Appendix 6

Dorset County Council

Restricted

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Date: 27 February 2014
My ref: CD/GG/SLH
Your ref:

Ms Patti Boden,
CQC Operations Manager (Mental Health)
Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Dear Ms Boden,

Re: Monitoring under section 120 of the Mental Health Act 1983

Thank you for your letter of 23 December 2013 about the above mentioned and please note my reply below.

Management of the Service

Robust structures and processes are in place to manage the AMHP service. Over half of the AMHPs are located in the 4 CMHTs and the rest are in other community teams. The Head of Specialist Services has maintained an overview of the AMHP service and the post of Lead AMHP was created some years ago to offer dedicated coordination and specialist management at the front end. Viv Payne, is the Lead AMHP and since April 2013, Viv has been directly line-managed by the Mental Capacity Act Manager, Paul Greening (who has a Mental Health background and was an Approved Social Worker and AMHP). Paul reports to the Head of Service. From April 2014, Paul will be chairing the AMHP county wide forum and is taking a more active part in the plan to resolve the difficulties faced by the AMHP service with more face-to-face contact with the Dorset AMHPs.

The Head of Service further ensures there is robust governance and management of the service by chairing the Multi Agency Mental Health Joint Operations Board (MH JOB) where a range of AMHP issues are standing items on the agenda with the Lead AMHP and the MH Integrated Service Managers. For example, AMHP approvals and re-approvals, warrants, HCPC Registrations and the AMHP QA Reports. The MH JOB also operates as the Designated Panel for considering Guardianship Applications and Community Treatment Orders. It considers Forensic Cases and provides oversight functions for Best Interest Assessments and Deprivation of Liberty Applications.

Morale

Morale is undoubtedly low among many of the AMHPs and this is sometimes as a result of wider issues not directly under the control of DCC which also affects their MHA work. For example, the response and resource that is made available from key partner agencies such as the NHS, Dorset Police, the South West Ambulance Service and others. However, regarding the specific

issue of the AMHP remuneration with which they are not happy, there is already a recommendation to improve the remuneration package for AMHPs which is due to be considered by DCC's Job Evaluation process in March. In addition, the introduction of the AMHP Hub is expected to significantly reduce the pressure placed on individual AMHPs and enable them to manage their workload more easily, thus reducing stress further and improving morale. A Street Triage Service is due to commence in the DCC area and when this has been introduced in other local authority areas a reduction of over 25% in the number of S136 Applications has been achieved. It is anticipated that a similar impact will be achieved locally and this will also have a significant and positive change to the workload of AMHPs.

It is clear that communication with AMHPs has not been as successful as we would like. However, there is a commitment for senior managers to meet with AMHPs more regularly and for information about planned changes to MH services to be more consistently shared with them. As mentioned above, the MCA Manager will be chairing the quarterly AMHP forum from April and will ensure that information is available to AMHPs in a clear and accessible way. It is expected that, as the plans for improving the AMHP service are shared more openly with the AMHPs, they will understand how they can be better supported and feel happier with the way they see the service developing. The greater involvement of the MCA Manager will also increase opportunities for AMHPs to feed their views into the management of the AMHP service both as individuals and as a group.

Recruitment

The number of AMHPs have increased with 2 former AMHPs confirming they will re-join the rota and we are taking action to increase the number of AMHPs further in a number of ways. For example, by identifying vacant posts outside of the CMHTs that will be flagged for filling by AMHPs or existing QSWs willing to train as AMHPs. For the past few years we have identified funding for up to 6 QSWs to undertake the AMHP training. In addition to the recommendation to improve AMHP remuneration we have recommended that backfill resources for teams with staff completing AMHP Training should be increased as an incentive and that staff completing the AMHP training should be awarded a proportion of the AMHP remuneration during training.

We have 2 Dorset Health Care NHS Foundation Trust (DHUFT) staff trained as AMHPs (only a handful of local Authorities have health staff as AMHPs) and we are working closely with DHUFT to increase their contribution into the AMHP service. A commitment for this to happen has already been agreed between the Director for Adult & Community Services and the Chief Executive of DHUFT, and it is expected that the necessary details can be agreed without a significant delay. Currently we have 3 QSW's confirmed to join the next intake for AMHP training at Bournemouth University. Also 2 of the AMHPs we stood down last year have confirmed they will rejoin the AMHP rota shortly and this will take the numbers to 31. The launch of the AMHP Hub from 31 March this year will have a significant and positive impact on the service and on our ability to attract, train, support and retain our AMHPs.

