

Subject Access Request

Subject Access Request

Luke Leighton

Personal Details

Id: 5011785	NHS No.: 439 000 6088
Title: Mr	NHS Number Status: Number present but not traced
First Name: Luke	Ethnicity: Not asked
Last Name: Leighton	Marked for Deletion: No
Stated Gender: Male	DOB and Age: DOB
DOB: 23/02/1970	Age: 54

Death Information

Deceased: No

Address

Start Date of Address: 14/10/2024	Accommodation Type: 05. Mobile Accommodation (Gypsy/Roma/Traveller)
Address Type: No Fixed Abode	Street: Weston Parade
Town/City: Weston	County: Hampshire

Communication Preferences

Preferred Language: Not Asked	Interpreter Required?: No
Allow Mail: Yes	Allow Email: Yes
Allow Phone: Yes	Allow SMS: Yes

Additional Information

Responsible Team: MASH Adults Services	Age Group: 50-65
Exclude from Demographic Batch Service: No	

Finance Details

Suspend Payment Invoices?: No	Suspend Debtor Invoices?: No
Suppress Statement Invoices: No	

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Contact

Contact Information

Contact Id: CON-98195

Responsible Team: AMHP SERVICE TEAM

Regarding: Luke Leighton

Contact Type: Telephone

Date/Time Contact Received: 10/05/2024
17:56:00

Contact Source

Contact Source: Acute Mental Health Team

Contact Details

Contact Reason: Mental Health Act Assessment

Presenting Need: Concerns regarding Luke's MH therefore the Crisis Team are requesting a MH act assessment

Will this contact initiate support to facilitate hospital discharge?: No

Contact Status and Outcomes

Contact Status: New Contact

Category: Out of Hours

Sub-Category: Out of Hours Activity

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Cloning Information

Is Cloned?: No

Admin

Admin Change Required?: No

Contact

Contact Information

Contact Id: CON-82196

Responsible Team: MASH Adults Services

Regarding: Luke Leighton

Responsible User:

Date/Time Contact Received: 05/04/2024
09:55:00

Contact Type: Email

Contact Source

Contact Source: Ambulance Service

Contact Made By: South Central Ambulance Servic

Contact Details

Contact Reason: Safeguarding Referral

Presenting Need: FW: SCAS Safeguarding Adults [76494] Please see SCAS referral for full details SCAS referral rec'd 05/04/2024 – ref 76494 Written description of concerns - including general appearance, state of health, demeanour and behaviour of child / adult HPC Pt called 999 for an inexact/unknown complaint. Pt location not defined accurately. Crew spend 50+ minutes attempting to find Pt. EOC re-contact (initially passed from Police)Pt and he agrees to meet crew at a car park along Weston shore. Pt alleges seizure activity related to Barometric pressure / Ataxia? PC MH: Crisis exacerbated by unknown MH conditions, Ataxia/neurological issues from claimed, Barometric pressure influence? O/A Crew attend the indicated location and are flagged down by a tall, white male (wearing a grey/white hooded jacket, black trousers and

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backpack). Crew park and Pt walks toward vehicle. Whilst doing so he chooses to adopts a slalom fashion walk. Crew offer an arm to assist mobility, however, Pt is perfectly able to stand, guide, walk and support his own weight with no intervention from crew, attending crew member notes that Pt is accurately watching his own foot placement whilst opting to adopt this odd pattern of mobilisation, and conduct a conversation whilst doing so. Pt is also able to climb into the Ambulance and sit/stand unaided. Pt is awake, alert & GCS 15.... CAT HEM Nil injury – NAD AIRWAY Nil, patent – NAD C SPINE Nil, normal ROM BREATHING RR 18-20 with equal rise & fall, saturations on air 98-99% throughout, no WOB+,no SOB, Pt exhibits normal respiratory function throughout. Nil cyanosis, no known chronic diagnosis - NAD CARDIOVASCULAR HR 70-80 regular radial pulse, normal capillary refill, BP Normotensive range, Pt denies CCP, has no known cardiac complaint - NAD

Will this contact initiate support to facilitate hospital discharge?: No

Contact Status and Outcomes

Contact Status: New Contact

Cloning Information

Is Cloned?: No

Admin

Admin Change Required?: No

Contact

Contact Information

Contact Id: CON-101337

Responsible Team: AMHP SERVICE TEAM

Regarding: Luke Leighton

Responsible User:

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Date/Time Contact Received: 16/05/2024
16:51:00

Contact Type: Webchat

Contact Source

Contact Source: Acute Mental Health Team

Contact Made By (Free text): Ivana Lackova

Contact Details

Contact Reason: Mental Health Act Assessment

Presenting Need: Re-opening case at request of AMHP IL Akin O had a look and CRHT/EIP are still of the view he requires MHAA.

Will this contact initiate support to facilitate hospital discharge?: No

Contact Status and Outcomes

Contact Outcome: Progress for Resolution on Existing Case

Route into Adults Health & Care: Admission/Discharge from Hospital

Contact Status: Assigned to Team

Date/Time Contact Assigned: 16/05/2024
16:50:00

Category: Assessment & Support Planning Activities

Sub-Category: Mental Health Act Assessment

Cloning Information

Is Cloned?: No

Admin

Admin Change Required?: No

Contact

Contact Information

Contact Id: CON-173981

Responsible Team: MASH Adults Services

Regarding: Luke Leighton

Contact Type: Online Referral Automated

Date/Time Contact Received: 07/10/2024
12:34:00

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Contact Source

Contact Source: Online Referral - Public

Contact Made By (Free text): luke leighton

Contact Details

Contact Reason: Request for Support

Will this contact initiate support to facilitate hospital discharge?: No

Presenting Need: Public Safeguarding

Additional Information: Enquiry type: I have concerns that I'm being neglected or harmed in some way Initial questions Are you over 65? No What is the main reason for your contact? I have concerns that I'm being neglected or harmed in some way Questions about support request What best describes the reason for your concern? Domestic abuse, Financial abuse, Emotional abuse, Neglect, Other Please specify too complex. autism. exploitation abuse neglect If a specific incident has occurred, describe what happened including when, where, who else was involved, and has it happened before? too many incidents to list. 9 doctors being reported to GMC. police not listening. doctors being abusive not listening. psychopathic ex-business colleague manipulating Saqib Bhatti Minister for Science Technology and Innovation to have me assaulted and tortured: Hants Council manipulated indirectly. manipulated my family members as well. currently stealing my intellectual property. ex-partner lied to police, under caution when interviewed. doctor misdiagnosed and had my driving license revoked (I live in a Motor home). DVLA REFUSED to give me the GMC number of their practitioners so I cannot verify that they are Licensed. the list of abuse manipulation and harm to me goes on and on and on Have any other services been contacted (police, ambulance, GP)? 36 A&E visits, minimum 3 of which have been assaults. appx 26 paramedic callouts, 4 of which have been assaults. police closing cases of assault NFA and not listening. GPs not listening, being abusive, refusing to provide urgent referrals. Contact What is your preferred method of contact? Phone When is the best time to contact you? Please tell us about any

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communication needs you have I have autism, PTSD, Chronic Adrenal Fatigue Syndrome, fibromyalgia and also have had two strokes. all undiagnosed. you need to patiently ask questions and in ABSOLUTELY NO WAY be verbally aggressive, impatient, or behave in any way that I sense that you are not listening.

Contact Status and Outcomes

Contact Outcome: Referral - External to Adults Health & Care

Contact Status: Resolved

Category: Contact

Sub-Category: MASH Contact

Route into Adults Health & Care:

Community/Other route

Date/Time Contact Assigned: 19/11/2024 11:21:00

Contact Summary: Not living in HCC under Southampton referral made to them verification number of referral STZ4DLN8. SCW MASH 19/11/24

Cloning Information

Is Cloned?: No

Admin

Admin Change Required?: No

Contact

Contact Information

Contact Id: CON-107566

Regarding: Luke Leighton

Date/Time Contact Received: 29/05/2024 13:30:00

Responsible Team: MASH Adults Services

Responsible User:

Contact Type: Email

Contact Source

Contact Source: Police

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Contact Details

Contact Reason: PPN - Public Protection Notice **Presenting Need:** PPN rec'd 29/05/2024 - FW: THAMES VALLEY ADULT PROTECTION REPORT - LUKE LEIGHTON - 43240033998

Will this contact initiate support to facilitate hospital discharge?: No

Contact Status and Outcomes

Contact Outcome: Information/Advice Given **Contact Summary:** 12/07/2024 MASH SCW : Concerns from Thames Valley Police that Luke is needing MH support. Care Director indicates that he received support immediately afterwards and is currently in Antelope Ward mental health hospital. NFA for MASH as concern already addressed.

