Agenda Item:

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Dorset Health Scrutiny Committee

Dorset County Council

Date of Meeting	10 September 2014
Officer	Director for Adult and Community Services
Subject of Report	**Update from Dorset HealthCare University NHS Foundation Trust and Dorset County Council on the actions identified during the CQC Assessment and Admission Visit, December 2013 – Monitoring under Section 120 of the Mental Health Act 1983**
Executive Summary	The purpose of this report is to provide an update to the Committee on Dorset HealthCare Trust and Dorset County Council's progress in completing the actions identified following the CQC Assessment and Admission visit on 12th and 13th December 2013. This report follows a previous report presented to the Committee on 23rd May 2014. On 12 and 13 December 2013 the CQC undertook an announced Assessment and Admission visit to the Dorset HealthCare Trust and Dorset County Council mental health service provision, during which they highlighted a number of issues. The details of this visit were outlined in the papers submitted to this Committee on 23 May 2014. Following this, and at the request of the Committee, the Trust and the County Council have prepared separate reports and action plans. The report by Dorset HealthCare Trust (Appendix 1 and Appendix 2) considers the progress against 9 Actions on a Provider Compliance Statement regarding assessment for and admission to mental health services. The report highlights that all the actions for which the Trust was responsible have been completed. The report by the County Council (Appendices 3, 4, 5 and 6) provides an update regarding the Approved Mental Health Service

<table>
<tr><td></td><td>(AMHP). The County Council has a statutory duty to ensure that a sufficient number of Approved Mental Health Professionals (AMHPs) are available to carry out Mental Health Act (MHA) assessments as required. The Care Quality Commission (CQC) inspection report from December 2013 identified that there were too few AMHPs in Dorset. The CQC pointed out that workload pressures and a relatively poor remuneration package have resulted in a number of AMHPs leaving Dorset for neighbouring Local Authorities and others intending to do so. A plan of action has been produced therefore, to address the situation and to ensure that the County Council has sufficient AMHPs to meet its statutory duties.</td></tr>
<tr><td rowspan="5">Impact Assessment:</td><td>Equalities Impact Assessment:

Not applicable.</td></tr>
<tr><td>Use of Evidence:

• Reports by Dorset HealthCare University NHS Foundation Trust and Dorset County Council
• Care Quality Commission monitoring visit and letter of 23rd December 2013 to the Director for Adult and Community Services
• Evaluation of the AMHP Hub</td></tr>
<tr><td>Budget:

None.</td></tr>
<tr><td>Risk Assessment:

Having considered the risks associated with this decision using the County Council's approved risk management methodology, the level of risk has been identified as:
Current Risk: LOW
Residual Risk LOW</td></tr>
<tr><td>Other Implications:

None.</td></tr>
<tr><td>Recommendation</td><td>The Committee is asked to note and comment on this update report.</td></tr>
<tr><td>Reason for Recommendation</td><td>Part of the Committee's function is to review and scrutinise matters relating to the planning, provision and operation of health services in the area of the County Council. In addition, the work of the Committee contributes to the County Council's aim to protect and enrich the health and wellbeing of Dorset's most vulnerable adults and children.</td></tr>
</table>

Appendices	Appendix 1 Report from Dorset HealthCare University NHS Foundation Trust – Update on progress against actions Appendix 2 Dorset HealthCare University NHS Foundation Trust Improvement Plan Appendix 3 Report from Dorset Council – Update on progress against actions for Approved Mental Health Service Appendix 4 CQC letter of 23rd December 2013 to the Director for Adult and Community Services Appendix 5 Letter of 27th February 2014 from the Director for Adult and Community Services to the CQC Appendix 6 AMHP Service Improvement Plan, September 2014.
Background Papers	Report following Monitoring Visit by the Care Quality Commission in December 2013 to Dorset Health Scrutiny Committee, 23 May 2014: http://www1.dorsetforyou.com/COUNCIL/commis2013.nsf/MIN/FBE9A6E026E48C4380257CD900522BAB?OpenDocument
Report Originator and Contact	Name: Glen Gocoul, Head of Specialist Adult Services Tel: 01202 495503 Email: g.a.gocoul@dorsetcc.gov.uk Name: Deborah Howard, Associate Director, Community Mental Health Services Tel: 01202 277065 Email: Deborah.howard@dhuft.nhs.uk

Appendix 1

Dorset HealthCare
University NHS Foundation Trust

Dorset HealthCare University NHS Foundation Trust
PAPER FOR DORSET HEALTH SCRUTINY COMMITTEE

PURPOSE OF THE PAPER

The purpose of this report is to provide an update to the Committee on Dorset HealthCare's progress in completing the actions identified following the CQC Assessment and Admission visit on 12th and 13th December 2013. This report follows a previous report presented to the Committee on 23rd May 2014.

