

**The Somerset Approved Mental Health Professional (AMHP) Service**

**1. Context**

This policy describes the arrangements for the AMHP service within the Somerset

area. It sets out the working arrangements for both the AMHP Hub Team and locality

AMHP rotas.

**2. Overall purpose of service**

*The term “patient” is used here as it reflects the legal definition of those service users who are subject to consideration under the MHA, regardless of whether they are detained or not.*

*All sections referred to in this document relate to the Mental Health Act 1983.*

The Somerset AMHP Service responds to requests for Mental Health Act assessments (“MHAAs”) in the county of Somerset 24 hours a day 7 days a week. In addition, the service considers requests for Guardianship (s.7) and Community Treatment Orders (“CTOs”) (s.17A); and requests from Nearest Relatives seeking MHAAs, while providing advice and support to all agencies and professionals on matters relating to use of the Mental Health Act 1983 (“MHA”) and associated legislation.

The Somerset AMHP Service seeks to promote a safe and timely response to requests for intervention, while practicing in a manner consistent with the articles of the European Convention on Human Rights; the principles of the MHA 1983 and Mental Capacity Act 2005; the Equality Act 2010; the Children Act 1989 and the Care Act 2014.

The Somerset AMHP Service operates within a hub based in Taunton which is staffed by AMHPs, an AMHP professional lead, an AMHP manager and assisted by an adult social care practitioner and business support. The AMHP hub works in conjunction with locality AMHPs who are based within Mental Health community teams who provide support to the hub rota at least 3 shifts per month. The AMHP hub is responsible for the monitoring of AMHP work across the county; incorporating a monitoring and ‘hand-over’ function for AMHP work carried out by Somerset Council on a 24 hours, 7 days a week, 365 days a year basis.

The AMHP hub will support and manage allocation of AMHPs for CTO work, additionally it will support the allocation of AMHPs to patients being considered for, or subject to, Guardianship and Community Treatment Orders.

The AMHP hub contributes to the existing peer support structures for AMHPs across the county. It liaises directly with Somerset Council’s Deprivation of Liberty (DoLs), Safeguarding and other external agencies, such as the police and ambulance services.

The work of AMHPs and the Somerset AMHP Service is consistent with a “recovery

model” of mental health and seeks to secure the “least restrictive option” for patients

and to promote the patient’s autonomy and their fundamental human rights.

**3. Referral criteria.**

Referrals to the Somerset AMHP Service will come from a variety of sources, including but not limited to; HTT, Consultant Psychiatrists, Hospital Wards, Liaison Psychiatry, General Practitioners, Police Custody Suites, Learning Disability Services, Child and Adolescent Mental Health Services and Nearest Relatives (as defined at s.26).

All referrals to the Somerset AMHP Service should be made by telephone directly to the AMHP Hub on 01823 368244. It is a principle of the service design that referrers should have an AMHP as the first point of contact; in order to consider any request for AMHP involvement.

Local authorities have a duty (s.13(4)), when approached by a Nearest Relative (NR), for an AMHP to consider the making of an application to detain under Part II of the Act for a patient for whom they believe should be in hospital. In the case of such a referral, the responding AMHP will have to provide reasons in writing to the NR for not making an application, whether a Mental Health Act assessment is undertaken or not, if that is the decision of the AMHP. There is no prescribed format for such a referral and professionals supporting NRs and carers should seek advice from the AMHP service when they become aware of such views being expressed.

There are no age limitations in relation to those who can be subject to compulsory detention under Part II of the Act 1983 (e.g. s.2, s.3). The use of Guardianship, however, is only possible for those over the age of 16.

The central legislative consideration for AMHPs when responding to a referral for their involvement is whether the patient has, or appears to have, a “mental disorder” as defined at s.1 (2) – i.e., “*any disorder or disability of the mind*”. This broad criteria does have exclusions (see below and Chapter 3 of the MHA Code of Practice) and there are specific considerations with patients who are under the age of 16, 16–17-year-olds; those with a learning disability; autistic spectrum disorders; and older persons. The Somerset AMHP Hub will support referrers when considering those who fall into one of these categories.

