

LCHS4003 – Introduction to Health and Social Care

Component 1: Portfolio

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Task 1 – Guided Scenario Response: Mini Report

Addressing the Shortage of Community Mental Health Services in Birmingham

To: Councillor Deirdre Alden, Chair of the Health and Adult Social Care Overview and Scrutiny Committee, Birmingham City Council

Address: Council House, Victoria Square, Birmingham, B1 1BB

Subject: Addressing the shortage of community mental health services

Prepared by: Kausar

Date: 18 October 2026

Introduction

The need for community mental health services is that they provide an opportunity for those people who have serious mental health issues to be diagnosed, receive treatment and care without having to be admitted into hospital unnecessarily. Community mental health services are mentioned in the document from NHS England (NHS England, 2026) as a priority for adults and older adults with serious mental health conditions. It is proved by the fact that the number of 3.8 million individuals receiving NHS mental health, learning disability and autism services increased in 2023/24 compared with 2018/19 (NHS England, 2024a).

The following report explores the alleged absence of mental health provision in the community of Birmingham. An absence of such mental health provision may put extra pressure on the emergency departments, hospitals, family, and community services. The Care Act 2014 provides the legislative framework for enabling individuals' well-being and prevention or delay of care and support needs (Care Act, 2014).

Impact on the Community

Shortages of community mental health services might affect individuals, their families, and communities. Firstly, limited access will lead to late diagnosis and treatment. According to NHS England, there is still pressure because of increased need, prevalence, and lack of capacity in mental health services (NHS England, 2024b). Delayed treatment will make it hard for individuals to cope with their work, study, social life, and self-sufficiency.

Secondly, shortage could lead to health disparities. According to Lowther-Payne et al. (2023), some of the barriers to access to mental health services for adults in the UK included access to

appropriate care and receiving appropriate care, aside from stigma and discrimination. Hence, just increasing capacity will not be sufficient; there should be appropriate services.

These shortages will create an additional problem for the families and carers. In the absence of any assistance, the task of symptom monitoring and dealing with emergencies will fall on the relatives. These issues can cause harm to them as well as increase the burden of care on them. As per the Care Act 2014, the local authorities must consider prevention for those who require care and carers that require support (Care Act, 2014).

In addition, the absence of community provision may generate a need for urgent and acute care. Integrated community provision is promoted by NHS England as timely support near the person may be beneficial in avoiding unnecessary use of accident and emergency care and admissions (NHS England, 2024c). Thus, the shortages constitute a wider health and social care problem, not just a mental health services problem.

Recommended Response

A collaboration between the NHS, voluntary sector agencies, GPs, service users and carers alongside the Birmingham City Council is critical for the improvement of the local offer. This way, the Care Act principles of wellbeing, prevention, participation and independence will be addressed accordingly. There is need for the local authorities to consider preventive services before care and support needs become evident (Care Act, 2014).

The first suggestion would be in regard to enhancing interventions and making services accessible within the community. There should be processes for referrals, assessment, and psychological and social support. Within NHS England, there is a way to deliver mental health services close to the community (NHS England, 2026).

Secondly, effective partnering needs to be established. The community mental health team has to partner with GPs, social services, housing services, voluntary groups, and crisis teams. With effective partnering, there will be less fragmentation and more continuity of care for those moving between different organizations. Continuous and flexible engagement methods for those with serious mental illnesses have been highlighted in NHS England guidance (NHS England, 2024d).

Dealing with access concerns comes last in the list, where services have to ensure culturally competent communication and flexible appointment hours. This might help with some of the

problems faced by marginalized communities (Lowther-Payne et al., 2023). Communities can create a trust relationship and encourage people to get help.

In summary, Birmingham ought to monitor waiting times, outcome of service users, crises, hospital admissions, and level of satisfaction. Continuous evaluation will help determine if extra investment has helped achieve better accessibility and well-being.

