Humber Teaching
NHS Foundation Trust

STANDARD OPERATING PROCEDURE
APPROVED MENTAL HEALTH PROFESSIONAL SERVICE (AMHP)

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Acronyms used within this SOP.

Mental Health Act – MHA

Humber Teaching Foundation Trust – HTFT

Approved Mental Health Professional – AMHP

Hull City Council – HCC

Mental Capacity Act – MCA

Responsible Clinician – RC

Community Treatment Order – CTO

Department of Health and Social Care – DHSC

Health Education England – HEE

National AMHP Service Standards – NASS

European Convention of Human Rights – ECHR

Section 12 – S12

Mental Health Crisis Intervention Team – MHCIT

Home Based Treatment - HBT

1. Introduction

The following describes the Operational Procedure for the Hull Approved Mental Health Professional Service (AMHP). The AMHP Service covers the local authority area of Kingston upon Hull County Council (HCC) and is operationally managed within Humber Teaching NHS Foundation Trust (HTFT).

Legislative and theoretical framework:
The AMHP service seeks to promote a safe and timely response to requests for intervention, while practicing in a manner consistent with the articles of the European Convention on Human Rights (ECHR); the principles of the MHA and Mental Capacity Act 2005 (MCA); the Equality Act 2010; the Children Act 1989, Care Act 2014, and other related legislation. All individuals subject to, or potentially subject to, a loss of liberty or state intrusion in their lives are entitled to expect the upmost consideration of their human rights as autonomous, self-determining individuals. No action, however well-meaning, should be taken unless legally justifiable and defensible in a court of law.

As a social work led service provision, anti-discriminatory and anti-oppressive practice are central to the approach, along with promoting prevention and recovery strategies to support the best outcomes for those we engage. The 2018 Mental Health Act Review highlighted again the long recognised racial disparities in the application of the Mental Health Act and the broader mental health system. The Hull AMHP service seeks to promote anti-racist and anti-discriminatory practice and challenge such discriminations wherever possible.

Promoting AMHP Service Standards and the National AMHP Workforce Plan:
For many years, AMHP services had limited guidance with regards to how they should operate, approach development, support their staff and operate within a broader structural and professional context. The National AMHP Service Standards (DHSC and HEE, 2020) and the National Workforce Plan for Approved Mental Health Professionals (DHSC, 2019) began to address this deficit. The AMHP Service Standards focus on six areas:

- Local authority governance and connection to national and regional AMHP networks
- Governance within 24-hour AMHP services
- AMHP service scope
- AMHPs' personal, professional, physical, and psychological safety
- Service and professional development
- Improving the experience of people who encounter AMHP services.

In carrying out the functions described below, the AMHP service seeks to further the aims of these standards and promote best practice and ensure a safe working environment for AMHPs and maximise wherever possible the involvement of those who encounter our services.

Each local authority has a responsibility to maintain a sufficiency of AMHPs to meet the demand at all times of the day and ensure its workforce can meet its obligations under the Act and Code of Practice. The operational model of the service is aimed at supporting the independence of the AMHP role while providing peer support, additional capacity for high demand times and improving partners' access to AMHP expertise in a timely manner.

Primary functions of the Hull AMHP service.
The Hull AMHP Service provides responses to requests for Mental Health Act 1983 (MHA) assessments and AMHP involvement during standard daytime office hours. In order to meet the requirements of section 13, the service is designed to ensure that referrers can contact an AMHP directly, through a single point of contact (the AMHP Hub). In addition, the service considers requests for Guardianship (section 7) and Community Treatment Orders ("CTOs", section 17A), along with requests from Nearest Relatives seeking MHA assessments.

The service also provides advice, training and support to all agencies and professionals on matters relating to the use of the MHA and associated legislation. AMHPs are viewed by the service as experienced, senior professionals with extensive knowledge and skill bases. They are encouraged to utilise those attributes beyond those statutorily required of them by the Act. As part of the assigned HCC social work and social care workforce, AMHPs should remain connected to, and support, their organisational priorities.

2. Scope

Operational overview:
The Hull AMHP Service works in conjunction with 'spoke' AMHPs to maintain a constant overview of all MHA related work being carried out across the HCC area at any one time. The AMHP Hub is responsible for the monitoring of all HCC's AMHP work. The nature of AMHP work requires constant prioritisation and re-prioritisation, as several variable factors are often at play at any given moment.

Each AMHP and their locality team contributes to the existing peer support structures for AMHPs across HTFT and works in conjunction with Crisis Services, acute wards, Liaison Psychiatry Teams, and community mental health teams. They liaise directly with HCC Adult Social Care Teams, Emergency Duty Services, and other external agencies, such as the police and ambulance services. The AMHP management team contributes directly to broader areas of service development, including those within HCC and HTFT, as well as the interfaces with police, ambulance, and other external partners.

Core Business
The AMHP service is primarily aimed at those individuals who are:

- At risk of being made subject to a MHA assessment, or for whom a request has been made to be considered for such.
- Currently detained under section 2 and/or being considered for detention under section 3 – this includes carrying out and arranging MHA assessments for those Hull patients placed out of county.
- Under a community order of the MHA and require the allocation of an AMHP to assist the patient and the treating team with the management of that order.
- Requiring consideration to obtain and utilise a section 135(1) warrant in order to remove them to a place of safety to assess them, under Part II of the Act, or for other care or treatment arrangements to be made.
- Subject to a Nearest Relative request for MHA assessment.
- Subject to the local authority acting as their Nearest Relative following county court appointments, including the operation of the local authority's responsibilities under section 116.

In addition, the AMHP Service is also responsible for:

- Providing daily and routine input into Crisis Services, Liaison Psychiatry teams and acute ward settings to minimise the need for a MHA assessment, or to anticipate and plan early responses to minimise risks to patients and others.
- To provide advice and support in determining the appropriate legal framework for inpatients, including those admitted informally. This could include joint visits or assessments with colleagues from those services.
- Supporting the resolution of Nearest Relative issues, including displacement and delegation.

Additional Business (sometimes referred to as “non-statutory AMHP work”)

- The AMHP Service works in conjunction with several HTFT, HCC and external teams in order to ensure least restrictive and timely responses to the needs of individuals. This includes Child and Adolescent Mental Health (CAMHS) teams and adult Community Mental Health Teams.
- Included in this broader liaison role is the opportunity to help clarify legal routes around a patient’s care and treatment; to be able to take part in training and support sessions for internal and external partners, and to ensure that the AMHP service remains accessible to all who might require its support and input. This could include joint visits with colleagues from those services, where there is a heightened risk of the MHA being utilised.

Team Philosophy
The AMHP Service will be guided by the following principles in line with the Draft Mental Health Act Reforms.

- Choice and autonomy – ensuring service users’ views and choices are respected.
- Least restriction – ensuring the Mental Health Act powers are used in the least restrictive way.
- Therapeutic benefit – ensuring patients are supported to get better, so they can be discharged from the Mental Health Act.
- The person as an individual – ensuring patients are viewed and treated as individuals.

In addition, we will

- Be a service that works to uphold and protect people’s rights and to work in the least restrictive way with a focus upon recovery.
- Promote the social model and social perspectives of mental health within the broader systems.
- Seek opportunities to promote child and adult safeguarding, rights-based agenda, early intervention, strengths and asset-based approaches and access to social care.
- Provide a service that is proactive with a strong focus upon prevention.
- Approach tasks in a planned and considered way through continued partnership working with families/carers, community teams and external services.
- Promote a positive culture, where we can have open and honest conversations, so we can learn and develop from each other in a compassionate and supportive manner.

- Everyone will be acknowledged and respected as an individual with their unique beliefs, values, and experiences.
- Always maintain professionalism and integrity.
- Promote collaborative working and shared decision making.
- To promote and maintain professional curiosity.
- To endeavour to work positively with risk to provide a safe and supportive environment for people who use our service.
- To actively work towards identifying and challenging discrimination and inequality.
- Participate in innovating and developing the service.
- Contribute to and raise standards of own knowledge and skills and those within the team.
- Seek opportunities to develop professionally.
- Be warm, welcoming, and supportive.
- Participate and promote formal and informal reflective learning and actively participate in the supervision arrangements.
- Promote and maintain a safe and supportive working environment.
- Build and strengthen relationships with all those we encounter as a service.

3. Duties and Responsibilities

Hull AMHP Service Provision
The Hull AMHP Service currently operates a Hub and Spoke Model. The service operates over a 24-hour period.

- The AMHP Service consists of.
- 1 x AMHP Service Lead
- AMHP Hub - There are 7 x Full Time equivalent dedicated AMHP's working across a 24-hour period. In addition to the AMHP Hub, 1 x AMHP Service Lead (Mon – Fri 9am – 5pm) and a team of AMHP's (spoke) working on a rotational basis to provide AMHP cover Mon – Fri 9 – 5pm.
- AMHP Spoke - There are 16 x Spoke AMHP's who are committed to a set number of Duty Shifts per calendar month to provide resource to the AMHP Service (see AMHP Agreements). These AMHP's have substantive posts in a variety of teams, including specialist services.
- The AMHP Service is operationally managed by the AMHP Lead and all requests through the AMHP Service Hub.
- The AMHP Lead provides professional leadership and assurance to the Local Authority (Hull City Council) and Trust (HTFT) on the statutory responsibilities under the MHA and delivery of the AMHP Service and a strategic role in development and improvement of the AMHP Service.
- The AMHP Lead will provide professional oversight of the activity of the AMHP Service; ensuring risk is managed effectively; data is accurately recorded and maintained; the service operates in a legally compliant manner, within complex legal frameworks. The AMHP Service will deliver timely and responsive intervention following S13 requests, which can be received from a range of professionals, as well as members of the public.

4. Procedures

Requests Process

Section 13 Request sources:
Requests to the AMHP service will primarily come from Consultant Psychiatrists and other registered medical practitioners within mental health services. Other sources include Hospital wards, Liaison Psychiatry, General Practitioners, Crisis Teams, Police Custody Suites, Care Co-ordinators, Community Health and Social Care Teams, Learning Disability Services, Child and Adolescent Mental Health Services and Nearest Relatives (as defined at section 26) and carers.

Requests should always be made by telephone and logged using the Section 13 request form. Although it is possible to receive written referrals (these will usually have been generated by Nearest Relatives, rather than professionals or agencies). Written referrals are discouraged, due to the delay in processing what are often urgent requests.

A daily email handover between AMHP shifts takes place to highlight any relevant issues or outstanding requests.

The AMHP service encourages that for those already an inpatient, the Responsible Clinician should make the referral. This includes for those patients 'out of area' and for all CTO and Guardianship requests.

There are no age limitations to those who can be subject to compulsory detention under Part II of the Act 1983. The use of Guardianship, however, is only possible for those over the age of 16.

On behalf of HCC, the Hull AMHP Service has a legal duty to consider all requests to carry out an MHAA from whatever the source (section 13). In the case of a request from a Nearest Relative, the responding AMHP will have to provide reasons in writing to the Nearest Relative for not carrying out an MHA assessment if that is the decision of the AMHP.

It is the expectation that all requests will receive prompt consideration by an AMHP in the Hull AMHP Team. The request will be discussed, and appropriate requests prioritised. If all lines are busy, the requester will be able to leave a message and expect a return call as soon as practicably possible. Work will be prioritised based on the urgency of the situation and the risk to the person and public.

Section 13 Requests Process
The Hull AMHP Service provides a single point of entry for AMHP involvement and request management in the daytime. It operates on the principle that should always be a qualified AMHP available to receive a request and hold a discussion with the requester.

The AMHP service should only be contacted when there is no alternative, less restrictive option (see appendix 5 'Good Practice Checklist). These could include:

a. Support from unplanned care service (crisis/HBT/crisis pad);
b. Respite or additional respite for a Carer.
c. Changes to a person's care and support.

