

Interim Executive Director for Adults and Health	Ref No:
September 2020	Key Decision: Yes
New operating model for the Approved Mental Health Professional (AMHP) service	Part I
Report by Interim Executive Director for Adults and Health and Head of Health & Social Care Commissioning	Electoral Divisions: All
<p>Summary</p> <p>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.</p> <p>A review of the current AMHP Service in 2019 found significant issues and risks within the service, including issues in relation to legal compliance and safe standards of practice, and made a number of recommendations for change. These recommendations have been developed further into the proposed new operating model for the AMHP Service detailed in this report, which will deliver a statutory, high quality, legally compliant and sufficient service.</p> <p>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.</p> <p>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 Service NHS Foundation Trust (SECAMB), Sussex Partnership NHS Foundation Trust (SPFT) and acute hospital trusts.</p>	
<p>West Sussex Plan: Policy Impact and Context</p> <p>Contributes to the West Sussex County Council objectives that children and young people are safe and secure and West Sussex is a healthy and safe place.</p> <p>Contributes to the Vision and Strategy for Adult Social Care in West Sussex of refocusing internal resources and strengthen partnership working to deliver excellent support and services, making sure that services are high quality and sustainable.</p>	
<p>Financial Impact</p> <p>The new operating model will cost an additional £0.79m for the two years from January 2021, reducing to an on-going £0.64m from January 2023. This will be met from a reprioritisation of existing resources supplemented by a contribution of £0.15m from the Improved Better Care Fund whilst planned efficiencies are implemented during the first two years.</p>	

Recommendation

To enable the Council to deliver a statutory, high quality, legally compliant and sufficient 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 should be introduced from 1 January 2021 to align with changes to the s75 arrangements.

Proposal

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 provider to provider section 75 (s75) agreement for the integrated provision of adult mental health care services with Sussex Partnership NHS Foundation Trust (SPFT) was due to expire in March 2019 and there needed to be consideration on 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 unaffordable and potentially unsafe and non-compliant with statutory requirements.

1.2 In August 2019 the Council appointed a mental health improvement lead with a remit to review the entire mental health offer and work with Sussex Partnership NHS Foundation Trust (SPFT) to recommend a model of best practice for West Sussex. While reviewing the AMHP service, the improvement lead noted some significant risks, which promoted a focused review of the service and changes in operational management. The issues specific to the AMHP service, presented significant financial and reputational risk to the Council. Further information on this and the recommendations is provided in the 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 of the AMHP is crucial to ensure a lawful process is followed.

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.

National Context and Issues

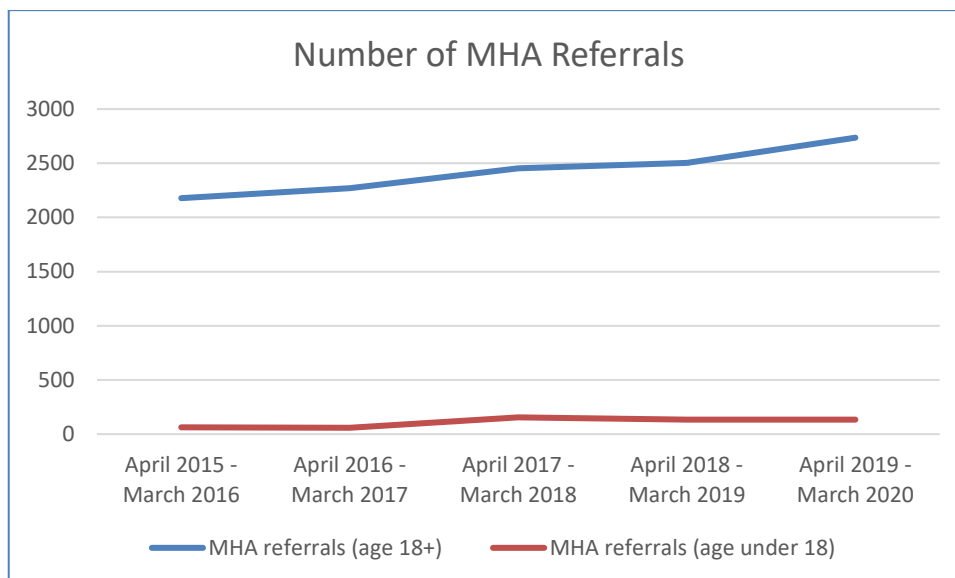
- 1.7 Nationally there is a shortage of AMHPs. Recent national research reports recruitment and retention issues are due to a high prevalence of stress and emotional exhaustion amongst AMHPs caused by:
- The complexity of undertaking Mental Health Act (MHA) assessments.
 - Difficulties in accessing section 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.
 - Excessive and unpredictable working hours in lone working situations and environments that may present violence and aggression, whilst simultaneously trying to coordinate risky situations supporting customers and their families.
- 1.8 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.
- 1.9 The Association of Directors of Adult Social Services (ADASS) recommends large shire counties to have a ratio of 1:11,000 AMHPs to population, which for West Sussex would mean 80 AMHPs. The Council currently has 56 AMHPs (ratio of 1:15,000), a ratio similar to many authorities.