Referrals relating to the use s.136 (by police officers) and s.5(2) (by registered medical practitioners), are subject to a time scale of being actioned within 24 hours of referral, although local policy is for these requests to be prioritised and assessments undertaken at the earliest and safest opportunity.

*Assessment of Referrals process:*

The AMHP hub operates on the principle that, as a minimum, there is always a qualified AMHP available to receive a referral and hold a discussion with the referrer to consider the request. All referrals will be screened using a screening tool and recorded on Eclipse. As part of considering any referral the AMHP will liaise with other professionals, which might also include the out of hours on-call consultant for Somerset Foundation Trust, to ensure that all factors surrounding the referral are taking into consideration prior to a decision being made whether to accept the referral or not.

If the referral is accepted for a MHA assessment, this will then be processed on Eclipse and assigned to the AMHP team. If a referral is not accepted for a MHA assessment, the rationale for this decision should be clearly communicated to the referrer and recorded on Eclipse. Working on the principal of least restrictive options, it may be that the AMHP decides other alternatives should be considered prior to moving to an MHA assessment.

*Response time, prioritisation, and triage:*

It is the expectation that all referrals received will have an immediate response from an AMHP in the AMHP hub. If all lines are busy, the referrer will be able to leave a message and expect a return call as soon as practicably possible. Work will be prioritised on the basis of the urgency of the situation and the risk to the patient and public.

Once the referral has been accepted, the AMHP hub will discuss and agree how they will facilitate their intervention. Where a Guardianship or Community Treatment Order is being requested, the AMHP hub will co-ordinate responses by allocating an AMHP to consider the case. Such allocation will be negotiated based on capacity and developmental needs of AMHP practice (i.e competence/ CPD).

The core business of the AMHP Hub is:

* Provide the initial screen for AMHP involvement (establish “least restrictive” options considered, urgency, and so on).
* Doctor’s availability.
* Recording accurately on Eclipse and Rio where needed.
* Assist in planning the AMHP’s work via Co-Ordinating AMHP.
* Compilation and distribution of AMHP rotas.
* Track s.2 admissions and monitor ‘out of area’ patients.
* Act as a point of advice to AMHPs and other colleagues (“Bolam” principle).
* Support AMHPs with highlighting and resolving issues within the organisation and service.
* Provide an additional base for locality, where geographically sensible.
* Provide an additional learning environment for AMHP Trainees and those returning to practice.
* Manage the ‘locum’ capacity from a central point.
* Ensure that gaps in AMHP rotas are covered either by reallocation within localities or use of Hub resources.
* Support short-term sickness, and work with manager to cover long-term absences.

*Care planning and risk management / planning (including CPA where relevant):*

Risk assessment is a key component of an AMHP’s work. Any relevant risk information that is found during an AMHPs involvement in the care of a patient will form part of their final report; with unmet outcomes and issues being alerted to the relevant professionals for further consideration. All risks need to be recorded on Eclipse and Rio.

Where AMHPs are involved in the management of Guardianship, Community Treatment Orders and Restricted Patients, they will contribute to existing risk management procedures.

**4. Referral limitations / exclusions.**

*Limitations:*

Under the European Convention on Human Rights (ECHR), Article 5, no-one can be deprived of their liberty for reasons of mental disorder (*“unsound mind”*) without a procedure prescribed in law, and on the basis of objective medical evidence[[1]](#footnote-2). Under Article 8 of the ECHR, public authorities, such as Somerset Council, cannot interfere in the private or family lives of individuals without doing so proportionately and in a legally defensible manner. As the AMHP is regarded as a public authority for the purposes of the ECHR they are required as individuals, to be able to demonstrate explicitly their rationale for acting in matters relating to the MHA 1983 and other legislation.

s.13(5) affirms the independence of the AMHP in matters relating to the consideration of carrying out an assessment or making an application for admission under the MHA 1983. The AMHP must satisfy themselves that an application for compulsory admission is appropriate “in all circumstance of the case” (s.13(2)), which takes into consideration matters outside of the simple application of legal criteria as set out in the MHA 1983. Reference to the most recent case law is essential for AMHPs’ practice to remain lawful.