Attempts should ***always*** be made to establish whether the person has a Consultant Psychiatrist. If the person has a psychiatrist, you should make every effort to contact them to:

a. Provide information to them about the situation.
b. Agree whether they will respond; and
c. Take their advice about the need to contact the AMHP Service.

If the person's Consultant Psychiatrist is not available attempts should be made to speak with the relevant Community Team and Duty Responder. If the Consultant Psychiatrist confirms that they will respond and arrange to visit the person, the outcome of their visit should be established before contacting the AMHP service.

If it is decided that accessing the AMHP service is the most appropriate and proportionate course of action you should contact the Hull AMHP Service to make a Section 13 request. If you are unsure, you should always consult with the AMHP Team before making a request to seek support and advice.

To make a request to the Hull AMHP Service call the Mental Health Crisis Intervention Team (MHCIT) on: 01482 205555.

Your Section 13 request will be logged by MHCIT Business Support and passed to a Duty AMHP for **consideration**. If an AMHP is not available at the time of your call you will be informed when an AMHP is likely to be available to call you back. A request cannot be progressed until the requester, or a nominated person has spoken to an AMHP.

Wherever possible contact should be made in the morning, as this will allow any AMHP that is appointed to gather information effectively from other practitioners and consult with those involved in the person's normal care or treatment and any other significant people including any relatives or friends.

The AMHP Service will consider all requests, but this does not mean all requests will progress to interview under the Mental Health Act. Consideration of all MHA requests under s13 (1) of the MHA will be undertaken by the AMHP Service noting the following request criteria: presence of a mental disorder, current legal status, current crisis including any social stressors, evidence of any significant risk factors and exploration of alternatives to hospital admission (see good practice checklist, appendix 5).

A key part of the AMHP’s role is to consider least restrictive options. There is no prescribed response time (except for those relating to legislative and Code of Practice requirements around section 136 and Section 5(2)).

Where a Guardianship or Community Treatment Order is being requested; the Hull AMHP Team will allocate an AMHP to consider the case.

AMHP Service Requests Flowchart (appendix 2) for a visual representation of the process. Allocation of MHA requests are made based on risk and priority. Allocation decisions are made either by the AMHP Hub Co-ordinator (Mon- Fri) or within the Hull AMHP Team and Out of Hours AMHP’s on Duty.

Requests for consideration of an assessment under the Mental Health Act for people where the risks are considered high/serious in the community; particularly to self and others should always be considered first and foremost. It is paramount that any high

priority requests that require an immediate response, i.e. within the next shift, are clearly handed over to the next AMHP(s) coming onto duty.

HTFT internal requesters will be prompted by AMHPs to contact the Bed Management Team at MHCIT to ensure bed has been gate kept in accordance with the Bed Management Service Operating Policy*. **Please note it is not a role or a responsibility of the AMHP to identify a bed as stipulated in the Code of Practice MHA manual under 14.77.***

For Non HTFT requesters the AMHP's will liaise with the Bed Management Team.

5. Section 13 Request Limitations/Exclusions

Limitations:
Under the European Convention on Human Rights (ECHR), Article 5, no-one can be deprived of their liberty for reasons of mental disorder ("unsound mind") without a procedure prescribed in law and based on objective medical evidence. Under Article 8 of the ECHR, public authorities, such as HTFT, cannot interfere in the private or family lives of individuals without doing so proportionately and in a legally defensible manner. As the AMHP is regarded as a public authority for the purposes of the Human Rights Act 1998 they are required as individuals to be able to demonstrate explicitly their rationale for acting in matters relating to the MHA and other legislation.

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

In determining the appropriateness of a request, the AMHP must also consider whether there are any conflicts of interest, in line with section 12, the Mental Health (Conflicts of Interest) (England) Regulations 2008 (SI 2008/1205), and Chapter 39 of the revised COP.

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

6. Assessments to consider an Application under the Mental Health Act (Section 13). Please refer to the Mental Health Act: Code of Practice 14.30 to 14.129 for guidance relating to the Assessment Process.

The objective of the assessment is to determine whether the criteria for detention are met and if so, whether an application for detention should be made.

Consideration of and co-ordination of (if required) an assessment under the MHA will commence as soon as the request has been allocated to an AMHP. Response times will

vary and depend upon the demand within the service and requests which have a higher priority (see timescales in appendix). The AMHP Service will endeavour to remain in contact (subject to capacity) with the requester to provide updates and likely timescales regarding arrangements to commence the interview (if required). The AMHP Service respectfully asks the requesting team to do the same.

Following allocation of a request, the AMHP will be required to undertake a detailed review of information available about the person and speak to the following people: requester, the person (if appropriate), relevant professionals involved in the person's care, Nearest Relative, family members and/or any significant persons, S12 doctors and any other relevant person or service. The gathering of information and review is required to be undertaken by the AMHP as part of their role and stated in the Code of Practice (see good practice checklist and expectations of requesters/AMHP's in appendices).

If the request progresses to an interview under the Mental Health Act, the AMHP will also be required to liaise with the Responsible Clinician/Consultant Psychiatrist, S12 doctors to arrange a suitable time to interview the person.

Availability of Doctors and s12 doctors: AMHP's will escalate issues of non-availability of s12 doctors to the AMHP Service Lead who will notify Senior managers and request immediate action to secure s12 doctors.

The Duty Doctor rota is currently managed by HTFT, which is saved on the v-drive for access by AMHP's. Senior Managers are alerted by the AMHP Service Lead to address gaps in this rota as and when they arise. There is an additional voluntary S12 rota, which has a list of doctors available for S12 work either working within the Trust or across the region. AMHP's will have a list of S12 doctors available to them on the shared AMHP drive.

Notifying requesters of progress of assessments under the MHA. As stated earlier requesting teams are to remain involved with the person, family, relatives, and carers until the assessment under the MHA has been completed. Subject to capacity the AMHP Service will remain in contact with the requester via telephone to inform them of progress regarding requests. This will ensure requesters are informed of any plans for assessments under MHA and explain any delays hindering the progression of the request. The AMHP service respectfully asks requesters to do the same.

Where a person is known to belong to a group for which a particular expertise is desirable (e.g., they are aged under 18 or have a Learning Disability) at least one of the professionals involved should have specialist knowledge in this area.

For people who are living at home, there may be additional requirements which may include, contacting the Police, making an application to the Magistrates Court to obtain a Warrant under S135, arranging for transport, locating locksmiths, animal wardens/arrangements for pets and families' services if there are child protection concerns.

Following further information gathering (assessment), the AMHP may decide to proceed to an interview by the AMHP, if an application may be required. The AMHP must:

- interview in a suitable manner.
- be satisfied statutory criteria for detention are met and

- are satisfied that in all the circumstances of the case, detention in hospital is the most appropriate way of providing the care and medical treatment the person needs (COP 14.49).

The Code of Practice 14.49 – 14.86 provides detailed guidance in relation to the role of the AMHP with regards to requests to consider an application under the MHA. This is including statutory requirements in relation to the Nearest Relative, Consultation with other people, medical examination by doctors as part of the assessment and commissioning and S140.

Unless there is good reason for undertaking separate assessments, people should, where possible be seen jointly by the AMHP and at least one of the two doctors involved in the assessment.

While it might not always be feasible for the person to be examined by both doctors at the same time, they should both discuss the person's case with the AMHP considering making an application for the person's detention.

People should usually be given the opportunity of speaking to the AMHP alone. If an AMHP has reason to fear physical harm, they should insist that another professional is present (COP 14.54)

Please see Mental Health Act: Code of Practice 14.87 to 14.102 for detailed guidance in relation to action when it is decided to make an application

Most compulsory admissions require prompt action, however, there may be cases where the AMHP concludes that they should delay taking a final decision to see whether the person's condition changes, or whether successful alternatives to detention can be put in place in the interim.

Before making an application, AMHP's should ensure appropriate arrangements are in place for the immediate care of any dependent children the person may have and any adults who rely on the person for care. Their needs should have already been considered as part of the assessment. Where relevant, AMHP's should also ensure that practical arrangements are made for the care of any pets and for the local authority to carry out its other duties under the Care Act 2014 to secure the person's home and protect their property.

If the decision has been made by the AMHP to apply for a person's admission under the Mental Health Act, the AMHP will arrange for the person to be conveyed to an identified hospital address. This will involve planning for suitable transport to the identified hospital (see Conveyance Policy for further information).

The responsibility lies with HTFT to secure a bed should it be required following the completion of an assessment under the MHA (code of practice 14.77). Bed Management Team will inform the AMHP of the location of the bed.

The final responsibility of the AMHP following coordination, interview and assessment is compilation of the AMHP report on Liquid Logic (HCC's Adult Social Care Database). Once the AMHP report has been completed on Liquid Logic the assessment under the MHA has been fully completed with the outcome recorded. The person will then be closed to the AMHP Service Team. The AMHP must complete a report where assessment under the Mental Health Act 1983 has taken place, irrespective of the outcome of the assessment.

The AMHP should provide an outline report (Appendix 8) for the hospital at the time the person is first admitted or detained, giving reasons for the application and any practical matters about the persons circumstances which the hospital should know. Where possible the report should include the name and telephone number of the AMHP or care co-ordinator who can give further information (Code of Practice 14.93). An outline report does not take the place of a full report (Appendix 8) which AMHP's are expected to complete within 72 hours.

Where it is concluded that no application is to be made but there are recommendations for onwards requests to other teams or services the following will apply; if the person is under the care of a mental health team, that team will be responsible for any requests needed. They will be advised that no application will be made and a copy of the AMHP report will be provided. If the person is not known to a Mental Health Team, then the responsibility will lie with the unplanned services. If the request was made by a relative or any other organisation that is not HTFT, the responsibility will lie with the AMHP to make arrangements for any requests.

The requesting team must remain involved during the process of consideration to ensure that any support required for that person is arranged should the outcome be that no application is to be made. A consideration under S13 is not a substitute for making arrangements for that persons continued support as the outcome may be that no application is made.

There are some occasions when the AMHP is unable to complete the full AMHP report immediately after the assessment and for the purposes of admission can submit an outline AMHP report (code of practice 14.93) with the statutory documentation with an expectation the full AMHP report will be completed within 72 hours.

7. Community Treatment Orders (CTOs)

All requests for CTOs should be requested in the same way as any other requests for MHA assessments. The flowchart outlining the process is in Appendix 2.

CTO requests will not be treated as urgent and the AMHP Service expects at least 2 weeks' notice should a CTO request need to be considered.

The AMHP Service will maintain a database of CTO requests.

CTO assessments should be undertaken jointly with the person's RC wherever possible. The AMHP must consider if any additional condition recommended are necessary and bear in mind that any conditions should not amount to a deprivation of liberty. AMHPs should discuss any conditions with both the RC and the person being assessed.

The AMHP service will not normally be involved in arrangements regarding the recall of the person. This would remain the responsibility of the relevant community team. If a s135(2) warrant is required to recall the person to hospital, please request to Section 135 - Warrant to Search For and Remove Patients Protocol (Prot508) by Humber Teaching Foundation Trust.

Once a person has been recalled to hospital, the RC must make an assessment for revocation. Revocation assessments should be made jointly with the RC wherever possible.

All CTO assessments will require completion of the AMHP Record of Assessment (Appendix 8)

8. Guardianship

Please see Guardianship guidance (Hull City Council), which should be read in conjunction with the 2007 amendments to the Mental Health Act 1983, the Mental Health Act 1983 Code of Practice, (2015 Chapter 30); the Reference Guide to the Mental Health Act 1983 and the Mental Health (Hospital, Guardianship and Treatment) (England) Regulations 2008. 15.2 The Act allows applications to be made for people to be placed under the Guardianship of a guardian who may be a local social services authority (LSSA) or an individual, such as a relative, who is approved by the LSSA.