Contact Status: Resolved

Cloning Information

Is Cloned?: No

Admin

Admin Change Required?: No

Contact

Contact Information

Contact Id: CON-176162 **Responsible Team:** MASH Adults Services
Regarding: Luke Leighton **Responsible User:**
Date/Time Contact Received: 03/10/2024 23:52:00 **Contact Type:** Email

Contact Source

Contact Source: Ambulance Service
Contact Made By: South Central Ambulance Servic

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Contact Details

Contact Reason: Safeguarding Referral

Presenting Need: SCAS dated 03.10.2024 received - FW: SCAS Safeguarding Adults [] Social History Details - PATIENT MADE A COMPLAINT ABOUT HIS CARE WHEN HE HAD ENGAGEMENT WITH NHS SERVICES. VERY COMPLEX HISTORIAN, UNCLEAR AS TO WHAT IS REALITY AND WHAT IS NOT DURING COMMUNICATION. SUGGESTION LIKE THIS NOTED IN EPR'S . VARIOUS AMBULANCE ATTENDANCES FOR ANXIETY, PSYCHOGENIC SEIZURES. PATIENT VULNERABLE AND HAS USUAL LIVING. PATIENT HAS MENTION HE HAS ENGAGEMENT WITH THE POLICE AROUND CRIMES, BUT NOT BEEN TAKEN SERIOUSLY. ALSO MENTIONED HE HAS BEEN MISLEAD BY OTHER RESULTING IN FINANCIAL LOSS. PATIENT HAS REGULAR ENGAGEMENT WITH SCAS, WITH FLUCTUATING OUTCOMES. REPORTS OF HISTORY GIVEN THAT ARE EXTREMELY PARANOID AND UNREALISTIC CLAIMS. HAS MENTIONED TO OFFICER ABOUT THE FACT HE IS WORLD RENOWN FOR IT PROGRAMMING AND TO GOOGLE HIS NAME (UNDERTAKEN AND NOTHING SPECIFIC). CONCERNED VIA REVIEW THAT PATIENT HAS NO ADVOCATE, HARD TO DISTINGUISH WHAT IS REALITY AND WHAT ISNT. SAFEGUARD TEAM ADVISED PATIENT NOT LISTED ON ANY SERVICES (SOCIAL OR SAFEGUARDING). OFFICER REQUESTING MULTI AGENCY MEETING TO SAFETY NET PATIENT, STREAMLINE HIS MEDICAL HISTORY AND CARE TO ENSURE PATIENT IS NOT LEFT VULNERABLE What are the views and wishes of the adult regarding the safeguarding concern? PATIENT CONSENTED TO REFERRAL, FRUSTRATED BY HIS NHS ENGAGEMENT AND BELIEVES HE SECTION WAS UNLAWFUL AND THAT PEOPLE ARE OUT TO GET HIM. PATIENT HAPPY TO BE AT MEETINGS BUT REQUESTED A BREAK EVERY 30 MINUTES, NOT KEEN ON THE TERM VULNERABLE BUT RECOGNIZES THE LACK OF CONSISTENCY IN HIS CARE AND TREATMENT, WHICH HE QUESTIONS.

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Will this contact initiate support to facilitate hospital discharge?: No

Contact Status and Outcomes

Contact Outcome: Referral - External to Adults Health & Care

Route into Adults Health & Care: Community/Other route

Contact Status: Resolved

Date/Time Contact Assigned: 19/11/2024 13:43:00

Category: Contact

Contact Summary: Not living in HCC under Southampton referral made to them verification number of referral STZ4DLN8. SCW MASH 19/11/24

Sub-Category: MASH Contact

Cloning Information

Is Cloned?: No

Admin

Admin Change Required?: No

Contact

Contact Information

Contact Id: CON-98114

Responsible Team: AMHP SERVICE TEAM

Regarding: Luke Leighton

Responsible User:

Date/Time Contact Received: 10/05/2024 16:11:00

Contact Type: Telephone

Contact Source

Contact Source: Community Mental Health Team

Contact Made By (Free text): Ashley South crisis team -

Contact Details

Contact Reason: Mental Health Act Assessment

Presenting Need: Currently staying in a converted ambulance: SO315FB Seen yesterday with fixed delusional beliefs around

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his physical health. Appearing to be self neglecting. Easily agitated and feels he's not being listened to by professionals. Open to EIP and the South crisis team. He is attending appointments regularly. Very closed off to any medication options.

Will this contact initiate support to facilitate hospital discharge?: No

Contact Status and Outcomes

Contact Outcome: Progress for Resolution on Existing Case

Route into Adults Health & Care: Admission/Discharge from Hospital

Contact Status: Assigned to Team

Date/Time Contact Assigned: 10/05/2024 16:15:00

Category: Assessment & Support Planning Activities

Sub-Category: Mental Health Act Assessment

Cloning Information

Is Cloned?: No

Admin

Admin Change Required?: No

Contact

Contact Information

Contact Id: CON-175470

Responsible Team: Adult Services CAR Team

Regarding: Luke Leighton

Responsible User:

Date/Time Contact Received: 09/10/2024 14:12:00

Contact Type: Telephone

Contact Source

Contact Source: Ambulance Service

Contact Made By (Free text): -
Safeguarding Officer, SCAS -

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Contact Details

Contact Reason: Information Request	Presenting Need: is requesting a call back please with regards to feedback for a safeguarding referral dated 05/04/24 - see CON - 82196.
Will this contact initiate support to facilitate hospital discharge?: No	Additional Information: is requesting to know the outcome of the safeguarding referral, whether this is an open case and whether there is a social worker allocated.

Contact Status and Outcomes

Contact Outcome: Progress for Resolution	Route into Adults Health & Care: Community/Other route
Contact Status: Assigned to Team	Date/Time Contact Assigned: 09/10/2024 14:15:00
Category: Contact	Contact Summary: Sending to MASH to request a call to please with regards to feedback for safeguarding referral - see CON - 82196.
Sub-Category: CART Contact	

Cloning Information

Is Cloned?: No

Admin

Admin Change Required?: No

All Activities

Luke Leighton

Personal Details

Id: 5011785

NHS No: 439 000 6088

Title: Mr

Reason for no NHS No.:

First Name: Luke

Ethnicity: Not asked

Middle Name:

Marital Status:

Last Name: Leighton

Stated Gender: Male

DOB and Age: DOB

DOB: 23/02/1970

Age: 54

Activities

Activity: Person Case Note	Start/Due Date: 14/10/2024 16:12:00
Regarding: Luke Leighton	Status: Completed
Subject: Duty Update 14/10/24	
Description: 14/10/24 @ 16:05 Duty Megan Cotton: Luke is not allocated to a Social Worker in the South West MH & SM Team. I called the Safeguarding Team and requested to speak with [redacted] I was informed that [redacted] was on annual leave. I have left a message with [redacted] who will update [redacted] NFA required from Duty. Case Discussed with Senior Social Worker, Nicola <u>Jarwood</u> .	

[redacted] - Safeguarding Officer, SCAS - [redacted] is requesting to know the outcome of the safeguarding referral 05/04/2024, whether this is an open case and whether there is a social worker allocated.	
SE <u>MH</u> & SMS team have had no involvement with this individual. Referral dated 05/04 was mistakenly sent to the SE - client's address (at that time and currently) appears to be Ocean House Campsite, Weston Parade, Weston, Southampton SO31 5FB which is within the South West area. MHAA assessment undertaken and Luke was detained under s2 at Antelope House. HCC had no further referrals.	
CHIE checked - there appears to be ongoing concerns in relation to Luke's mental health and involvement from health.	
Action - sending to SW MH & SMS team to follow up.	
Created By:	Created By (Job Title):
Owner: MH & SMS South West Team	Responsible User:

Activity: Person Case Note	Start/Due Date: 14/10/2024 10:42:00
Regarding: Luke Leighton	Status: Completed
Subject: Duty note re CART contact 09/10/2024	
Description: [redacted] - Safeguarding Officer, SCAS - [redacted] is requesting to know the outcome of the safeguarding referral 05/04/2024, whether this is an open case and whether there is a	

social worker allocated.

SE MH & SMS team have had no involvement with this individual. Referral dated 05/04 was mistakenly sent to the SE - client's address (at that time and currently) appears to be Ocean House Campsite, Weston Parade, Weston, Southampton SO31 5FB which is within the South West area. MHAA assessment undertaken and Luke was detained under s2 at Antelope House. HCC had no further referrals.

CHIE checked - there appears to be ongoing concerns in relation to Luke's mental health and involvement from health.

Action - sending to SW MH & SMS team to follow up.

Created By: Jessica Morris

Created By (Job Title):

Owner: MH & SMS South East Team

Responsible User: Jessica Morris

Activity: Person Case Note

Start/Due Date: 22/05/2024 17:10:00

Regarding: Luke Leighton

Status: Completed

Subject: Joint Visit with CRHT to Luke.

Description: Present: Luke (patient), Trust Modeyin (CRHT) and Akin Ola (AMHP)

Luke was seen in the interview room beside the reception at Antelope house. He was in appropriate clothing and he was carrying several items with him such as a water proof visibility coat, helmet and a bag . His hair looked dishevelled and he had a pony tail. Luke presented cheerful throughout the interview.

After the introduction, Luke asked Trust if someone called Brad had mentioned anything about him to her. He was informed that Brad had not mentioned anything. Luke then said that the last time he came to Antelope House, he needed to lie down on the floor to prevent damage to his brain.

Luke talked about the abuse he had received from his ex-partner who he lived with for 16 years. He said that he had to flee for his life on the 11th of September 2023. He said that he had reported the abuse to the police but when his ex-partner was interviewed, she lied under oath and she was not brought to justice. Luke said that his ex-partner has a Narcissistic personality disorder. He said that he had also received abuse from partners of his company Red Semiconductor.

