

Report to Interim Executive Director for Adults and Health (DASS)

September 2020

New operating model for the Approved Mental Health Professional (AMHP) service

Report by Head of Health & Social Care Commissioning

Electoral divisions: All

Summary

The Council has a statutory duty to have an Approved Mental Health Professional (AMHP) service with sufficient professional resources (AMHPs) to operate on a 24-hour, 7 day a week basis and meet demand. Following a referral, AMHPs undertake assessments to determine if an individual should be admitted, detained and treated in hospital for a mental disorder without their consent.

A review of the AMHP Service in 2019 found issues with practice requiring improvement and recommended a new service model as the best way to address this. This recommendation has been developed further into the proposed new operating model for the AMHP Service detailed in this report, which will deliver a statutory, high quality and sufficient service.

The proposed new operating model is for a 24/7 hub and spoke (hybrid) AMHP service. This model has been trialled on an interim basis since February 2020 using short-term funding and has proved to be successful. Similar models are in place in neighbouring authorities.

The AMHP service would be provided by the Council and would work in close partnership with other organisations, including Sussex Police, South East Coast Ambulance (SECAMB) Service, Sussex Partnership Foundation Trust (SPFT) and acute hospital trusts.

Recommendation

To ensure a high quality AMHP service, it is recommended that a new operating model for the AMHP service, as set out in paragraph 2 of the report, be approved. The new model will be introduced from 1 January 2021.

1. Background and Context

Review of Mental Health Services

1.1 In November 2018 an improvement programme for Adults Services was established. A review of mental health services was included in the programme because:

- The partnership agreement for the integrated provision of adult mental health care services with Sussex Partnership Foundation Trust (SPFT) was due to

expire in March 2019 and there needed to be consideration whether this was still the appropriate mechanism to deliver the service.

- There were concerns that the Approved Mental Health Professional (AMHP) out of hours service was becoming increasingly difficult to sustain and potentially non-compliant with service requirements.

1.2 This review was undertaken jointly between the Council and the SPFT commencing in August 2019. The resultant proposal is included in this report.

Background

1.3 The Council has a statutory duty to have sufficient AMHPs to carry out their roles on a 24/7 basis. A person can be admitted, detained and treated in hospital for a mental disorder without their consent. There is a legal framework for their treatment, including compulsory admission and detention in a psychiatric hospital (Mental Health Act 1983, amended 2007).

1.4 A person may be lawfully detained for assessment or treatment on the recommendation of two doctors and an AMHP. The role and assessment of the AMHP is crucial to the process.

1.5 The Mental Health Act 1983 (amended 2007) outlines specific timescales for assessment, which AMHPs must comply with.

1.6 Social workers, nurses, occupational therapists and psychologists can act as AMHPs, however nationally and locally, the majority of AMHPs are social workers. It is the responsibility of the local authority to approve a person to act as an AMHP on its behalf. Before granting approval, the local authority must be satisfied of an individual's competency. Regulations provide a framework for the approval and re-approval of AMHPs.

1.7 The Council currently has 42 AMHPs:

19 are seconded to SPFT under the joint provision partnership agreement
17 are deployed across various WSCC teams
6 individuals have casual AMHP contracts with WSCC

A number of staff are subject to different employment and supervisory arrangements due to the secondment provisions in the partnership agreement and the proposal for the new model, seeks to achieve consistency and more effective management of the whole service.

National Context and Issues

1.8 Nationally there is a shortage of AMHPs. Recent national research¹ reports recruitment and retention issues are due to a high prevalence of stress and emotional exhaustion amongst AMHPs caused by:

- The complexity of undertaking Mental Health Act (MHA) assessments.
- Difficulties in accessing section 12 doctors (approved to undertake MHA assessments) and waiting for other professionals to mobilise support and resources such as provision of beds and/or ambulance conveyance.