Conclusion

The non-availability of community mental health services may lead to adverse effects on individual wellbeing, independence, and inclusion, as well as increased pressures on family, emergency, and hospital services. The Care Act 2014 provides a good starting point because of its emphasis on wellbeing, prevention, and unmet needs. In the case of Birmingham, the importance of early intervention, partnership working, culturally appropriate service provision, and outcomes assessment should be prioritized. It would help address the capacity problem and allow individuals to live in communities independently and safely.

Task 2 – Essay

Ambulance Services: Historical Development, Current Function and Significance for Quality of Life

Introduction

The ambulance services are significant in the provision of the UK health care system because they deliver urgent medical help before patients' transfer to appropriate places for their health care. Modern ambulance services perform different tasks. Doctors diagnose diseases, provide first aid, determine proper channels for the treatment of patients, and treat patients without referring them to hospitals. These developments occur due to the demands in the health care system and the pressure in emergency departments. The ambulance services influence patients' survival, safety, autonomy, and quality of life.

Historical Context and Current Function

Organization of ambulance services was also influenced by the development of NHS. This is because, as per the London Ambulance Service (2023), the 1946 National Health Service Act provided for ambulances, while NHS began functioning from 1948.

The reforms that occurred in the organizations resulted in increased coordination. The nine services were integrated into a single London service in 1965. However, the reorganization of the National Health Service in 1974 resulted in devolution to the regional health authorities, while the London Ambulance Service became an NHS Trust in 1996 (London Ambulance Service, 2023). This enabled better delivery and professionalism in the emergency services.

Nowadays, the ambulances' control centers assess the situation and allocate necessary resources according to the urgency of the case. Category 2 is a set of cases that include stroke, heart attack, sepsis, and trauma cases. The goal of NHS England in terms of category 2 situations is to reach the target time of 30 minutes (NHS England, 2025a).

Existing ambulance services also have the possibility to offer physical dispatches to the individuals. The Hear and Treat facility offers the possibility to make an assessment of the patients and give them proper treatment accordingly. Approximately 16% of the ambulances calls were handled in such way that no ambulance dispatch was necessary (NHS England, 2025b). This shows that the ambulance services have started prioritizing the proper treatment above the transportation.

Critical Evaluation and Significance for Service Users

The most notable strength of ambulances is their ability to conduct prompt clinical assessment and treatment of the patients. Early assessment prevents any further deterioration of the patient's condition. The patient is either treated at home or referred to other services as an alternative to being admitted to the hospital.

Despite this, however, the pressure still stays very high in operational terms. The average response time for Category 2 in 2024/25 according to NHS England is reported to be 35 minutes and 22 seconds, which exceeds the national target of 30 minutes and the constitutional benchmark of 18 minutes (NHS England, 2025c). This serves to further highlight the problems and risks associated with delayed treatment.

Another problem is the problem of delays while transferring the patients from the emergency departments. If the ambulances are not able to transfer patients quickly, then the ambulances

and personnel are not available to respond to other emergencies. Several solutions have been observed being used in various sections of the UK ambulance services and the emergency departments, thus showing that the problem requires cross-organisational collaboration (Evans & Da'Costa, 2024).

Also, ambulance services are helpful for people in mental health emergencies. However, research indicates that it is challenging to offer quality care for patients in mental health emergencies, particularly among youths (Gee et al., 2022). Therefore, collaboration between community mental health team and emergency response should be very effective for such a case.

The importance of the service goes beyond just surviving. Proper care can help in reducing the pain, preserving independence, and proper use of medical care services. Nonetheless, poor timing, improper transport to the hospitals, and handover process may have a negative impact on the experience and performance of the service. Therefore, performance should be measured through elements such as safety of patients, results, experiences and proper decision making instead of response time. As per the research of the PhOEBE program, the patient experience, safety, pain, dispatch accuracy and survival were important elements of quality of ambulances (Turner et al., 2019).

Conclusion

These services have developed from mere modes of transport to emergency care services which need an assessment, treatment, triage, and other routes of care provision. The development has been brought about by changes in the NHS, technology and demand for the services. Even though they provide clinical services and ensure patient safety and wellbeing, response times and handovers in hospitals are key challenges. There needs to be collaboration among the ambulance trusts, hospitals, community mental health and social services for this to improve.

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