Luke was asked about his mental health. He said that his mood was okay considering the stress he is going through. He said that he tries to keep himself active all the time. He said that he is building another layer on his motor home to make himself more comfortable. Luke said that he has no intrusive thoughts and he has no thought to harm himself or others.

Luke talked about the difficulty he has been having with his physical health and he believed that professionals he has been seen have not been helpful. He said that he needed to have an EEG and a Brain Scan. He said that he has been subject to a lot of stress and "Barometric pressure" from the abuse he has received from his ex-partner and colleagues at Red Semiconductors.

Luke talked about many of his accomplishment in the Tech industry which include reverse engineering of Windows NT which has now been used by many organisations and banks. He said that he has wondered why he has been able to do things that other people are not able to accomplish. He said that he did a meta-analysis of himself about why he is able to do what others cant. Luke said that he has been working on designing a processor.

Luke again started to talk about his physical health problem. He said that he used to be a recluse for 16 years but he has started to engage with professionals because of the risk of his throat collapsing. Luke also said that the stress he has experienced in recent times has contributed to the reoccurring of his latent glandular fever.

I advised Luke that he has had a number of test for his physical health and he agreed. He continued by saying all the test are all negative. I said that he has not have an assessment of his mental health via a MHA assessment. I advised that he could benefit from a MHA assessment to enable him have a thorough assessment of his mental health. I said that he has also requested to have a brain scan and EEG and this may be possible as part of the assessment process.

I advised Luke that he would be assessed by 2 psychiatrist doctors and an AMHP and at the end of the assessment they would make a recommendation about the best course of intervention. Luke said that he felt that he needed to say yes to a MHA but he was reluctant to. Luke then asked if his rights would be preserved if he were to have a MHA assessment and I said yes. He also asked if having a MHA assessment would have a negative impact on any future prospects. I shared that having a MHA assessment would not be detrimental to future prospects. I also said that other professionals who have had a MHA assessment have gone on to continue with their jobs.

Luke said that he would agree to a MHAA on Friday the 24th of May at 2pm. He shared that he can be literal when he is asked specific questions and that it was important for professionals to understand his situation. Luke then shared that his ex-partner tried to section him in the past. I shared that we are going to assess him under the MHA to provide him with the help he requires.

Action:

MHAA to be completed on Friday 24th May at 2pm.

Update EIP

Request for Dr from CRHT to attend

Confirm bed

Created By: Akinpelu Ola

Created By (Job Title):

Owner: AMHP SERVICE TEAM

Responsible User: Akinpelu Ola

Activity: Person Case Note

Start/Due Date: 20/05/2024 14:26:00

Regarding: Luke Leighton

Status: Completed

Subject: Further screening completed.

Description: T/c received from Erica Tsang (EIP/Cannon House) @ 10:00am.

- Erica updates that she has been seeing Luke regularly. She shares that Luke presents the same as recent Rio note dated 19/05 South CRHTT whereby Luke presents as manic and lacks insight into his mental health. She shares that Luke has been known to herself/secondary services since January 2024, he is believed to have arrived from Scotland and had previously lived with his mum.
- Luke is considered to be a flight risk and any indication of a MHAA could lead to him leaving the area.
- Informal admission has briefly been discussed with Luke however, Erica feels the MHA is the most appropriate framework for an admission as Luke does not like to talk about medication and he can become agitated if this is mentioned.
- Erica shares that she had previously seen Luke for weekly appointments however, he has made regular contact and often visits daily seeking emotional support. This has reduced his admissions to ED, however there is a plan to undertake a MHAA should he present here.
- There is no bed identified, Erica is waiting for an update/further plan following management meeting today.
- I asked Erica, if undertaking a MHAA how we would best coordinate this and reduce the risk of him fleeing. Erica suggested that a warrant would be required if carrying out the assessment in the community outside van. She does not think he would arrive to Cannon house if he knew it was for a MHAA. Erica suggests that a coordinated appointment at Cannon House, with a view to undertake MHAA may be the best approach.
- I confirmed with Erica that she would contact me after seeing him at 12:00 today.

T/c received from Erica Tsang (EIP/Cannon House) @ 2pm.

- Erica shares that she has met with Luke and advises that his presentation has not changed. He is described to have been fixated on police action against his business partners following a recent email chain. She shares that she practiced some mindfulness techniques which he found helpful.
- I confirmed with Erica that a bed is not available and there are referrals ahead of Luke that will need to be prioritised. As an interim, confirmed the positives in Luke accessing regular support and being seen by professionals regularly.
- I advised that at this time we do not feel there are sufficient grounds for a warrant and least restrictive options can be attempted. Erica agrees with a coordinated/planned MHAA at Cannon

House. She shares that she has spoken her crisis team who also see this as an option but have advised that Luke should not be told that his appointment is for a MHAA. I challenged this sharing that following discussion with duty AMHP Luke would need to be made aware of the reasons for the appointment for full transparency. Advised we are yet to determine if this assessment would be undertaken by HCC or Southampton AMHP's.

- I asked Erica if she could arrange for Luke to be reviewed by their team's psychiatrist whilst awaiting MHAA. Erica shares that Luke has refused to see a psychiatrist and has stated that he would make them sign a waiver declaring that he would not be at risk of being sectioned. I asked if she could revisit this when meeting with him this week.
- Erica confirms further appointments for this week: Wednesday 22nd May at 12pm – Antelope house, Friday 24th May EIP Cannon House, and Sunday 26th May 3pm at Antelope House.
- Advised that for now we would continue to monitor situation, prior to a decision being made and asked that if the situation escalates, we are made aware.

Gina Phillips - AMHP Trainee.

Created By: Gina Stiles

Created By (Job Title):

Owner: AMHP SERVICE TEAM

Responsible User: Gina Stiles

Activity: Person Case Note

Start/Due Date: 16/05/2024 17:50:00

Regarding: Luke Leighton

Status: Completed

Subject: T/call from Elm Leigh - no bed available for MHAA

Description: pathway team at Elm Leigh hospital . A MHAA was requested for Luke and he was due to be transferred to the Sapphire bed at Elm Leigh. This bed is no longer available so wished to make the AMHP aware in case an assessment was planned for tonight.

Created By:

Created By (Job Title):

Owner: Out of Hours

Responsible User:

Activity: Person Case Note

Start/Due Date: 16/05/2024 17:00:00

Regarding: Luke Leighton

Status: Completed

Subject: T/C with Amy Bradley Southampton Team Manager

Description: At 4 pm we were told there was a bed for Luke at Elmleigh - I had a discussion with Amy Bradley at 5pm to request that as Luke was a Southampton patient under their EIP and Crisis Team that they would pick up this assessment. Amy said they didn't have capacity and as Luke was in the HCC area the responsibility fell to us. I queried that as Luke is engaging in appointments with the crisis team at Antelope House - he attended an appointment today and has another one booked for Saturday 18th May, would it not be easier for Southampton to try and assess at this appointment. Amy questioned the ethical dilemma around this and was of the understanding that we were going to obtain a s.135(1) warrant for Luke as he was unlikely to allow entry to his van? . This needs further screening on Friday as whilst writing this case note we have had a call from south east care nav that the bed is no longer available.

Created By: Kathy Raquet

Created By (Job Title):

Owner: AMHP SERVICE TEAM

Responsible User: Kathy Raquet

Activity: Person Case Note

Start/Due Date: 15/05/2024 11:11:00

Regarding: Luke Leighton

Status: Completed

Subject: Duty triage of duty contact

Description: SCAS referral rec'd 05/04/2024 – ref 76494

15/05/2024

Client called ambulance to report seizure activity

No reasonable cause to suspect care and support needs or risk of abuse or neglect due to client calling for help himself and the ambulance crew carrying out usual checks and observations as follows:

Crew park and Pt walks toward vehicle. Whilst doing so he chooses to adopt a slalom fashion walk. Crew offer an arm to assist mobility, however, Pt is perfectly able to stand, guide, walk and support his own weight with no intervention from crew, attending crew member notes that Pt is accurately watching his own foot placement whilst opting to adopt this odd pattern of mobilisation, and conduct a conversation whilst doing so. Pt is also able to climb into the Ambulance and sit/stand unaided.

NFA required by AHC at this time closed to duty.

Senior case worker

15/05/2024.

Created By:

Created By (Job Title):

Owner: MH & SMS South East Team

Responsible User:

Activity: Person Case Note

Start/Due Date: 14/05/2024 18:00:00

Regarding: Luke Leighton

Status: Completed

Subject: Information from Antelope House re. planned MHAA

Description: **18:00hrs:** T/C from Lyndsey Kennedy - MH Practitioner with the Southampton CRISIS team () - reporting a conversation she has had this evening with the SCC AMHP Service.

