

Briefing to the National Crisis Care Concordat

The effectiveness of the current approach to national monitoring of Approved Mental Health Professional Services: A review conducted by the Care Quality Commission and the Department of Health

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Summary

This briefing paper provides an overview of the Approved Mental Health Professional (AMHP) Service and its functions, exploring approaches to monitoring and regulation. Reviewing the current powers of the Care Quality Commission (CQC) in relation to AMHPs, **CQC is not able to take on the regulation of AMHP Services**. We have made recommendations for future monitoring and regulation of AMHP practice in this paper.

This document is split into three sections;

- **Section 1:** Review of the current monitoring and regulation for Approved Mental Health Professional services **including** the current powers of the Care Quality Commission that relate to Approved Mental Health Professional services.
- **Section 2:** Recommendations for future AMHP service monitoring and regulation.
- **Section 3:** Conclusion and next steps.

The key messages we heard from stakeholders:

- There are continuing concerns about the numbers of Approved Mental Health Professionals and the ability of services to provide a 24-hour AMHP service that can respond effectively to patient needs.
- There is wide variation in the way Approved Mental Health Professional services are running across the country.
- Local oversight and reporting of Approved Mental Health Professional provision and the data recorded is variable.
- There is no national data set which offers an insight into how the Approved Mental Health Professional services are operating, including how many AMHPs are currently practicing.
- Approved Mental Health Professional services continue to be impacted by a number of wider service issues, including access to Section 12 approved doctors, access to ambulances for conveyance of patients and access to local area and specialist beds.

Our recommendations are:

- CQC to use powers on its focused visits to support building an evidence base for future development of monitoring and regulation of AMHP services.
- Department of Health (DH) will work with the AMHP Leads Network to set national standards for AMHP services, identifying best practice and supporting a high quality service.
- DH and the Department for Education will seek to produce legislation to establish a new social work body which will introduce a new system of registration for individual AMHPs.
- CQC and DH will work with HSCIC to establish a new national dataset which allows monitoring of AMHP services and outcomes.

Introduction

As part of the commitments made to the Mental Health Crisis Care Concordat action plan, the Care Quality Commission (CQC) and the Department of Health (DH) carried out a review of the effectiveness of the current approach to national monitoring of Approved Mental Health Professionals (AMHPs).

The Mental Health Crisis Care Concordat ('the Concordat') is a national agreement between services and agencies involved in the care and support of people in crisis. The agreement was published by the Government in February 2014 and has 27 national signatories across health, policing, social care, local government and the third sector, including the NHS, Royal Colleges, Police, Local Government, MIND, the Home Office, Department of Health and the Care Quality Commission.

The national organisations that are signatories to this Concordat have made a commitment to work together to support local systems to achieve continuous improvements for crisis care for people with mental health issues across England.

The Concordat focuses on four main areas:

- [Access to support before crisis point](#) – making sure people with mental health problems can get help 24 hours a day and that when they ask for help, they are taken seriously.
- [Urgent and emergency access to crisis care](#) – making sure that a mental health crisis is treated with the same urgency as a physical health emergency.
- [Quality of treatment and care when in crisis](#) – making sure that people are treated with dignity and respect, in a therapeutic environment.
- [Recovery and staying well](#) – preventing future crises by making sure people are referred to appropriate services.

The stated purpose of the Concordat is summarised in a statement issued jointly by all signatories

“We commit to work together to improve the system of care and support so people in crisis because of a mental health condition are kept safe and helped to find the support they need – whatever the circumstances in which they first need help – and from whichever service they turn to first.

We will work together, and with local organisations, to prevent crises happening whenever possible through prevention and early intervention. We will make sure we meet the needs of vulnerable people in urgent situations. We will strive to make sure that all relevant public services support someone who appears to have a mental health problem to move towards recovery.

Jointly, we hold ourselves accountable for enabling this commitment to be delivered across England.”

As part of the Concordat's recommendations, In February 2014, CQC and DH were asked to review the effectiveness of current approaches to monitoring AMHP provision and explore whether the Care Quality Commission requires additional powers to regulate AMHP services. This paper is a response to this recommendation.

Methodology

In carrying out this review we have worked collaboratively with Approved Mental Health Professionals across the country. They have been involved in setting the scope of the review, sharing their practice and developing this paper. We have also carried out the following activities;

- A literature review of the available evidence for AMHP services
- A review of data produced by the AMHP Leads Network^{1 2}.
- A review of local AMHP service data available from Manchester, Sheffield, Hampshire and Oxford.
- Engagement events:

¹ Smith, M (2014) AMHP State of Nation Report. Manchester

² Judson, J and Webber, M (2012) Stress and the statutory role: Findings from the 2012 AMHP Survey. University of York

December 2014	<ul style="list-style-type: none"> • Two focus groups with AMHPs (via teleconference) • Three unstructured interviews with AMHP Leads: Oxford, Mersey Care, Hampshire CC
July 2015	<ul style="list-style-type: none"> • Attended an AMHP Leads conference to discuss proposals
December 2015	<ul style="list-style-type: none"> • Attended AMHP Leads network meeting to discuss findings

We worked closely with a Specialist Professional Advisor (SPA), the Lead AMHP for Manchester City Council, to review and analyse the data collected and prepare a report on current AMHP service practice for CQC and DH. The SPA is also the Head of Social Work and Safeguarding for Manchester Mental Health and Social Care Trust.

