

12<sup>th</sup> October 2020

Agenda Item: 7

## **REPORT OF THE SERVICE DIRECTOR, COMMUNITY SERVICES (LIVING WELL AND PROVIDER SERVICES)**

### **SUSTAINABILITY AND FUTURE DEVELOPMENT OF THE APPROVED MENTAL HEALTH PRACTITIONER (AMHP) SERVICE**

#### **Purpose of the Report**

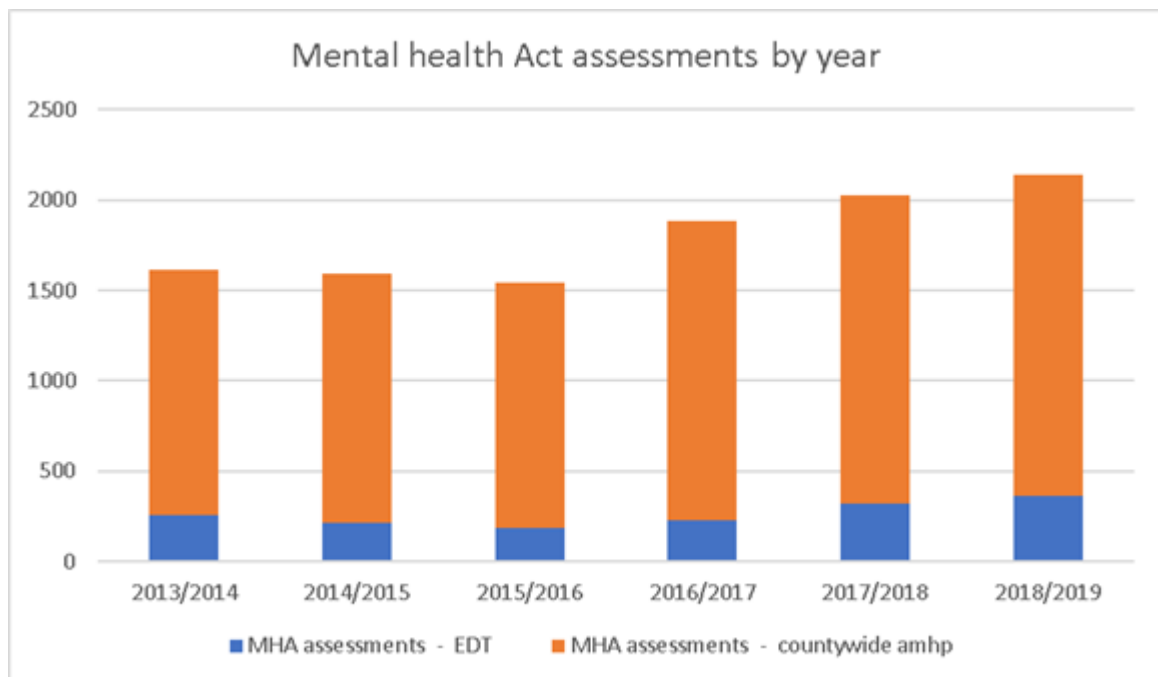
1. To seek Committee approval to increase capacity and improve the sustainability of the Approved Mental Health Practitioner (AMHP) service, through investment in additional staffing capacity and development of an alternative model of service delivery.

#### **Information**

2. The Council has a statutory duty to carry out assessments under the Mental Health Act 1983 (revised 2007).
3. Current service provision is comprised of the Countywide Approved Mental Health Act Practitioner (AMHP) Team providing a service during office hours and the Emergency Duty Team (EDT) covering all other periods out of hours, including weekends and bank holidays.
4. The fragmented nature of the current arrangement across 2 service areas and 2 departments creates a difficult journey for people when they are in crisis. At present, work is transferred between different workers and teams, a situation that is compounded by waits for beds, conveyance, or police attendance which can lead to work spanning multiple days. Similar delays in coordinating resources, or in the case of EDT, the need to prioritise other work, can also lead to long delays until assessments can take place.
5. Demand on mental health services has risen year on year and the impact of the Coronavirus pandemic on mental health and wellbeing has seen demand and acuity increase further placing considerable pressure on Approved Mental Health Act Practitioner (AMHP) services.
6. In order to address the additional pressures on services, there is an urgent need to increase staffing capacity and explore alternative models of delivery in order to ensure that we can provide an effective response to people experiencing a mental health crisis and protect employee wellbeing.

