

OVERVIEW AND SCRUTINY BOARD

**The Provision of Approved Mental Health Professionals (AMHPs)  
Final Report of the Social Care and Adult Services Scrutiny Panel**

9 November 2015

**PURPOSE OF THE REPORT**

1. To present the findings of the Social Care and Adult Services Scrutiny Panel following its investigation into The Provision of Approved Mental Health Professionals (AMHPs).

**BACKGROUND**

2. It is impossible to deliver quality social services without a highly trained, resilient, reflective and skilled workforce. Social workers play an important role in the delivery of high-quality mental health services. They have a unique contribution to bring to this field – both supporting those in crisis and focusing on prevention in the community. When working effectively, mental health services can support people to live meaningful and independent lives.
3. In recent years, there have been a number of attempts to improve the status of the social work profession. Despite the progress that has been made, there remain a number of challenges concerning recruitment, education and effectiveness of social workers in mental health teams. This is putting mental health services under enormous strain. Some areas of the country suffer from a shortage of social workers to work in mental health settings. This is creating a shortage of people who can go on to become Approved Mental Health Professionals (AMHPs). Nationally, the most acute recruitment and retention problems concern AMHPs.
4. AMHPs exercise the functions provided for under the Mental Health Act 1983, including being the main coordinators of complex assessments and making decisions about compulsory admissions to hospital.<sup>1</sup>

**TERMS OF REFERENCE**

5. The agreed terms of reference, for the review, are outlined below:
  - a) To examine the role of Approved Mental Health Professionals (AMHPs).
  - b) To consider the position in respect of AMHP staffing numbers, the support for staff and the quality of services being provided.
  - c) To identify the challenges and difficulties encountered in the recruitment and retention of AMHPs.
  - d) To establish the impact of AMHP workforce challenges on mental health social work and residents.
  - e) To examine potential solutions and effective interventions that will address recruitment and retention problems.

**METHODS OF INVESTIGATION**

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<sup>1</sup> Institute for Public Policy Research (IPPR) Think Ahead – Meeting the Workforce Challenges in Mental Health Social Work (May 2014)

6. The scrutiny panel investigated this topic over the course of 3 meetings held on 3 September, 1 October and 22 October 2015. A Scrutiny Support Officer co-ordinated and arranged the submission of written and oral evidence and arranged witnesses for the investigation. Meetings administration, including preparation of agenda and minutes, was undertaken by a Governance Officer.
7. A record of discussions at scrutiny panel meetings, including agenda, minutes and reports, is available from the Council's Egenda committee management system, which can be accessed via the Council's website at [www.middlesbrough.gov.uk](http://www.middlesbrough.gov.uk).
8. This report has been compiled on the basis of information submitted to the scrutiny panel.

### **MEMBERSHIP OF THE PANEL**

9. The membership of the scrutiny panel was as detailed below:

Councillors J McGee (Chair), T Lawton (Vice-Chair), D P Coupe, D Davison, S Dean, E Dryden, T Higgins, L Lewis and J A Walker.

### **THE SCRUTINY PANEL'S FINDINGS**

10. The scrutiny panel's findings, in respect of the terms of reference, are outlined below:

#### **TERM OF REFERENCE: TO EXAMINE THE ROLE OF APPROVED MENTAL HEALTH PROFESSIONALS (AMHPs)**

11. The Assistant Director for Social Care and the Supervising Practitioner for Approved Mental Health Professionals (AMHPs) provided Members with an overview of the AMHP role, including duties and responsibilities.

#### **Mental Health Act (MHA) 1983 – The Local Authority's Responsibilities**

12. Approved Mental Health Professionals (AMHPs) are trained to implement elements of the Mental Health Act 1983, as amended by the Mental Health Act 2007 - in conjunction with medical practitioners.
13. Members queried whether there are any national indicators, or benchmarks, in terms of the number of AMHPs that local authorities are required to employ. It was conveyed that local authorities have a duty under the Mental Health Act 1983 Code of Practice to ensure "that a sufficient" number of AMHPs are available to carry out their roles under the Act. It was highlighted that there is no set number of AMHPs specified by the Code of Practice, but it states that local authorities must provide a 24-hour AMHP service "that can respond to patients' needs".