Section 1: Review of current monitoring and regulation of AMHP services

What is an Approved Mental Health Professional?

Approved Mental Health Professionals work on behalf of local authorities to carry out a variety of functions under the Mental Health Act 1983. One of their key responsibilities is to make applications for the detention of individuals in hospital, ensuring the Mental Health Act and its Code of Practice are followed. It is the AMHP's duty, when two medical recommendations have been made, to decide whether or not to make the application for the detention of the person who has been assessed under the Mental Health Act, also known as 'sectioning'. This includes consideration of the correct legal frameworks (Mental Capacity Act, including Deprivation of Liberty Safeguards), considering alternatives to admission, ensuring the involvement of the patient and identifying and involving their nearest relative.

"The list of competencies for AMHPs demonstrates their need for knowledge of complex legal and policy frameworks as well as of mental disorders, and the ability to undertake partnership working and to make and communicate difficult decisions"

**Think Ahead: Meeting the Workforce Challenges in Mental Health Social Work
IPPR 2014**

Each AMHP has to be approved and registered by a local authority which has assessed their competence in dealing with people who are suffering from mental disorder. AMHPs may work for a local authority other than the one that has formally approved them. AMHPs will work across a variety of teams in health care providers, including Community Mental Health Teams and Crisis Resolution and Home Treatment Teams. They will also work in Emergency Duty Teams / Services which are predominantly local authority employed and led.

In 2008, the AMHP role was extended to allow professionals other than social workers to carry out the role, including registered nurses, psychologists and occupational therapists. A Freedom of Information (FOI) request³ conducted by Manchester City Council's Lead AMHP in 2014 reported that only 5.5% of AMHPs are currently drawn from non-social work professions. We believe the majority of AMHP work is undertaken as part of centralised AMHP services, by social worker AMHPs. There are currently 93,208⁴ social workers registered in England, working across 151 local authorities.

Due to a lack of national oversight and reporting, we do not know how many social workers are registered as an AMHP, or how many AMHPs are currently practicing in England.

³ Smith, M (2014) AMHP State of Nation Report, Manchester.

⁴ Health and Care Professions Council (2016) About regulation: <http://www.hcpc-uk.co.uk/aboutregistration/professions/index.asp?id=18#profDetails> [Accessed 10 March 2016]

“Social workers have a crucial part to play in improving mental health services and mental health outcomes for citizens. They bring a distinctive social and rights-based perspective to their work. Their advanced relationship-based skills, and their focus on personalisation and recovery, can support people to make positive, self-directed change. Social workers are trained to work in partnership with people using services, their families and carers, to optimise involvement and collaborative solutions. Social workers also manage some of the most challenging and complex risks for individuals and society, and take decisions with and on behalf of people within complicated legal frameworks, balancing and protecting the rights of different parties. This includes, but is not limited to, their vital role as the core of the AMHP workforce”

**The Role of the Social Worker in Adult Mental Health Services.
The College of Social Work April 2014**

AMHPs play a critical role for people in crisis, and specifically for those who present at A&E departments or who are brought to health-based places of safety, because AMHPs are required to assess people who are detained under the Mental Health Act. In a review of health-based places of safety, CQC found that the most common reason reported by health staff for a delay in making an assessment in a health-based place of safety is because of the lack of availability of an AMHP⁵. This considered, there are many other contributing factors to delays in completing Mental Health Act assessments, including the availability of section 12 approved doctors or the availability of a bed on a mental health ward.

What is an AMHP service?

The Mental Health Act places on local authorities the duty to provide AMHP services. Local authorities are responsible for ensuring that sufficient AMHPs are available to carry out their roles under the Mental Health Act, including assessing patients to decide whether an application for detention should be made. They should have arrangements in place to provide a 24-hour service that can respond to patients' needs in a timely way.⁶

Currently each local authority is responsible for its own AMHP provision, approval system and standards. There are no set governance processes for how local authorities should run their AMHP services and in recent years there have been a number of policy and practice developments which have directly impacted on the way AMHP services are run. This includes the agenda of integration for health and social care, with some local authorities delegating their mental health resources (including AMHPs) to NHS providers under Section 75 of the NHS Act 2006 or similar agreement. These types of partnership arrangements may be less common than in recent years, and there is a wide variety of frameworks, even within the same localities. For example, in Greater Manchester there are several frameworks in place, ranging from a joint health and care provider who runs the day AMHP service, AMHP hubs within NHS provider services or local authority only AMHP provision.