Local Context and Issues

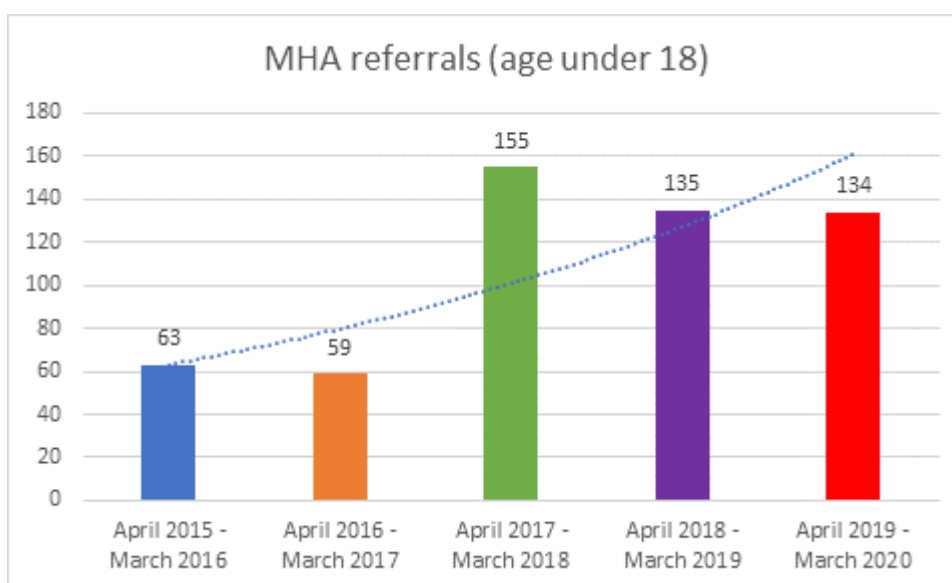
- 1.10 West Sussex County Council and SPFT are currently working under a provider to provider section 75 agreement for the integrated provision of adult mental health services. The agreement was extended on 31 March 2020 for a further 12 months to enable the review of mental health social care services 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 s75 agreement.
- 1.11 Prior to the review of the AMHP service, the Council was aware of several issues which were hindering the effective operation of the service. However, as the review started, significant systemic failings and issues were uncovered which had resulted in unsafe and illegal practice, resulting in the Council not meeting its statutory duties and a risk recorded on the Corporate Risk Register.
- 1.12 This traditional service model is no longer recommended as it doesn't meet national guidelines, best practice or match the models used by neighbouring local authorities who have successfully introduced a hub and spoke model following review and innovation. Examples include:

- Brighton & Hove – operates a hub and spoke model 24/7, dedicated AMHP service (with no separate out of hours team) on three 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 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 Improvement Lead noted a potential overuse of MHA assessments for children and adolescents, which requires further investigation. However, it may be due to the presence of the specialist in-patient unit and a dedicated under-18 s136 suite (Place of Safety) in the county, which are not routinely located in all Council areas. 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 model do not use the AMHP resource effectively and does not enable 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 salary arrangements for 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 Governance in the current model is weak with very little evidence of quality assurance measures, performance indicators or regular performance monitoring.
- 1.19 In order to address immediate identified issues in the service, in November 2019 the Council immediately made some temporary changes to improve oversight and provision. The strategic direction for the service is now led by the Head of Adult Operations, with operational management undertaken by the Mental Health Operations Manager. In early March 2020 further temporary staffing arrangements were implemented in order to reduce the operational and statutory risks posed by the existing AMHP model. A locum Service Manager has been recruited, a temporary AMHP Hub Team Manager was seconded from another business area and six AMHPs were withdrawn from their substantive posts to enable them to work as dedicated AMHPs in a daytime hub. Temporary funding was approved from improved Better Care Fund (iBCF), via the Adults & Health Leadership Team (AHLT), pending the agreement of a new operating model. The temporary staffing secondments are now causing pressures in general teams and management agreements, which were made pre-Covid, are being withdrawn, creating further instability for the AMHP service.

2. Proposal Details

AMHP service review (2019)

- 2.1 A review of the AMHP service took place between August and October 2019. The key recommendation was a new model for the AMHP service.

New Operating Model

2.2 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:

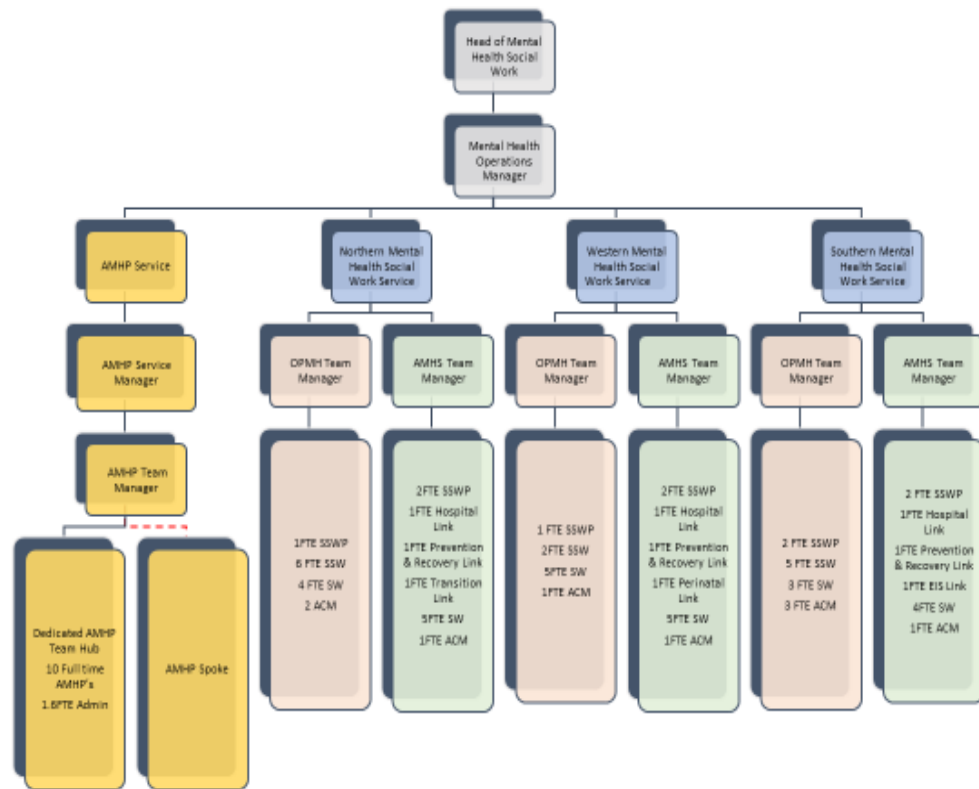
- The Hub:
 - A dedicated team of 8 FTE substantive AMHPs working on a 24-hour, 7 day a week rolling rota, based in a central hub in Worthing. An AMHP will be designed as Lead for each shift.
 - 2 FTE dedicated substantive AMHPs to work in the hub, 9am- 5pm Monday to Friday to cover Community Treatment 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.