#### **Assessment Process**

14. Members heard that AMHPs perform a vital statutory function and have central responsibility for organising, co-ordinating and contributing to Mental Health Act (MHA) assessments.
  15. The scrutiny panel was advised that the assessment process includes considering whether a patient needs to be admitted to hospital, looking at other alternatives to the use of compulsion - in respect of that admission to hospital, and working in partnership with other professionals including the police, the ambulance service, doctors, care co-ordinators, the nearest relative of the patient etc. It was highlighted that the AMHP's role includes
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arranging for the assessment of the person concerned by two medical practitioners, who must be independent of each other and at least one of whom should be a specialist in mental health.

16. Members heard that there is a need to consider whether any decision, in respect of any other type of medical intervention - such as voluntary admission or an increase in support to the patient, is appropriate and necessary.
17. The scrutiny panel was informed that assessments can be carried out in a patient's home, a hospital, a police station or a care home etc.

### **Statutory Powers and Duties**

18. The scrutiny panel was advised that AMHPs have a number of statutory powers and duties including:
    - The co-ordination of MHA assessments and arrangements for conveyance to hospital or implementation of any alternative care plans;
    - Duty to respond to S136 detentions in a police station or the 136 suite at the hospital;
    - Power to make Community Treatment Order (CTO) applications and agree to revoke or extend a CTO;
    - The supervision of section 37/41 patients in the community and production of 3 monthly reports for the Ministry of Justice;
    - Power to apply to Court for section 135 warrants if necessary to obtain entry to premises;
    - The duty/power to apply for Guardianship/Guardianship renewals;
    - Duty to consider a request for a MHA assessment from a nearest relative and, if the AMHP decides not to make a recommendation, to inform the nearest relative of the reasons why in writing;
    - Power to apply to the court to displace the nearest relative, if the criteria apply;
    - Duty to produce a statutory report on completion of an assessment.
  19. The scrutiny panel found that it is the responsibility of the AMHP to identify the patient's nearest relative. It was conveyed that the AMHP also has responsibility for arranging each patient's transport to hospital (usually Roseberry Park at James Cook University Hospital or West Lane hospital for children). Members heard that if there are no beds at the local units, patients can be diverted to other units in areas such as Harrogate, York or Norfolk. The AMHP usually accompanies the patient to the hospital to explain the background to the case and why the patient is being detained.
  20. Members heard that if a patient is showing signs of aggression, the AMHP has discretion whether to involve the police. The scrutiny panel was advised that if the police are called to an incident where a person is displaying signs of mental health problems, the police have the power, under Section 136 of the MHA, to remove the person from a public place to a place of safety - if in their view the person needs immediate care or control. Members were informed that the police will usually call the AMHP that is on duty, to carry out an assessment with doctors, if an AMHP is not already present. AMHPs have the power to restrain a patient but they can delegate the power back to the police. Members were informed that a 136 suite is available at Roseberry Park.
  21. Members were advised that AMHPs undertake a mix of planned and unplanned work, and the service has to have the capacity to respond to both. There is a need for AMHPs to respond to emergency situations, where there may have been a sharp deterioration in a
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patient's condition. The scrutiny panel heard that AMHPs also provide expert advice, guidance and support to other professionals and prepare reports for tribunals and hearings.

**TERM OF REFERENCE: TO CONSIDER THE POSITION IN RESPECT OF AMHP STAFFING NUMBERS, THE SUPPORT FOR STAFF AND THE QUALITY OF SERVICES BEING PROVIDED**

**Middlesbrough's AMHP Provision**

22. On 1 October 2015, Members were advised that Middlesbrough Council's current AMHP provision was as follows:

Team	No. of AMHPs	No. of AMHPs on the Rota	Funding
Lakeside (Affective Disorder)	1	1	Middlesbrough Council 1x recharged to TEWV
Parkside (Psychosis)	3	3	Middlesbrough Council
Woodside (Older People's Mental Health)	0	0	When in post – Funded by Middlesbrough Council
Forensic Learning Disabilities Team	1	1	Middlesbrough Council
Forensic Mental Health Team	2 (1 of the 2 is currently on maternity leave)	1	2x recharge to TEWV
Criminal Justice Liaison Team	1	1	Funded by a Service Level Agreement
Best Interests Assessment Team	2	1	Funded by Middlesbrough Council/Service Level Agreement
<b>TOTAL</b>	<b>9</b>	<b>8</b>	