The Purpose of Guardianship. As stated in the MHA Code of Practice, (2015), Chapter 30, "the purpose of guardianship is to enable patients to receive care outside hospital when it cannot be provided without the use of compulsory powers. Such care may or may not include specialist medical treatment for mental disorder".

Guardianship provides an authoritative framework for working with a patient, with a minimum of constraint, to achieve as independent a life as possible within the community. Where it is used, it should be part of the patient's overall care plan.

Guardianship must not be used to impose restrictions that amount to a deprivation of liberty.

Guardianship does not give anyone the right to treat the patient without their permission or to consent to treatment on their behalf.

All requests for consideration of Guardianships should be requested in the same way as any other request for an AMHP. The AMHP Service will check which team the person falls under. If there is an AMHP in the relevant team, then they would be expected to be involved in initial discussions as to whether Guardianship might need to be considered as an appropriate legal framework.

The AMHP Service will maintain a database of Guardianship requests and orders in place.

9. Nearest Relative

AMHP's are required by the Act to attempt to identify the person's Nearest Relative as defined in Section 26 of the Act. AMHP will follow guidance in relation to Nearest Relative as set out in the Mental Health Act Code of Practice 14.57 to 14.65.

Consulting and notifying the Nearest Relative is a significant safeguard for people. Therefore, decisions not to do so must be considered under Article 8 of the European Convention on Human Rights. There may be justification to protect the persons article 5 rights. The AMHP must ensure they provide a record of this within their report.

Although there are specific requirements to consult the Nearest Relative, it is important to recognise the value of involving other people in the decision-making process, particularly the person's carers, family members and advocates, who are often able to provide a particular perspective on the persons circumstances (see Code of Practice 14.66 – 14.70).

If there are requirements to consider a Nearest Relative Appointment or Displacement, this will be allocated to an AMHP accordingly. The AMHP service will maintain a record of Nearest Relative requests and work in relation to Nearest Relatives. AMHP's to see Hull City Council Policy: Appointment or Displacement of the Nearest Relative located on the Hull App.

Nearest Relative Letter: 25.9 AMHPs must send a letter to the nearest relative of any person detained under s2, s3 or s7 (Appendix 9)

10. Data Recording

All requests for considerations for assessments under the Mental Health Act are logged and recorded on Liquid Logic (Hull City Council Adult Social Care Database) and AMHP Electronic Interactive Board by the AMHP Service Team. Please note requesters are expected to be available to speak to an AMHP and the request cannot be progressed without the requester or a nominated person speaking directly to the AMHP.

AMHP's will ensure all AMHP records (S13 request Form, AMHP Considerations Form and AMHP Report) are uploaded to the Trust Electronic Patient Record upon completion of the work. Requesters are expected to remain in contact with the AMHP Service to ensure progress is communicated. If no AMHP is available, MHCIT will support to provide an update if required.

The AMHP allocated the request will undertake a Section 13 consideration by completing the AMHP Service considerations form where they will make an independent decision whether to progress the request or close the request. The requester will be informed of the outcome.

If the Section 13 consideration indicates progression, the AMHP allocated will be responsible for gathering further assessment information, critically evaluating the information, making arrangements to interview the person (if required), co-ordinating the interview and making an independent decision with regards to whether the person requires an application to be made for their admission to hospital under the Mental Health Act.

Requesters must remain involved with the person until the assessment is completed. Requesters will be required to provide a contingency plan to manage a person's safety and any risk during the period between request and completion of MHA assessment process.

11. Lone Working Procedure

Any risk should be identified and communicated at the point of requesting an AMHP and a risk and contingency plan in place by requester/requesting team whilst an AMHP considers and if required makes arrangements to assess a person under the Mental Health Act.

Due to potential risks posed by contact with people within a hospital and community setting, Lone Working procedures should always be adhered too.

Local protocols from lone working are as follows:

Lone Working Protocol for AMHP's based at Miranda House

All AMHP's are employed by Humber Teaching NHS Foundation Trust and work across the Mental Health Division. When undertaking AMHP duties, AMHP's will base themselves at Miranda House and work alongside MHCIT. When undertaking duties as an AMHP,

AMHP’s are expected to work in line with the Lone Working Policy and ensure they follow the protocol below.

- On arrival inform Shift Co-ordinator and ensure you write your name and mobile number on the board in main MHCIT office. If you are based elsewhere, ensure you inform Shift Co-ordinator at the start of the day and follow the same process as below.
- All home/community visits to be in pairs, either with another AMHP colleague or MHCIT/Community colleague.
- When going out on visit you must inform MHCIT shift co-ordinator, write postcode of address on board and advise of expected return time.
- AMHP to call when completed visit using Miranda House Reception (01482 216624) to update regarding progress (i.e. awaiting transport/safe/planning to go to another base/home). If AMHP not returned by agreed time, shift co-ordinator to attempt to make contact.
- If no contact made, Lone Working Emergency Procedure to be followed (AMHP’s emergency contact list stored in v drive – Crisis Leadership Team).
- All incidents to be logged using Datix and AMHP Lead informed.

When seeing a person on a trust site, lone working procedures should continue to be adhered to.

- Person should be seen in an appropriate room on the site.
- Staff member should ensure they have surveyed their environment before inviting in the person and take note of exits, chair positioning and alarm systems.
- Staff member should always remain in close proximity to the entrance to the room and any alarm points available
- Should risk escalate, the staff member should attempt de-escalation if appropriate and/or remove themselves from the room to protect their safety.
- Staff to use the alarm points to contact for help as required.
- When seeing a person at Miranda House; the 136 suite and interview rooms are fitted with the pinpoint alarm system. Staff should ensure they have acquired a pool alarm kit from reception before seeing the service user. The staff member should ensure they test the key fob to ensure it is working correctly and carry this with them at all times during their consultation. This fob is to be activated as required and assistance will be provided from MHCIT and Avondale staff. Once the consultation is complete, the key fob should be returned and signed back in at reception for further use.
- Staff should ensure they have enquired about and adhere to all local procedures at other sites they may be working from.

In order to reduce or manage potential risks, AMHPs must always carry with them a working mobile phone issued by Humber Trust.

It is acknowledged that work undertaken by AMHPs can often be within a challenging and hostile atmosphere. When incidents do occur the AMHP involved should be given any necessary support which would include opportunities for de-briefing by the AMHP Service Lead.

12. Incident Reporting

All incidents should be notified to the AMHP Service Lead as soon as possible and be reported and investigated in line with Serious Incident Reporting Policy and Procedure. A Datix must be completed and consider report to police if required.

All Datix reports relating to the AMHP Service will be sent to Hull City Council.

13. Legal Advice

Legal support is made available to AMHPs during daytime hours via the legal services provided by HCC's legal team. They can be contacted using the inbox - LegalASCinbox@hullcc.gov.uk

Any request for legal support should initially be discussed with the AMHP Service Lead. Legal support should be sought in the following circumstances:

• Any case where a s29 nearest relative displacement is being considered.
• Any request for action or information made by a legal representative.
• Any other legal matter that would have the potential of significant adverse outcomes either for people, staff or Humber Trust.

Out of Hours

1. The gateway to accessing this will be through the Adult Social Care DMT on call. The rota for this and telephone numbers can be found within AMHP file on the v drive – HCC On Call Managers Rota.
2. AMHP's are expected to have alerted AMHP lead during working hours and in house legal if needed during working hours wherever possible before approaching DMT on call for approval to access out of hours legal.
3. AMHP's are also expected to discuss cases with peer support network whilst they are on duty for advice to ensure an approach to DMT on call is last resort and provide the rationale to DMT on call.

14. AMHP Rotas

Rotas will be completed using eroster and should be sent out at least one month prior to commencement. In addition, the rota will be available on the shared MS Teams Hull AMHP Team. AMHPs must ensure that they record their AMHP commitments in the Duty AMHP inbox Team Calendar. The AMHP Service Lead will take into account any booked leave if this is notified to them prior to the rotas being devised.

If AMHPs are aware they are not able to cover their allocated shifts, then they should arrange with an AMHP colleague to cover or swap the shift. Any swap should be notified to the relevant AMHP Service Lead who then records any changes on the master rota.

If an AMHP is on sick leave, or other urgent unplanned leave, then the AMHP can request cover via the AMHP Service Lead/ on duty.

Whilst on AMHP duty AMHPs must have a functioning mobile phone at all times. AMHP's should regularly check for messages if they are not able to answer calls immediately.

All Spoke AMHP's are expected to adhere to the AMHP Agreements (Appendix), which requires AMHP's to undertake a minimum number of Duty shifts per calendar month.

15. Involvement of people who use services, and their relatives and carers

This is recognised as a key area for development both locally and nationally (please see the National AMHP Service Standards).

At present there are no formal arrangements in place for service user involvement in the Hull AMHP Service. Service users and carers input into the training programme (YAMHP) for AMHPs, and we hope to extend this further to the AMHP refresher programme.

The longer-term aim is to establish regular opportunities for patients, families and supporters to input into the service and find out more about the complex legal frameworks that inform the decision-making of AMHPs.

16. Governance Arrangements

Monthly AMHP Forum. The AMHP Forum welcomes staff from other professionals' groups who wish to bring any MHA or AMHP-work related issues for discussion.

Reporting structure: AMHPs > AMHP Service Lead > Clinical Director HTFT. In addition, AMHP Service Lead reports directly to HCC's Director of Adult Social Services.

17. Performance/Outcome Measures

As a non-commissioned statutory service, there are limited requirements placed upon AMHP practice. Those that do exist are set in stature (such as legal timescales, the provision of reports, and when written responses to Nearest Relatives are required).

As a routine part of the work of the AMHP Service Lead and supported by the AMHP Hub, there is consistent review of the AMHPs' recording and decision making, along with support from the relevant managers. There are legal areas (often determined by case law) that can lead to potentially unlawful practice or practice that invalidates compulsory detention. These can change over time and are case, not service, specific.

As registered professionals, AMHPs must continually meet the standards of their relevant professional regulatory body and provide sufficient evidence to re-register. They must undertake a minimum of 18 hours a year related refresher training to meet the requirement of re-warranting every five years. Training is provided by HCC. This is managed corporately by HCC's Workforce Development to ensure compliance. Please see **Approved Mental Health Professionals (AMHP) Procedure and Practice Guide Support, Supervision, CPD and Re-approval 2023.**

There are no nationally agreed minimum datasets as at the time of this policy update, although this is an area that is being developed. As part of the ongoing monitoring measures, data is collected across a number of fields; these will include the number of referrals; what the referrer was seeking; the outcome; the time taken (including, where an

MHAA took place, a breakdown of administration, travel and delays); the use of section 135; the use of private ambulance; and appropriate demographic information. The development of a more flexible AMHP assessment report on Liquid Logic means that specific reporting against multiple fields is now possible on an ad hoc basis.

The work of AMHPs requires the involvement of many different partner agencies, including independent section 12 doctors, mental and physical health services, police, ambulance services, and so on. The AMHP service has no direct control over how these bodies support the work of the AMHP. Where there is a lack of resource that is considered to potentially impact on the well-being of a patient, for example there is no suitable psychiatric bed available, AMHPs are advised to submit a Datix form using HTFT's risk management system. These are reviewed by the relevant service managers in HTFT.