RECOMMENDATIONS

The Committee is requested to note the progress made on completing the actions.

AUTHOR AND CONTACT DETAILS

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APPENDICES

Appendix 2 – Dorset HealthCare University NHS Foundation Trust Improvement Plan

1. INTRODUCTION

1.1. On 12 and 13 December 2013 the CQC undertook an announced Assessment and Admission visit to the Dorset HealthCare ('the Trust') and Dorset County Council (DCC) during which they highlighted a number of issues. The details of this visit were outlined in the papers submitted to this Committee on 23rd May.

1.2. Following a previous report presented to the Committee on 23rd May 2014 and at the request of the Committee, the Trust and DCC have prepared separate reports and action plans.

1.3. This report provides an update regarding the actions required by the Trust. The Trust action plan is contained within Appendix 2. DCC have produced a separate report and plan covering progress regarding their actions.

2. PROGRESS ON COMPLETING THE ACTION PLAN

2.1 There were a total 9 actions on the Provider Compliance Statement. This section of the report summarises progress on all the Trust actions along with a number of shared actions with DCC.

2.2. All the Trusts actions relating to Action 1 have been completed. These relate to improved links between the Crisis Team, Approved Mental Health Professionals (AMHPs) and Community Mental Health Teams (CMHTs). In addition AMHPs and CMHTs have been reminded of the role of the Crisis Team and the availability of the Recovery House in Weymouth as alternatives to admission. A review of Trust wide Crisis Services has been completed and this is covered within a separate report to this Committee. The Trust has also completed its action of informing the Clinical Commissioning Group (CCG) of the comments made by the Commissioners within their report. The Trust asked the CCG to take the comments into consideration when they commissioned their review of Mental Health Urgent Care Services.

2.3. All of the actions which form part of Action 2 are DCC actions and are covered in a separate report.

2.4. With regards to Action 3, this was a shared action between the Trust and DCC to remind AMHP's working within integrated teams that they must identify the current identity of the patient's Nearest Relative, and should not rely on an historical record. This was to avoid unlawful detention through incorrect identification of the Nearest Relative. This action has been completed by both agencies.

2.5 Regarding Action 4, which relates to bed availability and responsibility for locating a suitable bed for patients, the Trust has completed the actions set out. It is important to note that the review of any patient admission which exceeds 90 days is an ongoing process. This enables the Trust to ensure the appropriate use of beds, requirements to facilitate discharge and second opinion as required. In addition, while the Trust makes every effort to provide care in a safe and appropriate environment for female patients who are acutely unwell, it is not commissioned to provide a Psychiatric Intensive Care Unit (PICU) for females. Therefore, following individual assessment, where it is not possible to provide safe care within a Trust bed, an appropriate resource may be required outside the Trust.

2.6. With regards to Action 5 which concerns the most appropriate location for the designated place of safety, the Trust has completed an options appraisal paper. The paper has now been considered by the Trust and the conclusion is that at this point in time, St Ann's Hospital remains the most appropriate designated place of safety. This is due to St Ann's having suitable facilities within the Section 136 suite. In addition, St Ann's can provide a more flexible staffing resource due to the economies of scale which come with being a site with more wards as compared to Forston Clinic.

2.7 For Action 6, at the time of completing the Provider Compliance Statement and submitting this in January 2014, a number these actions had already been completed. These include monthly monitoring of referral to assessment time following the use of Section 136 via the Multi-Agency Group; the escalation of unlawful detentions to Local Authorities, and the monitoring of unlawful detentions continuing through Hospital Managers meeting. In addition, all further actions forming part of

Action 6 have now been completed. These include providing clarity regarding the responsibility of the Doctor to find a suitable bed, the re-circulation of the relevant section of the Code of Practice (chapter 4 paragraph 75) to the Doctors via the Medical Advisory Committee, and ongoing feedback via the DCC AMHP lead to the Multi-Agency Group meeting, which was a shared action with DCC.

2.8. With regards to Action 7, DCC is the lead of this action and an update is provided within a separate report.

2.9. Action 8 concerns improvements in interagency working. The Strategic Mental Health Act Multi-Agency Group has been set up and senior staff have attended one meeting and discussed terms of reference. The Trust has made numerous attempts to arrange further meetings, including several months in advance. Despite this the Trust has experienced significant difficulty in obtaining commitment across some agencies to attend further meetings. The Trust will continue to seek to arrange further meetings.

2.10. Action 9 (Patient A) was shared action with DCC and relates to a patient initially detained at Pebble Lodge and transferred out of area. The issue were resolved immediately.