23. On 1 October 2015, it was reported that Middlesbrough has 9 AMHPs, 8 of which are on the emergency duty rota.

24. It was conveyed that, in June 2015, two Social Workers completed the AMHP training programme, although they will not be in a position to practise independently until November/December 2015. The AMHP training programme provides a post-graduate level qualification. The scrutiny panel found that, in respect of Middlesbrough Council, newly qualified AMHPs are required to assist an experienced qualified AMHP with 4 or 5 assessments before being able to work independently. Members were advised that each newly qualified AMHP is required to have an AMHP mentor.

25. The scrutiny panel heard that four Social Workers have been identified to undertake the next AMHP training programme, at a cost of £2,500 per person. It was highlighted that, following completion of the programme, the qualified AMHPs will be in a position to practise independently in November/December 2016.

26. Members heard the ideal number of AMHPs, required by Middlesbrough Council, is difficult to establish - as the volume of work continues to change. However, it was suggested that approximately 16 AMHPs would assist in ensuring that the service functions effectively, and efficiently, and that pressures on current AMHPs are alleviated. It was conveyed that the Council could examine the merits of establishing a reciprocal agreement between local authorities to initiate joint working.

27. It was highlighted to the scrutiny panel that recently one AMHP post had been advertised internally and only one application was received. Members were advised that a further post

has been advertised externally, however, the submission date for applications has not yet been reached (reported on 1 October 2015).

### **AMHP Provision in the Tees Valley (incl Darlington)**

28. Members received comparable information/data on each local authority in the Tees Valley, including Darlington, in respect of:
- The number of AMHPs.
  - Population.
  - The number of statutory assessments carried out, under the Mental Health Act (MHA) 1983, in 2014/15.

<b>Local Authority</b>	<b>Number of AMHPs</b>	<b>Population</b>	<b>MHA Assessments</b>
Middlesbrough	9	138,900	379
Redcar & Cleveland	10	135,000	106
Stockton	12	191,600	312
Hartlepool	8	92,000	130
Darlington	12	105,600	275

29. A Member queried the number of AMHPs currently employed by Redcar and Cleveland Council – the panel had been advised that 7 AMHPs previously employed by Middlesbrough Council had joined Redcar and Cleveland Council – see further detail at paragraph 48. The Delivery Manager for Mental Health and Safeguarding advised that the current provision in Redcar and Cleveland is due to retirement and career progression.

### **The Support for AMHPs**

30. Members were advised that the Local Authority has a number of key responsibilities in relation to AMHPs, including:
- Ensuring that all AMHPs have access to professional supervision and support in their role;
  - Providing a minimum of 18 hours of refresher training, relevant to the AMHP role each year - as determined by the local authority;
  - Responsibility for the health and safety of AMHPs whilst they are undertaking assessments on their behalf;
  - Responsibility for professional competence in their role as an AMHP, and for removing or suspending their warrant as necessary;
  - Legal indemnity whilst undertaking the AMHP role; and
  - Access to legal advice whilst carrying out AMHP duties.
31. Members were informed that the Association of Directors of Adult Social Services (ADASS) recommends that local authorities maintain at least one directly employed senior manager or officer that has knowledge of the AMHP role, or service, to ensure:
- That AMHPs have access to independent advice and support;
  - To act as a 'champion' to deal with, and highlight, any issues identified by AMHPs.
32. It was conveyed that Vanessa Fryer, the Delivery Manager for Mental Health and Safeguarding, is the appropriate officer for Middlesbrough Council.

### **Quality of Services**

33. In November 2014 an internal audit was undertaken, in respect of Middlesbrough's AMHP
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service, during the period of 1 January 2014 to 30 September 2014.