18. References

Mental Health Act 1983: Reference Guide

Mental Health Act 1983: Code of Practice

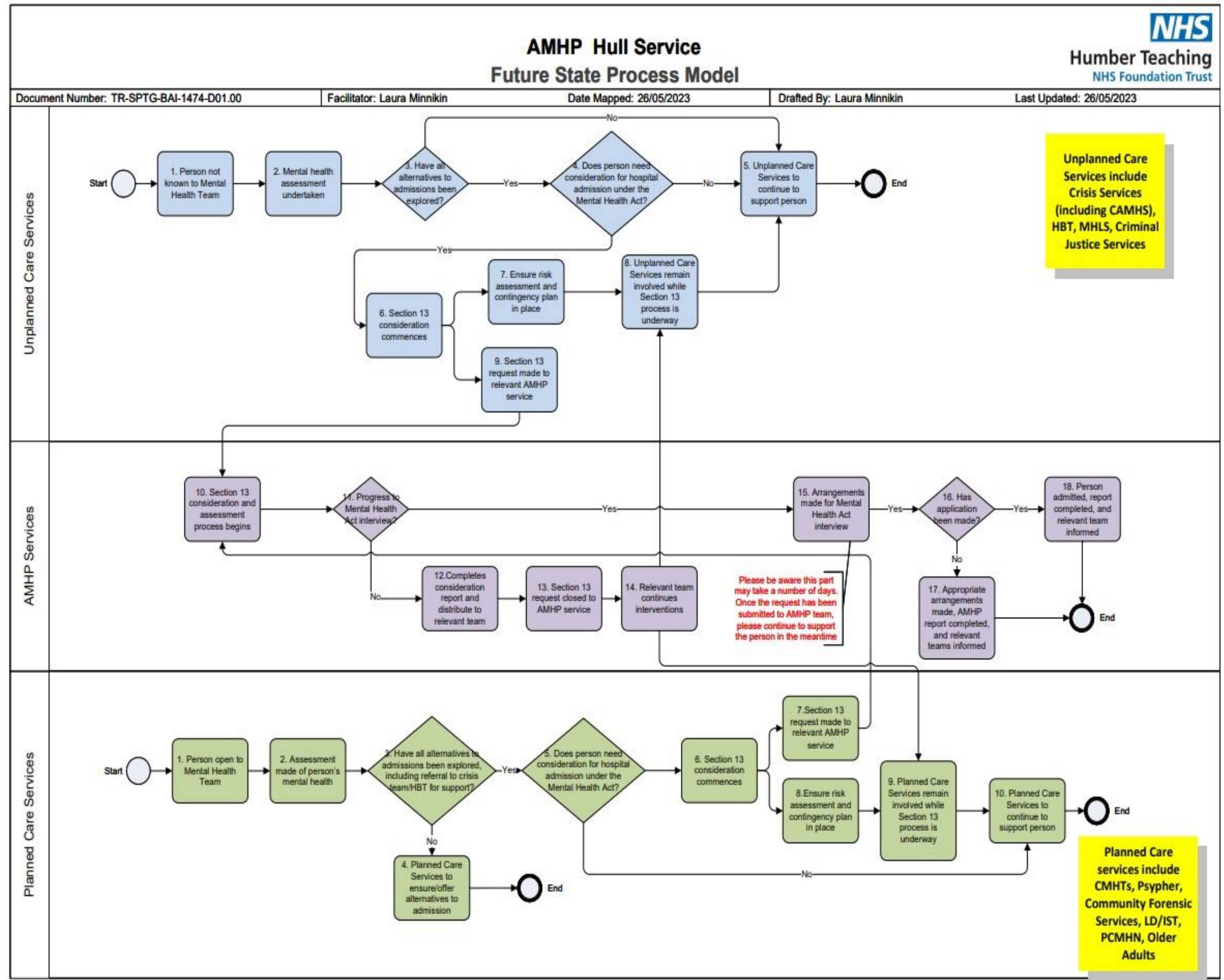
Guardianship Guidance (Hull City Council)

The Mental Health (Hospital, Guardianship and Treatment) (England) Regulations 2008.

Approved Mental Health Professionals (AMHP) Procedure and Practice Guide Support, Supervision, CPD and Re-approval 2023. Hull City Council

Appointment or Displacement of the Nearest Relative, Hull City Council.

Appendix 1 – Hull AMHP Service Process Map



Appendix 2 - Timescales for MHA Assessments

TASK	ACTION	Escalation
Section 136	An AMHP will respond with a s12 doctor to an s136 assessment within 3 hours of arrival at a place of safety, as per Royal College of Psychiatry guidelines. There are possible exceptions -being those • who are too intoxicated to be interviewed • who are not medically fit for interview • who require a specialist s12 doctor • who require an interpreter	Delays in responding to S136 assessments to be recorded within the AMHP report.
Police Custody	A person who has been detained in Police Custody will be subject to timescales under PACE (Police and Criminal Evidence Act) and therefore, the AMHP Service will consider such requests as urgent priority and attempt to respond as we would for S136 requests. Possible exceptions as above.	Police to escalate any concerns relating to delays in responding to requests to the AMHP Service Lead.
Section 135	An AMHP will obtain a s135 (1) warrant within 2 working days from Magistrates Court.	AMHPs will escalate to the AMHP Service Lead and/or Senior Managers within 24 hours if police are unable to respond regarding a s135 (1) warrant that indicates a substantial amount of immediate risk.
		AMHP's will inform AMHP Lead should there be any delays encountered in obtaining S135 warrants.
Request	MHA requests to be considered within 3 hours. The AMHP will • Determine priority of request and the risks • Open AMHP request onto Liquid Logic • Check any deadlines e.g. s136, s5-2, expiry of s2, PACE. • Establish if a s135 (1) warrant is required	

	• Internal requester-check if bed has been gate kept • External requester -AMHP to inform bed management	
Community MHA assessments	*With the exception of s136* MHA the AMHP Service will commence consideration within 24 hours of request *or on time if planned in advance*. The AMHPs will endeavour to carry out an MHA assessment within 24 hours if resources are available. Coordination and completion of community MHA assessments are often complex, and delays can occur for several reasons: • Police not available • Securing an appropriate bed • Lack of s12 doctors • Nearest relative objection, • Obtaining a time slot from court for an s135 (1) warrant. • Staff sickness etc. • Interpreter • Child Protection • Animal welfare • Locksmith The AMHPs will endeavour to keep requesters regularly informed regarding the progress of MHA requests and also any delays or significant setbacks.	The AMHP will escalate to the AMHP Service Lead and/or Senior Managers any delays in undertaking MHA assessments.
Inpatient MHA assessments	An AMHP to complete a MHA assessment in an inpatient setting within 24 hours or within the time limits of specific sections e.g. s5-2 and before the expiry date of section 2 .	

Appendix 3 – Section 13 Request Process for Mental Health Act Requests Requiring Consideration for Assessment by an AMHP from the Hull AMHP Service

HTFT Internal

Eg Consultant Psychiatrist, Inpatient Wards, Triage & Assessment Team, Liaison Psychiatry, Recovery Teams, MHCIT, Psypher, CENS, Liaison and Diversion, CMHT, CAMHS, LD

- **HTFT Internal Referrers**
- Before any referral to the AMHP service, Referrers should have considered all alternatives and if appropriate speak to MHCIT. If MHCIT not a viable option, follow bed management SOP, as MHCIT bed management team gate keep requests for a mental health bed. **The AMHP Service will expect a rationale as to why MHCIT is not a viable option upon receipt of the MHA request (see expectations of referrers)**.

External

Eg Police, GP, Nearest Relative, HCC ASC, Out of Area LA, Private Hospitals, other agencies etc.

- **Ring MHCIT on 01482 205555 (Duty AMHP Line) who will log MHA request** and transfer you to (if available) the Duty AMHP Worker to start the process of consideration of the MHA request. It is for the AMHP only to consider/triage the request. Referrer will be required to give relevant details upon initial contact with MHCIT (see AMHP request form and good practice checklist). **This does not negate the requirement to speak to the AMHP directly. A request will not be progressed until the referrer has spoken directly with the AMHP**. If an AMHP is not available at the time of your call, you will be required to be available for a call back or delegate this to another suitable person. For external referrers Duty AMHP worker will forward the request to MHCIT to ensure gatekeeping process is adhered to.

Actions by referrers following submission of referral

- Professionals/Teams who request an AMHP to consider a persons case under the MHA will need to remain involved with the Person, Family, Relatives, Carers, other professionals until request has been considered and if required organised and concluded such as keeping in telephone or face to face contact with families, relatives, carers, professionals from external agencies where appropriate.
- **A contingency plan to support the person and manage any risks will need to be in place until, if appropriate assessment under the MHA has been completed**. This may include support from MHCIT.

Considerations/Triage of MHA requests

- Consideration of all MHA requests under s13 (1) of the MHA will be undertaken by the Duty AMHP Worker in Hull AMHP Service Team using the criteria in the attached checklist (good practice checklist). **AMHP to complete AMHP Considerations Form**

Action by AMHPs

- **Accept Request**
- Proceed with gathering 'all the circumstances of the case' to be able to formally assess and coordinate MHA Assessment
- Notify referrer and MHCIT as gatekeepers of MHA Assessment outcome
- AMHP to complete AMHP MHA Assessment Form and upload to Lorenzo and Liquid Logic.
- Copies of Reports to MH Legislation & OOA hospitals if applicable.
- AMHP to send letter to NEAREST RELATIVE to inform of outcome and provide information about NEAREST RELATIVE rights and responsibilities.
- If an assessment has been undertaken on behalf of another LA and the outcome is an application under S3, AMHP to send letter to LA to inform of this.

Action by AMHPs

- **Reject Request**
- AMHP to give reasons for rejection and record in AMHP Considerations Form and upload to Lorenzo & Liquid Logic. To inform referrer.

Appendix 4 – Guidance on personal safety when considering or undertaking Mental Health Act (MHA) assessments.

Background

This guidance has been written for AMHPs considering and undertaking MHA assessments. The guidance relates to the safety of the AMHP and the assessing team. It is not intended to cover all eventualities as MHA work often presents new and complex factors for consideration. There are steps in determining risk that we would recommend as good practice but there is no precise formula we can follow that will predict risk in all situations. The final decision will always be with the AMHP as an independent public authority, but support and guidance can be sought from colleagues and management.

Considering the assessment

1. The assessment of risk begins at the point of request and as much information as possible should be gathered from the requester. In addition, clinical and social care records should be accessed for background information including clinical risk assessments. In the process of considering the request additional information should be gathered from other mental health practitioners, emergency services, interested parties, family, and the patient (where appropriate).
2. In relation to considerations about the personal safety of professionals, the information will mostly be the same as the information we gather when considering the safety of the patient, family, and the public. In addition, we would need to consider any history of aggression or violence towards professionals or other staff, as well as current threats being made.
3. There are various historic issues we would want to know such as history of violence or aggression, violence or aggression when unwell, nature of any diagnosed disorder, previous presenting symptoms, substance misuse, weapon use, secreting weapons, sexual disinhibition, offending behaviour, convictions.
4. The current risk concerns would be similar to historical factors, but we need information that is up to date as possible. This includes current mental state and presentation (including content of the persons current beliefs, delusional or otherwise), additional risk factors that may exacerbate risk such as recent violence or aggression towards others, current alcohol or drug use and drugs being used.
5. Current social and environmental factors also need to be considered. Is the assessment going to take place in a relatively managed/safe environment such as a designated place of safety, hospital ward or police station. There will be environments where other staff are around but maybe don’t provide the same level of support we would receive from other mental health professionals, such as Emergency Departments or Care homes. The environments in which we can anticipate increased possibility of risk to professionals are the person’s own home or other private dwellings.
6. Considerations relating to private dwellings include risks presented by the environment such as difficulties in escaping in emergency situations, presence of hostile friends or family, dangerous pets (particularly dogs), insanitary or unsafe dwellings (including drug paraphernalia), poor network connections.

7. Although we cannot predict risk based on diagnosis, we should consider the risk associated with certain diagnosis such as anti-social personality disorder, dual diagnosis, paranoid psychosis, dementia and other mental disorders where unpredictability and aggression maybe more prevalent.

