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Task 1:

To: Councillor Ayub Khan.

Subject: Shortage of Community Mental Health Services

The objective of the report is to address the shortage in provision of community mental health services across Birmingham West Midlands, threatening residents' safety. As a resident, I want to bring your attention to this critical issue. As per Care Act 2014, under Part 1 Birmingham City Council has the legal duty to promote individuals well-being with respect to physical, mental and emotional health. This is the core of the Well-being Principle stated under Section 1 of Care Act 2014 as relevant parts of wellbeing beyond mental health can also include protection from abuse and neglect, stability of living accommodation, participation in work, education, recreation etc. The local authority under Section 5 is legally obliged to promote an efficient high quality market of care providers for the community. The gap between the community needs and mental health services compromises the mental and emotional well-being questioning the diligence of the responsible council in the respective area.

The shortage in provision of community mental health services shows the cross-generational crises which impact populations of all ages. The deficit in community mental health services makes it nearly impossible for the local council to assist vulnerable populations to live independently and exercise choices which directly threatens the residents safety. In practical terms, the shortage concerns insufficient capacity within early-intervention, counselling, crisis-prevention and recovery services. This results in long waiting periods and limits residents' ability to obtain support before their needs become acute. Local evidence concerning waiting times, unmet demand and workforce vacancies should therefore be used to determine which neighbourhoods and population groups experience the greatest gaps. According to NHS trust data, a significant proportion of patients are left without receiving proper treatment and wait for about six months. The Section 9 of Care Act 2014 dictates the legal obligation of Council to assess a person in need of mental

health support. The wait indicates the failure of the local council in fulfilling its duties. Consequently, long delays worsen the condition of individuals causing them to experience symptoms of depression, anxiety and other psychiatric conditions. Patients are placed on medications creating chemical dependency and physical health decline leading to self neglect, unemployment, loss of daily independence, homelessness and are left isolated. The residents are forced to seek expensive hospital care causing an additional burden on the NHS. There is a disproportionate financial and emotional burden on other family members consequently eroding their physical and mental health. The deficit of the services across the city shows structural shortfall in complying with legal obligations of the council. It also has a negative impact on the local authority as in case of failure in delivering adequate mental health services the council will face difficulty during Care Quality Commission assessments.

The government should relocate funds for mental health care and establish referral pathways to protect the well being of residents of all ages. Birmingham council should invest in accessible early intervention provision, including low level counseling, peer support groups, social prescribing pathways and community based recovery supports, expand 24/7 neighbourhood mental health provision so the residents can receive care and help near their homes. Birmingham Council in collaboration with NHS Birmingham and Solihull Integrated Care Board, Birmingham and Solihull Mental Health NHS Foundation Trust and third party charities such as Birmingham Mind, Caring Minds Charity and Living Well UK should strive to recruit mental support staff, arrange accommodation and additional cost for the person concerned and coordinate strategically to establish community mental health hubs across the city. This is in accordance with the duties written under Section 6,7 of Care Act 2014. Taking proactive interventions not only saves the resident from serious injuries but reduces the long term cost required for mental health care.

In conclusion, the shortage of Community Mental Health Services across Birmingham is a major crisis directly threatening residents' safety highlighting the major failure of statutory obligation of Birmingham Council stated in Care Act 2014. The Council should take operational risks to uphold the core Well-being Principle and strive to build an effective framework to protect mental and emotional health of the residents. There must be collaboration between local authority, NHS and third party charitable organizations to overcome shortage of mental health services delivering care assistance for people in need. The government should relocate funds,

recruit health care staff, establish community hubs to avoid serious injuries and prevent failure during assessments.