34. Members heard that each MHA report was audited and considered against the four categories in the rating scale, namely SUPERIOR, GOOD, FAIR or POOR. It was conveyed that reports fell mainly within the FAIR to GOOD category (with a combined rating of 95%). Cases falling within this category had information either missing or incomplete. Members were advised that, on a positive note, no cases were found to be POOR – see below:

<b>Rating Category</b>	<b>AUDIT 2014</b>
SUPERIOR	5%
GOOD	46%
FAIR	49%
POOR	NIL
TOTAL	100%

35. The audit highlighted some issues/faults with the format of the MHA report documentation, which did not prompt the author to expand on decision-making processes. It was highlighted that the MHA report documentation is used across the Tees Valley authorities and work is currently being undertaken to amend the documentation.
36. At the time of the audit (November 2014) there were 13 AMHPs employed by Middlesbrough Council. The audit highlights that Middlesbrough AMHPs have undergone major workforce challenges that have included significant change in working practice (see paragraph 52) and resource availability (see figures at paragraph 39). However, it was conveyed that AMHPs remain committed to their role and focussed on ensuring the best interests of individuals, in mental health services, are met.
37. The outcome of the audit report was presented to Corporate Management Team in November 2014. It was highlighted that when some of the MHA reports had been inspected, as part of an inspection by the Care Quality Commission (CQC) of Roseberry Park, the CQC had indicated that the quality of work undertaken by the AMHPs was to be recommended given the circumstances with regard to staffing levels.

## **TERM OF REFERENCE: TO IDENTIFY THE CHALLENGES AND DIFFCULTIES ENCOUNTERED IN THE RECRUITMENT AND RETENTION OF AMHPS**

### **AMHP Provision**

38. It was found that the AMHP service delivers a complex range of statutory duties and it is now struggling to provide an effective and efficient service.
39. It was advised that the level of AMHPs, employed by Middlesbrough Council, has reduced from **21** in January 2012 to **9** AMHPs – as reported on 1 October 2015 (with 8 on the rota). Members heard that the current level of AMHPs is unsustainable in the long-term.
40. A Member queried what action the service takes if, due to the lack of provision, an AMHP is unable to undertake an MHA assessment. The scrutiny panel was advised that the Council contacts a neighbouring authority, who agree to respond accordingly.

### **Personal Liability**

41. It was conveyed that AMHPs are the applicant in the assessment process and as such, have a personal liability for the judgements made. Members heard that the Local Authority provides indemnity but any legal action taken, in relation to a MHA assessment, is taken
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against the AMHP personally. Members ascertained that this personal liability remains, even after the AMHP is no longer employed by the Council.

## **Working Conditions**

### Number of Mental Health Act (MHA) Assessments

42. It was highlighted, to the scrutiny panel, that:
- In 2013/14 128 MHA assessments were undertaken, which resulted in people being admitted and detained in hospital.
  - In 2014/15 188 MHA assessments were undertaken, which resulted in people being admitted and detained in hospital.
43. Members were advised that there has been an increase in statutory work, over the past year, which is mainly due to the Cheshire West Judgement that came into force on 19 March 2014 – further information can be found at paragraph 52. The scrutiny panel was informed that the Tees, Esk and Wear Valleys Mental Health Legislation Committee has ascertained that activity under the MHA remains relatively high in respect of all areas and services across the Trust.

### Working Hours

44. Members heard that due to current staffing levels, two AMHPs are required to be on the rota each day for 3 - 4 days a week. It was conveyed that this creates major pressure for the individual AMHP and their teams, who already manage high risk caseloads. As a result of the pressures on AMHPs, a high level of assessments are undertaken outside of normal working hours. The scrutiny panel was informed that the rota is mainly covered by the goodwill of AMHPs. However, it was conveyed that the increasing demands placed on AMHPs, both from the rota and daily case management work, cannot be sustained.
45. It was conveyed that AMHPs could complete a full day shift and then be called out, after working hours, to deal with a patient and this can extend their working day to 20 hours - in some cases.

### Administrative Support

46. The scrutiny panel found that the Mental Health Act 1983, in respect of MHA assessments, conveys that reports must be distributed within 5 working days. The Delivery Manager for Mental Health and Safeguarding advised that AMHPs experience difficulties in getting reports typed, due to a reduction in administrative support.