Lyndsey has been informed by the Service that this client is definitely the responsibility of HCC and any MHAA will need to be undertaken by this authority. There is a meeting at Antelope House on Thursday 16th May to which client is invited and it is hoped that at this time an Assessment can take place. Client is reported to be suffering with a deteriorating mental health state. He is self-neglecting, medication non-compliant and unwilling to engage with health professionals. Agreed this information would be recorded on the client Care Director file. Client's RIO ID is 22880404. **Paul Ritter, Adult Team SW, HCC OOH**

Created By: Paul Ritter

Created By (Job Title):

Owner: AMHP SERVICE TEAM

Responsible User:

Activity: Person Case Note

Start/Due Date: 14/05/2024 17:15:00

Regarding: Luke Leighton

Status: Completed

Subject: Duty Note: Telephone conversation with George (Southampton AMHP) -

Description: George said that they had a referral from CRHT today for LL. George said that although LL has a Southampton PO Box address and GP, they have information that he lives in Hampshire. I advised that the information I had is that he was previously living at his mother but now back to Southampton.

George said that LL lives in a converted ambulance in Hampshire and he would like us to follow up with an assessment. I advised that I have different information about his location and that I have also closed down the referral so I advised him to contact CRHT who referred to Southampton AMHP team and they can refer him back to us if they feel that MHAA continues to be indicated and we would screen

accordingly.

Created By: Akinpelu Ola

Created By (Job Title):

Owner: AMHP SERVICE TEAM

Responsible User: Akinpelu Ola

Activity: Person Case Note

Start/Due Date: 14/05/2024 15:30:00

Regarding: Luke Leighton

Status: Completed

Subject: MHAA Update

Description: Concersation during bed call today 14/05 indicated that Luke is a Southampton patient. He was referred to Hampshire AMHP team as was previously living with his mother at an address which falls under Hampshire. He was reported to be back home now

Email conversation with Southampton AMHP team:

From: Central AMHP Service

Sent: Tuesday, May 14, 2024 1:48 PM

To: AMHP Duty <amhp.duty@southampton.gov.uk>

Subject: RE: LL - NHS 439 000 6088

Hello Emma,

Thank you for your email. I have asked CRHT to refer LL to your team.

Kind regards

Akin

Akinpelu Ola

Social Worker/AMHP

Approved Mental Health Professionals Team (AMHP)

Hampshire County Council

Montgomery House

Monarch Way

Winchester

SO22 5PW

From: Clerkin, Emma > **On Behalf Of** AMHP Duty
Sent: Tuesday, May 14, 2024 12:36 PM
To: Central AMHP Service <Central.AMHP.Service@hants.gov.uk>
Subject: RE: LL - NHS 439 000 6088

Caution: This is an external email and could contain malicious content. Do not open any links or attachments if you were not expecting them. If the e-mail looks suspicious, please report via the 'Report Phishing' Button found on your toolbar.

Thank you Akin

We do not accept referrals via email and we would need further informaiton.

Please could either an AMHP from Hampshire call the office or arrange with CRHTT to call us.

Thanks

Emma Clerkin

Approved Mental Health Professional/RMN/Social Supervisor

Southampton City Council

First Floor North Block

Civic Centre

Tel:

Mobile:

@SouthamptonCC facebook.com/SotonCC

From: Central AMHP Service <Central.AMHP.Service@hants.gov.uk>
Sent: Tuesday, May 14, 2024 12:18 PM
To: AMHP Duty <amhp.duty@southampton.gov.uk>
Subject: RE: LL - NHS 439 000 6088

Hello Emma,

This is the details you requested for:

Mr Luke LEIGHTON (22880404)	
<u>Date of Birth:</u>	23 Feb 1970 (54y, 2m, 22d old)
<u>NHS Number</u>	4390006088
<u>Address</u>	317 Shirley Road, Southampton, Hants
<u>Postcode</u>	SO15 3HW

Kind regards

Akin

From: Clerkin, Emma <

> **On Behalf Of** AMHP Duty

Sent: Tuesday, May 14, 2024 12:08 PM

To: Central AMHP Service <Central.AMHP.Service@hants.gov.uk>

Subject: RE: LL - NHS 439 000 6088

Caution: This is an external email and could contain malicious content. Do not open any links or attachments if you were not expecting them. If the e-mail looks suspicious, please report via the 'Report Phishing' Button found on your toolbar.

Hi Akin

Please can we have some more information on his demogrphics

D.O.B, address in Shirely, NHS number

Thanks

Emma Clerkin

Approved Mental Health Professional/RMN/Social Supervisor

Southampton City Council

First Floor North Block

Civic Centre

Tel:

Mobile:

@SouthamptonCC [facebook.com/SotonCC](https://www.facebook.com/SotonCC)

From: Central AMHP Service <Central.AMHP.Service@hants.gov.uk>

Sent: Tuesday, May 14, 2024 12:04 PM

To: AMHP Duty <amhp.duty@southampton.gov.uk>

Subject: Re: LL - NHS 439 000 6088

Dear Team,

I would like to refer Luke Leighton to you for a MHAA. He was referred to Hampshire AMHP team by CRHT on the 10th of May as he was staying in a converted ambulance at the post code: SO315FB. He has now gone back home to an address in Shirley and he requires a MHAA.

Referral information from 10/05/24

Seen yesterday with fixed delusional beliefs around his physical health. Appearing to be self-neglecting. Easily agitated and feels he's not being listened to by professionals. Open to EIP and the South crisis team. He is attending appointments regularly. Very closed off to any medication options.

Please could you acknowledge receipt of this referral?

Kind regards

Akin

Akinpelu Ola

Social Worker/AMHP

Approved Mental Health Professionals Team (AMHP)

Hampshire County Council

Montgomery House

Monarch Way

Winchester

SO22 5PW

T/C to Southampton CRHT -

I spoke to Brad and advised that they refer Luke Leighton to Southampton AMHP team as he is currently back in his area. Brad said that he would refer him to Southampton AMHP team.

RIO entry of Luke being referred back to Southampton AMHP team

Originator: BARNARD, Bradley
14 May 2024 13:18

[MH&LD - Clinical - Nursing]

[Detail](#)

[Amend](#)

South CRHTT- Bradley Barnard RMN

T/c from Hampshire AMHPs, they reported that as he is not residing in Hampshire they are referring him back to Southampton AMHPs. T/c to Erica EIP, she reports that he still requires a MHAA. T/c to Southampton AMHP relaying information about Luke as they don't currently have RIO, they plan to contact Erica for further information. Email sent to Southampton AMHPs with copy of progress notes

Action: NFA for Hampshire AMHP team

Created By: Akinpelu Ola

Created By (Job Title):

Owner: AMHP SERVICE TEAM

Responsible User: Akinpelu Ola

Activity: Person Case Note

Start/Due Date: 13/05/2024 15:10:00

Regarding: Luke Leighton

Status: Completed

Subject: Update on bed

Description: Discussion with Southampton EIP (Lucy) and Southampton Crisis Team (Lyndsey). No bed, Soton EIP & CRHT doing alternate days daily contact and would update when bed is available 13/5/24.

Rio Note on 13/5/24

EIP - Erica (CCO) to see Luke on 14th May.

CRHTT - Thursday 16th May at 12pm A/H, support - DO NOT INFORM OF MHAA

CRHTT - Saturday 18th May at 3pm A/H , support - DO NOT INFORM OF MHAA - EMAIL ERICA TO ARRANGE FURTHER APPTS/DISCUSS PLAN.

Created By: David Olabode

Created By (Job Title):

Owner: AMHP SERVICE TEAM

Responsible User: David Olabode

Activity: Person Case Note

Start/Due Date: 10/05/2024 21:40:00

Regarding: Luke Leighton

Status: Completed

Subject: MHAA Referral Screening done

Description: **MHA Assessment Request – Triage Template**

Current Legal Status: None

Referrer: Asheligh, Southampton CRHT

Screening AMHP: Byju Mani

Time Taken to Screen:4.5 Hours

Circumstances of the referral: (Please provide a summary of the reason for the referral)

Southampton CRHT made the referral to Hampshire AMHP Service as he is currently living at a converted Ambulance/ caravan based at an open field Postcode- SO31 5FB. Referral initially made to Soton AMHP team, but due to current address, passed over to Hampshire. MH team Seen yesterday with fixed delusional beliefs around his physical health. Appearing to be self-neglecting. Easily agitated and feels he's not being listened to by professionals. Open to EIP and the South crisis team. He is attending appointments regularly. Very closed off to any medication options and hospital admission. EIP & CRHT decided to refer for MHAA to consider hospital admission.

Summary of Relevant Information: (Please provide a summary of the relevant information gathered and where/whom the information has been gathered from and professional meetings attended)

Reviewed case notes on RIO and CD and had discussion with CRHT practitioner, Joanne Shore.

Luke is a 54-year-old man, who is currently open to EIP and South CRHT with psychotic symptoms- fixed delusional beliefs and not willing to engage meaningfully in care and treatment. He is not previously known to mental health services and was previously a director of a software engineering company. He currently lives in a converted ambulance on Weston Parade and is no longer working.

He has submitted a number of court cases against his business partners and ex-partner whom he believes have assaulted him by disagreeing with

him. Luke has 2 daughters with different partners. It is reported that he has autistic traits. Appears to be a deterioration in Luke mental state since last seen by CRHTT. Concerns around self-neglect, recent rapid weight loss. Increased vulnerability from others, Luke has been getting "medical advice" from people he has met online claiming to be doctors. Luke is reluctant around treatment, not willing to see a psychiatrist, considering nor accept any medications. Appears poor insight into current mental state. Reports main concern is around physical health over his mental health. Despite this, Luke is reporting not willing to follow medical advice for preparation for a medical investigation procedure due to physical health concerns. Without investigations physical health may deteriorate. Luke is reporting to be laying down on the road when not getting his needs met at A&E, placing himself at risk. He reported to be using his motorbike despite being advised by DVLA to not ride as his GP reported nonepileptic seizure therefore putting himself and others at risk. Luke had a recent fall on his bike and was required to wear a boot due to injuries.

