

## Shared Services Joint Committee 27 March 2024

<b>Report Title</b>	Approved Mental Health Professionals (AMHP) Disaggregation Update / Progress Report
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<b>Executive Members</b>	Cllr Gill Mercer, Executive Member for Adults, Health and Wellbeing, NNC Cllr Matt Golby, Portfolio Holder for Adult Care, Wellbeing and Health Integration, WNC

<b>Key Decision</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Is the decision eligible for call-in by Scrutiny?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Are there public sector equality duty implications?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Does the report contain confidential or exempt information (whether in appendices or not)?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Applicable paragraph number/s for exemption from publication under Schedule 12A Local Government Act 1972</b>	

### 1. Purpose of Report

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- 1.1 This report is on the progress and timescales with the disaggregation of the Approved Mental Health Professionals (AMHP) service and seeks the approval from Shared Services Joint Committee to:
- Prepare a further report to a future SSJC meeting, where a path to Disaggregation will be outlined.

### 2 Executive Summary

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- 2.1 The AMHP is a Statutory role delivered pursuant to the Mental Health Act (2007) and its Code of Practice. The Local Authority (LA) is legally responsible for the Service. AMHP is a statutory service, due to the high risk of the people supported by this service, for which the LAs are legally responsible.
- 2.2 The Service is hosted by NNC, serving both Children and Adults across Northamptonshire.
- 2.3 The timeframe for disaggregation was set out within the IAA Blueprint approved by NCC and WNC initially set to be by April 2022, but in January 2021, it was agreed that it would be at a date after April 2022 without specifying a date.

- 2.4 The AMHP service has an Inter Authority Agreement (IAA) in place which lays out the service to be provided, statutory requirements and Key Performance Indicators (KPIs) which have to be reported against. There are also detailed arrangements laid down regarding the UK GDPR Article 28 regulations regarding the holding and processing of information.
- 2.5 To ensure NNC and WNC can continue to deliver the service safely as part of their statutory duties, without additional risk to customers, an updated report will set out a recommendation to reprofile the disaggregation of this function.
- 2.6 There is a national shortage of suitably qualified personnel for the AMHP Service. The Service will be at a high risk of failure if it is disaggregated prior to suitable staffing arrangements being in place. The risk to residents is significant (including potentially fatal) if the Service is not adequately resourced prior to disaggregation.

### **3 Recommendations**

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- 3.1 It is recommended that the Shared Services Joint Committee (SSJC) approve:

#### **Option A –**

- To receive a future report on progress and timescales with the AMHP service in May or July 2024 outlining a plan to disaggregate when it is safe and legal to do so.

#### **3.2 Reasons for the Recommendation**

- 3.2.1 Approving the proposed option will see a reprofiling of the disaggregation of the Service and will provide time to give greater assurance on when the service will be able to disaggregate, by ensuring staff can be recruited, adequately trained and qualified to provide safe and effective service delivery and to prepare how the Service should be managed to carry out its duties with the Emergency Duty Team activities transferring out from NCT who currently provide the service.
- 3.2.2 Reprofiting the disaggregation of the Service will reduce the significant risks to people with serious mental health problems as well as reducing risks of Local Authority liability and reputational damage to NNC and WNC.

#### **3.3 Alternative Options Considered (Not Recommended)**

**Option B –** Continue as a hosted service and not to disaggregate at all.

### **4. Report Background**

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- 4.1 From 1 April 2021, NNC and WNC entered an IAA for the delivery of hosted services as agreed as part of the Future Northants Disaggregation Blueprint.
- 4.2 The timeline for disaggregation of the Services is not currently set. It was agreed to be delayed until it is safe and legal to do so and to reprofile the hosted AMHP Service disaggregation timelines, adjusting the IAA Blueprint. The IAA

Schedule 2A1 and Schedule 3A1 are being updated and will be added as an Appendix.