2.11. In summary the Trust has completed all the actions which it was responsible for.

3. ONGOING ASSURANCE

3.1. The Trust welcomed the feedback from the CQC relating to its area of a responsibility and is pleased to have made the improvements that were necessary. The Trust will continue to support the hosting of the Strategic Mental Health Act Multi-Agency Group as highlighted in 2.9.

4. RECOMMENDATIONS

4.1 The Committee is asked to note this report.

Deborah Howard
Associate Director
Community Mental Health Services
Dorset Healthcare University NHS Foundation Trust

September 2014

CQC Assessment and Admission visit 12th and 13th December
Dorset HealthCare University Foundation Trust (DHC) Improvement Plan

Appendix 2

Action no & Page in Report	Domain & issue	Action to Take	How Achieved	Lead	RAG Status
Action 1 Pg. 18	**Domain 1- Purpose, Respect, Participation, Least Restriction** 1.How the trust will improve compliance with the MHA Code of Practice chapter 4 paragraph 4: Before it is decided that admission to hospital is necessary, consideration must be given to whether there are alternative means of providing the care and treatment which the patient requires. This includes consideration of whether there might be other effective forms of care or treatment which the patient would be willing to accept …	1.a. We will continue to improve the links between CMHTs and our Crisis Teams with monthly meetings between the Integrated Team Leaders of the CMHTs and Crisis Team. The Crisis Team will have a regular attendance at the Dorset County Council AMHP county meeting. 1.b. We will write to all the AMHPs and CMHTs to remind them of the Crisis and Home Treatment service provision and the role of the Recovery House in providing an alternative to admissions and treatment at home.	1.a. We will minute the meetings between the AMHPs and CMHTs and Crisis and Home Treatment Leaders. 1.b. The letter written to them will be circulated to the teams by the ADs of Inpatients and Community MH services.	DHC action for CMHT and Crisis Team Meetings. DCC action for AMHP County Meeting. Associate Director Inpatient Services	G G G
	2.How the Trust will demonstrate that decisions made about crisis services do not disadvantage people living in rural areas in compliance with the MHA Code of Practice chapter 1 paragraph 6: People taking decisions under the Act must seek to use the resources available to them and to patients in the most effective, efficient and equitable way, to meet the needs of patients and achieve the purpose for which the decision was taken …	2. a. The model for the Crisis Team in the West is in line with the service commissioned by the CCG. Trust has also arranged an independent review of the Crisis Team which includes in its terms of reference specific consideration of rurality. 2.b. The Trust will inform the CCG of the comments made by the Commissioners within this report and ask them to take them into consideration when they carry out their service review.	2.a. The Trust will receive a report following this review 2.b. The correspondence with the Commissioners will be recorded.	Associate Director Inpatient Services Director Mental Health Services	G G
Action 2 Pg. 19	**Domain 1- Patient Admitted from the community**	No actions for DHC - please see DCC action plan.			

	How Dorset County Council will demonstrate compliance with MHA Code of Practice chapter 4 paragraph 33: …LSSAs are responsible for ensuring that sufficient AMHPs are available to carry out their roles under the Act, including assessing patients to decide whether an application for detention should be made. To fulfil their statutory duty, LSSAs must have arrangements in place in their area to provide a 24-hour service that can respond to patients' needs				
Action 3. Pg. 21	**Domain 1- Patients admitted from the community** 1.How partner agencies will ensure compliance with MHA Code of Practice chapter 1 paragraph 6: "People taking decisions under the Act must seek to use the resources available to them and to patients in the most effective, efficient and equitable way, to meet the needs of patients and achieve the purpose for which the decision was taken". 2.How Dorset County Council will ensure compliance with the MHA Code of Practice chapter 1 paragraph 7: "All decisions must, of course, be lawful and informed by good professional practice. Lawfulness necessarily includes compliance with the Human Rights Act 1998".	1. The Trust & DCC will remind AMHP's working within integrated teams that they must identify the current identity of the patient's NR, and should not rely on an historical record. AMHPs in other services outside of integrated teams do not have a right to access the Trust's patient records. Patient information out of hours can be accessed via the Crisis Team. Action in point 2 relates to DCC, no action for DHC - please see DCC action plan.	1. Through correspondence reminding AMHPs and through scrutiny of AMHP reports and via supervision.	MHA Legislation Manager / DCC AMHP lead.	G
Action 4 Pg. 22.	**Domain 1- Patients admitted from the community** How partner agencies will ensure bed availability enables compliance with the MHA Code of Practice chapter 4: "How partner agencies will ensure compliance with the MHA Code of Practice chapter 1 paragraph 6 guiding principle of effectiveness,	a. The Trust recognises that a section is an "application" to the provider to admit the patient, and will make every effort, where commissioned to provide these services locally. The Trust and the CCG are in discussion around capacity for local PICU beds.	a. Outcome of the discussion with the CCG.	Director Mental Health Services	G