## Background

7. The overriding duty to fulfil Mental Health Act assessments is covered under Section 13 of the Mental Health Act 1983 which highlights the duty of a local social services authority to consider the assessment of any person found in their area
8. Approved Mental Health Professionals (AMHPs) are mental health professionals who have been approved by local social services authority to carry out certain duties under the Mental Health Act. They are responsible for coordinating assessments and admission to hospital should a person be detained under the Mental Health Act 1983.
9. Demand for mental health services continues to grow. Mind (2019) notes that 25% (16.6 million) of the population experienced a mental health problem over the past year, of which 12.1% receive treatment (Mental Health Foundation 2019). Over the past five years the number of people requiring assessment under the Mental Health Act has increased substantially and the most recent figures show over 49,000 detentions under the Act took place. These figures show a year-on-year increase in assessments of 2.4% and this is reflected in the local statistics below:



10. The current arrangement of Approved Mental Health Act Practitioner (AMHP) provision spanning 2 service areas and departments does not provide a consistent response to people experiencing mental health crisis who require a Mental Health Act assessment.
11. In addition to undertaking Mental Health Act assessments, the Countywide AMHP service undertakes professional supervision of other AMHPs in the county, provides training for up to 9 new AMHPs per year within the Council as well as providing training and shadowing opportunities to outside agencies such as hospitals, criminal justice and police and plays a key role in our multi-agency partnerships across mental health provision which focuses on a whole system approach to bed management, community support and prevention.

12. The Emergency Duty Team provides emergency cover for statutory social care functions. It is not a general service for ongoing casework and does not solely function as a dedicated out of hours AMHP service. EDT is required to respond to a range of different demands out of normal office hours and depending on incoming work, may not always have an available worker to undertake AMHP activity or may need to prioritise other crisis work such as safeguarding or child protection, which at times can cause delays to Mental Health Act assessments and prevent individuals in crisis receiving timely support. Work that is not deemed to be an immediate emergency is passed over to the Countywide AMHP service to pick up on the following working day.
13. In addition, AMHP staff in the countywide team often find themselves working late into the evening or early hours if they start work on a Mental Health Act assessment prior to EDT operating hours commencing as they are unable to hand work over and need to see it through to completion and action has been taken to ensure that the individual is no longer at immediate risk. This impacts not only on the wellbeing of staff through working long hours in a highly stressful environment but also means that they are at times unavailable the following working day due to needing a sufficient rest period or they accrue excessive amounts of Time Off In Lieu (TOIL) which is then operationally difficult to take back without further impacting on service capacity.

### **Developing an Alternative Model of Service Delivery**

14. The issues described above are long standing. In order to alleviate the pressure on the combined AMHP service and ensure that we are providing an effective service, exploration of alternative models of delivery is needed.
15. The Countywide AMHP service has suggested that a way forward would be to develop a single 24-hour service which would serve as dedicated capacity, unaffected by competing demands, as is the case with the current out of hours provision.
16. The suggested arrangement would mean that triage, assessment and case responsibility would sit within a single team, which would improve continuity of support, working with partners to provide a coordinated response for people experiencing mental health crises. Work could be allocated quickly, joint interventions agreed with partner agencies and effective and timely support provided.
17. Work conducted by the ADASS East Midlands AMHP Leads forum comparing 24/7 AMHP teams with more traditional models of provision found evidence of smoother pathways and joint working and shows a national trend to moving towards this arrangement.
18. The Countywide AMHP team has been piloting co-location with the Mid Notts Crisis Team, which is part of Nottinghamshire Healthcare Trust and also operates on a 24 hour/ 7 day a week service. This is providing better collaborative working between social care and the mental health trust in supporting people with mental health needs and their carers and meets the requirements of the Mental Health Act Code of Practice and the Mental Health Crisis Care Concordat in considering alternatives to admission to hospital through improved access to crisis services. If a single 24-hour AMHP service is developed, the current co-located arrangement with the Crisis Team would be able to support this model and accommodate an expanded team.

19. The Countywide AMHP service have considered what operating model would best support a 24-hour service, with an 8-hour shift pattern being the preferred option. The benefits of this model would be as follows:
- prevent burn out
  - standard working week
  - shift pattern already informally in existence
  - help to manage sickness absence and pressure of a high-risk environment
  - help with work/life/balance and job satisfaction
  - may support the retention of current staff who do not necessarily want to work long or out of hour shifts.
20. Adopting this model would require a staffing establishment of 15.3 FTE Approved Mental Health Practitioner (Band C) and 2.0 FTE Team Manager (Band D) posts to cover a 24-hour period.
21. This would require an increase to establishment of 2.8 FTE Approved Mental Health Practitioner (Band C) posts plus additional salary costs across the team for additional hours, shift enhancements, standby costs and call out charges. The total cost of this would be £272,213 per annum (recurrent). Further detail is set out in the Financial Implications section of the report at **paragraphs 25 to 29**.

### **Other Options Considered**

22. To continue with the current arrangement of AMHP provision being shared between the Countywide AMHP team and EDT, with support from any available AMHP capacity in Living Well district teams. However, this would not fully address the increase in demand and would place additional pressure on district teams.

### **Reason/s for Recommendation/s**

23. There is a need to address the immediate demand pressures and seek to improve the current service offer through exploration of the suggested alternative operating model in order to ensure that effective and responsive services are being provided to people experiencing a mental health crisis.