Local authorities have a number of key duties in the Mental Health Act regulations⁷ in relation to AMHPs who undertake assessments on their behalf, which cannot be delegated to NHS providers. These include:

- Ensuring that all AMHPs have access to professional supervision and support in their role as AMHPs
- Provide a minimum of 18 hours of refresher training, relevant to the AMHP role each year – as determined by the local authority
- Responsibility for the health and safety of AMHPs whilst they are undertaking assessments on their behalf

⁵ Care Quality Commission (2014). A safer place to be. Findings from our survey of health-based places of safety for people detained under section 136 of the Mental Health Act. October 2014.

⁶ Department of Health. Mental Health Act Code of Practice (2015): pp119.

⁷ The Mental Health (Approved Mental Health Professionals) (Approval) (England) Regulations 2008. Schedule 1

- Responsibility for professional competence in their role as AMHP, and for removing or suspending their warrant as necessary
- Legal indemnity whilst undertaking the AMHP role
- Access to legal advice whilst carrying out AMHP duties.

The majority of local authorities designate a 'Lead AMHP' to co-ordinate AMHP activity, although this is not statutory practice:

The role of the AMHP lead is highly variable across the country, with some LSSAs employing a lead practitioner to oversee service delivery, practice and in some cases training, and others combining some of these responsibilities into pre-existing team manager and senior practitioner roles in addition to their wider mental health service responsibilities. This position means that the arrangements across the country vary and there is not a single model of how AMHP services or leadership should be configured.

**The business case for the Approved Mental Health Professional (AMHP) lead role.
The College of Social Work April 2014**

What is the current approach to approval, regulation and monitoring for AMHP services?

The Health and Care Professions Council (HCPC) currently sets the approval criteria for AMHP training programmes⁸. In January 2016, the Government announced that it will seek to establish a new social work body, and the intention is that this new organisation will take over this responsibility. The approval criteria for AMHPs sets out the processes and procedures that education providers delivering AMHP training must have in place, and the knowledge, understanding and skills that an individual must have when they complete their AMHP training.

Given that the AMHP role now applies to a number of professions who practice in different environments, the HCPC does not stipulate how individuals completing AMHP programmes must be able to demonstrate the competencies set out in Schedule 2 of The Mental Health (Approved Mental Health Professionals) (Approval) (England) Regulations 2008. This is decided at a local level and creates a variation in approval processes across local authorities.

As regulations provide for local authorities to set their own systems for approval, some variation in approval and requirement systems is to be expected. Some local authorities hold interview panels for approval and / or re-approval whilst others require written / evidence based portfolio style approval. This variance can lead to different expectations for AMHPs as well as employers and may in turn lead to differences in approval standards. In addition this variance may impede the movement of AMHPs between local authority areas whilst approval competencies are checked potentially creating further delays for AMHPs when moving across authorities. The delays in approving and / or re-approving AMHPs in different local authority has a direct impact on the responsiveness of the service.

Further there are already some variances in the system of regulation for each professional group who may be approved as AMHPs – these professionals include social workers, nurses, occupational therapists and psychologists, all of whom have different standards of regulation and professional approval. Once an AMHP has passed an academic course their continued approval is not overseen by one standard regulating body.

⁸ Health and Care Professions Council (2013) Approval criteria for approved mental health professional (AMHP) programmes [http://www.hpc-uk.org/assets/documents/1000414DApprovalcriteriaforapprovedmentalhealthprofessional\(AMHP\)programme.pdf](http://www.hpc-uk.org/assets/documents/1000414DApprovalcriteriaforapprovedmentalhealthprofessional(AMHP)programme.pdf)

AMHP services are not independently regulated, they are regulated and monitored by the local authority in which they operate and must meet the criteria set out in the AMHP regulation (Schedule 2 Mental Health Act).

What is the current national data on AMHP services?

Although the Mental Health Act Code of Practice states that local authorities should record any delays in placing patients and the impact of delays on patients, carers, provider staff and other professional, local authorities are not required to report this information nationally. Data relating to AMHP activity is collected and reported at a local level only. Currently, the only data that local authorities report on AMHP services to the Health and Social Care Information Centre (HSCIC) is that which relates to patients subject to guardianship under Section 7 or 37 of the Mental Health Act. Local authorities are not required to submit any other form of data relating to AMHPs. As a result, we do not have a national picture of AMHP activity, neither do we have a national dataset that shows how many AMHPs are currently practicing in the country.

The only national available data relating to the provision of AMHP services and AMHP activity is available through Freedom of Information requests made to local authorities.

In 2013, Community Care used Freedom of information (FOI) requests to investigate AMHP provision in England and Wales, and claimed that the number of AMHPs available to carry out duties under the Mental Health Act had fallen by two fifths in a period of a year. Of the 119 local authorities that responded, 51 (43%) had fewer approved AMHPs in January 2013 than they did in January 2012⁹.