EIP and CRHT have concerns regarding Luke's current mental state that he is not willing to take any medication for his mental health and would rather take herbal remedies. He frequently attended ED last week. There are concerns regarding his vulnerability, lack of insight and self-neglect. He is not attending to his adls, lost some weight, attending A&E +++. On one of these occasions, he was kicked out and led in the road outside and called an ambulance. Luke has been sending emails to the autism team for urgent assessment, this has included other random people who are given him unprofessional advice. Luke has declined to see a psychiatrist; he does not have any insight but is willing to attend his appointments with EIP. Luke currently lives in a converted ambulance in Weston, he will not disclose the location of this, therefore Lukes's appointment would need to be at Cannon house or Antelope house. Luke continues to deteriorate and support from EIP or CRHTT is challenging as he has no insight and not willing to trial medication.

EIP CRHT joint review held on 9th May 2024 at Antelope House and decided that Luke to be referred to MHAA and EIP have put plan in place with Psych liaison to assess Luke and arrange MHA if he is assessed at UHS/ RHCH. Police care plan in place for Luke to be detained under section 136 if he comes to the attention of police/ lies down on roads.

Summary of Risk Factors: (For Example: Risk to Self-including risk of self-neglect, Risks from Others – including vulnerability to exploitation, Risk to Others, History of Substance Misuse, Offending History and Safeguarding Concerns)

To self- Luke continues to self-medicate and attend ED multiple times during the week. He lacks insight into his mental state and is refusing medication. If Luke remains untreated in the community this is likely to lead to further deterioration in mental state and longer period of untreated psychosis.

To others- Luke is reporting to be laying down on the road when not getting his needs met at A&E. He reported to still be using his motorbike despite being advised by DVLA to not ride as his GP reported nonepileptic seizure therefore putting himself and others at risk.

From others- Luke presents as vulnerable to exploitation from others. He has been liaising with

people from the internet who have been providing him with unofficial medical advice.

Reports of self-neglect and lost weight rapidly.

Recommendation/Outcome: (For Example: Referral to be stood down, Community Alternatives to be explore & Least Restrictive Options to be tried, to proceed to MHA ax, consideration given to timing of the ax including rationale for not proceeding without an identified bed and rationale for attending a section 136 ax being delayed overnight)

On reviewing and screening the referral and discussion with CRHT practitioner, I am of the view that Luke may be suffering from mental disorder, and he is not on any treatment at present. He was seen by Dr Ramacharan, CMHT Consultant in April and considered input form EIP and CRHT. They tried to support him, and he attends appointments at office base, and no one has seen hm at his accommodation as I understand that he will not share his whereabouts and not want anyone to visit him there. He is not willing to take any medication and not willing to be admitted to hospital as a voluntary patient. The teams are stuck with his care and agreed to consider MHAA to provide detailed assessment and compulsory treatment in hospital setting. Although there are no significant risk concerns at present, but he is self-neglecting, and his condition is likely to deteriorate if he does not get care and treatment sooner. CRHT reported that they have tried all the least restrictive options to support him in the community, but no success, so MHAA is the next step forward. I discussed how we plan MHAA as he may not provide access to his accommodation, so suggested to consider assessing him at an office base when he attends a scheduled appointment. So agreed that if we proceed with MHAA, it needs to be a planned at an office base, which is in Southampton. Further clarification required with Southampton AMHP Service whether it is appropriate for them to do it than Hampshire AMHP service. There is no bed available and no immediate plan for MHA to be set up.

Agreed Actions: (For Example: CMHT/CRHTT to make assertive attempts to engage service user, Progress to MHA ax when bed available, Contingency Planning to support service user in community prior to bed being identified. Please record with whom these actions have been agreed and who will be carrying out the agreed actions.)

MHAA referral triaged and considered MHAA. It is agreed that MHAA to be planned at an office base as he often attends scheduled appointments. There is no bed available at present and there is no significant risk to assess him without bed availability. There is an alternative plan in place with Psych Liaison and Police as he often attends local ED and in public to be assessed at ED or detention under S. 136 of MHA.

This is no priority to set up MHAA tonight. MHAA to be planned with EIP & CRHT when the resources are available.

Created By: Byju Mani

Created By (Job Title):

Owner: AMHP SERVICE TEAM

Responsible User: Byju Mani

Activity: Person Case Note

Start/Due Date: 10/05/2024 17:36:00

Regarding: Luke Leighton

Status: Completed

Subject: Further call from South Crisis Team - Ashley

Description: Further call from South Crisis team requesting a MH act assessment for Luke, Ashley reported that she call earlier in the day and spoke to someone but is yet to receive a call back.

Luke is placing himself and others at risk by lying in the road, driving his motorbike against DVLA advice due to him having non epileptic seizures. Luke is presenting as psychotic and delusional due to his beliefs regarding his health. He is presenting at A&E regularly and each time he is discharged he is getting frustrated that they are not taking him seriously. Regarding his MH he is refusing to see a consultant although he attends appointments he is not engaging with the treatment being offered to him. Crisis team are of the view that he is lacking capacity regarding his MH.

He recently reported a that he has a growth on his prostate on his groin, but not engaging with the treatment from health professionals. He has lost 20kg in 2months and there are also concerns of poor self care. He is refusing a self admission to a MH hospital and taking advice from online DR's which cannot be confirmed are health professionals.

South Crisis Team are requesting a call back.

Created By:

Created By (Job Title):

Owner: Out of Hours

Responsible User:

Activity: Person Case Note

Start/Due Date: 27/04/2024 12:40:00

Regarding: Luke Leighton

Status: Completed

Subject: OOHS Involvement - SCC CLIENT

Description: 27/04/2024, 12:25 – T/C to SGH A&E -

Spoke to reception, client in A&E but not seen yet – currently in PITSTOP - initial assessment area.

Spoke to Nurse in charge – Kim, reports he has not been seen or assessed yet. Once the doctor has seen Luke, they will make the decision and action the referral as appropriate.

Agreed for role for OOHS at the current time.

Case closed.

Attachments:

[2024 05 24 MHAA Report - LL 5011785.pdf](#);

Good Morning

As requested, please find a copy of the report attached

Kind Regards

AMHP Hub Business Support

Hampshire Approved Mental Health Practitioner (AMHP) Team
Montgomery House
Monarchway
Winchester
SO22 5PW

AMHP Hub Tel:

From: ATHERLEYHOUSESURGERY (ATHERLEY HOUSE SURGERY) <hiowicb-hsi.atherleyhousesurgery@nhs.net>
Sent: Tuesday, May 28, 2024 10:58 AM
To: Central AMHP Service <Central.AMHP.Service@hants.gov.uk>
Subject: RE: MENTAL HEALTH ACT ASSESSMENT - LL 439 000 6088

Caution: This is an external email and could contain malicious content. Do not open any links or attachments if you were not expecting them. If the e-mail looks suspicious, please report via the 'Report Phishing' Button found on your toolbar.

Good morning,

Please can we have a copy of the report to pas to the GP

Many Thanks

Atherley House Surgery
143-145 Shirley Road
Shirley
Southampton
Hampshire
SO15 3FH
Telephone:

www.atherleyhousesurgery.nhs.uk

This email is confidential and privileged. If you are not the intended recipient please accept our apologies; please do not disclose, copy or distribute information in this email or take any action in reliance on its contents: to do so is strictly prohibited and may be unlawful. Please inform us that this message has gone astray before deleting it. Thank you for your co-operation.

From: Central AMHP Service <Central.AMHP.Service@hants.gov.uk>
Sent: Tuesday, May 28, 2024 10:38 AM
To: ATHERLEYHOUSESURGERY (ATHERLEY HOUSE SURGERY) <hiowicb-hsi.atherleyhousesurgery@nhs.net>
Cc: Central AMHP Service <Central.AMHP.Service@hants.gov.uk>
Subject: MENTAL HEALTH ACT ASSESSMENT - LL 439 000 6088

For your information:

The above person was assessed under the Mental Health Act, as outlined below:

Date of Assessment:	24/05/2024
Outcome:	Section 2
Hospital:	Antelope House

If you require a copy of the assessment report, please respond to this email and we will forward it to you.

Kind Regards

AMHP Hub Business Support

Hampshire Approved Mental Health Practitioner (AMHP) Team
Montgomery House
Monarchway
Winchester
SO22 5PW

AMHP Hub Tel:

Attachments:

[2024 05 24 MHAA Report - LL 5011785.pdf](#);

Good Morning

As requested, please find a copy of the report attached

Kind Regards

Senior Administrative Assistant
Approved Mental Health Practitioner (AMHP) Team
Montgomery House
Monarchway
Winchester
SO22 5PW

AMHP Hub:

 [Book time to meet with me](#)

From:

Sent: Sunday, May 26, 2024 6:36 AM

To: Central AMHP Service <Central.AMHP.Service@hants.gov.uk>

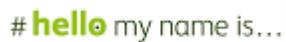
Cc: Ola, Akinpelu < hants.gov.uk>

Subject: Re: MH1 request for Luke Leighton

Caution: This is an external email and could contain malicious content. Do not open any links or attachments if you were not expecting them. If the e-mail looks suspicious, please report via the 'Report Phishing' Button found on your toolbar.