### **Statutory and Policy Implications**

24. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

## Financial Implications

25. A move towards the suggested single 24-hour AMHP service, based on an 8-hour shift model would require a staffing establishment of 15.3 FTE Approved Mental Health Practitioner (Band C) and 2.0 FTE Team Manager (Band D) posts to cover a 24-hour period.
26. This would require an increase to the current establishment of 2.8 FTE Approved Mental Health Practitioner (Band C) posts plus additional salary costs across the team for additional hours, shift enhancements, standby costs and call out charges. The total cost of this would be £272,213 per annum.
27. It is unlikely that the new model could be adopted before January 2021. The pro-rata cost for the current financial year would be £68,053. A breakdown of the costs is given below:

	<b>2020/21</b> <b>£</b>	<b>2021/22</b> <b>£</b>
<b>Additional Staffing Costs</b>		
AMHP (band C) x 2.8 FTE	38,252	153,007
<b>Additional Salary Costs</b>		
Additional hours	22,666	90,663
Standby costs	5,298	21,192
Callout charges	1,837	7,351
<b>Total</b>	<b>68,053</b> (pro-rata Jan to Mar)	<b>272,213</b>

28. A Review of Pressures/Inflation bid has been submitted to reflect the requirements set out above, however if this is unsuccessful, the department would need to review the position as part of the budget setting process for the next financial year.
29. In respect of the costs for the remainder of 2020/21, the department would be seeking to resource this from contingency monies.

## Human Resources Implications

30. Development of an alternative service offer that moves towards a 24-hour service model would require existing staff to change their working hours to accommodate the suggested 8-hour shift pattern, which would include working evenings and weekends. We would be seeking to do this by agreement with existing staff and discussions within the team to date indicate that there is enthusiasm to develop this model further, however depending on further discussion and agreement, development may need to be incremental.
31. Consideration would also need to be given to the impact on Approved Mental Health Practitioner staff working in the Emergency Duty Team in respect of their role and ongoing professional development.
32. Early discussion about the contents of this report has been held with Trade Union representatives and there will be ongoing engagement with them as part of the development work.

## **Implications for Service Users**

33. The development of a single 24-hour service model would provide an improved service to people experiencing a mental health crisis through a dedicated team, available 24 hours a day, 7 days a week, working with partners to coordinate their care and recovery through effective and timely support.

## **RECOMMENDATION/S**

That Committee approves:

- 1) the establishment of 2.8 FTE Approved Mental Health Practitioner (Band C) posts on a permanent basis plus additional associated costs to support a 24 hour/ 7 day service model;
- 2) the development of an alternative model of service delivery that moves towards a 24-hour/ 7-day service.

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## **Constitutional Comments (AK 18/09/20)**

34. The report falls within the remit of Adult Social Care and Public Health Committee by virtue of its terms of reference.

## **Financial Comments (DM 17/09/20)**

35. The current budget for the Approved Mental Health Practitioner Team is £790,961, and is comprised of 2 FTE Team Managers at Band D and 12.5 FTE Advanced Mental Health Practitioners at Band C.
36. In order to provide a 24-hour service, when taking annual leave, mandatory training hours, sickness cover and supervision time into account an establishment of 15.3 FTE Advanced Mental Health Practitioners is required. This is an increase of 2.8 FTE.
37. As in line with current HR policies weekend working hours have been calculated at time and a half, premium evening hours at time and a third and bank holiday hours at double time.
38. Overnight cover will be provided on a standby basis and will attract the current standby payment of £29.03; if called out a minimum of 2 hours pay is claimable and this has been factored into the costings.

39. The total cost of the additional staffing, enhanced hours, standby allowances and call out charges is £272,213. This will increase their overall budget to £1,063,174.

### **HR Comments (GME 02/10/20)**

40. The work undertaken by the AMHP Team in suggesting alternative service delivery models is a positive indication of their engagement with bringing about change and improvement to the service they deliver for their clients and the overall well-being of the team. Having a more formalised operating model better covering the times of greatest demand, will build greater resilience into service delivery.
41. The recognised trade unions have been engaged in early discussions about the proposals and have indicated their support to further explore the full impact of the suggested changes, including the impact on the Emergency Duty Team. Further work will also be required to ensure those colleagues in the district teams, trained to undertake AMHP assessments, have the opportunity to maintain their skills and that further consideration is given to the future numbers of social workers we need to undertake the formal qualification to ensure value of money is delivered and learning is embedded in a timely manner.
42. The further engagement and consultation with those directly impacted both in the AMHP Service, the District teams and EDT will be undertaken in accordance with the Council's agreed procedures and any change to the operating model will be subject to review at six months after implementation to ensure the identified level of service improvement and support for colleagues is being delivered.

### **Background Papers and Published Documents**

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

### **Electoral Division(s) and Member(s) Affected**

All.

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