¹ Research from ADASS, 2018; CQC 2018, Stevens et al, 2018, NHS Benchmarking and ASASS 2018, Stone 2019

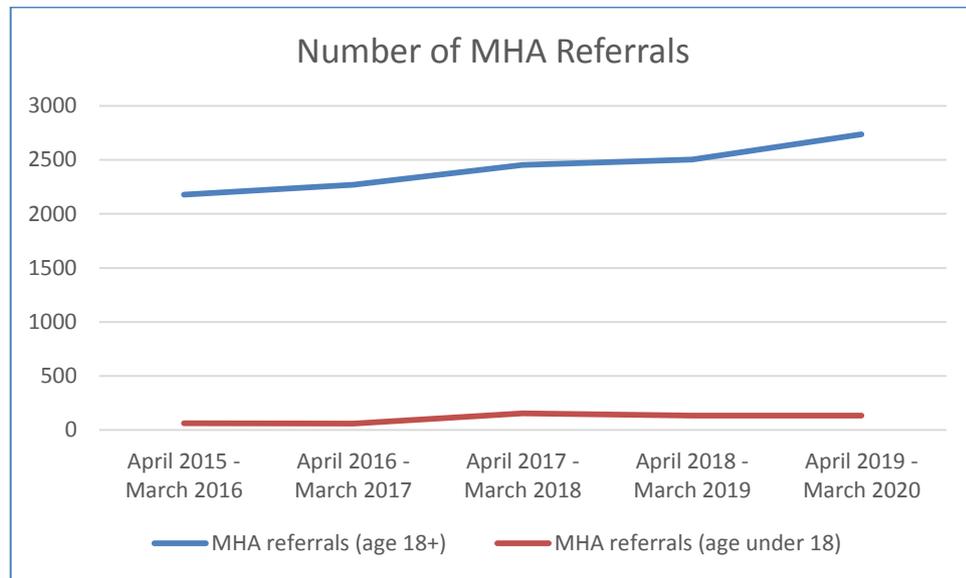
- Excessive and unpredictable working hours in lone working situations and environments that may present some aggression, whilst simultaneously trying to coordinate risky situations supporting customers and their families.
- 1.9 The [National Workforce Plan for AMHPs](#) provides guidance on the employment, recruitment and retention of AMHPs and the National AMHP Standards, which underpin the future development of the role, were taken into consideration as part of the Council's AMHP review.
- 1.10 The Council currently has 56 AMHPs (ratio of 1:15,000), a ratio similar to many authorities.

Local Context and Issues

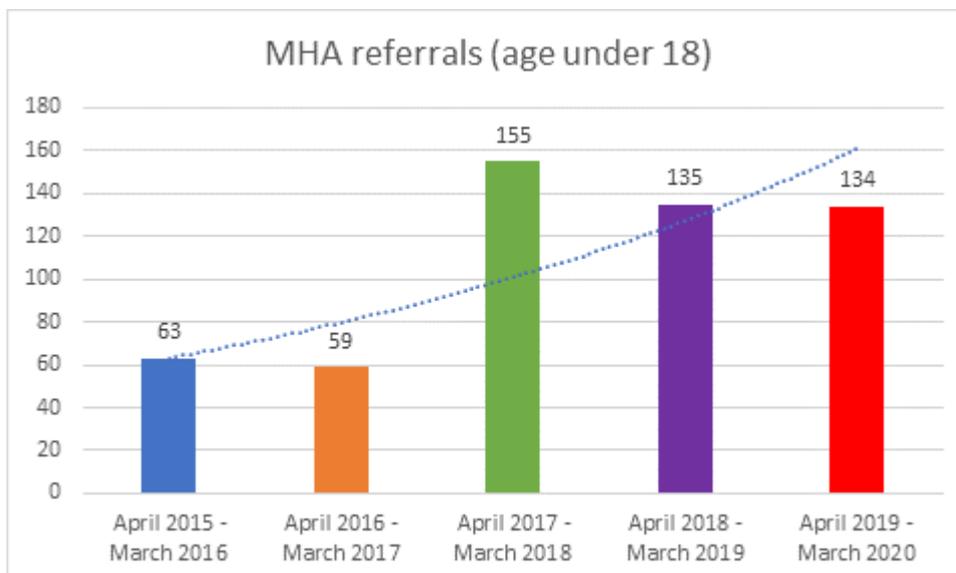
- 1.11 West Sussex County Council and SPFT are currently working under a provider to provider partnership agreement for the integrated provision of adult mental health services. The agreement was extended on 31 March 2020 for a further 12 months to enable the review of mental health social care services and the development of a new operating model. Approximately half of the existing AMHPs are located in the Council's general adult operations teams, with the other half being seconded to SPFT teams under the agreement.
- 1.12 This traditional model is to be replaced by a new model informed by national guidelines, best practice, and similar hub and spoke operating models in neighbouring authorities. Examples include:
- Brighton & Hove – operates a hub and spoke model 24/7, dedicated AMHP service (with no separate out of hours team) on 3 rolling shifts. However, in Brighton pay and rewards are not streamlined and are similar to the current model in West Sussex, which the Council is seeking to move away from to ensure there is a more consistent and predictable budget which doesn't rely on overtime.
 - East Sussex – operates a hub and spoke model during office hours, resourced as follows:
 - Hub - 5 AMHPS, including the lead AMHP.
 - Spoke – approximately 30 AMHPs sitting in community teams who support the AMHP hub via a rota.
 - 2 AMHP Resource officers who are unqualified staff and support with planning assessments.
 - Emergency Duty Team:
 - Out of Hours - currently 5 AMHPs in total.
 - Weekdays - 2 AMHPs working 5pm - 12am and 5pm - 9am.
 - Devon – fully dedicated model with 30 AMHPs who work in 3 distinct geographic areas and only undertake AMHP work. The implementation of this model has led to increased retention and job satisfaction, better joint working with crisis teams, advice to police and engagement with services to improve prevention. Lone working and staff stress were major issues but have now vastly improved and the AMHP role is now an important part of Devon's regional mental health services. The AMHP out of hours service is incorporated within a generic EDT and is less successful, so is under review.
 - Gloucestershire – operate a hub and spoke model on a 24/7 basis, as follows:
 - Hub - AMHPs paid with an additional anti-social payment of 33%, which increases to 66% on bank holidays.

