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1: Letter to council

Cllr Catherine Faulks
Lead Member for Adult Social Care and Public Health
Town Hall, Hornton Street,
W8 7NX

Request for Mental Health Needs Assessment under the Care Act 2014

Dear Cllr Catherine Faulks,

I am writing to you as a concerned resident of Knightsbridge area to raise concerns about the lack of accessible Community Mental Health Services in our area, and to urge the council to take an action, with its' responsibilities under the Care Act 2014.

As you may be well aware, Part one of the Care Act 2014 places a legal obligation to assess the needs of people of the borough, and to promote wellbeing. However, unfortunately, as I have found out, there are lack of mental health support groups in the borough, and in the Knightsbridge area especially , leaving many adults and young people struggling with mental health crisis without the help they need.

Without the appropriate support, individuals facing the mental health crisis, will isolate themselves and withdraw themselves from participating in the society which can result in loss of income, social exclusion, and even homelessness. This all can be prevented with a stronger community based centres. In area such as The Kensington and Chelsea, which is a diverse and such a high pressure area, where mental health support is not just needed, it's essential.

I urge the council to expand local support groups, invest in walk in mental health centres, and collaborate with housing and social care services to support residents at risk.

It is also worth mentioning, as stated in Care Act 2014 part One section 4, local authorities (the council) have a legal duty to establish and maintain a service for providing information and advice relating to care and support for adults, in this case support for mentally disabled and ill. This includes mental health support and how to access it and which services are available. Ensuring that residents are informed about their options is not only a legal responsibility but an important step in the supporting the mentally ill within the community. I wanted to point out in the section 4 part four which says information and advice must be accessible and proportionate to the needs of individuals, it is intended to support. For residents it means the communication must be clear and easy to understand. Unfortunately many residents in the area are not aware of the services and the available help that is given to them. It is essential for promoting early intervention which can lead of preventing crisis and encouraging people to seek for help before it is too late or their condition worsens. It is also worth mentioning, ensuring user friendly information is essential to prevent escalation and promote recovery.

I sincerely hope the council will consider these concerns as a matter of priority. Ensuring and strengthening community mental health services in such area like Kensington and Chelsea would not only fulfil the legal obligations set out in the Care Act 2014, but would improve many lives of the residents of the borough. As someone who studies Public Health and Social Care and living in the borough, I have seen and noticed how lack of mental health support and lack of available information can contribute to a preventable mental health crisis. I would greatly appreciate your attention to this issue and I hope it will be brought forward for further discussion and action at a council level

Yours sincerely
Luize Kludzina

2: Ambulance Services

Ambulance services are a vital service of NHS. It provides an urgent and medical care to patients in an emergency, providing a faster and more efficient way of getting people to the hospital. Yet, these services are facing significant challenges in the past decade, such as, improper use of the ambulance services and increasing high demand from frequent callers. These challenges have a direct impact on response from doctors and waiting times in the hospitals, it affects the cost of the service budget and it creates an issue within the healthcare providers, since their working capacity is compromised. This report is going to provide a brief overview of the history of NHS ambulance services, will critically examine the problems that have been faced in the past decade, which have been mentioned above. Evidence from documents, reports will be used to explore this topic and the strategies to address them.

As a brief history of Ambulance services within the UK, dates back to 1882 where it was introduced as a way to help the poor, to get to the practitioner. The first ambulances, were not in fact modernised and were relied more on the horse power, however, more years further, in 1948 NHS introduced the National Health Act, which made the requirement ambulances must be available for all of the people in urgent need. In 1950's London councils ambulance service moved to Headquarters at Waterloo Road, but it was widely agreed it was not large enough, however, it was moved further more down the Waterloo road. A London wide service was created in 1965. Furthermore, the ambulance services reached a modernisation period in the 1970's and 1980's, services were moved to a bigger headquarter's and paramedics were introduced who were trained to help with additional skills, knowledge and equipment to deal with patients. Also, in 1980's defibrillators were introduced as part of the ambulance cars. However, the successful story of introduction of the ambulance services, there has been a few challenges that have developed in the past decade.

To explore the challenges, there is need to understand the patterns of patients choosing the ambulance services. According to the study by Booker, M, J (2019.) which was studied to understand how people are using primary care services. The study analysed over 170 data across 50 cases to conclude that people mostly were using EMS (Emergency Medical Services) on behalf of someone, which creates a sense of urgency and anxiety within the healthcare providers. Moreover, the outsider, who is not the patient, but a friend or a relative, pushing their own anxieties on the patient, it increases the urgency. Furthermore, the study shows that the patients were using the ambulance service as a way to receive care in a more faster and urgent way. Booker, M, J (2019) in his study points out, the urgency is also as well part of uncertainty and not always the case is that severe, however, this uncertainty creates an issue with people which are in an actual emergency needing a care and can not

reach the services they need. Moreover, the increased calls means more workload within the healthcare staff.

Every year there has been an increase in calls within the ambulance services. According to the LAS (London Ambulance Services) , this year the calls have increased for 7% since last year July (LAS, 2025). It has been a steady increase in calls for the past decade. However, not all the calls have been legitimate. Within the healthcare system, there is a groups of citizens, which are called *Frequent callers*. (Harring, Kjærgaard and Gehrt, 2025), who constantly call the healthcare assistance. Furthermore, the Frequent callers put on the pressure to the healthcare staff, article by (Snooks et al., 2019) shows that Frequent callers consist of 600-900 in a month. People are generally advised to contact their GP (general practitioner) for further assistance and are usually advised by their GP not to make calls to the EMS (Emergency Medical Service). With the frequent caller, there may be an escalation with a home visit. Moreover the 'Improper Use of Services' would be discussed with the person in question, a " restricted send off" policy would take in place, send an ambulance only in life threatening situations. However, the " frequent calling" has been associated with some mental health conditions, anti-social behaviour patterns and substance abuse. (Snooks et al 2019). The study shows the frequent callers cost approximately £4.4 million pounds to London Ambulance Services, but the same statistic and similar cost is all across the country.

In conclusion, the ambulance services has an extensive history and it has been developed so everyone can recieve a proper urgent care when it is needed. However their capacity is compromised since a lot of people does not know the difference between the uncertainty and actual urgency, which creates a load on the specialists. In addition, the issue is in with the rising amounts of calls which the healthcare providers are receiving from the Frequent callers. But the services are trying to reduce the frequent calling, since it is a huge cost to the whole system, not only in London but as well across all the country.

2.5 Reference List

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