	efficiency and equity with regard to bed availability". People taking decisions under the Act must seek to use the resources available to them and to patients in the most effective, efficient and equitable way, to meet the needs of patients and achieve the purpose for which the decision was taken.	b. Lead Consultant, Inpatient Services reviews all inpatient admissions with a length of stay greater than 90 days to ensure the appropriateness of the continued stay and where required facilitate a discharge or arrange a second opinion to ensure there is overall effective bed management.	b. Lead inpatient Consultant records the findings of reviews within RiO.	Inpatient Lead Consultant	G
Action 5 Pg. 23.	**Domain 1- People detained using police powers** How partner agencies will improve patient experience and compliance with MHA Code of Practice chapter 10 paragraph 24; … In identifying the most appropriate place of safety for an individual, consideration should be given to the impact that the proposed place of safety (and the journey to it) may have on the person and on their examination and interview. It should always be borne in mind that the use of a police station can give the impression that the person detained is suspected of having committed a crime. This may cause distress and anxiety to the person concerned and may affect their co-operation with, and therefore the effectiveness of, the assessment process … Provision of evidence of the review of service users who have had more than three Section 136 assessments per year and related action plans	a. The Trust is monitoring the most appropriate location for the designated place of safety. This will ensure that it is provided in the location where there are sufficient numbers of staff to respond in an efficient and effective manner and where it is safe to do so for the service user.	a. An options appraisal paper will be considered by the Trust to inform a decision	Associate Director Inpatient Services	G
Action 6 Pg. 25.	**Domain 1- Patients admitted from the community** 1.How the provider will improve compliance with MHA Code of Practice chapter 10 paragraph 28: "Assessment by the doctor and AMHP should begin as soon as possible after the arrival of the individual at the place of safety. Where possible, the assessment should be undertaken jointly by the doctor and the AMHP".	1. In the shorter-term, a plan is in place to use the existing AMHPs in a more efficient way. This will be achieved by creating an 'AMHP Hub' of full-time AMHPs who will carry out the majority of the urgent MHA assessments that are required. The remaining Mental Health Act assessments will be scheduled among the wider group of AMHPs to ensure these assessments can be accommodated within their workload more effectively	1. Monthly monitoring of the Section 136 will continue in the Multi-Agency Group.	Completed	G

	2.How the provider will improve compliance with MHA Code of Practice chapter 13 paragraph 5: … People who sign applications and make the supporting medical recommendations must take care to comply with the requirements of the Act. People who act on the authority of these documents should also make sure that they are in the proper form, as an incorrectly completed or indecipherable form may not constitute authority for a patient's detention	2. The 11 unlawful detentions referred to in the report were Pan Dorset of which 2 related to Dorset County Council. Prior to the CQC visits the Director of Mental Health Services wrote to all three Local Authorities outlining concerns regarding unlawful detentions. The DCC requested a breakdown and details of the unlawful detentions that related to their Services with the view to review practice. This was sent on 30th July 2013	2.a. The Trust has escalated unlawful detentions to the Local Authorities. 2.b. Training is planned for 19th February & 4th March 2014 to remind the AMHPs of this issue 2.c. Monitoring of the unlawful detentions will continue through Hospital Mangers meeting.	Completed DCC action MHP Lead, March 2014 Completed	G G
	3.How the provider will improve compliance with MHA Code of Practice Chapter 4 paragraph 73: … Where practicable, at least one of the medical recommendations must be provided by a doctor with previous acquaintance with the patient. Preferably, this should be a doctor who has personally treated the patient. But it is sufficient for the doctor to have had some previous knowledge of the patient's case …	3. Each CMHT has a system in place to facilitate the availability of a section 12 doctor for urgent MHA assessments. Although the ideal would be for a Consultant with prior knowledge of the patient to be involved, this cannot always happen for emergency MHA assessments since community Consultants have other clinical commitments such as outpatient clinics. In the case of planned MHA assessments, arrangements are made to involve doctors with previous knowledge. AMHPs always try to involve the patients GP and will talk to the Consultant or another senior doctor who has been involved in the persons' treatment before.	3.AMHP's will be reminded to always try to involve the patients GP and will talk to the Consultant or another senior doctor who has been involved in the persons' treatment before.	DCC action	
	4.How the provider will ensure compliance with MHA Code of Practice chapter 4 paragraph 75: … If the doctors reach the opinion that the patient needs to be admitted to hospital, it is their responsibility to take the necessary steps to secure a suitable hospital bed. It is not the responsibility of the applicant, unless it has been agreed locally between the LSSA and the relevant NHS bodies that this will be done by any AMHP involved in the assessment …	4. a. The Trust will recirculate the relevant section of the code of practice to the Doctors via the Medical Advisory Committee.	4.a. The code of practice action will be minuted in the MAC meeting	MAC Chair	G
		4.b. The AMHPs lead will advise the AMHP meeting and the Multi Agency Group that this action has been taken.	4.b. The AMHPs action will be minuted in the Multi Agency Group and AMHP Lead meeting minutes.	DCC and DHC Action.	G
		4.c. AMHPs will be asked to feedback issues to the AMHP lead, who can bring specific examples to the	4.c. This will be a standing item in the	MAC Chair MHA Legislation	G

