

Shared Services Joint Committee 18 January 2023

Report Title	Approved Mental Health Professionals Disaggregation (AMHP) Change Request Updated from Draft Report to SSJC 26 October 2022)
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Key Decision	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the decision eligible for call-in by Scrutiny?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are there public sector equality duty implications?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information (whether in appendices or not)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Applicable paragraph number/s for exemption from publication under Schedule 12A Local Government Act 1972	

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1. Purpose of Report

1.1 This report seeks the approval from Shared Services Joint Committee

- Reprofile the hosted Approved Mental Health Professionals (AMHP) Service disaggregation timelines, adjusting the Inter-Authority Agreement (IAA) Blueprint,
- To delay disaggregation of the Service until it is safe and legal to do so, and
- To report on progress and timescales with the AMHP service in March 2024

1.2 This is in order to reduce the potential disruption to the statutory services and diminish risk to the North Northamptonshire Council (NNC), West Northamptonshire Council (WNC) and their residents.

1 Executive Summary

2.1 AMHP is a Statutory Service, due to the high risk to the safety of customers of this service, for which the Local Authorities (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.

2.4 The AMHP service has an Inter Authority Agreement (IAA) in place which lays out the service to be provided, statutory requirements and 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, this report sets out the recommendation to reprofile the disaggregation of these functions and the

request to report in March 2024, detailing progress and a recommended timescale for disaggregation.

- 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 staff being in place. The risk to residents is significant (including potentially fatal) if the Service is not adequately resourced prior to disaggregation.
- 2.7 The AMHP is a Statutory role delivered pursuant to the Mental Health Act (2007) and its Code of Practice.

3 Recommendations

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

Option B –

- Reprofile the timeline to disaggregate AMHP Service and amending the IAA blueprint accordingly
- Delaying disaggregation of the Service until it is safe and legal to do so
- Receive a report on progress and timescales with the AMHP service in March 2024.

3.2 Reasons for the Recommendation

3.2.1 Approving the proposed option to reprofile the disaggregation of the Service will provide enough time to ensure staff can be recruited, adequately trained and qualified to provide safe and effective service delivery.

3.2.2 This is a Statutory function and reprofiling the disaggregation of the Service will reduce the significant risks to people with serious mental health problems as well as reducing risks of LA liability, and reputational damage to NNC and WNC.

3.3 Alternative Options Considered (Not Recommended)

Option A – Continue with full disaggregation by February 2023 or earliest possible date.

Option C – Not to disaggregate.

Option D – Manage the service through a joint service delivery model; the two Councils working together to provide the service. This would share the risks attached to the provision of the service and the responsibility for addressing these and could allow the service to prepare for a future disaggregation if required by mirroring future rota structures with the support of the whole team approach if needed.

4. Report Background

- 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 currently set for 2023 (IAA schedule 2A1), as part of wider plans for the Adult Social Services disaggregation.
- 4.3 Recruitment to this specialist role is challenging (nationally and in Northamptonshire), there is potential to 'grow our own' through training and developing different ways of working. The most effective mitigation to manage this risk is to delay disaggregation until the Executive Directors are confident that it is safe and legal to do so.
- 4.4 The Service is Statutory and LAs are legally responsible for the delivery of these Services. In Northamptonshire this Service operates across the whole County responding to requests for support from customers.
- 4.5 During the project activity to disaggregate the Service, significant risks were identified. At the 16 June 2022 Adults IAA meeting, it was agreed that disaggregating per the current blueprint would pose significant risks for the seriously mentally ill people dependent on this service, so it has been proposed a change request is taken to SSJC outlining this and requesting for delegated authority to disaggregate when the Service is ready.
- 4.6 The team consists of 7.8 full time equivalent (FTE) posts, currently 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.
- 4.7 The AMHP is a statutory function delivered pursuant to the Mental Health Act (2007) and its Code of Practice. The LA is legally responsible for the Service. 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.
- 4.8 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.
- 4.9 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. A formal Collaborative Working Agreement (CWA) is being developed for this, as part of the EDT Team Review project.
- 4.10 The Service deals with over 1,000 assessments per year across Northamptonshire, which includes requests that come in overnight that have not been dealt with by the EDT. The Service has a 5 workers per day rota. The 7.8 substantive posts cover 67% of the assessment rota 'slots' with the remainder being covered by non-substantive posts and casual AMHPs.