In 2014, Manchester City Council's Lead AMHP conducted an FOI request to investigate AMHP provision in England. Of the 93 local authorities that responded to the request, 45% had one AMHP on duty between 10,000 – 19,000 per head of population and 22% had one AMHP on duty for between 20,000 – 45,000 per head of the population. Three local authorities had one AMHP on duty for between 53,000 – 75,000 per head of population. The range in the numbers of AMHPs on duty across different local authorities illustrates the difference in interpretation by local authorities of what a 'sufficient' AMHP service looks like in accordance to the duty placed on them in the Mental Health Code of Practice¹⁰.

In 2014/15 there were a total of 58,399 detentions under the Mental Health Act, which would have required AMHP involvement in each application. This figure represents an increase of 5,223 (or 9.8 per cent) compared to 2013/14 (53,176) and is a continuing increase of over 40% in the last 10 years. The increase in the number of detentions further illustrates the importance and growing need for AMHPs.

What is the current situation across AMHP services provision and practice?

Following a comprehensive review of available literature and consultation with Approved Mental Health Professionals, we have identified the following issues relating to the current provision and practice:

- **There are concerns about the numbers of AMHPs and the ability to provide a 24-hour AMHP service that can respond to patient needs.**

⁹ McNicoll, A (2013) 'AMHP numbers fall at two-fifths of councils despite rising demand for support' Community Care, 20th March <http://www.communitycare.co.uk/2013/03/20/amhp-numbers-fall-at-two-fifths-of-councils-despite-rising-demand-for-support/>

¹⁰ The Mental Health Act Code of Practice states, "Local authorities 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".

There have been a small number of reports that have focused on the provision of AMHP services¹¹¹²¹³¹⁴. Given the limitations of each of these reports it is difficult to obtain a definitive picture of AMHP provision and activity nationally, limiting what local authorities, Health Trusts and the CQC know. A Freedom of Information (FOI) request¹⁵ conducted in 2014 showed the number of AMHPs (per head of the population) varies significantly across the country, and this lack in provision is impacting on patients. Previous attempts have been made to increase the provision of AMHPs including through the Mental Health Act (2007) which amended the 1983 Act to allow AMHPs to be drawn from professions aside from social work. As previously stated, this has had a limited impact on the number of non-social workers taking up the role.

- **There is wide variability in the way Approved Mental Health Professional services are running across the country.**

AMHP services are co-ordinated differently in different local authorities. In the majority of cases, local authority AMHP provision is co-ordinated by a designated 'AMHP Lead' as part of an AMHP service. However, not all local authorities have designated 'AMHP services'.

- **Local oversight and reporting of Approved Mental Health Professional provision is and the data recorded is variable.**

Data is typically reported via NHS or local authority datix systems or complaints. Local authorities review provision based on local demand, however, governance processes that determine the appropriate level of AMHP provision to meet the needs of patients in their local area, do not appear to be consistent across local authority areas.

- **There is no national data set which offers an insight into how the Approved Mental Health Professional services are operating.**

There is no requirement on local authorities to report on specific aspects of AMHP activity and data collection varies between local areas. Resourcing data is also collected locally; it is not regulated or reported at a national level. As a result, there is a wealth of activity 'hidden' from national data on the Mental Health Act, crisis care and service provision.

In most areas, data collection is coordinated by the AMHP lead, however, not every local authority in England has a designated AMHP Lead, and when there is a Lead the post varies considerably with regards to levels of skills and experience required.

- **Approved Mental Health Professional services continue to be impacted by a number of wider service issues, including:**
 - Access to local area beds, leading to an increased use of out of area beds.
 - Access to appropriate specialist beds.
 - Access to Section 12 approved doctors to make assessments.
 - Professionals with specialist knowledge for assessments, including for children, people with learning disabilities and people with co-morbid substance abuse issues.
 - Medical practitioners who 'know' the patient, including GPs.
 - Access to the police.
 - Ambulance / conveyance vehicles.
 - Robust realistic alternatives to admission.

¹¹ Smith, M (2014) AMHP State of Nation Report. Manchester

¹² Judson, J and Webber, M (2012) Stress and the statutory role: Findings from the 2012 AMHP Survey. University of York

¹³ The College of Social Work April (2014) The business case for the Approved Mental Health Professional (AMHP) lead role: A discussion paper

¹⁴ Chamberlain, S (2012) AMHP Assessment report annual report

¹⁵ Smith, M (2014) AMHP State of Nation Report November

The move by some local authorities delegating their mental health resources (including AMHPs) to NHS providers under Section 75 of the NHS Act 2006 or similar agreement has led to a change in oversight for AMHP activity with some local authorities becoming removed or 'blinded' to their required specialist mental health social work and activity. Many AMHPs have reported isolation from their 'host' authorities¹⁶. Whilst good governance systems should provide the required oversight of such provision of social care and AMHP activity, financial pressures on local authorities may have resulted in some reducing the number of AMHPs employed under health contracts. In such cases, the result can be to the detriment of local integration of health and social care mental health services. This difference in provision of AMHP services across authorities and health could potentially result in post code differences depending upon whether an AMHP is deployed from health or social services, as well as further differences between access to health / social care services such as alternatives to admission. This could lead to wide variance in response times and services provided by AMHP services nationally which is compounded by increasing need.