The MHA Legislation simply states that local authorities should have sufficient numbers of AMHPs to discharge their statutory duties and we are able to discharge our statutory duties. However, it is accepted that the AMHP service is very stretched and we are already taking steps to do something about that. In 1991, the Social Services Inspectorate (SSI) recommended that local social services authorities adopt a formula for establishing numbers of ASWs required in their areas.[1] The report acknowledged that many other factors affect ASW activity and it is not merely the presence of ASWs that needs to be taken into account. However, the formula recommended a ratio to local head of population data per local social services authority area, whilst accepting that the ratio could vary significantly across authorities. A mean average was therefore recommended. For London boroughs this was established as 1 ASW to 7,600 head of population. For everywhere else, including the counties, the mean average was 1 ASW to 11,800 head of population. 'Approved Social Workers: Developing A Service.' London, Social Services Inspectorate (1991). For DCC with a population of about 410,000 this would mean we should have about 35 AMHPs. However, a local target of 41 has been set based on experience.

[1] Social Services Inspectorate (1991). '*Approved Social Workers: Developing A Service.*' London, Social Services Inspectorate.

Time Off

It is expected that staff are able to take back time worked beyond their normal hours. While the pressure of work doesn't always make this easy, AMHPs are entitled to take TOIL if an assessment involves them working extra hours. Any AMHP who is having difficulty doing this should bring the issue to the attention of their line manager and the lead AMHP who can support them in resolving the problem. An increase in the number of out-of-county placements did put an additional strain on AMHPs, but there has been a concerted effort by DHUFT to ensure satisfactory numbers of beds are available locally. While there will always be the possibility of an AMHP having to travel some distance as part of a MHA assessment, this should be the exception and, as stated above, the time can be reclaimed by the AMHP in accordance with DCC policy. With the introduction of the AMHP Hub, most AMHPs will see a significant reduction in the number of unplanned MHA assessments they are required to undertake because the Hub AMHPs will deal with the vast majority of these. Most assessments organised by 'non-Hub' AMHPs should be planned, and so are much less likely to run beyond normal working hours, thus reducing the need for TOIL to be accrued. AMHPs within the hub will be actively encouraged to reclaim any TOIL as soon as possible. It is also planned that the Hub AMHPs will trial a 'twilight' AMHP shift in due course.

Risk

It is very concerning that AMHPs felt that there is no system in place for them to access if they were working outside their normal working hours. It is extremely important that they have the necessary support, especially when out alone in situations that might well involve a greater than usual degree of risk. However, there is an existing system for addressing this, with the Out of Hours Service (OoHS) being available to support AMHPs in these situations. While some AMHPs have developed their own informal arrangements, there is a formal method of support that can be provided by the OoHS and this support has been in place for some time. All AMHPs have now been reminded of the procedure for notifying the OoHS if they are likely to be involved in a risky situation beyond the normal end of the working day. AMHPs working in the Hub will also be located next to the DHUFT Crisis Response Team that provides a 24 hour service and they will be able to use this team for support in situations that are identified as carrying additional risk.

Supervision

While most AMHPs already receive specialist supervision of their MHA work, there have been some difficulties with this not being available to a few AMHPs. One of the functions of the AMHP Hub, which is due to begin in March 2014, is to make sure that all AMHPs receive this specialist supervision on an, at least, bi-monthly basis.

Training

It is concerning and surprising that some AMHPs seemed unaware that they needed to complete 18 hours of training each year. There has been an arrangement with the other two local councils (Poole and Bournemouth) to deliver joint training to AMHPs for some years and these dates are publicised to the AMHPs. This arrangement is planned to continue with the next session planned for 4 March. All DCC AMHPs have completed the required amount of training each year. In addition, the lead AMHP regularly e-mails all AMHPs with information about case law and other legal developments that might impact on their practice. With the introduction of the Hub, access to specialist advice and support from the Hub will be more consistently available to AMHPs. The MCA Manager meets regularly with legal services and now includes MH issues in these discussions. This should also improve the access to specialist legal advice for AMHPs when necessary.

Quality Assurance

It is an expectation that all AMHP reports are sent to the lead AMHP for scrutiny. While there have been some problems with this in the past, Viv Payne now receives the majority of reports in a timely manner. She feeds back any issues from these to the individual AMHP concerned. She also provides the MHJOB with a quarterly Quality Assurance report on AMHP activity. With the introduction of the Hub, there will be a more consistent approach to identifying issues arising from MHA assessments, such as Nearest Relative issues. The Hub AMHPs will be able to track these to ensure they are followed up by the appropriate community team.

A copy of the DCC Action Plan is attached for information.

I hope the above is clear and helpful and provides reassurance about action being taken by DCC in response to the CQC Monitoring Visit and issues raised for action. The Head of Service is available to deal with any further questions as necessary.

Yours sincerely

Dr Catherine Driscoll
Director for Adult and Community Services

Cc Glen Gocoul, Head of Specialist Adult Services