### Remuneration

47. It was conveyed that although those issues previously highlighted could potentially impact on the recruitment and retention of AMHPs, it was reported that locally, recruitment and retention issues are mainly due to remuneration. The scrutiny panel heard that the salary and supplement paid to Middlesbrough AMHPs is well below that which is paid by other local authorities in the North East region – see table below:

<b>AREA</b>	<b>SALARY</b>
Darlington	On scale £34,000 to £39,000 (approx.)
Durham	Advanced progression pt. 39 (£33,857) to pt. 43 £37,483)

Gateshead	Advanced progression pt. 40 (£34,746) to pt. 43 (£37,483) plus 2 increments
Hartlepool	Advanced progression pt. 41 (£35,662) to pt. 45 (£39,267)
<b>Middlesbrough</b>	<b>Pt 37 (£31,846) to pt. 38 (£32,778) to pt. 39 (£33,857). Plus a £2,000 supplement paid per annum.</b>
Newcastle	Senior Practitioner pt. 41 (£35,662) to pt. 44 (£38,405)
Northumberland	Advanced progression pt. 40 (£33,998) to pt. 44 (£37,578) plus extra allowance if work after 8pm (separate from EDT work).
North Tyneside	Advanced progression pt. 39 (£33,857) to pt. 43 (£37,483)
Redcar	Pt 44 (£38,405) to pt. 46 (£40,217) with specific job description
South Tyneside	Pay an additional 2 increments to salary up to max pt. 42 (£36,521). Senior AMHPs are higher.
Stockton	Advanced progression pt. 39 (£33,857) to pt. 42 (£36,572). Senior Practitioners pt. 42 (£36,572) to pt. 45 (£39,268)
Sunderland	Proposed scale £24,472 - £35,662 plus 2 increments.

48. The scrutiny panel was informed that the main reason for AMHPs leaving Middlesbrough is the discrepancies in salary, compared to other local authorities in the region. Members heard that, over the past four years, 7 AMHPs that had been employed and trained by Middlesbrough Council had left to join Redcar and Cleveland Council - mainly as a result of the higher salary offered.

## **TERM OF REFERENCE: TO ESTABLISH THE IMPACT OF WORKFORCE CHALLENGES ON MENTAL HEALTH SOCIAL WORK AND RESIDENTS**

### **Local Influences**

49. The scrutiny panel was advised that there are a number of factors which add to the volume and complexity of AMHP activity in Middlesbrough.

### Community Mental Health Profiles

50. Community Mental Health Profiles provide a brief overview of mental illness prevalence, treatment and outcomes to inform planning across the wider health and social care system. In respect of the Community Mental Health Profile 2014, the South Tees Clinical Commissioning Group (CCG), covering Middlesbrough and Redcar & Cleveland, scores significantly higher than the England average in relation to:
- Depression prevalence.
  - Depression incidence.
  - Depression and anxiety prevalence.
  - Mental health problem prevalence.
  - % reporting a long-term mental health problem.
  - The number of hospital admissions for mental health.

### Location of Regional Services

51. Members heard that the Tees, Esk and Wear Valleys (TEWV) NHS Foundation Trust has located some regional services at the Roseberry Park site in Middlesbrough, which has impacted on the demand for mental health services.

### Cheshire West Judgement

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52. It was ascertained that the Cheshire West Judgement, which came into effect on the 19 March 2014, has resulted in an increase in the detention of incapacitated individuals. The Supreme Court ruling outlines the test that must be used in the determination of whether arrangements made for the care and/or treatment, of an individual lacking capacity to consent, amount to a deprivation of liberty. Following this judgement, when making a decision with regard to whether a person needs to be admitted to hospital under the Mental Health Act, the AMHP, 2 qualified doctors (one of which needs to be an approved doctor under Section 12 of the Act) and the nearest relative to the patient need to be involved in the decision making process. The scrutiny panel was advised that if the relative disagreed with a decision to make a compulsory admission to hospital, it could be challenged through the Court.

### Residence Rules

53. Section 40 of the Care Act 2014 makes changes to the ordinarily residence rules, which will impact on 117 after care duties and responsibility for the mental health teams.
54. It was highlighted that the responsibility for undertaking an AMHP assessment rests with the authority that the patient is located in, at the time of the request. Members heard that if a patient, from another authority, is in a hospital located within Middlesbrough then the legal responsibility to provide the assessment rests with Middlesbrough. It was conveyed that once a patient is discharged, any subsequent treatment becomes the responsibility of the authority where the person resides.
55. Members found that Middlesbrough Council has had a Cross Boundary Agreement with the local authorities that are covered by the TEWV area. The authorities within this area agreed to undertake MHA assessments for their residents, regardless of where they are located in the TEWV, at the time of the request.
56. The scrutiny panel was informed that recent legislation and codes of practice have placed a greater emphasis on where the person is located at the time of the assessment request, and it is possible that authorities may be reluctant to sign up to any future cross-boundary agreements. This could result in significant pressure being placed on AMHPs in Middlesbrough, especially as Middlesbrough Council covers a number of hospitals, including James Cook University Hospital, West Lane Hospital and Roseberry Park.