		multi- Agency Group meeting.	MAG agenda	Manager / DCC Mental Health Act Legislation Manager	
Action 7 Pg. 26	**Domain 1- Purpose, Respect, Participation, Least Restriction** How partner agencies will ensure that more emphasis is placed on meeting the housing needs of patients when they are discharged from hospital to enable compliance with the MHA Code of Practice.	DCC action – please see DCC report.			
Action 8. Pg. 27	**Domain 1- Other areas** How partner agencies will ensure improvements in interagency working Provision of evidence of a commitment to these improvements with reference to the guiding principles of the MHA Code of Practice	1. The issues raised will form part of the agenda to be discussed during the first Strategic Mental Health Act Multi-Agency Group meeting.	1. This will be minuted following the meeting.	MHA Legislation Manager.	G
Action 9 Pg. 28	**Patient A** We heard patient A had been initially detained at Pebble Lodge but transferred out of area. We heard that this has meant the patients relatives had difficulty in visiting the patient. Concern was also expressed about the availability of IMHA's and consultation with the patients relatives about the transfer. We have already raised this issue with DCC Senior management staff for speedy resolution of immediate issues	The Trust noted that the action states this issue has been raised with DCC senior management, however the Trust has also responded to the CQC directly via email on 19th December 2013. Arrangements were made with the patient's family to pay mileage twice weekly to facilitate visiting. In addition the Head of Specialist Services for Dorset Adult Social Services has agreed with the Head of DCC Children's Services that he will set up a meeting involving the patient's relatives, a representative from the CCG and a representative from Dorset Mental Health Forum to look at the IMCA issue. This was confirmed with the lead CQC MHA Commissioner on 19th December 2013 by the Head of Specialist Adult Services.	Completed	The Trust DCC	G

DCC – Dorset County Council   DCH – Dorset HealthCare

Green = Completed, Amber = In progress, Red = not started

Appendix 3

Dorset County Council

DORSET COUNTY COUNCIL
PAPER FOR DORSET HEALTH SCRUTINY COMMITTEE

PURPOSE OF THE PAPER

Dorset County Council has a statutory duty to ensure that a sufficient number of Approved Mental Health Professionals (AMHPs) are available to carry out Mental Health Act (MHA) assessments as required. A Care Quality Commission (CQC) inspection report from December 2013 identified that there were too few AMHPs in Dorset. The CQC pointed out that workload pressures and a relatively poor remuneration package have resulted in a number of AMHPs leaving Dorset for neighbouring Local Authorities and others intending to do so. A plan of action has been produced therefore, to address the situation and to ensure that the County Council has sufficient AMHPs to meet its statutory duties.

RECOMMENDATIONS

The Committee is asked to note and comment on this update report.

AUTHOR AND CONTACT DETAILS

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APPENDICES

Appendix 4 – CQC letter of 23rd December 2013 to the Director for Adult and Community Services.

Appendix 5 – Letter of 27th February 2014 from the Director for Adult and Community Services to the CQC.

Appendix 6 – AMHP Service Improvement Plan, September 2014.

1.0 Background

1.1. On 12th and 13th December 2013 the Care Quality Commission (CQC) undertook an announced Assessment and Admission visit to the Dorset HealthCare Trust (‘the Trust’) and Dorset County Council during which they highlighted a number of issues relating to the Assessment and Admission process. The details of this visit were outlined in the papers submitted to the Health Scrutiny Committee on 23rd May 2014. Parts of the Assessment and

Admission process are the responsibility of the Trust and other parts are the lead responsibility of the County Council. This report provides an update regarding the actions required by the County Council. The Trust has produced a separate report and plan covering progress in relation to their actions.