What are CQC's current powers in relation to AMHPs?

As the health and care regulator, CQC has three distinct functions set out in Section 2 of the Health and Social Care Act 2008 (the Act). These are:

- S2(2) (a) registration functions under Chapter 2
- S2(2) (b) review and investigation functions under Chapter 3, and;
- S2(2) (c) functions under the Mental Health Act 1983.

CQC registers health and care provider services who carry out regulated activities as defined in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Once providers are registered with CQC they may be subject to inspections. Mental Health services which are provided by NHS bodies, Primary Medical Services and Independent Hospitals are provided with a rating which they are obliged to exhibit publicly on their premises. Local authorities are not registered with CQC and the work of the AMHP service is not a regulated activity.

Review and Investigations functions under the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014

The review and investigation function of CQC provides the power to review or investigate the provision of mental health services which includes NHS care commissioned in the independent sector by NHS England or a Clinical Commissioning Group and or the provision of adult social services which are adult social care services. The provision of an AMHP service is an adult social service as defined within schedule 1, section 114 of the Local Authority Social Services Act 1970 which means that CQC may conduct such a review or investigation into the provision of this service either nationally or within a specific locality.

Section 48 of the Health and Social Care Act (2008) permits CQC to request approval from the Secretary of State to undertake a special review or investigation of either the commissioning arrangements if an AMHP service is commissioned or the actual arrangements that a local authority itself has put in place to provide an AMHP service. It also allows the Secretary of State to require CQC to undertake a review or investigation if a request is made. Section 48 approval would allow CQC to review the arrangements for the provision of AMHP services and produce a report detailing recommendations, however CQC is limited in its powers to issue actions on providers which they are required to comply with, therefore this action is not recommended.

AMHPs do not provide a regulated activity and do not fall within the scope of CQC's powers to regulate under the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.

¹⁶ Judson, J and Webber, M (2012) Stress and the statutory role: Findings from the 2012 AMHP Survey. Kings College London

Functions under the Mental Health Act

CQC's functions under the Mental Health Act are set out in chapter 4 and schedule 3 of the Health and Social Care Act. These functions are not part of CQC regulatory functions. CQC must look to the specific powers given to it under the Mental Health Act to visit and interview in private relevant patients when exercising those functions rather than the powers under the Health and Social Care Act 2008.

The CQC's duty under section 120 of the Mental Health Act is restricted to keeping under review and or investigating the powers and discharge of duties which have been conferred or imposed by the Mental Health Act. Under this duty, CQC is able to conduct a review of AMHP services without approval from the Secretary of State (AMHPs are considered an adult social service under Schedule 1, Section 114 of the Local Authority Social Services Act 1970). Whilst CQC would be able to conduct a review, as in the instance of Section 48 approval of the Health and Social Care Act (2008), CQC would again be limited in its powers to issue actions to local authorities.

CQC is required to monitor the use of the Mental Health Act, keeping it under review and to check it is being used properly. During inspections, CQC assesses the impact and availability of AMHPs on patients who have been detained under the Mental Health Act. Whilst CQC will liaise with AMHP services during regulatory inspections, CQC is unable to review and report on the quality and efficiency of an AMHP service. CQC may identify issues relating to AMHP services and can reference this in inspection reports, however CQC is unable to issue actions directly to AMHP services.

Under current legislation, the Care Quality Commission does not have the power to regulate AMHP service as part its powers under the Mental Health Act 1983.

Steps needed for independent regulation

Because of the variation in the way that AMHP services are run by local authorities and the difference in governance processes within each local authority, steps need to be taken in order for a regulatory body to provide an independent regulatory function.

To progress towards national regulation we need to gather evidence and better understand:

- different models used by local authorities to run AMHP services
- approval processes and professional standards set across local authorities
- data collected by AMHP services and what data can be used to improve monitoring of AMHP activity at a national level.

Through investigating AMHP services, governance processes, activity and data collection, good practice can be highlighted that can inform a national set of standards that all AMHP services can work to, to provide a service that satisfies the requirements set out in the Mental Health Act Code of Practice.

Section 2: Recommendations for future AMHP service monitoring and regulation

Based on the findings from our review of the current approach to monitoring and regulation we have identified the following recommendations for future practice. These proposals aim to improve the national and local oversight, improve guidance, and standardise approaches for monitoring and data collection for AMHP services, and ensure people who need AMHP services receive safe, effective, responsive, caring and well-led service provision.

Our recommendations have been informed, and align to those set out in the College of Social Work report in April 2014. In relation to AMHPs the report proposed;

It is expected that a large proportion of social workers in mental health will continue to train as AMHPs and will work in roles where AMHP duties comprise all or a significant part of their work. This is not exclusively a social work area of practice, but social work should continue to provide the lead because the curriculum for training is based on social work knowledge, values and perspectives.