- Spoke – AMHPs operate 9am – 5pm, have to cover 3 days a month and receive an allowance of £2,000.

1.13 The traditional service model used in West Sussex has been unable to adapt sufficiently to meet the increased demand for the service or peaks in demand. The increase for MHA assessments is illustrated below. In addition, Covid-19 has had a significant impact on numbers of referrals and demand has grown throughout 2020 and is expected to continue into 2021.



1.14 The AMHP Service receives referrals and undertakes assessments for people of all ages, including children and young people under the age of 18. This include referrals from the specialist in-patient facility (Chalkhill) within the county that treats children and young people experiencing emotional difficulties, mental health problems and eating disorders. The number of referrals for children and young people has slightly reduced in the last three years (although the overall trajectory is upwards), but it is expected that demand will increase due to the impact of Covid-19. Due to this level of demand, there is an aspiration to build increasing diversity into the workforce, by sponsoring staff with a child and family background, to undertake the AMHP training.



- 1.15 The last five years of data shows that peak times of demand were between 2pm – 7pm, seven days a week. In the 12-month period October 2018 to October 2019, the service received a total of 2,801 MHA referrals and completed 2,010 assessments. Of these assessments:
- 988 were completed outside normal office hours.
 - 1,022 undertaken in normal office hours.
- 1.16 The structure of the rota and the focus of the traditional service make it more difficult to undertake preventative work with referral agencies. The model and pay and reward structures are complex, some AMHPs are regularly working excessive hours with risks around breaching the European Working Directive, resources allocated do not correspond with demand and it relies on AMHPs volunteering to staff the out of hours shifts.
- 1.17 The budget for the traditional service model being used in West Sussex is not financially sustainable. This is largely due to costs of the night AMHPs and the out of hours service. Both are complex and include unpredictable arrangements where staff claim additional payments and overtime for hours worked during nights, weekends and bank holidays. As demand for the service has increased, and many assessments take place outside of working hours, the budget for the service is difficult to manage and overspending has resulted.
- 1.18 In November 2019 the Council put in place new arrangements based on a hub and spoke model which were informed by the review and best practice, whilst further work was underway. It is now important to put in place a permanent new model.