- 4.3 The Service operates across Northamptonshire, responding to requests to coordinate and assess individuals who are in mental health crisis (alongside authorised doctors) and are considered to need admission to hospital using the powers of the Mental Health Act 1983.
- 4.4 During the project activity to disaggregate the Service, significant risks were identified. At the 16 June 2022 Adults IAA meeting and at the Shared Services Joint Committee 18 January 2023, it was agreed that disaggregating as per the original blueprint would pose significant risks for the seriously mentally ill people dependent on this service, so it was agreed to delay disaggregation until the Service is ready.
- 4.5 The team consists of 7.8 full time equivalent (fte) AMHP posts, plus a Team Manager and a Business Relations Officer making a total of 9.8 fte hosted by NNC. It provides a Service to WNC in line with the LGR Blueprint. Alongside the substantive AMHP team, there are non-substantive AMHPs within NNC, WNC, Northamptonshire Health Foundation Trust (NHFT) and AMHPs employed on casual hours who support the rota.
- 4.6 The Service is not constrained by age restrictions or any specialist need. AMHPs exercise additional duties and powers under the Act in respect of Community Treatment Orders (CTO), Guardianship, Applications to Court to displace a Nearest Relative (NR) or taking over the NR role. Each AMHP acts in an autonomous manner, they cannot be instructed by the LA to make a decision and the LA holds vicarious liability for the actions of the staff.
- 4.7 The current service delivers a 09:00 to 21:00 rota from Monday to Friday with Northamptonshire Children's Trust (NCT) covering the Service via their Emergency Duty Team (EDT) from 21:00 to 09:00 on weekdays and all day on weekends and bank holidays. NCT have advised that they no longer wish to deliver this service for WNC and NNC and an Options Appraisal is being worked up to help decide what future EDT might be managed.
- 4.8 The LA has a legal responsibility to ensure it provides 'sufficient' AMHPs to provide a safe and legal service. AMHPs lead the inter-agency organisation of statutory Mental Health Assessments under the Mental Health Act 1983 and are authorised to detain under the Act. AMHPs exercise additional duties and powers under the Act in respect of CTO's, Guardianship, Applications to Court to displace a Nearest Relative (NR) or taking over the NR role.
- 4.9 The Service has a 5 workers per day rota. 2 new AMHPs have joined the Rota this financial year (1 in the North and 1 in the West). The 7.8 substantive posts cover 67% of the assessment rota 'slots' with the remainder being covered by non-substantive posts and casual AMHPs.
- 4.10 There are several Performance Indicators that are reported as part of the IAA and the Service is performing within these targets. There is also one national indicator that is reported to the CQC bi-annually.

- 4.11 The Operating Model in Adult Social Care has resulted in more generic team functions, which in turn has led to a number of staff who lack the confidence and competence to support adults with enduring or acute mental health presentations. Fewer staff are coming forward for training, therefore there has been an increase of responsibility on remaining AMHP staff. There is also a shortage of AMHP trained staff which will make splitting the current staff between NNC and WNC or recruiting to posts difficult, exposing both councils to statutory risk. Vulnerable people dependent on this statutory service would be put at high risk.
- 4.12 To undertake additional training to become an AMHP, a person needs to be a Registered Social Worker, Mental Health or Learning Disability Nurse, or Occupational Therapist with 2 years' experience. The Service will continue to plan to 'grow our own' and work with NHFT to explore the training of Nurses to the role. This is an ongoing process across the County, which is delivered via University programmes that take 2 years to complete. In December 2023, there are currently 6 people in various stages of qualifying. There are 3 AMHPs who have just successfully completed the AMHP course (Lead Assessments now outstanding, but can still now go on the Rota), 2 who have successfully completed the first stage of the course, 1 who is still doing so and we are just receiving applications for next year's course. Establishing a team, with this level of qualification is necessary in order to reach a safe staffing level.
- 4.13 AMHP training is provided via accredited courses at Universities, so the training timescales are reliant on when these courses are run across the year. A limiting factor is the ability of the AMHP service to support trainee AMHPs alongside its daily workload. All trainee AMHPs require a Practice Mentor Assessor to support and assess their work. This role is undertaken by members of the substantive team, so they are only able to support around 8 trainees at any time. The ability to train new AMHPs is also reliant on the Councils supporting newly qualified workers to gain the 2 years' experience required, to gain experience and confidence specifically in working with people with mental health problems so that they are ready and confident to apply for and complete the course. NNC has a Social Worker career pathway which encourages and rewards Social Workers taking on additional roles.
- 4.14 The Deputy Director of Mental Health, Learning Disabilities and Autism at NHFT remains concerned about the ability of the stretched AMHP service to provide a safe service were it to disaggregate.
- 4.15 **Links and Dependencies**
- 4.16 There are links with work, which is underway to bring the Adults Emergency Duty Team (EDT), which is currently delivered by the NCT, into Adult Social Care.
- 4.17 Systm1 (read access to the mental health database only). Any future agreements would need to be split between two councils if this changed.
- 4.18 Partners - NHFT, East Midlands Ambulance Service, Police and Courts – Although there are no formal partnership arrangements, to undertake the functions of the Mental Health Act requires all these organisations. At present,

NHFT do not have the Doctors' rota in place to support NNC and WNC running separate AMHP services.