The new model will be introduced from 1 January 2021 to align with changes to the s75 arrangements.

2.3 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. The number of AMHPs required is not based on the number recommended by ADASS (refer to paragraph 1.9 above), which would equate to 80 AMHPs in West Sussex as the new model provides for adequate cover to meet demand, with a smaller number of AMHPs.

2.4 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 s75 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

- 2.5 It is planned for the new service model to be accompanied by a new referral/customer management system. 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.
- 2.6 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 customer relationship management solution.

Improved Outcomes

- 2.7 The recommended AMHP service model will deliver improved strategic, operational and performance outcomes and system-wide benefits. It will also address the previous and current service issues highlighted above.

Current 'traditional' model	Recommended hub and spoke model
Does not meet national guidance, best practice or match neighbouring local authorities	<ul style="list-style-type: none"> • Model is based on the national guidelines, innovation and best practice. • Aligns with models used in East Sussex, Brighton & Hove and other neighbouring authorities to enable closer cross-border working. • Enables the Council to provide a centre of mental health excellence across the local authority area. • Enables the Council to lead on development work with partner agencies, such as SECAMb, SPFT and Sussex Police. • Enables appropriate representation from the Council at local and national forums such as the West Sussex Crisis Care Concordat, National AMHP Leads Network, to enable and promote inter-agency cooperation and collaboration and problem solve the availability of complex multi-agency resource issues that the AMHP workforce are dependent on to undertake their statutory functions. • Ensures the update and maintenance of all MHA policies and practice documents. • Enables the Council to provide a timely and responsive service to people, who are experiencing a mental health crisis.
Unable to prevent unsafe and unlawful practice	<ul style="list-style-type: none"> • Delivers a safe service for those requiring MHA assessments, their family and the wider public, as well as the AMHP staff. The AMHP workforce's safety and wellbeing is at the forefront of operational considerations and the expectation to lone work in non-contained environments is removed. • Reduces risks related to lone working. • Delivers a sustainable, high quality and legally compliant AMHP service. • Contributes to the West Sussex County Council objectives that children and young people are safe and secure and West Sussex is a healthy and safe place. • Contributes to the Vision and Strategy for Adult Social Care in West Sussex of refocusing internal resources and strengthen partnership working to deliver excellent support and services, making sure that services are high quality and sustainable.
Unable to meet increased demand or peaks in demand Does not use the AMHP resource effectively, complex, some AMHPs are regularly working excessive hours, relied on AMHPs volunteering	<ul style="list-style-type: none"> • Fully staffed AMHP service rota that incurs limited overtime costs with a culturally diverse AMHP workforce that is specialised across social care disciplines. • Ensures there is sufficient staffing to cover sickness, annual leave, training and peaks in demand. • Delivers clear oversight of day to day operations and out of hours, improving capacity and prioritisation. • AMHPs working in the spoke continue to practice as an AMHP on a regular basis as part of the duty rota.

