threatening.
- BSL 999 (Video Relay) – Emergency support for deaf or hearing-impaired people.
- Text Relay: 18000 then 999 – Emergency access for people with hearing or speech impairments.



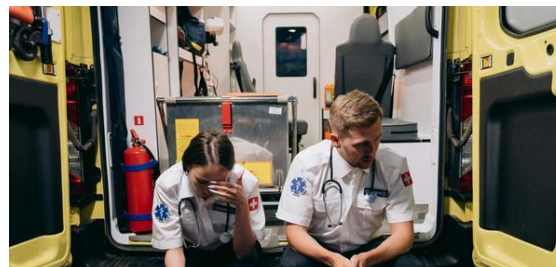
Traffic and Delays challenge.

- Traffic congestion delays ambulance response times.
- Delayed care can worsen patient outcomes.



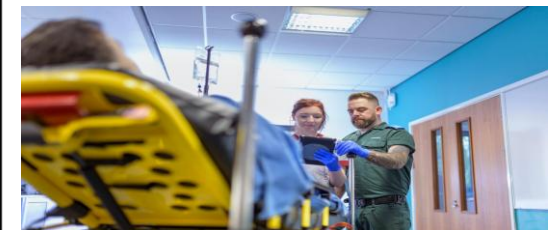
Workforce shortages and limited resources.

Limited trained personnel hinder the execution of quality service delivery



Hospital Handover

Patient is handed over to hospital staff for continuous or extended treatment.



Community Mental Health

According to Tom Burns ,(Department of psychiatry, University of Oxford, Warne ford hospital, oxford UK). The first psychiatry outpatient clinic were started in at St Thomas in London and earlier, it was in Wakefield asylum in the 1890. in (such as that in Dingle-ton hospital in 1880, and general hospitals, outpatient clinics, along with hostels for discharged patients. The first community psychiatric nurses (CPNs) were reported at Warlingham park hospital in London in the early 1950s, and more 1961. Community mental health care in the UK was established by two influential mental health acts (MHAs). The 1930 MHA legislation for voluntary admissions and outpatient clinic follow-ups after discharge. These were needed for doctors to work closely with local social services and obliged social services, to help with accommodation and support. An effect of this was to establish highly sectorized services for the population of about 50.000. These were served by multi-disciplinary teams (generic CMHTs), which accepted all local referrals from family doctors. Sector (CMHTs) evolved a pragmatic approach with an emphasis on skill sharing and outreach, depending heavily on community psychiatric nurses. The NHS is funded by central taxation, with no distortion of clinical practice by per item service fees. It is highly central regulated, with a strong emphasis on evidence-based treatments. (NIH I(.gov) <https://pmc.ncbi.nlm.nih.gov>.

According to(WHO), community-based networks of mental health service empower people to thrive , not just survive. They reduce stigma , enhance access , and inclusion across levels of need This allow individuals to receive care while remaining integrated in the society.

The emergence represented a significant milestone in this shift. CPNs played a crucial role in bridging the gap between hospital and community, offering home visits, medication monitoring, and ongoing support for individuals living outside institutional settings. Their work expanded rapidly by the early 1960s and became central to the development of multidisciplinary community mental health teams (CMHTs). Barker (2017) highlights how mental health nursing increasingly emphasised therapeutic relationships, person-centred care, and continuity—principles that remain fundamental today.of community psychiatric nurses (CPNs) in the early 1950s at Warlingham Park Hospital

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Legislative reform also played a decisive role in shaping community mental health care The Mental Health Act 1930 introduced voluntary admissions and enabled outpatient follow-up after discharge, requiring doctors to collaborate closely with local social services. This collaboration obliged authorities to support accommodation and reintegration, leading to highly sectorised services serving populations of around 50,000. These sectors were supported by multidisciplinary CMHTs that accepted referrals from family doctors and adopted pragmatic, skill-sharing approaches. Later legislation, including the Mental Health Act 1983 (amended 2007) and the Care Act 2014, strengthened rights, safeguarding, and person-centred practice, reinforcing the shift away from institutionalisation.

Evaluating modern community mental health care against its historical roots , highlights big change or move. This is from institutionalization to integration. Treatment began to take place in large, isolated Victorian- era asylums. These facilities operated as self- contained communities, often relying on custodial care (prioritizing isolation containment).Today, de- institutionalization relies on community – based frameworks such as (Surrey and borders partnership, NHS foundation trust or community mental health teams), (CMHTs). According to World Health Organisation, (WHO) community - based mental health care, brings services closer to where people live, work, study and connect. This reduces isolation and supports recovery in every environment. But it is more than a compassionate alternative to institution - based care. It is the evidence-based model for expanding access to care, advancing rights and improving health and social outcomes. The shift from institutional to community, based complex, but essential transition. It involves improving hospital care, shortening stays , preventing new admissions and ensuring strong community- based alternatives. Community based networks of mental health service empower people to thrive, not just survive they reduce stigma, enhance access, and inclusion across levels of need . This allowed individuals to receive care while remaining integrated with the society. (WHO) www.who.int

Intensive and assertive community mental health care, describes an approach designed to meet the needs of this group, under the NHS 10 year health plan which commits to achieve 100%coverage of (CMHC). This care involves high frequencies of contact with individual's intensiveness alongside an assertiveness of approach to ensure people get the right treatment. Increasing the quality of community mental health care has shown improvements in quality of care being introduced via expansion of evidence, psychological therapies for severe mental illness, and by introducing and measuring patient reported outcomes. The supply of therapists for severe mental health has been expanded, commissioning a range of courses and

funding lots of new therapists. Tracking outcome scores will ensure services can monitor quantified improvements throughout the patient journey and focus on the most impactful interventions.

Harvard References

Barker, P. (2017) *Psychiatric and Mental Health Nursing: The Craft of Caring*. 3rd ed. London: Hodder Arnold.

Care Act (2014) *Care Act 2014*. London: HMSO.

Mental Health Act (1983, amended 2007) *Mental Health Act 1983*. London: HMSO.

NHS England (2019) *The NHS Long Term Plan*. Available at: <https://www.england.nhs.uk> (Accessed: 19 July 2026).

NHS England (2019) *Community Mental Health Framework for Adults and Older Adults*. Available at: <https://www.england.nhs.uk> (Accessed: 19 July 2026).

NICE (2011) *Service User Experience in Adult Mental Health: Improving the Experience of Care for People Using Adult NHS Mental Health Services*. London:

WHO (2021) *Guidance on Community Mental Health Services: Promoting Person-Centred and Rights-Based Approaches*. Geneva: World Health Organiz

Burns, T. (Oxford University Department of Psychiatry) historical commentary accessed via NIH: <https://pmc.ncbi.nlm.nih.gov> (pmc.ncbi.nlm.nih.gov in Bing).