

National Children and Adult Services Conference 2017
Bournemouth | 11 - 13 October 2017

Title: Mental health and the role of social care

Presenter: Emad Lilo, Vice Chair National AMHP Leads Network,
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- . Many people within social services and the NHS are not aware of the **range of duties of the AMHP**, both within the context of a MHA assessment, and outside the actual assessment environment - e.g. the AMHP role to coordinate the overall assessment

- **AMHP numbers:** no one knows how many, but AMHP network surveys suggest 4,000 - 5,000 nationally
 - These will include sessional AMHPs, semi-retired, senior managers who seldom practice
 - Estimate 5-6% are nurses, approx 1% are OTs. LA has governance responsibility for all its own AMHPs, irrespective of profession or employment status.
 - We estimate overall numbers have fallen 7-10% in last 3 years. (AMHP survey and Community Care Fol report)

• **AMHP duty models**

- LA has a duty to provide AMHPs 24/7
- MHA Code of Practice 14.35: "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. To fulfil their statutory duty, local authorities should have arrangements in place in their area to provide a 24-hour service that can respond to patients' needs."
- What is 'sufficient'?
- People used to go back to 2000 survey of local authorities - come up with a per capita number (e.g. 1:10,000 population)
- Sufficiency depends on nature of the duty model
 - Old fashioned duty model (AMHPs from locality teams)
 - Dedicated AMHP team (including 'hub')
 - 'Hybrid' service (including 'hub')

- **Importance of clear and effective leadership**
 - AMHP lead role
 - Linking with national AMHP leads network

. Relationship between daytime and out of hours

- Some LAs have created 24/7 dedicated teams, but not necessarily a simple answer - significant issues which need to be addressed
- Need for good handover and relationships between the two

Integration vs disaggregation (divorce)

- Many LAs reconsidering partnership arrangements
- Context of safeguarding, personalisation, Care Act responsibilities for LAs; foundation trust status, clustering, PbR for trusts
- National policies (incl Care Act) still pushing towards integration
- Partnership arrangements have impact on AMHP processes and practice - e.g. relationship with bed management, crisis team, and community teams for prevention.

- . **The review of the MHA**
 - AMHP network has been consulted early by DH
 - Important that we are involved, given the current rhetoric around the increasing use of the MHA and overrepresentation of BME groups
 - Is it the legislation which is the problem, or lack of resources to intervene earlier in people's mental distress?

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