<p>to staff the out of hours shifts</p>	<ul style="list-style-type: none"> • Removes the need for a separate Emergency Duty Service function the rolling rota provides adequate 24/7 cover.
<p>Weak governance with very little evidence of quality assurance measures, performance indicators or regular performance monitoring. Lack of management oversight.</p>	<ul style="list-style-type: none"> • Provides sufficient management oversight to enable service development and strategic planning for any future changes to legislation or guidance and accountability for performance management and quality assurance processes. • Provides a central point for all AMHP work to be received and recorded. Ensuring accurate data is gathered for reporting and performance purposes. • Each shift is led by an AMHP from the hub who will triage, prioritise and gather relevant information to enable them to consider the MHA request (s.13 MHA) and whether the statutory grounds are met for assessment. • Enables a systematic collation of data to meet reporting requirements, which will inform future changes to service delivery. • Enables Community Treatment Orders to be completed centrally • Enables work to be more efficiently predicted and planned.
<p>Appears to be an overuse of MHA assessments for children and adolescents.</p>	<p>(Noted that a higher number of assessments are to be expected in West Sussex due to specialist facilities for children and young people in the county)</p> <ul style="list-style-type: none"> • Provides capacity to review processes and procedures. • Active recruitment of AMHPs from Children’s Services or those with a specialism in children and young people. • Promote Council sponsorship of the AMHP course at Brighton University to staff in Children’s Services.
<p>AMHPs within the s75 arrangement isolated and unsupported, not in receipt of regular professional AMHP supervision and AMHP duties incompatible with demands of their day-to-day role</p>	<ul style="list-style-type: none"> • Provides dedicated staff for service delivery, with specialist knowledge and expertise. • Links with the proposed model for the new Mental Health Social Work service and when implemented, will complement the provision and deliver a high quality, specialist service.
<p>Recruitment and retention.</p>	<ul style="list-style-type: none"> • Delivers an AMHP service that supports the independence of AMHP decision-making while ensuring that they have access to individual, peer and professional support in order to explore working practices in a safe manner. • Promotes and enables strategic planning around recruitment, retention and career progression, ensuring the AMHP role is valued within the Council. • Promote peer discussion, problem solving and knowledge building.

	<ul style="list-style-type: none"> • Enable a focus on the support and training for student AMHPs and provide robust learning opportunities, within a protected and supportive environment.
	<p>Other benefits:</p> <ul style="list-style-type: none"> • Provides a central access point for referrals from nearest relative and partnership agencies. • System-wide benefit to partnership agencies making referrals as those awaiting assessment in their premises (such as police stations, A&E departments and other places of safety) and being supervised by their staff spend less time waiting for an AMHP to arrive, as there are sufficient staff to respond to referrals in a timely manner. • Work closely with crisis and home treatment teams so that decisions about alternatives to admission can be easily and quickly made. • Increase in the number of assessments carried out during 'office hours' as far as possible, when a larger number of options/facilities/support are open and available, to reduce the number of unnecessary admissions. • Enables AMHPs to develop and utilize their specialist knowledge and skills, in a wider sense, without being restricted to just formal MHA assessments. • Enables early collaboration with health professionals in other services, to develop a preventative approach and ensure that the formal MHA assessment process is not overused.

Factors taken into account

3. Consultation

- 3.1 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 issues, gaps and 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 made the service feel much safer 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 working under s.75 arrangements would not wish to return to the Council, which could leave gaps in the service which could be hard to fill through recruitment. There was a view among some that local authority social work was not as interesting and did not have the same status as the partnership work.
- 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.

- 3.2 Initial informal discussions have already begun with UNISON regarding the need to make changes to the operating model within Mental Health Services.
- 3.3 Formal staff consultation with two Night AMHPs, administration staff and the Joint Consultative Committee may be required.
- 3.4 Stakeholder engagement sessions took place with the following organisations on 12 and 17 August 2020:
 - Sussex Police.
 - SECAMb.
 - Western Sussex Hospitals NHS Foundation 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.

- 3.5 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.
- 3.6 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.
- 3.7 The Health and Adult Social Care Scrutiny Committee is due to review the proposals on 9 September 2020.

4. Financial and Resource Implications

Revenue consequences of proposal

- 4.1 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 iBCF.

- 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 that has been mandated by Government to the West Sussex Clinical Commissioning Group's minimum contribution to adult social care from the Better Care Fund (BCF). This 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.

4.2 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. Legal Implications

5.1 A review of the current AMHP Service in 2019 found significant issues and risks within the service, including issues in relation to legal compliance and safe standards of practice. The proposals detailed within this report have been designed in order to ensure the delivery of a compliant and lawful service.