1.2. Appendix 4. provides the detailed feedback to the County Council from the CQC in their letter dated 23rd December 2013 to the Director for Adult and Community Services. The letter highlights issues that required further attention from the County Council and were grouped under eight main headings as illustrated below by bullet points;

- the management of the service
- morale
- recruitment
- time off
- risk
- supervision
- training, and
- quality assurance.

1.3. The Director for Adult and Community Services replied to the CQC in her letter dated 27th February 2014, which is attached as Appendix 5.

1.4. The Head of Specialist Adult Services produced an AMHP Improvement Plan which is attached as Appendix 6, and this plan addresses the areas requiring further attention. The Plan is divided into 5 Outcome Areas and 10 specific actions which respond to the bullet points set out in paragraph 1.2 above. Significant progress has been made against all the actions with 6 completed (Green) and good progress being made with the other 4 (Amber). Dealing with the Terms and Conditions for the AMHPs has received the highest priority because this is a theme connected to all the other issues identified by the CQC for further attention.

1.5. The Head of Specialist Adult Services presented a report to the Adult and Community Services Directorate Management Team (DMT) on 19th August about these matters with recommendations for future action and DMT endorsed the new improved AMHP grades and Job Descriptions agreed by the DCC Job Evaluation Panel in June (see 1.1 of the AMHP Improvement Plan). DMT also agreed that the Head of Specialist Adult Service can proceed to consult with the AMHPs and Trade Unions about implementing the new AMHP operating model, including the AMHP Hub (see 2.1 of the AMHP Improvement Plan) and community line management arrangements as a permanent part of the new model.

1.6. It is anticipated that the new arrangements can begin from October 2014.

Glen Gocoul
Head of Specialist Adult Services
Dorset County Council
September 2014

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Our ref: 29878

23 December 2013

Mrs Catherine Driscoll
Director for Adult and Community Services
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Dear Mrs Driscoll

Monitoring under section 120 of the Mental Health Act 1983

I am writing following the assessment and admission visit to Dorset which took place on 12 and 13 December 2013. I recognise that such visits as these require a considerable amount of preparation and the team would like to take this opportunity to thank Viv Payne for her help with the visit.

During the visit, the visiting team met with a number of agencies as well as service users and carers. One of the groups the team met were the approved mental health professionals (AMHPs) employed by the council. The issues they raised were of such significance that members of the visiting team had grave concerns about the safety of the service to such an extent that they felt the service was not safe. Prior to the feedback meeting on the second day, the team met with Mr Gocoul, the head of specialist services, to discuss the concerns. Whilst Mr Gocoul did not share the view that the service was not safe, he did recognise that the service was "on the brink". The areas of concern identified by the visiting team are as follows:

The Management of the Service

The AMHP service is an important service and is the responsibility of the local authority. The visiting team gained the impression that nobody is overall managing the service although it is acknowledged that Viv Payne as the lead AMHP is trying to hold things together. However, there do not appear to be effective arrangements in place to manage the service and to deal with the various issues that regularly emerge as far as the AMHPs and the service are concerned.

Morale

From listening to AMHPs, the visiting team concluded that morale was a major problem. AMHPs told us that, as a group, they feel isolated and that they are not listened to. Communication in general was a concern. They were aware of plans for the service to be reconfigured with a hub, but did not know if this was going to happen. They were also not aware of the street triage project which the team heard about from Mr Gocoul, which is due to be introduced next April and will affect their work.

The AMHPs expressed concern about their pay and conditions. AMHPs explained that discussions to try and resolve this are ongoing but the fact that Bournemouth and Poole are paying their AMHPs more was an issue. The team were told that the AMHPs employed by your council, who work for the out of hours service, are paid £3000 less than the other AMHPs employed in the out of hours service by Bournemouth and Poole. These AMHPs provide the same service across the three authorities.

Recruitment

The visiting team were told that within the county there are 29 AMHPs available for daytime work although this number will decrease shortly. Within that number there is one occupational therapist and a community psychiatric nurse both of whom are employed by Dorset Health University NHS Foundation Trust (DHUFT). The team were told that guidelines suggested that a county the size of Dorset should have 41 AMHPs. There are plans for three social workers to start training. However, there are three further training places available and three DHUFT staff have expressed an interest in undertaking AMHP training. There does not appear to be any agreement between the council and DHUFT to facilitate this. This would appear to be a missed opportunity. There appears to be a lack of interagency working on this and other issues.

Time off

AMHPs told us that they regularly work extra hours in order to complete mental health act assessments. This involves them working into the evenings and working on their day off. A number of staff told us that they have in excess of 120 hours of flexi time to take. Other staff told us that their managers do not always encourage the AMHPs to take back their time as the managers are more concerned with the day service they are managing.