### **Challenges**

#### Police and Ambulance Service

57. The scrutiny panel found that on-going difficulties are experienced in respect of responses from the police and ambulance service and these continue to have an impact on the MHA assessment process. It was highlighted that, for example, the process of the assessment, from start to finish, is between 2 and 3 hours. However, the waiting time for police/ambulance attendance can result in the process taking 6-12 hours. Members were advised that during this time the AMHP is often left to manage what can be a volatile and risky situation.
58. The scrutiny panel found that the police and ambulance service are responsible for prioritising their own workload and AMHPs are unable to have any influence on this issue. In an emergency, if an AMHP feels their safety is at risk, they can use the 999 number - this is used on very rare occasions.

#### Section 12 Doctors

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59. The scrutiny panel was advised that there are issues with the availability of Section 12 qualified doctors, who are required for MHA assessments and specialise in mental health.
60. It was conveyed that local authorities are encouraged to ensure that the two doctors, participating in the MHA assessments, are not part of the same Trust. Members were informed that this often proves to be difficult because of the shortage of qualified Section 12 doctors.
61. Members heard that doctors that attend MHA assessments are usually paid £250 per assessment - if the patient is not already under their care. If the patient is under the doctor's care they do not receive a fee for carrying out the assessment in normal working hours. This can result in some assessments being carried out after normal working hours, which can have a detrimental effect on the waiting patient.
62. Members were informed that officers spend a large amount of time attempting to identify available Section 12 doctors to attend a MHA assessment.

## **TERM OF REFERENCE: TO EXAMINE POTENTIAL SOLUTIONS AND EFFECTIVE INTERVENTIONS THAT WILL ADDRESS RECRUITMENT AND RETENTION PROBLEMS**

### **Terms and Conditions of Employment**

63. A Member queried whether the Local Authority could require AMHPs, who have received training by the Council and then subsequently left the authority, to repay their training fees. The Assistant Director for Social Care advised that provision is in place but is rarely implemented; however, it is an issue that could be explored once the recruitment and retention issues have been addressed.

### **Increase Market Supplement**

64. Members were advised that Social Care's Senior Management Team had recently agreed, in an attempt to reduce the real and immediate risk of more AMHPs leaving the authority, to offer a £2,000 honorarium in addition to the current market supplement of £2,000. This will result in AMHPs receiving £4,000 per annum – in addition to their salary. It was conveyed that the increase in supplement is hoped to provide an incentive for staff to continue practising as AMHPs and demonstrates recognition of the demands, complexity and personal risk of the role.

### **Increase Salary**

65. The scrutiny panel was advised that a strategic approach is required when considering the future employment and retention of AMHPs - such as an increase in salary.
66. The scrutiny panel received information on future costs in respect of the employment of AMHPs - taking into account the 9 AMHPs currently employed (as reported on 1 October 2015) and the two AMHPs that are due to be qualified in November 2015. Members were advised that:
  - The cost to Middlesbrough Council to bring AMHP salaries in line with Redcar & Cleveland costs would be £38,337 per annum.

### **Additional Administrative Support**

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67. A Member queried whether the reduction in AMHPs is due to the lack of available administrative support and AMHPs being required to undertake administrative tasks in addition to their social work duties. The Delivery Manager for Mental Health and Safeguarding advised that evidence suggests that AMHPs are leaving the Council because of the difference in salary, but the issue of administrative support could be a contributing factor. Members acknowledged that the Council's reductions in staff, and funding, are inevitably going to impact on services.