2. Proposal Details

New Operating Model

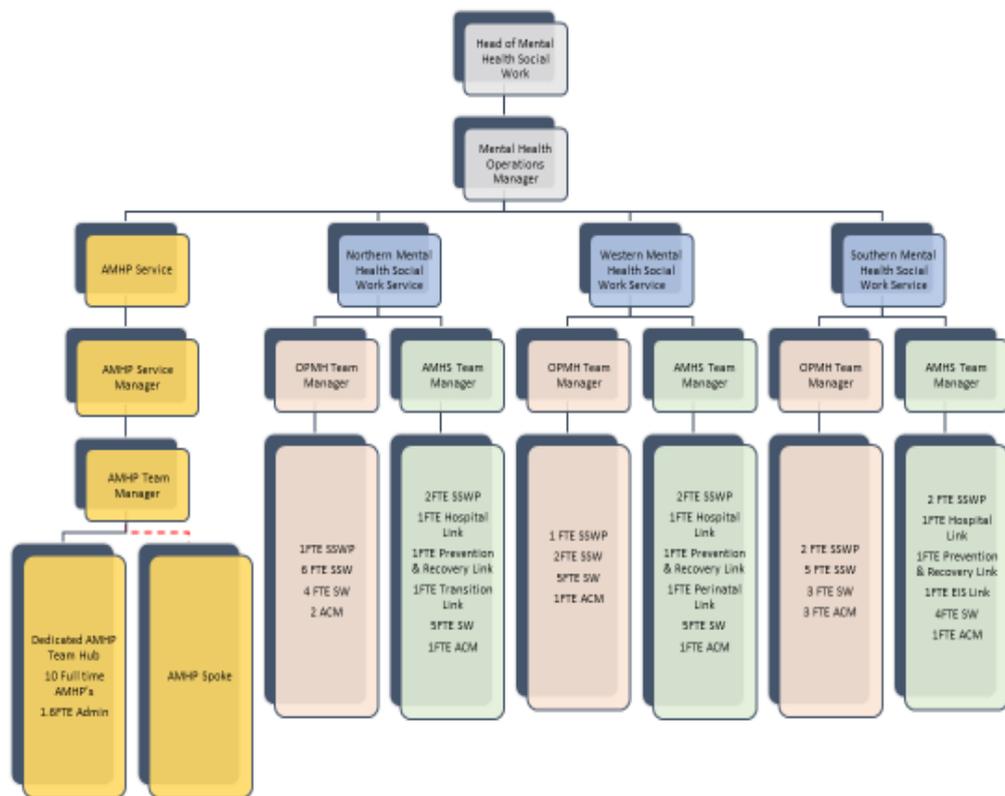
- 2.1 The recommended model is for a 24/7 hub and spoke (hybrid) AMHP service, without a separate Emergency Duty Team function. This model consists of:
- The Hub:
 - A dedicated team of 8 FTE substantive AMHPs working on a 24-hour, 7 day a week rolling rota, based in a central hub in Worthing. An AMHP will be designed as Lead for each shift.
 - 2 FTE dedicated substantive AMHPs to work in the hub, 9am- 5pm Monday to Friday to cover Community Treatment Order (CTO) work.
 - A Hub Team Manager, who manages the dedicated AMHPs and ensures the smooth running of the service.
 - 1.8 FTE administration staff, working 9am – 5pm, Monday to Friday.
 - The Spoke – a significant pool of locality-based AMHPs, who have substantive posts in other teams across health and social care, and potentially Children’s Services. These staff will be utilised in local areas to support the rota and undertake statutory AMHP responsibilities, both in and out of hours.
 - The whole AMHP service, will be overseen by a Mental Health Service Manager, with a focus on delivering a high quality and legally compliant AMHP service. This will remove the inconsistencies related to the fact that some of the AMHPs are seconded to the Trust.

The new model will be introduced from 1 January 2021. This will align with changes planned to the partnership arrangements with SPFT.

2.2 The number of dedicated AMHP staff required for the new Hub model (10 AMHPs, with a Team Manager) is based on the number of shifts needed to provide basic cover, and alongside the additional Spoke AMHPs, will meet the demand for assessments and peaks in demand. A recruitment campaign is underway to also increase the number of Spoke AMHPs working in the Council, by supporting existing staff to undertake the training.

2.3 The chart below illustrates how the dedicated AMHP service will be structured and how it will fit within the wider Mental Health service, once the partnership transformation work has been completed:

- AMHP service – yellow
- Older Person’s Mental Health Service (will contain some spoke AMHPs) – pink
- Adult Mental Health Services (will contain some spoke AMHPs) – green



Digital Requirements

2.4 It is planned for the new service model to be accompanied by a new referral/customer relationship management system (CRM). Currently referrals are recorded on paper files and manual spreadsheets, which does not provide sufficient visibility of what is happening with referrals or data security. Furthermore, the current way of managing referrals does not enable effective oversight or performance monitoring. Mosaic, the social care case management system used by the Council, is unable to sufficiently provide this function due to the nature of the work and the way that work is allocated.