Task 2: Ambulance service

An ambulance is a medically equipped vehicle used to transport patients and injured people to hospitals. In ancient times, there was a lack of a formal emergency transportation system; instead, hammocks, carts, and hand-carried litters were used to transport patients. The concept of the ambulance originated during the 1487 Siege of Málaga, when the Spanish military introduced the *ambulancia* (a bedded cart) to remove wounded soldiers from the battlefield. Before this invention, injured soldiers were either retrieved after the fighting stopped or left on the field. The ambulance service began in Europe in the 11th century with the Knights of St. John, who received instruction from Greek and Arab doctors to treat soldiers and injured pilgrims. During the French Revolutionary Wars (1792), French military surgeon Baron Dominique-Jean Larrey invented the *ambulance volante* ("The Flying Ambulance") for Napoleon Bonaparte's army.

The ambulance service in the United Kingdom began during the 19th century. Municipal authorities introduced the first horse-drawn wagons, known as "fever carriages," in response to an outbreak of the cholera epidemic in 1832. The aim was to prevent the epidemic from spreading by moving contagious patients away from the general population. In 1867, the London Metropolitan Asylums Board established the first major ambulance fleet to combat typhus, smallpox, and cholera by isolating patients. During the Industrial Revolution, the St. John Ambulance Association (founded in 1877) introduced the Ambulance Corps to provide first aid and transportation to injured industrial workers and other citizens.

In 1912, the transition from horse-drawn carriages to motorized ambulances marked a major milestone in the emergency medical system. After World War I in 1918, military ambulances were released for civilian needs. The UK government passed the Public Health Act in 1925 to empower local city councils to provide free ambulance services. The 999 emergency telephone service was introduced in 1937 to summon ambulance, fire, and police assistance. Following this, the National Health Service was launched in 1948 under the 1946 Act, which obliged local county councils to provide ambulance services where necessary. Later, the Millar Report (1964) criticized the traditional role of the ambulance crew and stressed the critical importance of clinical training. During the 1970s and 1980s, technological

modernization transformed ambulances into mobile life-support units, and motorbikes and helicopters were introduced to bypass traffic. Finally, the 1990s marked the birth of paramedics, as ambulance staff underwent an extended formal education system to become recognized medical professionals. In Birmingham, the ambulance service started in the late 19th and early 20th centuries. The service originally consisted of the local police, the fire brigade, voluntary organizations (such as St. John Ambulance), and the local city council health authority. This mixed system split when the NHS took over in 1948.

Technological advancements in the medical field have upgraded contemporary ambulance services by transforming them into mobile emergency rooms. Paramedics are highly qualified medical professionals who can provide basic and advanced emergency medical interventions before a patient reaches the hospital. These interventions include oxygen therapy, CPR, packing open wounds, using neck collars, advanced airway management, pre-hospital blood transfusions, and ECGs. Specialized transportation, such as medical helicopters and motorcycles, is also used to bypass traffic congestion and reach emergencies within life-saving time frames. However, ambulance services face shortcomings that must be addressed to prevent serious consequences. While paramedics are trained in advanced medical treatments, a critical shortage of mental and social care workers forces them to handle non-emergency cases. This misallocation of resources leads to employee burnout. Furthermore, hospital overcrowding causes delayed patient handovers, leaving ambulance fleets parked outside hospitals for hours. Consequently, during acute emergencies like a sudden heart attack, an ambulance may not be available, causing serious harm to patients.

Advanced Life Support vehicles, also known as Mobile ICUs, are high-tech ambulances that play a significant role in improving modern medical services. Emergency medical technicians are highly qualified to operate this complex, life-saving technology. Paramedics can now treat patients at home, avoiding non-urgent transport to overcrowded and chaotic hospitals. This allows individuals experiencing emergencies such as strokes, severe respiratory distress, heart attacks, or trauma to receive timely, life-saving treatment. These critical conditions require immediate attention because they can directly damage brain cells and cause death if left untreated. Ultimately, ambulances remain essential for providing emergency services in rural areas, where hospitals are far away and citizens rely on them for vital medical attention. Live video consultants can instantly monitor wounds and data of patients. In situations like Handover Gridlock these advanced ambulances function as temporary hospitals.

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