6. Risk Implications and Mitigations

6.1 The review of the AMHP service has already found systemic failings over an extended period of time and a structure that has not protected its staff or residents. The risks detailed below are failings and issues that have already happened, and the risk is therefore that they would continue if wide ranging changes are not made. The mitigating action details how a new operating model for the AMHP service would provide a safe, compliant and lawful service.

	Risk	Mitigating Action
1	<p>Inability to deliver a high quality and legally compliant AMHP service, which is required of the Council, resulting in:</p> <ul style="list-style-type: none"> • Reputational risk if non-compliance and mistakes occur and become public • Risk if individuals or family members take legal action against the Council. • Financial risk of damages claims if assessments are unlawful, particularly those that result in a hospital detention. • Psychological/emotional risk to individuals and their families from unlawful assessments and detentions. 	<p>The proposed new AMPH model aims to ensure that such risks will not reoccur, and that practice is robust in future in order to ensure the best outcomes for individuals requiring an assessment.</p> <p>With a new model in place, 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.</p>
2	<p>Continuation of inefficient working practices, impacting on AMHP health and wellbeing, resulting in an increasing level of sickness and resignations amongst staff. This places the Council at risk in terms of delivery of statutory functions and management of risk and demand.</p>	<p>A full review of the AMHP service was undertaken and the proposed model aims to rectify previous issues and ensure practice will be robust in future.</p> <p>With the new model in place there will be more reasonable work expectations, which will improve recruitment and retention. The new model ensures there is sufficient staffing to cover sickness, annual leave, training and peaks in demand.</p> <p>Risks related to lone working will be reduced (particularly in relation to the night AMHPs, who currently work alone on shift).</p>
3	<p>A review of both the AMHP day rota and volunteer Out of Hours rota highlighted a number of financial and HR concerns, which have now been added to the Corporate Risk Register.</p> <p>Insufficient AMHPs available to work during the day, has resulted in MHA assessments being pushed over to the out of hours service, which cannot meet the demand, resulting in</p>	<p>Improvements to the supervision, working environment, training and development opportunities and management support, will deliver improved recruitment and retention and will ultimately, 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>

	<p>delays and distress to individuals and their families.</p> <p>The current model puts the Council at risk of legal challenge and disrepute if a serious incident were to take place and the service was unable to respond.</p>	
4	No access to specific MHA legal advice out of hours	<p>Consideration to be given to the legal offer available to neighbouring authorities.</p> <p>Liaison with the Council's legal service, to discuss potential options.</p>
5	The review highlighted a high use of the MHA for children and adolescents	<p>Further investigation is required to ascertain possible reasons for this and to inform any mitigations.</p> <p>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.</p>
6	Damage to relationships with partner agencies (i.e. SPFT, acute hospital trusts, police and SECAMB)	<p>Additional capacity, a core group of specialist staff and more timely response, will improve the relationships between the Council and partner organisations.</p> <p>Work will be undertaken with partner agencies in relation to managing the challenges of transport, bed delays and availability of s12 doctors.</p>

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

- 7.1 The option of doing nothing, of retaining the current 'traditional' AMHP operating model, is not believed to be a reasonable option due to the severity of the failings and issues that initially promoted the service review and those uncovered during the review. As detailed in paragraph 1.19, the Council has already made several temporary changes to the current model in order to improve safety while awaiting a decision on the future operating model.
- 7.2 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.

8. Equality and Human Rights Assessment

- 8.1 The Council has a public sector equality duty, under the Equality Act 2010, to ensure customers with a protected characteristic are not discriminated against. 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.
- 8.2 The report details action the Council has taken to review the AMHP service and recommendations to rectify issues and ensure practice is more robust in future in order to ensure the best outcomes for individuals requiring an assessment.

9. Social Value and Sustainability Assessment

- 9.1 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.

10. Crime and Disorder Reduction Assessment

- 10.1 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.
- 10.2 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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