Undertaking the assessment

1. The AMHP may consider that an assessment under MHA is necessary but consider that to undertake that assessment immediately could pose risks to themselves or the assessing team without additional factors being in place to minimise risk.
2. The factors the AMHP may wish to put in place are the attendance of the police, support from colleagues who will remain after doctors leave, assurance that a bed is available and the knowledge that colleagues will be available to support them in an emergency.
3. The police should be contacted as per the protocol to support the AMHP with community assessments. In circumstances where the police are unavailable at the arranged time, the AMHP needs to decide if it safe to proceed. Sometimes the AMHP will assess the risk is relatively low to the assessing team and the primary risk is either the person absconding or verbal abuse. They may choose to proceed with the assessment but should contact the police, inform them that they plan to go ahead and request a log number for any emergency that arises. If the risks to the assessing team are assessed as high the AMHP should request that the police, contact the AMHP when they are available to support the assessment. The police at this point may request that the AMHP secures a 135(1) warrant.
4. Wherever possible community assessments should be undertaken with the support of a colleague, this does not need to be another AMHP but should be someone with knowledge of mental health work and associated risks. Sometimes, the AMHP may assess that family and friends are able to support them, but each decision should be carefully considered. AMHPs should adhere to lone working policy of their organisation and use any available personal alert systems, check mobile coverage.
5. There are circumstances in which the AMHP feels that undertaking an assessment when there isn't an inpatient bed available would be unsafe. The decision not to proceed in these circumstances is covered in the No bed guidance.
6. In all working situations the AMHP is expected to adhere to section 44 of the Health and Safety at Work Act. This places upon the employee the right not to work in an unsafe working environment. If the AMHP considers undertaking the assessment to be unsafe they should delay until they believe the risks are more safely managed. If they find themselves in circumstances, they believe to be unsafe to themselves or other practitioners they should remove themselves as quickly/safely as possible and call emergency services via 999.
7. If the AMHP decides to delay an assessment or withdraw for reasons of personal safety, this should be recorded in the patient's record.

Appendix 5 - Guidance to AMHPs Re: Mental Health Act Assessments when no in-patient bed is available.

1. The screening of Mental Health Act assessments takes place in the first instance by the AMHP Service. At this point the AMHP considers whether a mental health act assessment is required and whether it needs to be progressed for consideration.
2. The AMHP should contact HBT/bed management as part of coordinating the assessment. This would be to check current bed availability and to discuss the possibility of joint assessment with home-based treatment.
3. If no in-patient bed is available, advice to AMHPs is that the MHA assessment should still go ahead, unless by proceeding with the assessment the risk to the service users would significantly increase. Examples of this are the person is likely to abscond, harm themselves or others because of the assessment. The reasons for this decision should be recorded.
4. Once the assessment is completed the AMHP would normally stay with the person until they are admitted/conveyed to hospital. This should be reconsidered if it is believed that the bed is not going to become available for a reasonable period of time.
5. Discuss with HBT the possibility of an admission to a local ward (as per SWYFT policy) until a bed becomes available. HBT will discuss with the relevant ward manager (or senior nurse out of hours) and assess if this is possible.
6. The judgement of a reasonable period of time needs to be the AMHPs decision. If a bed is available but there are difficulties with transportation discussion should take place with AMHP colleagues on the following shift about the appropriateness of another AMHP assisting with the completion of the admission.
7. If the AMHP assesses that there is no prospect of a bed in the next few hours, they should risk assess the situation and consider how the person can be safely managed until a bed becomes available. This will include discussion with other professionals, carers, and possibly emergency services.
8. The AMHP cannot be expected to remain indefinitely and may decide to leave the person in situ and withdraw until a bed becomes available. If they make the decision to do this, they should take the following steps.
9. If the person is in a hospital, police station or care setting the medical recommendations/report should be left in the persons file so they can be accessed by the next AMHP who picks up the assessment. A discussion should take place with those who are continuing to care for the person about who they should contact in case of emergency.
10. If the person is in the community the medical recommendations/report should be left with the crisis/home based treatment team so they can be accessed by the next AMHP who picks up the assessment. A discussion should take place with those who are continuing to care for the person about who they should contact in case of emergency.
11. The AMHP should pass the information about the situation to the next AMHP shift about the actions they have taken (see rota cover sheet). They should also ensure that other mental health services are aware of the situation so the service user's mental health care can continue to be monitored. Crisis/home based treatment will

contact the AMHP service via normal channels once a bed has been identified, in order that a consideration of an application can be made.

12. If the AMHP decides to withdraw they need to ensure that they have clearly communicated to HBT that this is what they are doing. They need to inform carers and service users of what is happening and give them contact details for the relevant services to contact for support/information. This needs to include advice to contact emergency services 999 if there is a risk to life or limb.
13. If there is immediate risk to life or limb the AMHP should contact emergency services.

NB. As an AMHP service we cannot insist on the type or level of mental health care available to the service user awaiting the allocation of a bed. The law is clear that AMHP cannot be expected to address the delay themselves, the responsibility for which rests with all mental health services. The AMHP service works collaboratively with other parts of the service to minimise the risk and distress to the service user and others.

Notes

"if there is a significant delay in finding a hospital bed for the patient and, due to that delay the patient remains at home until a bed is found, responsibility for providing professional support to the patient at his home is that of the local mental health service"

Richard Jones Mental Health Act Manual page 73, 18th edition

The section of the COP Jones is requesting to is 14.86.

14.86 Local recording and reporting mechanisms should be in place to ensure the details of any delays in placing patients, and the impacts on patients, their carers, provider staff and other professionals are reported to commissioning and local authority senior leads. These details should feed into local demand planning. AMHPs should be supported by their local authority in these circumstances and should not be expected by commissioners and providers to address the delay themselves. In the meantime, commissioners should, in partnership with providers, ensure that alternative arrangements to meet the person's needs pending the availability of a bed are accessible, e.g., crisis houses, and should communicate those arrangements to the local authority. The local authority should ensure that AMHPs are aware of these arrangements.

Appendix 6 - Good Practice Checklist

Good Practice Checklist when needing to consider whether an application under the Mental Health is required.

• Has the request for a MHAA been discussed and agreed with the team/AMHP/RC and agreed this is needed.

• Has the person been seen in the last 24 hours. Has the person had a mental state examination or attempted to be seen – please provide verbal information.

• Have you considered the early involvement of the CRISIS team/HBT? What additional support has been pursued to prevent a hospital admission? Has discussion with the CRISIS team taken place?

• Does the person have capacity to consent to an informal admission and if so, has this been considered and offered?

• Have the key professionals discussed the concerns and agree that a MHAA is appropriate i.e. care coordinator, consultant psychiatrist, Team Manager, GP

• Is this a planned admission? If so has a hospital bed been sought and agreed.

• Have all documentation on MH (Lorenzo/Liquid Logic) IT systems been updated to reflect the recent concerns i.e. risk assessment/cluster etc

• Any issues the AMHP needs to be aware of i.e. risk issues, others present, children, pets, any access issues etc

• As the requesting team, you need to work in partnership with the AMHP to manage the need for a contingency plan i.e. if a MHAA cannot take place today due to the person not in, not detained, then an agreed safety plan put in place

All least restrictive alternatives must have been considered or offered before a MHAA can be undertaken unless it has been unreasonable/unpractical to do so.

• Assessments for children

All the above, plus:

- Has a request for access assessment gone through to CAMHS Crisis Team? CAMHS Crisis Team should be involved with the assessment where possible.
- When a request for an assessment under the MHA is received for a young person with ASD/ LD, AMHPs should check whether a CETR has been undertaken or requested and what the recommendations for this have been and this should be a part of the AMHP's consideration See NHSE CAMHS Tier 4 Operating Handbook Protocol 2022 (available in AMHP folder v:drive).
- If a young person does require admission and needs to travel to an inpatient unit, they must be accompanied. CAMHS Crisis Team can support with request for secure ambulance if required.

Appendix 7 – Expectations of Referrers and AMHP's when making Requests under the Mental Health Act

Expectations Of Referrers

■ Be available to speak to the AMHP about the request.

■ Be able to provide current, specific, accurate information to enable proper consideration.

■ To have seen the person that day, face to face, or at least attempted to.

■ To have discussed the request with relevant staff including the person's doctor, for staff to be in agreement and the doctor available to attend if assessment is progressed.

■ Be able to evidence what measures have been taken to promote or encourage engagement with support

■ Be able to evidence what alternative treatment, support or management options have been attempted or offered

■ If the person has capacity to consent to an admission, have discussed and offered informal admission to the person

■ Remain involved and responsible for the care of the person while consideration and assessment are carried out. Supporting assessments if possible

■ To accept that consideration and decisions about next steps are the AMHPs to make, and we are accountable for them

Expectations Of AMHP's

■ To speak to the requester and any other professionals, family, the individual etc. to gather as much information as possible for consideration.

■ To critically evaluate any information received.

■ To carry out their own assessment and risk assessment of the situation to come to a decision about how to progress.

■ To offer support, advice, and alternative solutions to concerns of referrers in order to avoid use of the MHA

■ To apply judgement case by case

■ To explain their decision making, lines of questioning and rationale for outcomes to inform and support collaborative practice.

■ To be responsible and accountable for their decisions.

Appendix 8 – Hull AMHP Service Paperwork

<u>Hull AMHP Service: Section 13 Request Form</u>

To be completed where possible from initial request information by Shift Coordinator/Admin. Or pulled through automatically from Lorenzo. AMHP to input if additional information available following information gathering or assessment.

Request Taken by:			
Date & Time Contact made with AMHP Service:	Click or tap to enter a date.		
Reason for Contact:			
Person Details:			
Name:		**Age:**	Choose an item.
Address:		**Gender:**	Choose an item.
Date of Birth:		**Sexuality:**	Choose an item.
Telephone:		**Ethnicity**	Choose an item.
NHS No:		**Religion:**	Choose an item.
Liquid Logic No (if known):		**Ordinarily Resident**	Choose an item.
GP Practice:		**Does the Person have a Learning Disability?**	Choose an item.
Communication issues: *(Language? Interpreter required? LD? Sensory impairment?) (To be added at time of request/pulled through from information already available on the system)*			
Service User Group:	Choose an item.		
Known to Mental Health Services:	Choose an item.		
Request			
Requester Name			
Contact Details:			
Request Source:	Choose an item.		
S.13(4) NEAREST RELATIVE Request?	Choose an item.		
1st Medical Recommendation completed?	Choose an item.		
If yes, where is this located?			
Has the Person Recently been Discharged from Hospital?	Choose an item.		
If yes, date of Discharge?			

Has the Person been requested to Crisis Services?	Choose an item.
Location of Person:	Choose an item.
Any known access issues/lives alone/with others/key holder/pets:	
Current Legal Status:	Choose an item.
Date and Time of Expiry (if applicable):	
Is the Person aware a request is to be made?	Choose an item.

Nearest Relative			
Name:		**Telephone:**	
Address:		**Relationship**	
Significant Others:		**Contact Details:**	
Children's Names, DOB's		**Details of alternative care arrangements made, onward requests/safeguarding alerts**	

Professionals Involved		
Name	**Role**	**Contact Details**

Please Note; Until the Duty AMHP has contacted the requester, by telephone, the request has not been accepted by the AMHP Service. Therefore, a contingency plan needs to be in place to maintain the safety of the person.
Requester or other Named Contact must be available to take call from AMHP in relation to this request.
AMHPs cannot provide an emergency service, in an emergency dial 999.

Hull AMHP Service Considerations Form

To be completed by an AMHP

AMHP Details:	
Name:	
Office Address:	
Contact Number:	
Date and Time Considerations commenced:	Click or tap to enter a date.
(If handed over to another AMHP) Name:	
Date and Time considerations continued:	Click or tap to enter a date.