In determining the appropriateness of a referral, the AMHP must also consider whether there are any conflicts of interest; in line with s.12, the Mental Health (Conflicts of Interest) (England) Regulations 2008 (SI 2008/1205),

*Exclusions:*

s.1(3) “Dependence on alcohol or drugs is not considered to be a disorder or disability of the mind”. The presence of alcohol and drug dependence does not in itself preclude consideration of the use of the MHA, if the presence of a co-existing mental disorder (as described above) is proven with objective medical evidence.

**5. Escalation process.**

In the event that referrers wish to escalate the outcome of a referral for a MHA assessment, the first point of contact should be with he AMHP who had considered the referral to have a discussing around the rationale for this outcome.

 The next step, if required, would be to contact the AMHP lead or AMHP service manager to discuss matters.

 If things have not been resolved at this level, it would be expected that the strategic manager of Mental Health services should be brought in to lead resolving any conflict. (Appendix A: Add Escalation process once finalised).

 In addition to the process above an interface meeting with Somerset Foundation Trust health managers will take place on a regular basis to address any concerns and how both services are working together. The aim of this meeting is to avoid the need to escalate matters. (Appendix B: Add Terms of Reference once finalised)

**6. Location of service and operating hours.**

The Hub AMHP team is located in Taunton at the Wellsprings Hospital site,

telephone number 01823 368244 but cover the entire county of Somerset.

The Somerset AMHP service is a 24 hours a day, 7 days a week, 365 days a year

service.

The service is operated using a rolling rota of AMHPs working a variety of shifts,

which adheres to the working time directive which requires a minimum number of

hours between shifts. The AMHP service manager oversee’s the rota with staff

members wellbeing and safety in mind and ensures that staff members have enough

recovery time between shifts, especially when working overnights.

If staff work overtime as an additional shift or if their working shift overruns for any

reason, staff should claim the relevant enhancement via a claim form and forward to

the AMHP service manager for signing off. (Appendix C: AMHP service

enhancements)

**7. Staffing Arrangements.**

The AMHP hub consists of:

1 x Service Manager

1 x AMHP professional lead

12 x FTE AMHPs

1 x Adult social care practitioner

 1x Full time business support officer

*Lone Working:*

AMHPs will work alone most of the time when undertaken assessments or on

the overnight shift. To ensure safety, AMHPs have been provided with a People Safe

SOS safety device that can be activated when required.

AMHPs are required to call into the co-ordinating AMHP after every assessment to

advise they are safe, and the whiteboard can be updated as to their whereabouts.

The AMHP service includes a on call manager provision which offers support to the

overnight AMHP, which includes contacting on call manager after assessments to

ensure the AMHP is safe.

*Contingency for staffing:*

To support with staff sickness and annual leave the AMHP service utilises bank staff to

help cover gaps in the rota. Bank staff are qualified AMHPs who have previously been

part of the AMHP hub permanent staffing and continue to be able to access all

relevant training.

**8. Managerial and Supervisory arrangements*.***

The day to day running of the AMHP hub will fall to the service Manager, with all practice and legal queries falling to the Professional Lead.

 Supervision is divided between the Service Manager and Professional Lead, who work closely in supporting the AMHP hub.

**9. Record Keeping.**

The Somerset AMHP Service records all its work on the social care electronic recording system Eclipse. Where information is received that is important for Health colleagues to be aware of, such as any risk information, this should also be recorded on the NHS electronic recording system Rio.

 Referrals, progress notes and AMHP reports can all be inputted live into the system. Where the AMHP may not have access to the system and reports need to be completed *in situ* (for example when the patient is to be conveyed to an out of area hospital quickly), these can be uploaded into Eclipse to form part of the record.

**10. Involvement of people who use services, relatives and carers.**

At present there are no formal arrangements for service user involvement in the Somerset AMHP Service. Service users form part of the training programme for AMHPs and are involved in the AMHP refresher programme.

At the time of this Policy, consideration is being given to introducing feedback options for patients and their families, for their views on their experience and the quality of the service they received.

Where an AMHP discovers a need for a carer to receive support the AMHP will be able to facilitate a Carer’s Assessment which should be recorded on Eclipse and notified to the relevant locality team for a given area.