In recent months because of problems with the availability of beds, a number of placements have been made at hospitals some considerable way from Dorset. Some AMHPs have been required to visit these hospitals to deal with applications. One AMHP was asked to travel in a day to the south east of the country. The AMHP expressed concern about undertaking such a long journey and eventually the authority in whose area the patient had been placed undertook the assessment.

Risk

The visiting team were very concerned about the risk to staff as they were told that if AMHPs go out on an assessment late in the afternoon there is no system consistently in place to protect them in the event of an incident. Some AMHPs appear to have an informal arrangement to let a colleague know when they have completed their AMHP work. Within the AMHP report there is a reference to risk, but it was not clear whether this was risk to the patient or risk to the AMHP.

Supervision

The AMHPs told the visiting team that they did not receive regular supervision as far as their AMHP work was concerned.

Training

The AMHPs were asked about arrangements for their continued professional development and the requirement to complete 18 hours training. The AMHPs appeared to have limited knowledge about this and said that they needed additional training particularly around legal updates. This issue was raised with Viv Payne who suggested that the 18 hours requirement was considered through the re-approval process. Subsequently the team were told that the learning and development unit kept this information and that all AMHPs had undertaken the requisite number of hours. Some reassurance on this would be helpful. Some of the AMHPs also said that they did not have access to a current Jones manual.

Quality Assurance

One of the Mental Health Act commissioners, who was part of the visiting team, regularly visits hospitals in Dorset that admit patients detained in accordance with the Mental Health Act and has part of this work, looks at AMHP reports.

Some of the reports seen are of variable quality. During the visit, the team read a number of AMHP reports. There were a number of points that arose, particularly around nearest relative issues. The visiting team asked about arrangements for monitoring AMHP reports but the team were told that this does not routinely happen.

There was also a lack of clarity about what happened to the AMHP reports when work needed to be followed up. In recent months Viv Payne has come to an arrangement whereby staff in the mental health legislation office of DHUFT email the AMHP report as the reports are uploaded on to the electronic system. The council does not appear to have a system in place to capture information about AMHP work. It was not clear how any outstanding work would be carried out and by whom.

I would be grateful if arrangements could be made to address the concerns as set out above and look forward to receiving your comments no later than 24 January 2014. I understand that Mr Gocoul has indicated to the visiting team that he would start addressing the issues and develop an action plan which the CQC would welcome a copy.

With very best wishes.

Yours sincerely

Patti Boden
Operations Manager (Mental Health)

Yours sincerely

Dorset County Council

APPENDIX 5

Restricted

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Ms Patti Boden,
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NE1 4PA

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

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

Approved Mental Health Professional (AMHP) Service Improvement Plan September 2014

The purpose of this plan is to ensure that Dorset County Council responds appropriately to the CQC Monitoring Visit carried out in December 2013 and continues to meet its statutory duties with regards to the AMHP Service. This will be done by achieving the following outcomes.

Outcome no.1. Increased and sufficient numbers of AMHPs are available to Undertake Mental Health Act (MHA) Assessments on Behalf of DCC

1. Actions		Timescale	Progress	Issues Dependencies Risks	Review mechanism and Reporting	Owner	RAG status
1.1	Improve AMHP Terms & Conditions to make working in Dorset more attractive	April 2014	Proposals for new AMHP grades were considered by the DCC Job Evaluation Panel in June and higher grades were approved. The A&CS DMT will consider a report on 19th August which recommends implementation of the new Terms and conditions and AMHP Job description (JD).	There is a cost implication for DCC of improving remuneration for AMHPs. However, If this is not addressed, the recent loss of AMHPs to neighbouring LAs will continue.	Mental Health Joint Operations Board (MHJOB)	Head of Specialist Adult Service	G
1.2	Sufficient numbers of AMHPs work for DCC	Ongoing	Three AMHP trainees completed the training in July and will be considered by the Exam Board in September with a view to receiving their Warrant to Practice from October. Two AMHPs are confirmed to start AMPH training from February 2015. Eight staff have applied to complete the Graduate Certificate in Professional Practice (Mental Health) which is a requirement prior to completing AMHP training.	The cost of training has been factored into the Learning and Development budget. Priority is given to identify sufficient practice placements with MH teams.	MHJOB	Lead AMHP MCA Manager	A
1.3	Sufficient numbers of AMHPs are located in DCC community teams	Ongoing	The A&CS DMT will consider a report on 19th August which recommends the required numbers of AMHPs for the AMHP Hub and community teams in order to discharge statutory AMHP duties.	AMHPs in community teams carry out MH Act Assessments and carry a caseload and priorities are often conflicting. The new Terms and Conditions and JD will address this problem.	MHJOB	Head of Specialist Adult Service. Head of Adult Service.	A
1.4	Increased number of AMHPs are employed by the NHS	Ongoing	Agreement reached verbally between the Chief Executive DHUFT and the DASS to increase the number of health staff trained and employed as AMHPs.	A formal agreement between DCC and DHUFT is required. Having more Nurse or OT AMHPs would add a different perspective to the service that enhances it and improves the experience of service users. The	MHJOB	Head of Specialist Adult Services. DHUFT Director for MH Community Services.	A

				formal agreement is being followed up between the responsible Director & Associate Director in DHUFT and the DCC Head of Specialist Adult Services.			