## 5. Issues and Choices

5.1 The following options are to be considered:

- **Option A** – To receive a further report in May 2024 which gives details of progress with a recommended timescale for disaggregation.
- **Option B** – Continue as a hosted service and not to disaggregate at all.

5.2 The recommended option is Option A.

5.3 Option A (Recommended Option) – To receive a report in May 2025 on progress and a recommended timescale for disaggregation.

Advantage / Disadvantage	Approved Mental Health Professionals
Advantage 1	Both WNC and NNC agree that disaggregation now would present a high statutory risk to both LAs, leaving Service users vulnerable and pose a potential danger to themselves or others. This option would mitigate these risks.
Advantage 2	The Safeguarding of the people supported is paramount, ensuring that they receive the best outcomes. This option would enable the Service to continue to deliver on these requirements until it is safe and legal to disaggregate the Service.
Advantage 3	There is a national shortage of suitably qualified AMHPs and therefore recruitment to vacant posts is difficult. Due to the complexity of the role it takes 2 years to train staff. Allowing additional time would enable the Service to recruit people, facilitate them obtaining the relevant qualifications and train them to the required standard prior to disaggregating in a manner that is safe and legal.
Advantage 4	The Service is the statutory responsibility of each LA. Delaying disaggregation would allow the Service to carry out their roles lawfully until it is safe and legal to disaggregate.
Disadvantage 1	Hosting arrangement places a potential additional burden on the host authorities by continuation of line management requirements and financial costs.
Disadvantage 2	There may be a perceived lack of local focus of the Service by WNC during this extended period leading to a less personalised and connected Service for Service users.

#### 5.4 Option B – Continue as a hosted service and not to disaggregate at all.

Advantage / Disadvantage	Approved Mental Health Professionals
Advantage 1	The Service would be able to continue to deliver the statutory service as they currently do.
Disadvantage 1	There would be a potential additional burden on the host authority to continue to host the Service through line management requirements and financial costs.
Disadvantage 2	There may be a perceived lack of local focus of the Service by WNC leading to a less personalised and connected Service for Service users.
Disadvantage 3	It may be a perceived that there is not the depth of understanding of the community at the local level and the offer may not provide for the specific needs of the area and a less personalised and connected Service for customers.
Disadvantage 4	Not disaggregating would conflict with the desire to fully disaggregate the Service, giving each authority greater control over decision making in line with what is appropriate for its Service users.

## 6. Implications (including financial implications)

### 6.1 Resources and Financial

- 6.1.1 Additional resources will be required, such as Human Resources, ICT and Legal Services, to support the disaggregation process.
- 6.1.2 Recruitment and training of staff to ensure future suitably qualified staff for each Service.
- 6.1.3 Alternative ways of training and working, such as collaborative support agreements between WNC and NNC will need to be explored to ensure that services can be delivered, with resilience built in to protect customers.

### 6.2 Legal and Governance

- 6.2.1 The SSJC is responsible for “ensuring there are robust plans for any disaggregation of Services and that there is a smooth transition to new service delivery arrangements”. They are also responsible for ensuring that statutory arrangements are in place for each Council.
- 6.2.2 The Service is currently operating in accordance with the IAA that exists between NNC and WNC. The Councils will approve any further amendments under the IAA to ensure that adequate collaborative, contract and financial management and governance is in place between the authorities.
- 6.2.3 AMHP is a statutory service and the LAs are legally responsible for the Service. It is imperative to ensure that the Service is disaggregated when it is safe and

legal to do so. If there is not a delay to disaggregation, then there is a risk that legal requirements would not be met, and vulnerable people supported will be put in danger.

### 6.3 Relevant Policies and Plans

6.3.1 Reprofiled disaggregation of AMHPs Service complies with the requirements of the approved Blueprint, whereby it outlines the hosted services in each authority that require disaggregating.