- i. An identified AMHP service lead or manager ensuring the availability of AMHP professional and legal advice, supervision and a development programme.
- ii. Workforce management and succession planning to ensure on-going sufficiency of AMHPs and good workload management.
- iii. Forums whereby systemic issues affecting AMHP practice can be resolved, e.g. with partners such as the police and ambulance service.
- iv. Collation and use of AMHP intelligence and data to inform best practice and improvement locally.
- v. The involvement of the local authority at a senior level in local strategic, multiagency planning for mental health services

The Role of the Social Worker in Adult Mental Health Services Dr Ruth Allen, Chair of the Mental Health Faculty, The College of Social Work (2014)

Recommendation 1: The Care Quality Commission to use powers on its focused visits to support building an evidence base for future development of monitoring and regulation of AMHP services.

From our engagement with AMHPs, we were told:

- AMHPs believe that a regulator would play a key role in relation to monitoring, analysing and highlighting key issues within AMHP services on a national level.
- Clear national guidelines for AMHP services and a consistent regulatory framework would be welcomed. AMHPs have told us, “there needs to be change in the regulation of AMHP services and that what doesn’t get regulated often does not get done”.
- Any regulation of AMHP services must be led by specialists with an in depth understanding of the challenges faced by the service, in order to act as a driver for improvement as opposed to purely a performance management tool.
- “There needs to be change” but concerns that the introduction of regulation would need to be balanced with other pressures on AMHP’s including the new Mental Health Act Code of Practice, implementing the Care Act and resourcing of services.

A move to regulation of AMHP services is not recommended in this briefing as the landscape of service delivery and regulation will be impacted by the changes across health and care including the devolution of services, mental health taskforce plans and CQC’s own strategic proposals, to look at the quality of care for populations and places. Although the final models of regulation and service delivery remain unclear, we do know the AMHP services are facing significant challenges

now, so a short term option would be using the broad Mental Health Act powers provided by Section 120 of the Act to gather information.

Under current legislation, CQC does not have powers to regulate AMHP services but CQC can monitor AMHP services using Mental Health Act powers to keep the Act under review, carry out investigations, meet with patients, request information to be provided and issue reports. This power could allow CQC to carry out focused reviews, targeting specific activities to collect, review and assess the way AMHP services are being delivered, within NHS or local authority settings, and use this evidence to inform future reviews of AMHP services.

A number of focused visits could be completed by CQC's Mental Health Act Reviewers during 2016/17. The visits would look at a number of Mental Health Act specific issues but also collect data to inform our understanding of the impact of regulating AMHP services. This would help us to;

- understand the different models used to provide AMHP services across local authorities
- collect data and increase understanding of the availability of AMHPs in different areas
- understand how AMHP services are performing and the implications for local health and care services.

If this recommendation is supported, CQC can work with stakeholders to identify local authorities, agree data collection tools and methodology and produce a collated report on the findings from the focused activities to inform future regulation decisions.

Recommendation 2: The Department of Health work with the AMHP Leads Network to set national standards for AMHP services, identifying best practice and supporting a high quality service.

From our engagement with AMHPs, we were told:

- Best practice guidance is needed and this should provide clarity regarding working practices, including the lone AMHP worker and conveyancing of patients to hospital.
- There needs to be a solution that ensures the marginalised status of AMHP provision is highlighted and addresses variance in the way services are structured such as the declining number of AMHP lead roles in some regions.
- AMHP provision isn't always subject to the same governance as hospital processes so doesn't benefit from the improvements available. Examples include incident reporting and audits.
- There needs to be a consistent approach to approving AMHPs across local authorities so that AMHPs are able to work across different regions.

A significant challenge highlighted during our review of AMHP services and consideration of the way CQC could monitor or regulate service provision is the lack of clear guidance available for AMHPs or the way services should be structured or governed. We identified the following existing standards that are relevant to the management of AMHP services;

- **The Mental Health Act, Code of Practice and Reference Guide**

The standards provided by legislation and supporting guidance are largely focused on the way individual AMHPs should meet the expectations of the Mental Health Act and Code. The Mental Health Act regulations require local authorities to 'ensure sufficient AMHPs are available'. This is not accompanied with supporting guidance, leaving ambiguity on the interpretation of 'sufficient'.

- **The HCPC approval programme standards for AMHPs**

The HCPC currently has responsibility for approving local authorities' approval programmes and has powers to set criteria for AMHP programmes throughout England. They must publish the criteria¹⁷ and ensure education providers are familiar with the expectations.

¹⁷ Health and Care Professions Council (2013) Approval criteria for approved mental health professional (AMHP) programmes <http://www.hpc->

- **The standard for employers of Social Workers in England**

Although not specific to the management of an AMHP service, the Local Government Association (LGA) produces standards for social workers, which set out the shared core expectations of employers and enable social workers to work effectively. The LGA suggests employers use the standards along with an appropriate supervision framework to help drive recruitment and retention. The LGA offers additional resources and tools including the Social Worker Supply and Demand Workforce Model developed by the Centre for Workforce Intelligence (CfWI) in partnership with the Social Work Reform Board - although this does not include specific references to the AMHP or Mental Health Act assessment needs.