NHS Number 439 000 6088

Many thanks

 #hello my name is...

Assistant Mental Health Act Administrator
Southern Health NHS Foundation Trust

Antelope House
Brintons Terrace
Southampton
SO14 0YG

E:

T:

M:

Attachments:

[2024 05 24 MHAA Report - LL 5011785.pdf](#);

For your information:

The above Southampton patient was assessed under the Mental Health Act, by the Hampshire AMHP Team, as outlined below:

Date of Assessment:	24/05/2024
Outcome:	Section 2
Hospital:	Antelope House

Please find attached a copy of the AMHP report, for your records

Kind Regards

AMHP Hub Business Support

Hampshire Approved Mental Health Practitioner (AMHP) Team
Montgomery House
Monarchway
Winchester
SO22 5PW

AMHP Hub Tel:

Attachments:

[AMHP Application. L.Leighton.pdf](#); [1st Medrec L.Leighton.pdf](#); [2nd Medrec. L.Leighton.pdf](#);

Dear Team,

Please find attached S2 detention paperwork for Luke Leighton

Kind regards

Akin

Akinpelu Ola
Social Worker/AMHP
Approved Mental Health Professionals Team (AMHP)
Hampshire County Council
Montgomery House
Monarch Way
Winchester
SO22 5PW

Section 2 – medical recommendation for admission for assessment

I (PRINT full name, address and, if sending by means of electronic communication, email address of medical practitioner)

Gnyaneshwar Jadhav

Antelope House , Brintons Terrace ,
Southampton
SO14 0YG

a registered medical practitioner, recommend that (PRINT full name and address of patient)

Luke Leighton

P O Box 18, 317 Shirley Road, Southampton
Hampshire
SO15 3HW

be admitted to a hospital for assessment in accordance with Part 2 of the Mental Health Act 1983.

I last examined this patient on

24 / 05 / 2024 (DATE)

~~*I had previous acquaintance with the patient before I conducted that examination.~~

*I am approved under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

(* Delete if not applicable)

In my opinion,

(a) this patient is suffering from mental disorder of a nature or degree which warrants the detention of the patient in hospital for assessment (or for assessment followed by medical treatment) for at least a limited period,

AND

(b) ought to be so detained

- (i) in the interests of the patient's own health
- (ii) in the interests of the patient's own safety
- (iii) with a view to the protection of other persons.

(Delete the indents not applicable)

My reasons for these opinions are:

(Your reasons should cover both (a) and (b) above. As part of them: describe the patient's symptoms and behaviour and explain how those symptoms and behaviour lead you to your opinion; explain why the patient ought to be admitted to hospital and why informal admission is not appropriate.)

Luke is presenting with symptoms suggestive of a psychotic episode which are predominantly preoccupation with physical health issues and lack of trust in NHS and other services.

He has attended accident and Emergency several times throughout the year with various physical health complaints and feels that he has been not taken seriously .

During review today he presented as paranoid having various persecutory beliefs around Services and beliefs that he has been misdiagnosed and not taken seriously .

He has been driving when clearly advised not to drive and when unwell putting his own safety and others safety at risk .

He is refusing any offer of hospital admission or community input for his mental health issues as has no insight

His current presentation is suggestive of a psychotic episode which needs further assessment under detention .

He lacks capacity to consent for admission and as he is objecting detention under mental health act is most appropriate in this case as opposed to mental capacity act .

He remains extremely vulnerable and not able to manage his own health and safety needs and has been living rough and driving is not well .

He is current risks to self and others is significant and will need a period of further assessment in hospital under detention .

üü

Signed

Tracking ID: 7b73 - f556 - ee3a - c518, Generated: 24/05/2024 15:09

Date

Gnyaneshwar Jadhav

24/05/2024

Section 2 – medical recommendation for admission for assessment

I (PRINT full name, address and, if sending by means of electronic communication, email address of medical practitioner)

Mahesh Thagadur Channaveeregowda

Antelope House, Brintons Terrace
Southampton
SO14 0YG

a registered medical practitioner, recommend that (PRINT full name and address of patient)

Luke Leighton

P O Box 18, 317 Shirley Road, Southampton
Hampshire
SO15 3HW

be admitted to a hospital for assessment in accordance with Part 2 of the Mental Health Act 1983.

I last examined this patient on

24 / 05 / 2024 (DATE)

~~*I had previous acquaintance with the patient before I conducted that examination.~~

*I am approved under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

(* Delete if not applicable)

In my opinion,

(a) this patient is suffering from mental disorder of a nature or degree which warrants the detention of the patient in hospital for assessment (or for assessment followed by medical treatment) for at least a limited period,

AND

(b) ought to be so detained

- (i) in the interests of the patient's own health
- (ii) in the interests of the patient's own safety
- (iii) with a view to the protection of other persons.

(Delete the indents not applicable)

My reasons for these opinions are:

(Your reasons should cover both (a) and (b) above. As part of them: describe the patient's symptoms and behaviour and explain how those symptoms and behaviour lead you to your opinion; explain why the patient ought to be admitted to hospital and why informal admission is not appropriate.)

Mr Luke Leighton is a 54 year old gentleman who is currently open to Early Intervention in Psychosis Team and Crisis Team. He has come to the attention of mental health only this year and there is no known history of mental health issues.

He has attended Emergency Department 34 times in the last few months with numerous vague symptoms and feels that the health professionals are not taking him seriously. Having been a highly functional he is deteriorated significantly in the recent past and has been living in his van and driving his motor bike even though we have been told that his driving license is revoked. He seems to have some paranoid beliefs regarding his ex colleagues.

On examination he is dishevelled. His speech out is increased and there is some flight of ideas. He seems paranoid and was recording us without our consent and refused to switch off his recording device. He had some firm beliefs regarding his health which appear to be hypochondriacal delusions. He has no insight into his illness and refused to come into hospital for further assessment and treatment.

Mr Leighton is suffering from a mental disorder (psychotic disorder) and needs to come into hospital for further assessment and treatment in the interest of his own health(likely to deteriorate without treatment), safety (vulnerable and he is self-neglecting) and protection (due to driving and it has been documented at times erratically) of others.

He lacks capacity to consent to admission but Mental Health Act framework is needed as he is objecting to admission.

Treatment in the community has failed and he is not engaging completely with Crisis Team.

Signed

Tracking ID: ce6f - 66c2 - 05fb - 11f9, Generated: 24/05/2024 15:13

Date

Mahesh Thagadur

24/05/2024

Section 2 – application by an approved mental health professional for admission for assessment

To the managers of (name and address of hospital)

Southern Health NHS Foundation Trust

Antelope House
Brintons Terrace, Southampton
SO14 0YG

I (PRINT your full name, address and, if sending by means of electronic communication, email address)

Akinpelu Ola

Hampshire County Council, Montgomery House, Monarch Way
Winchester
SO22 5PW

hants.gov.uk

apply for the admission of (PRINT full name and address of patient)

Luke Leighton

P O Box 18, 317 Shirley Road, Southampton
Hampshire
SO15 3HW

for assessment in accordance with Part 2 of the Mental Health Act 1983.

I am acting on behalf of (PRINT name of local social services authority)

Hampshire County Council

and am approved to act as an approved mental health professional for the purposes of the Act by (delete as appropriate)

*that authority

(name of local social services authority that approved you, if different)

N/A

Complete the following if you know who the nearest relative is.
Complete (a) or (b) as applicable and delete the other.

(a) To the best of my knowledge and belief (PRINT full name and address)

[Redacted area for (a)]

is the patient's nearest relative within the meaning of the Act.

~~(b) I understand that (PRINT full name and address)~~

[Redacted area for (b)]

N/A

N/A

has been authorised by

- (i) ~~a county court~~
- (ii) ~~the patient's nearest relative~~

to exercise the functions under the Act of the patient's nearest relative. (* Delete the phrase which does not apply)

- (i) I have
- (ii) ~~I have not yet~~

informed that person that this application is to be made and of the nearest relative's power to order the discharge of the patient. (* Delete the phrase which does not apply)

Complete the following if you do not know who the nearest relative is.
Delete (a) or (b).

- (a) ~~I have been unable to ascertain who is the patient's nearest relative within the meaning of the Act.~~
- (b) ~~To the best of my knowledge and belief this patient has no nearest relative within the meaning of the Act.~~

The remainder of the form must be completed in all cases.

I last saw the patient on

24 / 05 / 2024 (DATE)

which was within the period of 14 days ending on the day this application is completed.

I have interviewed the patient and I am satisfied that detention in a hospital is in all the circumstances of the case the most appropriate way of providing the care and medical treatment of which the patient stands in need.

This application is founded on two medical recommendations in the prescribed form.

If neither of the medical practitioners had previous acquaintance with the patient before making their recommendations, please explain why you could not get a recommendation from a medical practitioner who did have previous acquaintance with the patient —

I was unable to get his GP and doctors with previous acquaintance to attend. Waiting for a doctor with previous acquaintance will constitute unreasonable delay.