2.5 An interim solution is being developed internally with the Performance and Insight Team, but in the longer term a new IT solution for referral/customer management is required for the AMHP service. As this has yet to be formally scoped, it hasn't been possible to estimate costs for a new CRM solution.

3. Other Options Considered (and reasons for not proposing)

3.1 The option of doing nothing would mean that the current 'traditional' AMHP operating model would not enable the service to meet best practice and would make it more difficult to run efficiently and effectively and recruit and retain the necessary number of AMHPs.

3.2 An alternative option is a hub and spoke day AMHP service (9am – 5pm, Monday – Friday) with out of hours, weekend and bank holiday services provided by an Adults Social Care emergency duty team. This option was rejected because it involves multiple "hand-offs" and would not provide the "single service" model that is needed, in order to ensure consistent processes and centralised management and leadership. It would also be more costly due to needing separate management capacity.

4. Consultation, engagement and advice

4.1 Staff engagement on new model took place throughout July and August 2020 through virtual engagement sessions (due to current Covid-19 restrictions) and a survey via the internal Big Exchange. Comments from staff included:

- a. Agreement that there were a number of challenges in how the AMHP Service was currently operating and that change was required.
- b. An increase in AMHPs with experience and skills in children's services would be welcomed.
- c. Acknowledgment that the interim Hub arrangements have improved the service and AMHPs appreciate the increased professionalism.
- d. Concerns about changes to the rota system and shift times/patterns, including whether sufficient staff would wish to cover night shifts and the number of shifts 'spoke' AMHPs would be required to complete per month/year.
- e. Queries about whether changes to pay and other financial benefits which would make the role or taking on additional shifts less appealing.
- f. Concern that staff currently seconded to the NHS Trust would not wish to return to the Council, which could leave gaps in the service which could be hard to fill through recruitment.
- g. Worries about more change for both staff and service users, which could be unsettling and confusing.

As a result of the staff engagement a number of changes to the proposals are under consideration, including changes to the rota.

4.2 Initial informal discussions have already begun with UNISON regarding the need to make changes to the operating model within Mental Health Services.

4.3 Formal staff consultation with two Night AMHPs, administration staff and the Joint Consultative Committee may be required.

4.4 Stakeholder engagement sessions took place with the following organisations on 12 and 17 August 2020:

- Sussex Police.
- South East Coast Ambulance Service (SECAMb).
- Acute trust (Psych liaison).
- SPFT (Crisis Resolution Home Treatment Team, Mental Health Liaison Practitioners, Senior Nurse Practitioners, The Haven at Mill View).

Stakeholders commented that the current interim hub solution has seen improvements in the service. They were generally positive about the proposals and were keen to ensure straightforward referrals processes and clear lines of communication between the AMHP Hub and other organisations.

- 4.5 The project had an aspiration to engage with service users and a session was due to take place on 19 August 2020. However, despite some effort, it has not yet been possible to identify and engage with service users and so work on this will continue.
- 4.6 Internal consultation has taken place with Finance and Human Resources, who have provided advice and support in the review of the AMHP Service and development of a new operating model.
- 4.7 The Health and Adults Select Committee considered the proposals at a meeting on [9 September 2020](#). The Committee welcomed the direction of travel and was assured that, based on the information provided and following the debate, that the Council would be able to provide a service based on best practice and able to meet demand into the future. The Committee requested that the new operating model be regularly monitored by the relevant internal governance mechanisms and asked to receive an update in 12 months' time.