The Department of Health will investigate the feasibility of developing a national system for approval that will reduce the variance in practice across local authorities and will set a national standard and code for AMHP practice. A key benefit of national standards and approval system would be to provide AMHPs with the ability to transfer their approval more easily when moving between employers and local authorities, enabling AMHPs to operate in neighbouring areas.

The proposal is to provide a nationally approved guide to approval processes that all local authorities should use, with a central system of governance providing common expectations of standards for AMHP approval and practice. This proposal would still require agreement of standards and system but once agreed could be managed locally and audited or regulated by a registering body – for example mirroring the current level of 2% of all social workers required to submit registration portfolios. The benefits of this system would be to maintain control of approval for local authorities, and oversight by a lead AMHP in the local area whilst ensuring all AMHPs are approved in a standardised way. This would enable portability and movement across authorities and would providing confidence in standards for employers.

Recommendation 3: The Department of Health and the Department for Education seek to produce legislation to establish a new social work body which will introduce a new system of registration for individual AMHPs

Following a set of national standards and a system for approving AMHPs, we then propose exploring the possibility of national registration for all individual AMHPs. National registration would produce a national picture of the numbers of AMHPs approved, their professional background as well as the demographics of the AMHP workforce. This in turn could support focused planning for the AMHP workforce, providing the drive for a targeted national focus on training, recruitment and retention. In January 2016, the Government announced that there will be a new regulatory body for social work introduced by the end of the current parliament¹⁸. It is proposed that the new body responsible for social work will replace the Health and Care Professions Council as the regulator of Social Workers and will also oversee standards for AMHP training courses and accreditation. With the new body responsible for social work taking on responsibility for AMHP accreditation, it will be well placed to take on the responsibility for developing a national register for individual AMHPs. One challenge to the new body taking on the registration of individual AMHPs is that not all AMHPs are registered Social Workers. The Department of Health will consult with the AMHP Leads network in the development of a national register and to identify if the new body responsible for social work is the appropriate body to take on this function.

[uk.org/assets/documents/1000414DApprovalcriteriaforapprovedmentalhealthprofessional\(AMHP\)programmes.pdf](http://uk.org/assets/documents/1000414DApprovalcriteriaforapprovedmentalhealthprofessional(AMHP)programmes.pdf)

¹⁸ GOV.UK (2016) 'Nicky Morgan unveils plans to transform children's social work'

<https://www.gov.uk/government/news/nicky-morgan-unveils-plans-to-transform-childrens-social-work>

Recommendation 4: The CQC and Department of Health work with Health and Social Care Information Centre to establish a new national dataset which allows monitoring of AMHP services and outcomes

From our engagement with AMHPs, we were told:

- There is a wealth of activity that is ‘hidden’ from national data on the Mental Health Act, crisis care and service provision. This could provide rich intelligence to support the work on patient experience, crisis services and health and social care generally. The current lack of monitoring can mean the work of AMHP’s is ‘unseen and undetected’
- National data collection would require a clear narrative detailing the reasons for and scope of reports from any datasets “not collecting for collecting’s sake”
- Due to a lack of available national datasets, there are challenges surrounding benchmarking of services. For example there is a lack of national reporting of resourcing levels within AMHP services.
- Due to the inconsistency in data collection it was discussed that variances were probable between data reported locally by AMHPs and data held by providers and local authorities.
- Guidance surrounding the level of data to be reported would be valuable to help services identify what needs to be collected.

Mandatory reporting nationally could provide rich intelligence to support the work on patient experience, crisis services and health and social care generally. The absence of national data creates a challenge and reduces the ability to implement any future model of regulation. The introduction of a data collection framework would allow services to identify standard data items, increase transparency and help to inform local commissioning, service improvement and any future national activity for AMHPs and crisis care.

Through the Health and Social Care Act (2012 section 255) CQC is able to make a mandatory request for the HSCIC to establish and operate a system for the collection or analysis of information in connection with the provision of health care or adult social care. It is at the discretion of the HSCIC as to whether comply with a mandatory request, taking into account the capacity to be able to carry out the request under its current functions.

We propose CQC, Department of Health and HSCIC continue these discussions and ensure there is a clear plan and approach in place for data collection by April 2017.

Data collection should focus on information that is relevant to outcomes and experience for patients and ensure AMHP information is considered in any new data-sets or changes to data-sets for mental health services and pathways in future.