Signed

Akin Ola

Tracking ID: 7c9b - f837 - 415b - a905, Generated: 24/05/2024 15:09

Date

24/05/2024

Mental Health Act Assessment

Key Details

Luke Leighton

Key details - About Me

DOB	Ethnicity	Religion	Sexual Orientation	Stated Gender
23/02/1970	Not asked			Male

Key details - Contact/Id

Home Phone	Mobile Phone	Id	NHS No	Preferred Contact Method
		5011785	439 000 6088	

Key details - Address/Email

Full Address	Primary Email

Key details - Current GP

Organisation	Full Address	Phone

Date of Mental Health Act Assessment **

24/05/2024

Referral Details

What Individual Care Group / Service Area does this individual belong to? **

MH

When was the referral for MHA received? **

Out of Hours 17:01 - 08:29 (Mon-Fri)

Mental Health Act Assessment

Has the individual been referred within 28 days of discharge from hospital? **

No

Status at time referral received **

Community

Allocation Details

Allocated Approved Mental Health Professional**

Akinpelu Ola

Date and time of allocation to the Approved Mental Health Professional **

24

05

2024

09:00

Outcome of referral **

Progress to Assessment

How many times was the individual assessed to facilitate admission?

Once

Is the person subject to S.136?

No

Personal History

Mental Health Act Assessment

History of Contact with Mental Health Services

Luke was previously unknown to Mental Health Services. He reported to have just registered to a GP in February 2024 as he didn't feel he required a GP until now. Luke is open to Southampton EIP and his care coordinator is Erica Tsang. He is also open to Southampton Crisis Team.

Luke is convinced that he has some physical health problems putting his life at risk and he has attended A&E about 34 times and had 14 paramedic call out all since January 2024. His attendance to A&E has been followed by discharge.

Circumstances leading to Mental Health Act Assessment

10/05/24 - Southampton CRHT made the referral to Hampshire AMHP Service as he is currently living at a converted Ambulance/ caravan based at an open field Postcode- SO31 5FB. Referral initially made to Soton AMHP team, but due to current address, passed over to Hampshire. MH team Seen yesterday with fixed delusional beliefs around his physical health. Appearing to be self-neglecting. Easily agitated and feels he's not being listened to by professionals. Open to EIP and the South crisis team. He is attending appointments regularly. Very closed off to any medication options and hospital admission. EIP & CRHT decided to refer for MHAA to consider hospital admission.

Relevant Information to support referral below:

15/04/2024 - Dr Ramachandra MH assessment. Luke listed conditions of; Epstein-Barr virus infection, Encephalitis, Mycoplasma Pneumonia, neuronal inflammation and toxicity and Autism. He believes he is autistic due to 'oxidative stress'. Dr Ramachandra noted 'It appears that he is showing a number of symptoms of what might be delusions of hypochondriasis'. He was referred to EIP for an assessment.

Mental Health Act Assessment

19/04/2024 - GP Contacted EIP. The communication below is between Rebecca Yates (EIP Duty Practitioner) and Dr Green (GP) I have obtained the information below from RIO. TC received from GP, Dr.Green raising concerns.

- She stated that from when she last saw Luke a couple months ago there has been a massive deterioration in mental state, so much so that she believed he required an assessment under the mental health act. Discussed that if she was that concerned, it may be helpful if she raised this as she has had contact with him - however, she stated that this is not something she is able to do as it is "mental health bread and butter".

- Explained that he was seen by CMHT and they referred to us this week, and that we are booked to assess him next Friday. Discussed whether he required crisis support if she was significantly concerned, she stated that she had already spent an hour on this man and that she is about to start afternoon clinic so she wasn't prepared to make another referral and that she would like me to do so. I explained that I had not seen him, therefore the information would be third party but I would call CRHTT and explain the situation.

- Her main concern was self neglect and the immediate risk of this, she said that he is not eating or drinking and has lost a lot of weight. He is not caring for himself whereas previously he was.

- She stated that his delusions have got worse, thinking that there are conspiracy theories.

- She reported that Luke is living in a converted ambulance in a field in Weston.

- I am unsure whether Luke is aware of the referral that Dr. Green has made.

Luke was referred to Crisis Team following conversation with EIP team practitioner.

22/05/24 Luke had continued to attend appointment with EIP and the Crisis team but he was not agreeing to treatment of his mental health. He is focused on physical health problems which has not been substantiated by about 30 visits to A&E. Luke came to his appointment at Antelope house on the 22nd of May and he was reviewed by Trust (CRHT Practitioner) and Akin (HCC AMHP) and during conversation with Luke, he agreed to having a MHAA on 24th of May by 2pm at Antelope house.

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Details of consultation with other professionals (Care coordinator, key worker, Responsible Clinician, GP)

21/05/24

Telephone call Southampton EIP - I asked to speak to Erica and I was advised that she wasn't in. I left a message for her to call me back.

T/C to 101

I spoke to Chloe and enquired if there is any update about Luke. I was advised that the information that was shared with the

Mental Health Act Assessment

police about him riding his motor bike when he has been barred by DVLA and his erratic behaviour has been shared with the appropriate team. Chloe said that she couldn't tell if there was any update yet and if there was one this would come through the police via a PPN or S136 if Luke was detained.

T/C to Southampton Crisis Team -
Telephone conversation with Chelsea.

Chelsea confirmed that Luke would be visiting the team tomorrow at 12. She advised that there is a serious concern around Luke's mental health and there is a view that he requires hospital admission as he is not engaging with treatment in the community.

Chelsea said that Luke has continued to attend all of his appointments with them and there has been a suggestion for the MHAA to take place when Luke visits. Under the principle of transparency, their team have been asked to let Luke know of the plan for a MHA to take place on his next visit but she feels that he would not turn up to Antelope house.

I said that due to the difficulty of engaging with Luke in the community and the risk of him absconding, MHA assessment would need to take place in a planned way. I said that I would like to propose to attend Luke's meeting tomorrow at Antelope house by 12 noon. I said that during the visit we would share with Luke about AMHP concerns that has been reported by professional and from his response, we would determine the right course of action. I shared that there is already a discussion about obtaining a warrant for Luke however this has to be the last resort when all other means of engagement with him fails.

T/C from Erica

I informed Erica of the plan to attend Luke's appointment when he visits CRHT tomorrow 22/05/24. I asked if Luke engages in any form of therapy when he visits and I was informed that he just likes to talk to professionals but he would not agree to engage in any treatment for his mental health. I advised Erica that I would provide further update after the visit.

22/05/24

Telephone call to Erica

I informed Erica that Luke has been offered an appointment for a MHAA on Friday 24th of May at 2pm. Erica asked if Luke had the

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capacity to demonstration about the assessment and the purpose of it. She continued by saying that he has been offered a MHAA in the past but he has declined to engage. I advised that during conversation with Luke, I did not have any concern about his mental capacity to consent to attending MHAA.

T/C to Southampton Care Nav

I shared that a MHAA has been booked for Luke on the 24th of May at 2pm. I advised that he would need a bed if detainable. I was advised that the team are aware of him and they would try and identify a bed for him. I was informed that there are a number of discharged on the 24th and a bed should be available.

24/05/24

T/C to Crisis Team.

I spoke to [redacted] and I asked if a member of the team could attend Luke's MHAA at 2pm. I was advised that a member of the team has been tasked with attending the interview.

T/C to Southampton Care Nav

I contacted care nav for conversation of bed. The phone call was not answered.

T/C to Southampton Care Nav

I made a further call to Southampton Care Nav and I was advised that a bed had been identified on Saxon ward.

T/C to secure care

I contacted secure 3 times but the phone call to book transport but the phone call was not answered.

T/C to Southampton CRHT

I spoke to Matt who was going to attend the interview. I advised that I have not been able to book secure care as they are not answering the phone and I doubt they would be able to attend the interview. I said that I didn't book secure care earlier because I wasn't sure if a bed would be identified at the time of the interview. I said that I had only just confirmed the bed about 2 hours to interview.

I said that I was advised on Tuesday by Trust (CRHT) that there was a response team at Antelope that could support with moving Luke onto the ward if he was to be detained. Matt said that he would make enquiry about this and come back to me.

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When I arrived at Antelope house, Matt said that the response team have advised that they would be around the reception area about 14:30pm and they would be able to support with moving Luke to the ward if he was to be detained.

Medical Assessment

First Medical Assessment Completed by (Name and Contact details)

Dr Thagadur: Consultant Psychiatrist and S12 approved -

Second Medical Assessment Completed by (Name and Contact Details)

Dr Jadhav: Consultant Psychiatrist and S12 approved -

Interview

Interview Date and time

24

05

2024

14:15

Interpreter Required, Translator, British Sign Language, Other Communication aid

No

Details of the interview, including who was present

Present: Luke (patient), Dr Thagadur, Dr Jahdav, Matt (CRHT) and Akin Ola (AMHP)
Interview took place in the tribunal room at Antelope house. Luke appeared calm and pleasant, he looked unkempt and his hair was dishevelled. Luke had a number of waist bag which had items such as a bell attached to it. He said that the bell was for scaring birds away and preventing them from defecating on his motor home (converted ambulance).