5. Financial and Resource Implications

Revenue consequences of proposal

- 5.1 The full-year cost of the new model is estimated at approximately £1.5m. This compares to existing budget provision of £0.71m. The shortfall of £0.79m will be funded as follows:
- Expenditure is planned to be reduced by £0.15m by January 2023 through a review of the pay protection for the two members of staff currently working as Night AMHPs and from the benefits of a greater proportion of assessments being done during core working hours, which will result in less being spent on additional staffing cover. Until January 2023 these costs will be charged against the Improved Better Care Fund.
 - A further £0.31m will be funded through the reprioritisation of existing resources, including the deletion of the vacant post of Director of Adult Social Services, since that position is now part of the role of the Executive Director.
 - The balance of £0.33m can be afforded from the increase in the West Sussex Clinical Commissioning Group's minimum contribution to adult social care from the Better Care Fund (BCF). That increase is a condition of national planning guidance and will allow £0.4m of inflation which the Council had funded corporately to be charged to the BCF, so freeing those resources to contribute towards this proposal.
- 5.2 Through these actions the cost to the portfolio will become a net nil as shown in the table below:

	Year 1 2020/21 (part-year effect) £m	Year 2 2021/22 £m	Year 3 2022/23 £m	Year 4 2023/24 £m
Revenue budget	0.18	0.71	0.71	0.71
Cost of Proposal	0.38	1.50	1.46	1.35
Shortfall	-0.20	-0.79	-0.75	-0.64
Additional funding	0.20	0.79	0.75	0.64
Net budget effect	Nil	Nil	Nil	Nil

- 5.3 Separately to this, resources will be earmarked in the spending plan for the Improved Better Care Fund to fund expenditure on the proposed CRM system. Since this has yet to be scoped and will be a development where the needs of the AMHP service are only part of the specification, a cost estimate is not yet available. However, based on very preliminary figures, a provisional £0.1m has been set aside for this purpose.

6. Risk Implications and Mitigations

The new service model has been designed following a review of the service and is based on and informed by best practice, and the service is adequately resourced.

	Risk	Mitigating Action
1	<ul style="list-style-type: none"> Inability to meet demand and therefore meet statutory requirements. 	The new model will ensure the Council will be able to meet statutory duties related to undertaking timely MHA assessments as with increased capacity, the number of referrals passed to out of hours AMHPs and/or from one AMHP shift to another, will reduce.
2	Insufficient AMHPs available to work during the day, resulting in MHA assessments being pushed over to the out of hours service, which cannot meet the demand	<p>Improvements to the supervision, working environment, training and development opportunities and management support, will deliver improved recruitment and retention and will increase the profile and status of the AMHP role within the Council, ensuring a sufficient and high-quality workforce.</p> <p>The management and leadership structure will provide sufficient capacity to ensure that practice guidance, policies and processes are re-drafted and regularly reviewed to ensure they incorporate national best practice.</p>
3	Ensuring appropriate experience in the use of MHA for children and adolescents	Focus on recruitment of new AMHPs from children's services and opportunities for internal staff from Children, Young People and

		Learning to undertake the Council sponsored AMHP course at Brighton University.
4	Possible damage to relationships with partner agencies (i.e. SPFT, acute hospital trusts, police and ambulance)	Relationships are currently good. All work has been undertaken jointly and will continue to be so. Work will be undertaken with partner agencies in relation to managing the challenges of transport, bed delays and availability of s12 Doctors.

7. Policy alignment and compliance

Equality and Human Rights Assessment

- 7.1 The Council has a public sector equality duty, under the Equality Act 2010, to have due regard to the need to ensure the avoidance of discrimination relating to those with a protected characteristic. Disability, which includes a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities, is a protected characteristic.
- 7.2 The report recommends the best practice model for individuals requiring an assessment.

Social Value and Sustainability Assessment

- 7.3 The current service arrangements are not sustainable and there is a need to make changes to the model to ensure that Council is able to deliver on its statutory duties. There is the opportunity to add significant social value by getting the support right for people who experience mental health issues at an early stage and an improved focus on prevention, recovery and well-being.

Crime and Disorder Reduction Assessment

- 7.4 The proposals should deliver a system-wide benefit to partnership agencies making referrals to the AMHP Service. Individuals awaiting assessment in premises such as police stations, A&E departments and other places of safety and being supervised by their staff should spend less time waiting for an AMHP to arrive, as there will be sufficient staff to respond to referrals in a timely manner. This will free up police time and resources.
- 7.5 In Devon the implementation of this model has led to improved partnership working with the police service. The AMHP Service were more able to provide information and advice, with the ability to influence and discuss situations involving individuals that may require an MHA assessment. The use of section 136 (where a police officer can take someone to a place of safety while awaiting an MHA assessment) was reduced and relationships with police colleagues improved.

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