### **ADDITIONAL INFORMATION**

68. In the course of the scrutiny panel's investigations, information came to light which, while not directly covered by the terms of reference, is relevant to the work of the panel on this topic. This related to:

### **Recording and Monitoring of Data**

69. Members heard that the way in which data is recorded and monitored, in respect of the work undertaken by the AMHP service, differs from one local authority to another. It was found that Middlesbrough Council records the number of MHA assessments undertaken, whereas other authorities refer to all work undertaken by the AMHP service. It was highlighted that this data includes requests for referrals – which may not have resulted in a MHA assessment being carried out. The scrutiny panel was also advised that Middlesbrough Council does not include the statistics from the Emergency Duty Team or the Community Treatment Order Team.
70. Another issue that was conveyed is that when Social Care had an integrated arrangement with health, AMHPs inputted data on the health system rather than the social care system. It became apparent that officers from Social Care are in the process of extracting data from the health system, however, there are issues surrounding the Data Protection Act. The Head of Specialist and Lifelong Services advised that the Council had withdrawn from the integrated arrangements with Health to operate a dual arrangement with two locations. It was highlighted that the dual arrangement has enabled AMHPs to focus on the social work aspects of their role.
71. Members expressed concerns in respect of the recording and monitoring of data/information and conveyed a requirement for work to be undertaken across the Tees Valley authorities to review current processes - as the integrity of any data produced is very important.

### **Emergency Duty Team (EDT)**

72. The scrutiny panel was also informed that the Emergency Duty Team (EDT) provides an out-of-hours response to emergency situations involving child protection, child care, mental health and other adult care service matters. The EDT covers the boroughs of: Darlington, Hartlepool, Middlesbrough, Redcar & Cleveland and Stockton-on-Tees. The EDT quarterly statistics, for the period 1 July 2015 to 30 September 2015, are as follows:

Description	Darlington	Hartlepool	Middlesbrough	Redcar & Cleveland	Stockton	TOTAL
Mental Health Formal Assessment	15	14	28	24	31	112
Mental Health General Assessment	1	2	2	2	3	10

## **CONCLUSIONS**

73. Based on the evidence, given throughout the investigation, the scrutiny panel concluded that:

### **AMHPs**

- a) All local authorities have a statutory duty, under the Mental Health Act 1983 Code of Practice, to provide a 24-hour AMHP (Approved Mental Health Professional) service that can respond to patients' needs. AMHPs perform a vital statutory function and have central responsibility for co-ordinating and contributing to Mental Health Act (MHA) assessments.

### **Middlesbrough's AMHP Provision**

- b) Although there is no set number of AMHPs specified by the Mental Health Act 1983 Code of Practice, the Council has a duty to ensure "that a sufficient number" of AMHPs are available to carry out their duties under the Act. Middlesbrough's AMHP service has undergone major workforce challenges that have included significant change in working practice and resource availability. The level of AMHPs, employed by Middlesbrough Council, has reduced from **21** in January 2012 to **9** – as reported on 1 October 2015 (with 8 on the emergency duty rota). The Council's recruitment and retention of AMHPs are serious areas of concern.
- c) The ideal number of AMHPs, required by Middlesbrough Council, is difficult to establish due to the increasing levels of demand. However, it was suggested that approximately 16 AMHPs would assist in ensuring that the service functions effectively, and efficiently, and that pressures on current AMHPs are alleviated. AMHPs undertake a mix of planned and unplanned work and the service needs to have the capacity to respond to both. It is becoming more essential for local authorities to train more AMHPs – in Middlesbrough, 6 Social Workers are either being trained or are scheduled to commence the next AMHP training programme; however, the majority will not be in a position to practice independently until November/December 2016. In addition, 2 AMHP posts have recently been advertised, although there has been little interest in the vacancies. The current level of AMHPs is unsustainable. Work should therefore be undertaken to examine the merits of developing an AMHP protocol to establish joint working across the Tees Valley local authorities.

### **Challenges**

- d) AMHPs are highly skilled professionals, qualified to post-graduate level, with considerable legal responsibilities and close links with the safeguarding agenda. The reducing number of Middlesbrough AMHPs is causing strain on the remaining workforce and this will only intensify if recruitment and retention issues remain unresolved.
  - e) The shrinking number of AMHPs poses a significant threat, given the increasing levels of demand for mental health services. The South Tees Clinical Commissioning Group (CCG), which covers Middlesbrough and Redcar & Cleveland, scores significantly higher than the England average in terms of levels of mental health and illness and the number of hospital admissions for mental health. The borough of Middlesbrough also covers a number of hospitals – including James Cook University Hospital, West Lane Hospital and Roseberry Park. Furthermore, with a greater emphasis being placed on where a person is located at the time of the assessment request, further pressure will undoubtedly be placed on Middlesbrough's AMHPs.
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- f) On-going difficulties are experienced in respect of the response times from the police and ambulance service and these continue to have an impact on the MHA assessment process. There are also issues with the availability of Section 12 qualified doctors - who specialise in mental health and are required for MHA assessments. The difficulties reported warrant further investigation.