### 6.4 Risk

6.4.1 If the Service is disaggregated before the recommended date the following risks will arise:

Risk Assessment	Mitigating Action
<p>Disaggregating the Service could mean the Service cannot be delivered in accordance with Statutory requirements.</p> <p>The disaggregated Services will lose the ability to be flexible to be able to respond adequately to daily fluctuating numbers of referrals from each LA (which have to be seen urgently, so cannot be managed via a waiting list). This leaves both Councils at risk of failing to meet their statutory responsibilities.</p>	<p>Delay of disaggregation provides more time to ensure that there are adequate substantive staff at NNC and WNC to safeguard the Service and Executive Directors are confident that the Service can be split.</p>
<p>Disaggregating the Service may require NHFT to provide additional Psychiatrists to support both Councils' rotas- outside usual working hours. This may or may not be possible but would incur additional costs.</p>	<p>Early conversations are required with NHFT to plan for any disaggregation so that the impact on Health colleagues and capacity can be understood and planned for.</p>
<p>Colleagues in NHFT, the Police and the General Hospitals currently raise concerns about the inability to assess people as quickly as they or we would wish. Disaggregating the service without sufficient resources in place to cover the two Councils' individual rotas increases this risk.</p>	<p>Delay of disaggregation allows the two Councils to invest in increasing the capacity and resilience in AMHP services to meet current and future need.</p>
<p>Disaggregation would leave the Service at WNC and NNC vulnerable due to a lack of numbers of substantive staff members, especially if there is sickness or resignations.</p>	<p>Delay of disaggregation provides more time to ensure that there are sufficiently trained substantive and non-substantive staff at NNC and WNC to safeguard the Service.</p>

Risk Assessment	Mitigating Action
<p>As of 1 December 2023, there are 7.8 FTE members of staff undertaking substantive AMHP posts in NNC for both Councils. Additionally, there are:</p> <ul style="list-style-type: none"> <li>• 4 NNC non substantive AMHPs</li> <li>• 6 WNC non substantive AMHPs</li> <li>• 4 NHFT non substantive AMHPs</li> </ul> <p>In addition, there are 4 Casual AMHPs (employed per shift).</p>	
<p>Disaggregating the service would require increasing the size of the team in each Council in order to provide a safe service. Both teams would require a Team Manager (1.0 FTE) and Business Relations Officer (1.0 FTE).</p>	<p>Delay of disaggregation provides more time to develop staff to take on these roles and to identify funding for a future service.</p>
<p>Residents will be left vulnerable to harm (including death) if the Service cannot adequately meet the demands placed on it and therefore cannot provide an AMHP to assess people who are seriously mentally ill and require a hospital admission to protect themselves or others.</p> <p>Each LA may be exposed to reputational risk.</p>	<p>Delay of disaggregation will allow time for the Executive Directors to judge when a safe and legal service is be put in place</p>

6.4.2 If the Service is reprofiled and disaggregation delayed, this will significantly reduce the risk of the Services not meeting their statutory duties. It will also allow for recruitment and training for new / substantive posts and sufficient transfer of knowledge, data and systems to enable the Services to function satisfactorily.

## 6.5 Consultation

6.5.1 This report does not meet the parameters required for public consultation.

## 6.6 Consideration by Executive Advisory Panel

6.6.1 No considerations arising from this report.

## 6.7 Consideration by Scrutiny

6.7.1 No considerations arising from this report.



## **6.8 Equality Implications**

6.8.1 The Service supports people with protected characteristics, namely those who are subject to Statutory mental health assessments under the Mental Health Act 1983 and potentially detained under the Act. This section of the community could be exposed to high risk if the Service is not disaggregated in a prudent and lawful manner. The proposed extended timescales will reduce the disruption and danger to Service users.

## **6.9 Climate Impact**

6.9.1 No negative impacts arising from this report.

## **6.10 Community Impact**

6.10.1 The Community will be protected by ensuring high-quality services are in place.

## **6.11 Crime and Disorder Impact**

6.11.1 People who experience mental illness are more likely to come into contact with the criminal justice system, due to their heightened vulnerability to being subject to crime and the elevated risk of crime perpetration. The community as a whole will be protected by ensuring a high-quality Service is in place.

## **7.0 Background Papers**

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7.1 **None**