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Introduction was completed by AMHP and Luke was informed that he was having a MHA assessment. I shared that the reason for the assessment was because he had indicated to myself and a member of staff from CRHT when we met him earlier in the week that he has had a number of physical health examination which had not exacerbated his circumstance. Luke nodded in agreement then I said that having a mental health act assessment could bring more clarification into his situation and the assessing team may be able to provide him with the help he required.

Luke was asked what has been happening with his health. He started to take about how he had seizure as a baby and he ended up in an incubator to ensure that he didn't have a brain damage. He was redirected towards providing response to what has been happening with his mental health. Luke said that he needed to provide the background about his birth before answering the question.

Luke then said that since January 2024, he has had 34 attendance to A&E, 14 paramedics call out and been escorted out of A&E by security guards. Luke said that no one seem to be listening to the fact that he wanted some help with managing his physical health problem. He mentioned that he was a recluse previously but he has now ended that life style which is part of the reason he has agreed to see psychiatrist today.

Luke was asked what he was hoping to get from the interview. He talked about requiring a diagnostic tool to help identify the problem he has been having with his brain. He was asked if he has ever had a brain scan and he said "it is interesting you asked that question" he continued by saying that he has only ever had a standard CT scan on his 14th visit to A& E but nothing sophisticated that could have proved helpful. Luke said that he has been using Cayenne pepper to manage his health issues.

Luke then looked at the assessing team and he said that he was experiencing symptoms of cerebral palsy. He was asked if this was diagnosed but he said no. He said that he has not received the diagnoses because professional were not interested in his mental health. He also said that he experiences Encephalitis. Luke said that he has been trying to manage his symptoms with the use of cayenne pepper

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Luke was asked to describe the symptoms he is experiencing. He then started making a clicking sound with his mouth and was mumbling. After the first symptom, he was moving his hands from side to side uncontrollably and he said this was symptom for cerebral palsy. He recounted an occasion where he was in A&E and he was trying to call the attention of staff but he couldn't speak as he was experiencing one of his symptoms so he decided to use Morse Code but no one understood this. Luke said that he gets this symptoms when he is stressed.

Luke was asked if he had a mental health problem. He declined to say. He was asked if he took medication and he said that he has not yet had any diagnosis so doesn't need medication. He was asked if he would agree to further assessment of his mental health and he said yes. He was advised that the assessment would have to take place in hospital and he was asked if he agree to coming to hospital for a few day but he declined.

Luke said that he was managing well in the community. He said that he has been plagued with a number of physical health problem. He said that he has never needed a help with his mental or physical health. He also said that he had just registered to a GP in February 2024. Luke said that he has a team of people looking after him which is apart from his GP, Crisis team and EIP team. He couldn't say who this people. Luke said that the main reason when he was speaking to the assessing team was because of adrenal fatigue which was causing him to have poor sleep, cognitive problems and brain fog. He said that he has develop a CBT programme which he is using to cope with the problem.

Luke said that he had singed up to Britain's Got Talent (BGT) to sing Ave maria or do some comedy. Luke said that he has been practicing.

During the interview, Luke was observed recording the interview and when asked about this, he indicated that he was doing a recording. Luke was informed that he didn't seek permission before he started recording. Luke said that it was for his own record. He was advised to put the recording away and he said no.

Luke was asked again if he would consent to informal admission but he said no.

Mental Health Act Assessment

Were AMHT / OPMH / CAMHS / CMHT invited to attend?

Yes

Did they attend?

Yes

Number of attempts to secure 1st Doctor

05

Number of attempts to secure 2nd Doctor

02

Mental Capacity

Does the individual have an impairment of, or disturbance in, the functioning of their mind or brain?

Yes

Provide evidence of how you arrived at this conclusion

Luke presents with a psychotic disorder. He is experiencing paranoia of a persecutory nature. He believes that he is being abused by his previous work colleagues, ex-partner and NHS professionals who he believed have given him medication which could harm him. Luke is preoccupied with thoughts that he has underlying physical health problems such as Chronic fatigue syndrome, Cerebral Palsy, Epstein Barr Virus but none of these conditions have been substantiated during all of his attendance to A&E.

Does this person have capacity to make decisions about their care and treatment?

No

Please expand on the reasons why

Luke does not have the mental capacity to make decision about hospital admission and treatment.

Mental Health Act Assessment

Having considered MCA (2005) and MHA (1983) explain which legal framework has been chosen and why

Consideration was given to AM v SLAM: Luke did not consent to attend hospital for assessment and treatment and he had to be restrained when he was taken on to the ward. This amounts to an objection therefore Luke is ineligible for MCA and DoLs; the appropriate framework to authorise his assessment and treatment is the MHA.

Outcome

Discussion and Justification

The assessing team agreed that Luke is suffering from a mental disorder which requires assessment and treatment in hospital. Prior to his interview,

Luke has been presenting with paranoia of a persecutory nature. He believes that he is being abused by his previous work colleagues, ex-partner and NHS professionals who he believed have given him medication which could harm him. Luke is preoccupied with thoughts that he has underlying physical health problems such as Chronic fatigue syndrome, Cerebral Palsy, Epstein Barr Virus but none of these conditions have been substantiated during all of his attendance to A&E. He believes all of his physical health problems have been exacerbated by the social stressors he is experiencing.

During the interview, Luke looked unkempt and there was evidence of self-neglect. He was mostly calm and pleasant when the interview commenced and his speech appeared to be of an increased pace. Luke did not always stay on the topic of discussion and at times it

Mental Health Act Assessment

was difficult to redirect him when he was talking. Luke was preoccupied with his physical health problems and he demonstrated some of the symptoms he experiences by making a clicking sound from his throat, shaking his hands uncontrollable. During the interview he reported that the stress of the process was getting to him so he took out a red powder and was ingesting this. He said that it was Cayenne pepper which helps to lower cortisol level when he is stress and thereby preventing him experiencing brain damage.

Luke's mental health needs are such that he requires admission to hospital for assessment and treatment of his mental health. At this time there are no viable alternatives to continued hospital admission - attempts have been made by EIP team and CRHT to treat Luke in the community but he did not believe that he has a mental health problem. Luke does not have the mental capacity to consent to admission as an informal patient (section 131 of the Act) and is ineligible for DoLS as he is objecting to hospital admission. Therefore, the least restrictive option is admission under the framework of the MHA.

To Health:

Further deterioration in his mental health due to non consenting to treatment.

To Safety

Unintentional self-neglect.

Vulnerable and a risk of abuse from others.

Luke has been driving his motor bike in an erratic manner and is a risk of accidents. He feels that he is able to tell what speed other motorist are doing. He has been reported to drive through red lights.

For the Protection of Others

Putting other motorist at risk due to his erratic behaviour at traffic lights.

S2 vs S3

This is Luke's 1st admission under the MHA. He requires a period of admission to hospital for assessment and the treatment of his mental health. S2 is appropriate to facilitate his admission and treatment.

Having given consideration to the relevant circumstances, including the views of others including family members, viable alternatives and the Guiding Principle of Least Restrictive option I am satisfied that it

Mental Health Act Assessment

is both necessary and proper to make an application under S2 of the MHA.

Outcome of discussion with person being assessed

When outcome was shared with Luke, the response team were around in reception area. Luke was informed that he has been detained on S2 of the MHA. Luke turned his phone camera on and he started recording me asking me to repeat the outcome which I repeated. He said that he did not agree with the outcome so he packed all his properties which included his helmet and bags and he wanted to leave. The door to the hospital had to be locked to prevent Luke from leaving.

Luke then threatened to smash the glass door with his shoes. I tried to reassure Luke that admission in the hospital was in his best interest. He said that he would not agree to anyone making decision for him. I advised Luke that he has the right to appeal his section via a tribunal but he continued to decline admission to hospital. He said that I deceived him and he was becoming quite agitated so I moved away from his view as my presence was causing him to become further agitated.

The response team tried to reassure Luke but he would could not be reassured. He had to be restrained by the response team as he was becoming aggressive posing a risk to himself and the members of the response team. Luke was eventually taken onto the ward.

Legal status at completion of Mental Health Act Assessment

Please select. (Legal Status must be updated)

Detained S2

Mental Health Act Assessment

Admission Details

Hospital the individual was admitted to

Antelope House

Ward & Telephone number

Saxon Ward -

How was the individual conveyed?

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Other (Please give details)

If Other chosen - please give details

I was unable to get through to secure care. The response team from Antelope house moved Luke from the reception area to the ward.

Additional Information

Give full details of any referrals, or arrangements made, e.g. Referral to MASH, care arrangements for dependents, Carers Assessment, protection of property, pets etc

Verbal Handover given to Duncan Fogarty (Nurse in Charge on Saxon ward).

Referral to Central AMHP to send NR leaflet to Geraldine.

Was a S135(1) warrant obtained?

No

Details of where the Mental Health Act Assessment Report will be sent

MHASoton@southernhealth.nhs.uk

Name of ward Nurse to which verbal handover was given

Duncan Forgaty

Assessment Completed Date and time

24

05

2024

20:45

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Total Hours to complete assessment (include time spent gathering information, coordinating assessment, traveling, assessing, writing report, discussing outcome etc)

10.00