Person Details:			
Name:		**Age:**	Choose an item.
Address:		**Gender:**	Choose an item.
Date of Birth:		**Sexuality:**	Choose an item.
Telephone:		**Ethnicity**	Choose an item.
NHS No:		**Religion:**	Choose an item.
Liquid Logic No (if known):		**Ordinarily Resident**	Choose an item.
GP Practice:		**Does the Person have a Learning Disability?**	Choose an item.
Communication issues: *(Language? Interpreter required? LD? Sensory impairment?)* *(To be added at time of request/pulled through from information already available on the system)*			
Service User Group:	Choose an item.		
Known to Mental Health Services:	Choose an item.		

Circumstances leading to contact with AMHP Service/request for Mental Health Act assessment:
Include: *sources of information, who made request, was it a s.13(4) request? When did MH start to deteriorate? What actions have already been taken? What are the reported risks? Police involvement? See good practice checklist.*

Outcome of Consideration:	
Outcome:	Choose an item.
Rationale:	
If MHA assessment is required who will support the person until this can be arranged?	
Name of Person or Team:	
Contact Details:	
Any Additional Information:	
Request to other Services:	Choose an item.
Details:	
Date and Time of Decision:	Click or tap to enter a date.

Hull AMHP Service Mental Health Act Assessment Record

To be completed by an AMHP

AMHP Details	
Name of AMHP:	
Office Address:	
Contact Number:	
Date and Time Assessment Commenced (from time request is accepted and allocated to an AMHP):	Click or tap to enter a date.

Person Details:			
Name:		**Age:**	Choose an item.
Address:		**Gender:**	Choose an item.
Date of Birth:		**Sexuality:**	Choose an item.
Telephone:		**Ethnicity**	Choose an item.
NHS No:		**Religion:**	Choose an item.
Liquid Logic No (if known):		**Ordinarily Resident**	Choose an item.
GP Practice:		**Does the Person have a Learning Disability?**	Choose an item.
Communication issues: *(Language? Interpreter required? LD? Sensory impairment?)* *(To be added at time of request/pulled through from information already available on the system)*			
Service User Group:	Choose an item.		
Known to Mental Health Services:	Choose an item.		

Mental Health Act Assessment **Approved Mental Health Professional Record of Assessment, Mental Health Act (1983) Hull City Council**
Social Circumstances: The Respect Principle (CoP 1.14) states you "must recognise and respect the diverse needs, values and circumstances of each patient". Also consider Family, Relationships, Education / Employment, Housing, Finance.
Person's History: Personal history, Mental Health Services involvement/any other health involvement.

Current Situation: Events leading up to and reasons for request, including person's current presentation.
Views of other Professionals: For example RC, GP, Nursing staff, Care Coordinator, Crisis Team, Social Care, Advocates, Housing, Police.
Interview: Record of interview, people present, communication methods. Empowerment and Involvement Principle (CoP 1.8) states "A patient's views, past and present wishes and feelings (whether expressed at the time or in advance), should be considered so far as they are reasonably ascertainable." Offered to see alone by AMHP?
Nearest Relative and / or Significant Others: Detail relatives identified, nearest relative determination, consultation and any objections. Empowerment and Involvement Principle (CoP 1.11) also states "Patients should be encouraged and supported in involving carers (unless there are particular reasons to the contrary). Professionals should fully consider their views when making decisions".

Name:	
Address and Contact Details:	
Does the Nearest Relative object?	Choose an item.
Have you spoken directly with the Nearest Relative?	Choose an item.
Is the Nearest Relative aware of their Legal Rights?	Choose an item.
Additional Information if relevant; displacement/No NEAREST RELATIVE	

NEAREST RELATIVE informed of outcome?	Choose an item.	**Details:** *(method/who has been requested to complete?)*	
NEAREST RELATIVE informed of Rights?	Choose an item.	**Details:** *(method/who has been requested to complete?)*	

Mental Capacity	
Detail of any decisions considered, capacity	

assessments and best interest considerations.	

Assessing Doctors:

First Doctor:			
Name:		**Contact No:**	
s.12 Approved?	Choose an item.	**Previous Acquaintance?**	Choose an item.
Specialism?	Choose an item.		
If Yes – please state: *i.e. LD/CAMHS/ED*			
Joint Assessment with AMHP?	Choose an item.		
Assessment Date and Time:	Click or tap to enter a date.		
Consultation Details:			

Second Doctor:			
Name:		**Contact No:**	
s.12 Approved?	Choose an item.	**Previous Acquaintance?**	Choose an item.
Specialism?	Choose an item.		
If Yes – please state: *i.e. LD/CAMHS/ED*			
Joint Assessment with AMHP?	Choose an item.		
Assessment Date and Time:	Click or tap to enter a date.		
Consultation Details:			

If no doctor available with previous acquaintance, please explain why:

Outcome of MHAA:			
Outcome:	Choose an item.	**Details:**	

<table>
<tr><td>If Abandoned:</td><td>Choose an item.</td><td></td><td colspan="3"></td></tr>
<tr><td>Admission Details:
(if admitted – provide details: ward, hospital, contact number)</td><td colspan="3"></td><td>Outline Report provided?
(ss.466)</td><td>Choose an item.</td></tr>
<tr><td colspan="6">Rationale: (Needs to be detailed enough to enable reader to understand why specific decisions were made. How was MHA criteria met? Medical Recommendations provided? All the circumstances of the case; views of others and what other documentation has been taken into account. Why hospital is the most appropriate action if it is the outcome? Request to Guiding Principles where appropriate - Least Restrictive Option & Maximising Independence; Empowerment & Involvement; Respect & Dignity; Purpose & Effectiveness; Efficiency & Equity)</td></tr>
<tr><td colspan="6"></td></tr>
</table>

<table>
<tr><td>Risks:
(Thorough and specific risks to be identified, including whether this is considered a risk to health, safety or with a view to the protection of others.
Include historical and present risks)</td><td colspan="3"></td></tr>
<tr><td>Person informed of outcome?</td><td>Choose an item.</td><td>If ‘No’ – why?</td><td></td></tr>
<tr><td>Person informed of right of appeal?</td><td>Choose an item.</td><td>If ‘No’ – why?</td><td></td></tr>
<tr><td>Details of immediate issues:
(i.e. Protection of Property / Pets etc.)</td><td colspan="3"></td></tr>
<tr><td>Conveyance:</td><td colspan="3">Choose an item.</td></tr>
<tr><td>Details: (Arrangements for conveyance. How conveyed? Was this delegated? – requestence numbers, contact details etc)</td><td colspan="3"></td></tr>
<tr><td>Ambulance Response Time:</td><td colspan="3">Choose an item.</td></tr>
<tr><td>If admitted, date and time of admission:</td><td colspan="3">Click or tap to enter a date.</td></tr>
</table>

<table>
<tr><td colspan="2">Delays to MHA Assessment:
(Were there any delays to completing MHA assessment?</td></tr>
<tr><td>Reason:</td><td>Length of Delay:</td></tr>
</table>

Choose an item.	Click or tap to enter a date.
Choose an item.	Click or tap to enter a date.
Choose an item.	Click or tap to enter a date.
Details:	

Please indicate what onward requests have been completed (if any): drop down with request boxes
Choose an item.
Details:
Person making request:

Date and Time of Completion of Assessment (including completing record of assessment):	Click or tap to enter a date.
AMHP:	

OUTLINE REPORT OF APPROVED MENTAL HEALTH PROFESSIONAL
The AMHP must complete this report where assessment under the Mental Health Act 1983 has taken place, irrespective of the outcome of the assessment (Code of Practice 4.94)

Persons Details							Other Details					
Full name:						**Gender:** M / F	**Name of Receiving Hospital:**					
Address							Ward	Tel		Date:		
							Name of AMHP:					
Postcode:				Tel:			Service Unit Address:					
Age:	Date of Birth:			Marital Status:								
LA/Trust Team:	Other Authority:		NFA				Postcode:			Tel:		
Ethnic Group:												
First Language:			Interpreter Used? YES / NO							Tel:		
Advance Decision: YES NO NOT KNOWN			GP Name & Address:							Tel:		
Nearest Relative Details												
Name:			Responsible Clinician:							Tel:		
Relationship:	S.26/S.29 ref:		Assessment Requested by:		Location:		Date:			Time:	Case discussed with AMHP	
Address:			**Medical Practitioners Involved**				**S12**	**Date of Med Exam**			**YES**	**NO**
			1st Dr. **Previous Acquaintance** Y / N									
Postcode:	Tel:		2nd Dr. **Previous Acquaintance** Y / N									

NEAREST RELATIVE Consultation Process (Tick if YES)		**Legal Status at time:**		**ASSESSMENT START**				**Outcome of Assessment:**	
		In Community		Date				Not admitted	
Nearest Relative Informed?		Informal Patient						Informal	
In person?		S5(2)		Time				S2	
By phone?		S2						S3	

In writing?		S3		ASSESSMENT END				S4	
NEAREST RELATIVE not objecting?		S136		Date				SCT	
NEAREST RELATIVE has objected?		Guardianship						Guardianship	
NEAREST RELATIVE unknown/No NEAREST RELATIVE		SCT		Time				Mental Capacity Act	
		Other (specify in report)						Other (specify in report)	

Presenting circumstances:

Signed: **Dated:**

Approved Mental Health Professional

Appendix 9 – Template Letter to Nearest Relative

NEAREST RELATIVE's Address

T.

Dear

Re: name of person

As you are the of the above named and therefore 'nearest relative' as identified in S.26 of the Mental Health Act 1983, I am writing to inform you that I have made an application for your to be kept in hospital under Section of the Mental Health Act 1983. (Named Person) is currently on (ward/hospital) and the telephone number/address is.

An application under Section means that your can be kept in hospital for up to days/months. Your does have the right to appeal against this decision to either to the Tribunal Services (Mental Health) and/or to the Managers of and these rights will be explained to them in full detail by staff at the hospital.

Furthermore, as 'nearest relative' you have the right to make an order for your discharge if you disagree with them being kept in hospital. You can do this by giving 72 hours written notice to the Hospital Managers at the hospital that you intend to apply for discharge and then by serving an order of discharge. You should be aware, however, that in certain circumstances your order of discharge can be overridden by the doctor in charge of your treatment.

Please do telephone me if you would like to discuss this matter further. I have enclosed a leaflet, which explains your rights as Nearest Relative in more detail.

Yours sincerely

Approved Mental Health Professional
Hull City Council
Tel:

Appendix 10 – Section 140 Protocol

THE MENTAL HEALTH ACT SECTION 140

Guidance for admissions in cases of special urgency

HULL & EAST RIDING OF YORKSHIRE MULTI AGENCY PROTOCOL

DRAFT June 2023

THE MENTAL HEALTH ACT SECTION 140

Guidance for admissions in cases of 'special urgency'

This agreement is between the following agencies:

- East Riding of Yorkshire County Council
- Hull City Council
- NHS and Humber and North Yorkshire Integrated Commissioning Board (ICB)
- Humber Teaching NHS Foundation Trust
- Humberside Police

Background:

Integrated Commissioning Boards (previously known as Clinical Commissioning Groups) and Local Authorities are responsible for commissioning mental health services to meet the needs of their areas. Under section 140 of the Mental Health Act 1983, ICB's have a duty to notify Local Social Services Authorities (LSSAs) in their areas of arrangements which are in force for the reception of patients in cases of special urgency or the provision of appropriate accommodation or facilities specifically designed for patients under the age of 18.

This guidance has been produced to inform local staff and organisations of:

- The specific hospital beds that the ICB have identified to receive people who have been detained to hospital under the Mental Health Act 1983 and whose case is one of 'special urgency'.
- The definition of 'special urgency'.
- The procedure that Approved Mental Health Professionals (AMHPs) should follow if they feel they are dealing with a case which is of 'special urgency'.
- The arrangements for 'special urgency' outside of working hours.
- The procedure that Humber Teaching NHS Foundation Trust will apply where it is notified that a bed is required in cases of 'special urgency'.

Who needs to be aware of and comply with the guidance?