- 4.11 There are several Performance Indicators that are reported as part of the IAA. There is also one national indicator that is reported to the CQC bi-annually. Currently the Service is performing within this target.
- 4.12 The development of the new Operating Model in ASC 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 national shortage of AMHP trained staff which will make splitting the current Service 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.
- 4.13 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. There are currently 6 people in various stages of qualifying.
- 4.14 AMHP training is provided via accredited courses at Universities, so the training timescales are reliant on when these courses are run across the year. Consideration is being given to working with alternative Universities where the course can be completed within one year. However, 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. Both NNC and WNC are currently developing social worker career pathways which will encourage and reward workers taking on additional responsibilities such as AMHP work.
- 4.15 The Chair of the Mental Health Collaborative, Mental Health Crisis Concordat and Lead Mental Health Commissioner have all raised concerns that if an already stretched system were to disaggregate, they would be concerned that it may be unable to meet the legal requirements and offer a safe service.
- 4.16 **Links and Dependencies**
- 4.17 There are links with work, which is underway to bring the Adults Emergency Duty Team, which is currently delivered by the NCT, into Adult Social Care.
- 4.18 System1 (read access to the mental health database only). Any future agreements would need to be split between two councils if this changed.

4.19 Partners - NHFT, East Midlands Ambulance Service, Police and Courts – Although there is 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** – Continue with full disaggregation by February (AMHP) 2023 or earliest possible date.
- **Option B** – Approval of a delay to disaggregation and request a further report in March 2024 which gives details of progress and a recommended timescale for disaggregation.
- **Option C** – Not to disaggregate at all
- **Option D** – A joint services model for AMHP

5.2 The recommended option is Option B

5.3 Option A – Continue with full disaggregation by February 2023 or earliest possible date

Advantage / Disadvantage	Approved Mental Health Professionals
Advantage 1	The Service would be disaggregated as close as possible to the timeline in the Disaggregation Blueprint.
Disadvantage 1	The SSJC would not be able to ensure there are robust plans for disaggregation of the Service and that there is a smooth transition to new service delivery arrangements.
Disadvantage 2	The SSJC would not be able to ensure the statutory service is disaggregated safely and legally.
Disadvantage 3	Disaggregating the Service in the current state would mean that both Authorities would be understaffed and lack resilience. Each Council would need to have appropriate numbers of staff members to ensure there is suitable resilience. Disaggregation will result in some vacancies. There is a national shortage of suitably qualified people and therefore recruitment to vacant posts would be difficult, potentially leaving: <ul style="list-style-type: none"> • Seriously mentally ill people exposed and unsafe • NNC and WNC under resourced and unable to meet its Statutory duties and at risk of reputational damage
Disadvantage 4	There will be no time to ensure that the Service has fully qualified substantive staff to ensure undisrupted, safe, resilient service to customers.

5.4 Option B (Recommended Option) – Approval of a delay to disaggregation and receive a report in March 2024 on progress and a recommended timescale for disaggregation.