## **Solutions**

- g) The main reason for AMHPs leaving Middlesbrough is a result of higher salaries being offered elsewhere in the region. Over the past four years, 7 AMHPs that had been employed and trained by Middlesbrough Council left to join Redcar & Cleveland Council. Although Middlesbrough Council has attempted to reduce the risk of more AMHPs leaving, by offering a £2,000 honorarium in addition to the market supplement of £2,000, a more strategic approach is required.
- h) From the Community Mental Health Profile 2014 it is evident that the South Tees CCG, covering Middlesbrough and Redcar & Cleveland, demonstrates high levels of demand for mental health services. Furthermore, the borough of Middlesbrough covers a number of hospitals, including Roseberry Park that provides some regional mental health services. With this in mind, there is a need to bring Middlesbrough's AMHP salaries in line with Redcar and Cleveland Council. The increase in salary, to this level, will demonstrate recognition of the demands, challenges, complexity and personal risk of the role and convey continuity across the South Tees CCG.
- i) There is provision in place to request that those AMHPs who have received training from the Council and then subsequently left, repay their training fees - however, this is rarely implemented. There is a need for the terms and conditions of AMHP posts to explicitly convey this condition and for it to be enforced, by the Council, when required.

## **Additional Findings**

- j) There has been a reduction in the availability of administration support to AMHPs, however, it was acknowledged that the Council's reductions in staff, and funding, are inevitably going to impact on services.
- k) The way in which data is recorded and monitored, in respect of the AMHP service, differs from one local authority to another. The integrity of any data produced is very important and there is a need to review current processes across the Tees Valley authorities to ensure comparative data is more readily available.

## **RECOMMENDATIONS**

74. The Social Care and Adult Services Scrutiny Panel recommends to the Executive:

- a) That work is undertaken to examine the merits of developing an AMHP protocol to establish joint working across the Tees Valley local authorities.
- b) That the Council's Health Scrutiny Panel conducts an investigation of police and ambulance response times and the availability of Section 12 doctors, in respect of the MHA assessment process.
- c) That the salary for Middlesbrough's AMHPs is increased in line with Redcar and Cleveland Council - pt 44 (£38, 405) to pt 46 (£40,217) and that, to coincide with the increase in salary, the AMHP job description and personal specification is reviewed.
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- d) That the employment terms and conditions, in respect of AMHPs, are explicit in stating that: in the event that an AMHP, who has been trained and employed by Middlesbrough Council, terminates their employment within a specific timeframe, then repayment of training fees will be required; and that the Council ensures this condition is enforced.
- e) That, if the Council has been unsuccessful in appointing to the recently advertised posts, the posts are re-advertised detailing the increase in salary.
- f) That the Council initiates work, across the Tees Valley authorities, to review the current processes for recording and monitoring data/information in respect of the AMHP service.

## **ACRONYMS**

75. A-Z listing of common acronyms used in the report:

- ADASS – Association of Directors of Adult Social Services
  - AMHP – Approved Mental Health Professional
    - CCG – Clinical Commissioning Group
    - CTO – Community Treatment Order
    - EDT – Emergency Duty Team
      - MHA – Mental Health Act
  - TEWV – Tees, Esk and Wear Valleys

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  - V Fryer - Strategy and Delivery Manager for Mental Health and Safeguarding, Middlesbrough Council
  - A Russell – Supervising Practitioner for Approved Mental Health Professionals (AMHPs), Middlesbrough Council

## **BACKGROUND PAPERS**

77. The following Council sources were consulted or referred to in preparing this report:

- Agenda papers and minutes of the Social Care and Adult Services Scrutiny Panel meetings held on 3 September, 1 October and 22 October 2015.

**COUNCILLOR JULIE MCGEE**

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