Outcome no.2. More Efficient Use is made of the Available AMHPs

2.	Actions	Timescale	Progress	Issues Dependencies Risks	Review mechanism and Reporting	Owner	RAG status
2.1	Undertake a trial of a specialist AMHP Hub service model.	March 31st to September 2014	The specialist AMHP HUB has been operating since March. Early evaluation confirms the model is very successful and has widespread support from AMHP's and key partners. The A&CS DMT will consider a report on 19th August which recommends the AMHP Hub should become permanent.	The Hub deals with the vast majority of emergency MHA Assessments, thus providing respite to AMHPs in community teams to deal with their caseloads. The Hub is able to respond more quickly which benefits service users and carers and key partners. It offers a single point of contact, information and guidance to all AMHPs and key partners. Hub AMHPs need to be protected from possible 'burn out'.	MHJOB	Lead AMHP MCA Manager	**G**

Outcome no.3. AMHP Skills and Knowledge is updated and maintained

3.	Actions	Timescale	Progress	Issues Dependencies Risks	Review mechanism and Reporting	Owner	RAG status
3.1	AMHP refresher training is organised jointly with Bournemouth and Poole Councils	Ongoing	Training takes place three times a year. All AMHPs attend sufficient training to ensure their knowledge is up to date and to comply with the MHA legislation.	While much of the training can be delivered internally, there is a cost implication for DCC for external training. If AMHPs do not attend sufficient formal training they could breach the MHA Code of Practice. Good cooperation with two other pan Dorset Local Authorities is being maintained to offer joint training.	MHJOB. Learning & Development Team	Lead AMHP MCA Manager	**G**
3.2	An information and advice service is provided by the lead	Ongoing during working hours, plus when an	The Lead AMHP is available to be contacted by AMHPs for information and advice. Hub	A response is often required urgently, so ensuring enough availability has been difficult in	MHJOB AMHP County Meeting	Lead AMHP MCA Manager	**G**

	AMHP/Hub AMHPs	AMHP is assessing beyond the normal working day.	AMHPs support the lead AMHP in this role	the past. The Hub has improved the response as there will always be a Hub AMHP on call.			
3.3	All AMHPs have access to specialist supervision	By April 2014 and then ongoing	The Hub AMHPs have taken on some of this function to support other specialist supervisors in community teams.	All AMHPs must have regular AMHP supervision from someone with the skills, knowledge and experience to offer a specialist perspective on their AMHP work. Group supervision sessions have been established to provide an alternative form of AMHP supervision. Maintaining enough 'specialist supervisors' to enable this to happen is a challenge that is being met.	MHJOB	Lead AMHP MCA Manager	**G**

Outcome no.4. The Quality of AMHP Work is Shown to be of a High Standard

4.	Actions	Timescale	Progress	Issues Dependencies Risks	Review mechanism and Reporting	Owner	RAG status
4.1	AMHP reports are scrutinised through a Quality Assurance Process	Ongoing	A Quality Assurance process is in place and is kept under review by the MH JOB which receives quarterly QA Reports. Peer reviews are to be established with neighbouring Local Authorities to compare and contrast the reports of Dorset AMHPs with their colleagues from other councils	Agreeing the peer review processes with 2 pan Dorset neighbouring councils is on going.	MHJOB	Lead AMHP MCA Manager	**G**

Outcome no.5. Communication with AMHPs is clear and up to date

5.	Actions	Timescale	Progress	Issues Dependencies Risks	Review mechanism and Reporting	Owner	RAG status
5.1	AMHPs are satisfied with the communication they receive and the arrangements	By April and on going	The MCA Manager Chairs the quarterly AMHP county wide meetings as from April and ensures with the Lead AMHP a good 2 way flow of information with AMHPs takes place in between the county wide meetings.	The Hub is a central point for collecting relevant information about practice, policy and developments and disseminating information to all AMHPs in a consistent and timely manner	MH JOB	Lead AMHP and MCA Manager	**A**

Green = Completed

Amber = In progress
Red = not started