- Local Authority staff undertaking the role of an AMHP.
- NHS Trust staff with responsibility for bed management, sourcing beds and those trained to accept applications for admission under the Mental Health Act.
- ICB, which covers Hull and East Riding of Yorkshire area.
- Health and social care commissioners.
- NHS England.
- Humberside Police.
- Emergency Duty Teams/Out of Hours Team
- Emergency departments of Hull University Teaching Hospitals NHS Trust,
- Crisis Services
- Yorkshire Ambulance Service

When does this guidance apply?

This guidance will only apply where:

- an AMHP has been requested to undertake an assessment under the Mental Health Act
- There are medical recommendations and an AMHP has decided that an application for compulsory admission to hospital under the Mental Health Act is appropriate.

- The AMHP believes that an admission of ‘**special urgency’** applies.
- There are no immediately available beds upon completion of the assessment under the Mental Health Act.

Where can a person be admitted to in ‘special urgency’?

ICB’s are required to provide a list of hospitals and their specialisms to Local Authorities which will help inform AMHP’s as to where these hospitals are.

The following hospitals are places where people can be admitted in cases of ‘special urgency’:

Working age adult

- Avondale
- Westlands (female)
- Newbridges (male)
- Mill View Court
- Psychiatric Intensive Care Unit

Older people

- Mill View Lodge
- Maister Lodge

Learning Disability

- Townend Court

Definition of Special urgency

The locally agreed definition of ‘special urgency’ is a situation where a mentally disordered person is so acutely unwell that failure to urgently admit the person to hospital under the Mental Health Act or an excessive wait for a bed could cause significant harm, trauma, health issues or potential death of the patient, those assessing the patient or other members of the public.

Special urgency will be defined as those in exceptional clinical need identified based on a current medical examination by a Section 12 approved doctor /other Doctor in consultation and agreement of a Consultant Psychiatrist (applicable to both detained or informal patients) due to their severe mental disorder.

The AMHP will be consulted in cases of Mental Health Act assessments to determine urgency. Guide to qualification as a Section 140 case (this is not an exhaustive list but sets the threshold to be reached for Section 140 admission status of special urgency).

• An episode of life-threatening self-harm together with physical illness, living alone, with lack of social supports and clearly identified severe mental illness signs and symptoms.

• Florid psychosis in a community setting, living alone with lack of engagement with home treatment team, non-concordance with treatment including medication combined with self-neglect and/or active agitation/thoughts of self-harm/harm to others/fear.

• Patient with features of mental illness with severe self-neglect showing features of dehydration or sustained food refusal over days.

• Conditionally discharged restricted patients, i.e. patients with a proven record of causing serious risk of significant harm to others when mentally unwell, currently non concordant with medication, disengaged from services and showing features of relapse of mental illness.

• Patient with such severe psychosis, mania or depression that they lack capacity to carry out activities of daily living including self-care, non-concordant with treatment in a community setting and disengaged from services

Inpatient mental health services for Children and Young People (under 18 years of age) are the responsibility of the Humber and North Yorkshire Provider Collaborative and are not covered by this protocol.

Action for the AMHP Service

The Approved Mental Health Professional (AMHP) will determine that the criteria for special urgency are met. They may also involve other professionals in determining whether to classify the case as special urgency. This may include involvement from the medics involved in the person's care, police or ambulance staff in attendance and crisis/home treatment team.

All AMHPs should consult their AMHP Lead, where they believe that the definition of 'special urgency' set out above may apply to an assessment they are involved in, but a decision to enact this protocol lies with the individual AMHP co-ordinating the assessment.

Once the AMHP has made the decision that the definition of 'special urgency' is met, the AMHP must inform the duty Bed Manager at Humber Teaching NHS Foundation Trust as soon as possible.

The Bed Manager will prioritise an agreed bed search for 'special urgency' cases and these cases will be allocated the first available, appropriate bed.

The AMHP must continue to consider risks to their own safety first and foremost. In circumstances where the AMHP believes that their presence is causing risks to escalate or is such that their own safety is compromised; the AMHP should leave and notify relevant agencies immediately i.e. Police, Senior Manager (Local Authority) etc.

If there is immediate risk to any individual, the AMHP must call 999 and request police/ambulance attendance as appropriate.

If the AMHP decides the 'special urgency' bed is no longer required, the AMHP must notify the Bed Management Team as soon as possible, in order that the Bed Manager can cease searches for a bed.

Once a request has been made for a 'special urgency' bed, the AMHP may make an application for detention to the identified hospital once they are informed a bed is available, or will become available, in a short period of time. This will enable the AMHP to carry out their duties in respect of conveyance.

In the event that the AMHP has completed an assessment under the Mental Health Act and an admission is required, but a bed has not been identified, and it is not expected to become available within two hours, the AMHP will be unable to make an application for detention. The bed manager will escalate to the Senior Manager for Humber Teaching NHS Foundation Trust and the senior manager in the relevant Local Authority.

At this point, responsibility for the person is with health and not the AMHP. The AMHP cannot be expected to address the delay themselves, the responsibility for which rests with all mental health services. The AMHP service works collaboratively with other parts of the service to minimise the risk and distress to the service user and others. If there is a significant delay in finding a hospital bed for the patient and, due to that delay the patient remains at home until a bed is found, responsibility for providing professional support to the patient at his home is that of the local mental health services.

Commissioners should, in partnership with providers, ensure that alternative arrangements to meet the person's needs pending the availability of a bed are accessible e.g. Crisis Services.

Should a person leave the premises during assessment, the AMHP may, if deemed appropriate, contact the Police and inform them, along with detail of any risks. The Police may then consider whether the use of section 136 is appropriate. If an application has been made to detain the person before they leave the premises; they are 'liable to detention' and the application gives authority to take them to the hospital named on the application. The AMHP should inform police of their powers to detain and transport the patient to the hospital under section 138 (Retaking of patients escaping from Custody).

In the event that the AMHP co-ordinating the assessment has gone off duty before a bed becomes available a further assessment by an AMHP would be required to make an application for compulsory admission to hospital

Action for the Trust

Where the Bed Manager receives a request from an AMHP that meets the 'special urgency' criteria, the case will be escalated as the priority for the next available bed (in Trust or out of area).

The Bed Manager must remain in contact with the relevant AMHP service and keep them informed of the attempts being made to identify a bed.

The Bed Manager will make continued attempts to identify a bed until one is located.

Responsibility for the person is with health and not the AMHP. The AMHP cannot be expected to address the delay themselves, the responsibility for which rests with all mental health services. The AMHP service works collaboratively with other parts of the service to minimise the risk and distress to the service user and others. If there is a significant delay in finding a hospital bed for the patient and, due to that delay the patient remains at home until a bed is found, responsibility for providing professional support to the patient at his home is that of the local mental health services.

Out of Hours procedure for Hull and East Riding of Yorkshire

The Bed Management Team will liaise with the senior nurse on duty - which out of hours will be manager on call.

Escalation Process

- The Bed Manager will escalate to the Bed Flow Manager.
- The Bed Flow Manager will escalate to their Operational Manager.
- Out of Hours, bed management is the responsibility of the Crisis Service.
- All parties will escalate within their own organisations.
- AMHP Leads and the Out of Hours Service Manager must ensure that arrangements are in place to enable contact to be made with a Senior Manager and communicate this to their AMHPs.
- Duty Bed Managers should contact the Service Manager, their nominated deputy or the Duty Senior Manager out of hours.

- Respective Senior Managers will discuss the circumstances of the case and facilitate a management plan to mitigate and/or manage identified risks.

- An update will be provided at system Opel Calls (Monday, Wednesday, Friday, Sunday/ additional calls as required), the system calls include representatives from NHSE/I. The system on call process will be used as required to update the CCG silver/gold on call on any cases of special urgency and actions being taken. If a local solution is not possible, it will be escalated to the NHSE/I regional contact.

Incident reporting

Local recording and reporting mechanisms should be in place to ensure the details of any delays in placing patients, and the impacts on patients, their carers, provider staff and other professionals are reported to commissioning and relevant Local Authorities. These details should feed into local demand planning.

The Trust will complete an IR1 if the process fails because a bed cannot be found, following local and regional action. Escalation processes as outlined above will be used to inform all parties.

The AMHP will inform their AMHP lead.

The Local Authorities will maintain a database for reporting purposes.

Review of agreement

This agreement will be reviewed initially after 6 months, then annually through Crisis Concordat meetings.

Guidance to AMHPs assessing people under the Mental Health Act when no in-patient bed is available.

14. The screening of Mental Health Act assessments takes place in the first instance by the AMHP on duty. At this point the AMHP considers whether an assessment under the Mental Health Act required and whether or not it needs to be immediately prioritised and progressed.
15. The AMHP should contact Bed Management Team as part of coordinating the assessment. This would be to check current bed availability and to discuss the possibility of joint assessment with home-based treatment or crisis service.
16. If no in-patient bed is available, advice to AMHPs is that the assessment under the Mental Health Act should still go ahead, unless by proceeding with the assessment the risk to the service users would significantly increase. Examples of this are the person is likely to abscond, harm themselves or others as a result of the assessment. The reasons for this decision should be recorded.
17. Once the assessment is completed the AMHP would normally stay with the person until they are admitted/conveyed to hospital. This should be reconsidered if it is believed that the bed is not going to become available for a reasonable period of time.
18. Discuss with Bed Management the possibility of an admission to Miranda House until a bed becomes available. Bed Management Team will discuss with the relevant ward manager (or senior nurse out of hours) and assess if this is possible.
19. The judgement of unreasonable period of time needs to be the AMHPs decision. If a bed is available but there are difficulties with transportation discussion should take place with AMHP colleagues on the following shift about the appropriateness of another AMHP assisting with the completion of the admission.

20. If the AMHP assesses that there is no prospect of a bed in the next few hours, they should risk assess the situation and consider how the person can be safely managed until a bed becomes available. This will include discussion with other professionals, carers and possibly emergency services.
21. The AMHP cannot be expected to remain indefinitely and may decide to leave the person in situ and withdraw until a bed becomes available. If they make the decision to do this, they should take the following steps.
22. If the person is in a hospital, police station or care setting the medical recommendations/report should be left in the persons file so they can be accessed by the next AMHP who picks up the assessment. A discussion should take place with those who are continuing to care for the person about who they should contact in case of emergency.
23. If the person is in the community the medical recommendations/report should be left with the crisis team so they can be accessed by the next AMHP who picks up the assessment. A discussion should take place with those who are continuing to care for the person about who they should contact in case of emergency.
24. The AMHP should pass the information about the situation to the next AMHP shift about the actions they have taken. They should also ensure that other mental health services are aware of the situation so the service user's mental health care can continue to be monitored. Bed Management Team will contact the AMHP service via normal channels once a bed has been identified, in order that a consideration of an application can be made.
25. If the AMHP decides to withdraw they need to ensure that they have clearly communicated to the Crisis Team that this is what they are doing. They need to inform carers and service users of what is happening and give them contact details for the relevant services to contact for support/information. This needs to include advice to contact emergency services 999 if there is a risk to life or limb.
26. If there is immediate risk to life or limb the AMHP should contact emergency services.

NB. As an AMHP service we cannot insist on the type or level of mental health care available to the service user awaiting the allocation of a bed. The law is clear that AMHP cannot be expected to address the delay themselves, the responsibility for which rests with all mental health services. The AMHP service works collaboratively with other parts of the service to minimise the risk and distress to the service user and others.