AMHPs are able also to refer to the Independent Mental Health Advocates (IMHAs) on behalf of patients who they see as in need of an advocate. The AMHP must attempt to seek the permission of the patient first, although there may be legitimate reasons why this is not possible.

*Linking with other services:*

To ensure AMHPs remain connected with local services both to receive knowledge and

delivery knowledge, designated AMHPs are linked to each of the four geographical

community service (HTT’s, MHSC and CMHS) areas (Taunton, Bridgwater, Mendip and

Yeovil).

The AMHP service manager is also linked in with the service manager of Childrens

social care and will arrange regular invites to attend team meetings for both services.

**11. Governance arrangements.**

Direct line management of the Hub Team’s Practice sits with the Service Manager for the Mental Health, who reports directly to the Strategic manager of Mental Health.

Interface meetings with Somerset Foundation Trust will address learning points from incidents and near misses. This includes issues around secure transport, S12 doctor availability and beds.

*Incident reporting Process:*

All incidents, including near misses should be reported to AMHP service manager and recorded on the BSafe system.

In the event of a serious incident, a 72-hour report needs to be completed and sent to \*\*\*\*\*\*\*

**12. Performance / Outcome Measures (measuring quality and activity).**

All statutory AMHP activity is reviewed by the AMHP manager and reported via Power BI. Issues relating to professional practice will be taken up through supervision and line management structures. Such monitoring information will also inform re-approval panels, future training requirements and any future development of the service.

The data will be shared within interface meetings with Somerset Foundation Trust to promote collaborative working practices and evidence work demand and issues.

As part of the ongoing monitoring of the effectiveness of the service, data will be collected across a number of fields; these will include but not limited to;

* the number of referrals and the outcome.
* the time taken to complete the referral and assessment, the referral source, the outcome of assessment, the relevant sections of the MHA 1983 used, the use of private ambulance, and appropriate demographic information.
* Response times for carrying out s136 assessments.
* All patients on a community-based Order (CTO, Guardianship, ss.37/41) to have an allocated officer of Somerset Council to support the patient during the lifetime of the order. This is monitored by the Professional Lead and Service Manager.

That all court appointed NR cases are recorded and delegated officer of Somerset

Council has regular contact with the patient.

**Appendices:**

Appendix A: Escalation process TBC

Appendix B: Terms of Reference TBC

Appendix C: AMHP Service enhancements.

**AMHP Service Enhancements:**

1. **New weekend day enhancement.**

You will now receive an enhancement of 33.3% for any hours worked on Saturday and Sunday between the hours of 08:00 – 20:00.

You will need to claim this **each month** using the payroll claim form and be authorised by the AMHP Service Manager.

1. **New overnights enhancement – Sunday to Saturday inclusive**

You will receive an enhancement of 50% for any hours worked Sunday to Saturday inclusive between the hours of 20:00 – 08:00, 7 nights each week.

You will also need to claim this **each month** using the payroll claim form and be authorised by the AMHP Service Manager.

1. **Standby/on-call Senior AMHP.**

This will be the current rate of £30.35. If you claim this, you will continue to do so **each month** using SAP and it will also need to be authorised by the AMHP Service Manager.

1. **Bank Holidays.**

This is the 24-hour period between midnight and midnight on the day of the bank holiday.

We will work to a reduced operational cover for Bank holidays whilst demand continues to be reduced on these days. We will look to work to a reduced operational cover on Bank Holidays. The AMHP Service Manager will seek to stand down operational staff such that operational cover is provided at levels equal to those at weekends. This will be worked by those staff who are rostered to work on that day in a fair and equitable way, the AMHP Service Manager will look to stand staff who are not required to work down from duty with an appropriate level of notice.

Normal green book rates will be paid for bank holidays.

You will need to claim this **each month** using the payroll claim form and be authorised by the AMHP Service Manager. Time off in lieu will also follow the normal Green Book Terms and conditions.

1. **Overtime hours.**

If you are not able to take the compensatory time off in lieu for additional hours worked, any time worked over 37 hours per week you will need to claim for that additional payment as overtime.

This needs to be claimed **each month** using the payroll claim form and be authorised by the AMHP Service Manager.

1. See Winterwerp v Netherlands, 1979. [↑](#footnote-ref-2)