Advantage / Disadvantage	Approved Mental Health Professionals
Advantage 1	Both WNC and NNC agree that disaggregation per the current timelines 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 Service Users is paramount, ensuring that they receive the best outcomes for them. 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	<p>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.</p> <p>AMHPs have to undergo extensive specialist training. They use their knowledge to ensure that the rights of those being assessed are protected. They are unique in that they act autonomously, upholding the rights of the individual whilst working closely to assess risk, rather than as an agent of their employers.</p> <p>There is a national shortage of suitably qualified AMHPs and therefore recruitment to vacant posts is difficult and due to the complexity of the role it takes 2 years to train staff.</p>
Advantage 4	<p>The Service is the statutory responsibility of each LA. Delaying disaggregation would allow the Service to carry out their roles lawfully.</p> <p>The daytime AMHP Service role works to a Monday to Friday 09:00 to 21:00, delivered pursuant to the Mental Health Act (2007) and its Code of Practice. 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. This option would allow for the Service to deliver on these requirements until it is safe and legal to disaggregate.</p>
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.
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5.5 Option C – Not to Disaggregate

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.
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.

5.6 Option D – Joint Service Delivery

Advantage / Disadvantage	Approved Mental Health Professionals
Advantage 1	The Service would be able to continue to deliver the statutory services as it currently does.
Advantage 2	The Service would be able to prepare for any future disaggregation by mirroring future rotas within the support system of a joint service.
Disadvantage 1	There is a risk of confusion in lines of accountability and decision making within a service which requires urgent responses.
Disadvantage 2	There may be a lack of progress in developing the service if the Councils are unable to agree on a direction of travel, which would leave the service at risk.

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 Services, 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 from the enabler services, 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 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.
- 6.1.4 The AMHP service will consider a future joint delivery of the service from a resilience and financial perspective, to ensure the service can continue to be delivered safely. A March 2024 progress report will update on this.

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. If the recommendation proposed within the report is agreed, then 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 As outlined within the report, 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 Service users will be put in danger.

6.3 Relevant Policies and Plans

6.3.1 Reprofilling 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 in accordance with the original timescales of February 2023 or earliest possible date, the following risks and issues will arise:

Risk Assessment	Mitigating Action
<p>Disaggregating the Service by February 2023 or earliest possible date 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 by February 2023 or earliest possible date may require NHFT to provide additional psychiatrists to support both councils' rotas- outside usual working hours (5PM – onwards) 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 and the relationship with partners.</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 in February 2023 or earliest possible date 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>There are 7.8 FTE members of staff undertaking substantive AMHP posts in NNC for both Councils.</p> <p>Additionally, there are:</p> <ul style="list-style-type: none"> • 4 NNC Non substantive AMHPs • 9 WNC Non substantive AMHPs • other Non-Substantive AMHPs from NHFT- sessional or other Services - agreement would have to be reached as to which Council's rota these staff would support. <p>There is a particular risk for North Northants due to the low numbers of non-substantive AMHPs employed currently. Non substantive AMHPs provide 1 or 2 sessions per month.</p>	
<p>Disaggregating the service would require duplicating the team in each Council in order to provide a safe service. This will cost in the region of £485,000.</p>	<p>Delay of disaggregation provides more time 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, and each LA may be exposed to reputational risk.</p>	<p>Delay of disaggregation will allow time for the Executive Director's to judge when a safe and legal Service is be put in place</p>
<p>The Service has links to other disaggregation in the IAA, such as EDT and Sensory Impairment which are currently being considered. There is a risk that Services will not achieve the best joined up result for customers and both WNC and NNC, if the Service is disaggregated in isolation.</p>	<p>Delay to disaggregation will allow time for an adequately resourced and trained Service.</p> <p>It will allow time to ensure that policies and procedures are put in place to protect Service users and staff. And synergies are developed across Services.</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 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

7.1 **None**

Appendix A - Glossary of Terms

Acronym	Meaning
AMHP	Approved Mental Health Professionals (Service)
AMHPs	Approved Mental Health Professionals (Officers)
CTO	Community Treatment Orders
DASS	Director of Adult Social Services
EDT	Emergency Duty Team
FTE	Full Time Equivalent
IAA	Inter-Authority Agreement
LA	Local Authority
LGR	Local Government Reform
NR	Nearest Relative
NHFT	Northamptonshire Healthcare NHS Foundation Trust
NNC	North Northamptonshire Council
SSJC	Shared Services Joint Committee
WNC	West Northamptonshire Council