Examples of data collection

Data Item
Data on number of AMHPs on duty – provision of 24 hour services
Numbers of assessments including <ul style="list-style-type: none"> - The use of the MH Act when detaining out of area - Those not leading to detention
Average response time for delivering a mental health act assessment
Section 135 applications and outcomes
Sociodemographic characteristics of those detained (age, gender, ethnicity)
Delays with AMHP delivery as a result of <ul style="list-style-type: none"> - Access to beds – including out of area - Access to children / LD / PD and specialist beds - Access to doctors and GPs attending assessments for patients known - Access to police / ambulance services
Length of time taken for AMHP to commence section 136 assessments
Total number of AMHPs and non-social worker AMHPs employed and approved in year

Section 3: Conclusion and next steps

AMHPs have told us that they feel regulation would support local authorities and ensure their social care responsibilities are being appropriately managed within a 'health world' whilst enabling providers to gain a better insight into the role of social care within specialist mental health work. In addition, a standardised system of regulation, alongside a national approval system would further support the integration agenda.

An agreed national data set for AMHP activity would provide greater transparency in all of the above areas and identify gaps in provision. This national data set would enable key issues to enter the public arena, highlighting and improving the patient journey providing patients and carers, families, Nearest Relatives and the wider public clarity on what 'good' looks like.

Under current legislation, the Care Quality Commission is unable to use its powers to set up a system of regulation for Approved Mental Health Professional services. A move to regulation by the Care Quality Commission is not recommended in this report.

Before consideration can be given to regulation, we recommend that work should commence on producing a nationally approved guide to approval systems that all authorities should use, with a central system of governance providing common expectations of standards for AMHP approval and practice. This will be followed with a national register for all approved AMHPs and the introduction of mandatory reporting on agreed aspects of AMHP activity at a national level.

Through investigating AMHP services, governance processes, activity and data collection, good practice can be highlighted that can inform a national set of standards that all AMHP services can work to, to provide a service that satisfies the requirements set out in the Mental Health Act Code of Practice.

Governance

Pending Ministerial approval, the recommendations in this paper will become a national project of work to improve the effective oversight of Approved Mental Health Professional Services, taking place over the next five years.

The action plan and delivery will be led by the Mental Health Partnership Board with progress updates being shared with the Crisis Concordat steering group. An external reference group will also be established that will meet twice yearly and include representation from AMHP services nationally.

Action Plan

Acti on no.	Action	Start date	Finish date	Lead organis ation	Supporting organisations	Milestones
A1	CQC uses existing powers to monitor AMHP services: Focused MHA visits carried out with 10 Local Authorities	01 April 2016	30 September 2017	CQC	DH AMHP Network	<p>June 2016</p> <ul style="list-style-type: none"> - Tools and methodology developed for use in visits - Sites identified for visits in Q3 - Review of CQC inspection methodology in mental health services including escalation of issues to DH as appropriate <p>September 2016</p> <ul style="list-style-type: none"> - Focus groups held to consult and inform visiting methodology - Engagement commenced with Local Authorities <p>October/November 2016</p> <ul style="list-style-type: none"> - Visits take place <p>By March 2017</p> <ul style="list-style-type: none"> - Collective report available from visits and shared publicly
A2	Set national standards for AMHP services that identify best practice and support a high quality service	01 July 2016	31 March 2018	DH	AMHP Leads Network	<p>July 2016</p> <ul style="list-style-type: none"> - Design consultation on standards <p>September 2016</p> <ul style="list-style-type: none"> - Open consultation on standards for AMHP practice <p>November 2016</p>

						<ul style="list-style-type: none"> - Review consultation outcomes <p>March – April 2017</p> <ul style="list-style-type: none"> - 2 x Focus groups held with AMHP Services - 2 x Focus groups with individual AMHPs <p>September 2017</p> <ul style="list-style-type: none"> - Revise draft standards and identify appropriate body to administrate standards <p>March 2018</p> <ul style="list-style-type: none"> - Implement National Standards
A3	Introduce a new system of registration for individual AMHPs	01 April 2016	31 March 2018	DH	New body responsible for social work, AMHP Leads Network	<ul style="list-style-type: none"> - In January 2016, the Government announced that it would seek to establish a new body responsible for social work in England by the end of this Parliamentary period. - This work will include regulations to enable this new body to provide a function of annotation of the social work register to show that a social worker has been appointed by a local authority as an AMHP. Similar provision in secondary legislation is likely to be made as regards nurses and occupational therapists. - This will require a national standard for the local authority approval process together with the endorsement of the AMHP programmes by the new regulator.
A4	A national dataset is required to monitor AMHP services and	01 April 2017	31 March 2020	CQC, DH	HSCIC, AMHP Leads Network	<ul style="list-style-type: none"> - Following the completion of CQC's focused reviews, CQC, DH and HSCIC will consult with the AMHP Leads network on the data compiled during

	outcomes					<p>the reviews. Work will begin on compiling a recommended data set and on scoping options for data collection.</p> <ul style="list-style-type: none"> - Subject to the identification of funding to support data collection, local authority sites will be selected to pilot data collection. A review of the pilot will be conducted to inform the development of a national dataset.
A5	Review the arrangements for regulation of AMHP services	01 April 2018	31 March 2020	DH and CQC	AMHP Leads Network	<p>April 2018</p> <ul style="list-style-type: none"> - Review AMHP practice, assessing change since original review. - Assess impact / proposed impact of register and standards