Notes

"if there is a significant delay in finding a hospital bed for the patient and, due to that delay the patient remains at home until a bed is found, responsibility for providing professional support to the patient at his home is that of the local mental health service"

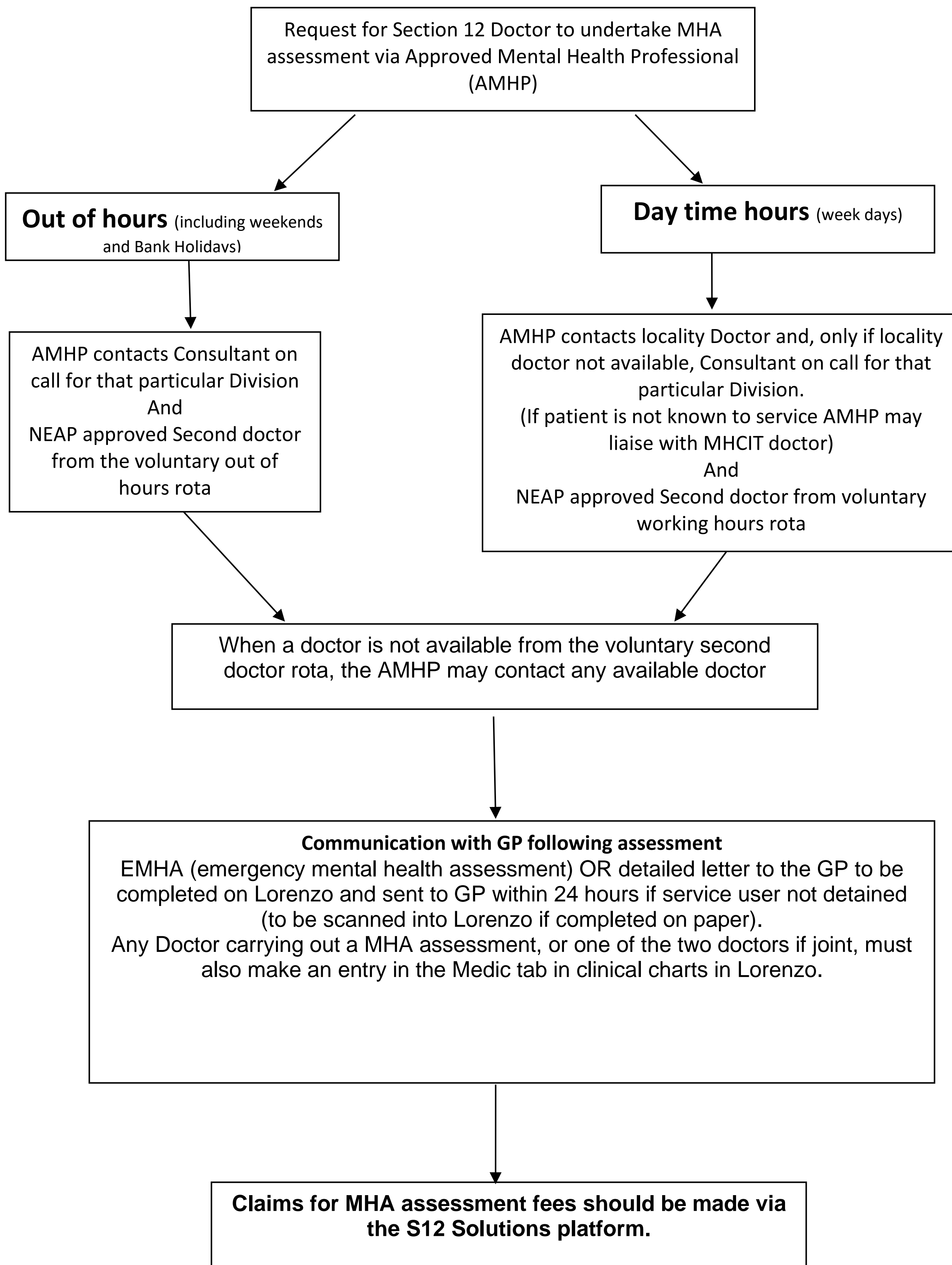
Richard Jones Mental Health Act Manual page 73, 18th edition

The section of the COP Jones is referring to is 14.86

14.86 Local recording and reporting mechanisms should be in place to ensure the details of any delays in placing patients, and the impacts on patients, their carers, provider staff and other professionals are reported to commissioning and local authority senior leads. These details should feed into local demand planning. AMHPs should be supported by their local authority in these circumstances and should not be

expected by commissioners and providers to address the delay themselves. In the meantime, commissioners should, in partnership with providers, ensure that alternative arrangements to meet the person's needs pending the availability of a bed are accessible, eg crisis houses, and should communicate those arrangements to the local authority. The local authority should ensure that AMHPs are aware of these arrangements.

Appendix 11 – Mental Health Act Assessment Request and follow up flow chart for S12 Doctors



Appendix 12 – AMHP Agreements

Approved Mental Health Professional (AMHP) Worker Agreement

Humber Teaching NHS Foundation Trust (HTFT) provides AMHP functions on behalf of Hull City Council. In accordance with the Mental Health Act Code of Practice 2015, the local authority is accountable on behalf of the Local Social Services Authority (LSSA) for meeting statutory requirements.

Employees at HTFT who undertake AMHP duties are eligible to receive a Recruitment and Retention (R&R) premium in line with the following agreement. This document sets out the expectations of AMHP workers at HTFT and the arrangements for receipt of the R&R premium payment.

1.0 Overall accountability and leadership

The Director of Adult Social Services (DASS) is accountable on behalf of the Local Social Services Authority (LSSA) for the Statutory requirement to provide a 24/7 AMHP service. Hull City Council (HCC) has commissioned Humber Teaching Foundation Trust (HTFT) to deliver this function on their behalf.

Paragraph 14.35 of the Mental Health Act Code of Practice 2015 states that:

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.

Accountability for the AMHP Service; The AMHP Lead (HTFT), under the supervision of the Clinical Care Director, Adult Mental Health Services, is accountable for coordinating, planning and monitoring AMHP service arrangements. This accountability will include the provision of specific service issues and regular position statements reports. HTFT is accountable for coordinating, planning and maintaining AMHP service arrangements.

2.0 Professional accountability and leadership

The AMHP Lead will be accountable for the professional standards and leadership of the AMHP service.

The AMHP Lead will ensure, among other tasks, professional consultation for all AMHP's approved by or authorised to act on behalf of HCC. This will include AMHP's employed by HTFT, HCC, Locum and Agency AMHPs.

The AMHP Lead will ensure that all AMHPs have access to AMHP specific training and supervision.

All AMHPs must ensure that they are engaging in supervision according to HTFT policy and that there is a record of these supervision sessions. This includes AMHP specific supervision with an allocated AMHP Supervisor on a minimum of 3 occasions per year.

3.0 AMHP Terms and Conditions

AMHP workers have a substantive contract of employment with HTFT.

The job description of the substantive post (e.g., nurse, social worker etc.) determines the banding pay scale of the employee.

There will be a specific AMHP agreement from HTFT and honorary contract from HCC for those AMHPs approved to act on behalf of HCC when undertaking AMHP duties as defined in the MHA 1983/2007. The HCC honorary contract indemnifies each AMHP by HCC liability insurance policy for any claims made against them that have resulted from their negligence whilst acting on behalf of that organisation.

By agreeing to the terms and conditions described in the AMHP specific agreement, AMHP's are agreeing to undertake their duties as outlined in AMHP role descriptor, to meet the needs of the service.

When undertaking AMHP duties, the AMHP must have on their persons their AMHP warrant card issued at point of approval to verify their identity and authority to practice as an AMHP when challenged.

4.0 AMHP Approval

Following successful completion of AMHP training as a newly qualified AMHP, the AMHP Lead shall follow Hull City Council's AMHP Approval and Re-approval policy. This policy also provides guidance for those AMHP's re-approving with Hull, AMHP's joining from another Local Authority and those AMHP's returning to practice.

5.0 Allocation of AMHP workforce responsibilities

All AMHPs approved to act on behalf of Hull LSSA are required to discharge their AMHP duties across the geographical area of Hull.

This includes considering requests for service users ordinarily resident in Hull including those placed out of area and for service users arriving from other Local Authorities within Hull (s13(2) MHA 1983/2007).

It should be emphasised that AMHP services are provided to people of Hull, not the hospitals themselves. Therefore, LSSA's may not charge for the provision of AMHP services, even when requested by independent hospitals. (MHA 2007 New Roles' published in Oct 2008 by NIMHE (p.12).

It is essential all AMHPs have access and ability to travel across Hull.

6.0 Recruitment and Retention Premium

AMHP workers at HTFT will be eligible to receive an R&R premium payment where they meet the terms of this agreement. The payment is subject to regular reviews by the Executive Management Team (at least every two years). The payment is deemed a long-term recruitment and retention premium made in accordance with Section 5 of Agenda for Change Terms and Conditions. As such, the payment will be pensionable and will count for the purposes of overtime, unsocial hours payments and any other payments linked to basic pay.

The R&R premium ensures AMHP workers are at least equivalent to the top of Band 6, plus £1,000 pro rata per annum.

7.0 Community AMHP rota commitment

AMHP's contributing to the rota are expected to be available for a minimum of 4 x AMHP team days (Band 6) and 2 x AMHP team days (Band 7) per calendar month (pro-rata).

The minimum of AMHP duty days remains regardless of annual leave but not in the event of unplanned sickness leave. If there is a planned sickness period, the AMHP should discuss with the AMHP Lead to manage service delivery and whether additional cover needs to be sought. In exceptional circumstances, the AMHP may make up the required duty days over a consecutive 3-month period with written agreement from the AMHP Lead.

Non-commitment to the rota for the minimum of 4 or 2 (dependent upon banding) duty days per calendar month, or equivalent of over a consecutive 3-month period will result in AMHP R&R premium being stopped. There should not be repeated instances of non-commitment to the rota and if this occurs a meeting between AMHP, AMHP Lead, Line Manager and HR will be convened to address issues related to commitment to the AMHP Service and continuation of AMHP R & R premium.

Due to the unplanned nature of AMHP work, there may be occasions when a community AMHP is not called on their duty day. If this occurs for more than one month, then the community AMHP should make efforts to liaise with the AMHP Team to ensure they receive opportunity to practice to ensure equality and opportunity across the AMHP workforce.

AMHPs will be released from their substantive post for these AMHP duty days, and this will be supported by their team manager.

Any AMHP request on a duty day will be a priority for the AMHP.

AMHP duty days will be arranged through the AMHP Service Lead and HTFT e-rostering system. A community AMHP rota will be arranged for 3 months cover and circulated to all AMHPs.

It is preferable community AMHPs base themselves in the AMHP Team on their duty days to be involved in the considerations process and experience the benefits of this model of service delivery but this is not essential.

However, there is an expectation that if the AMHP is not based in the AMHP Team on their duty day that they liaise with the AMHP Team regarding their whereabouts for safe lone working practices (See AMHP Lone working Guidance).

8.0 AMHP Sabbatical

AMHPs may at times during their employment chose to take a planned sabbatical from AMHP practice for up to 3 months. The AMHP allowance shall cease for this sabbatical. AMHPs who wish to take a planned rest from AMHP work should discuss with the AMHP Lead to allow for workforce planning and service delivery.

9.0 Ending AMHP approval

Hull City Council (HCC) must end an AMHP's approval if:

1. The AMHP notifies them in writing that they wish no longer to be approved as an AMHP
2. The AMHP approval panel are no longer satisfied the AMHP has appropriate competence.
3. If the AMHP is no longer a professional who meets at least one of the professional requirements such as described within The Mental Health (Approved Mental Health Professionals) (Approval) (England) Regulations 2008.
4. The AMHP is in breach of the conditions of their approval.
5. The AMHP is approved to act as an AMHP by another local authority in England.

Failure to submit evidence of a minimum of 18 hours AMHP related training per year may lead to suspension of AMHP approval.

Further guidance can be found in The Mental Health (Approved Mental Health Professionals) (England) Regulations 2008 and AMHP approval and re approval policy 2019.

In such an event, the AMHP worker will no longer be eligible to receive the R&R premium.

10.0 Responsibilities of AMHP's

The expectations for an AMHP are as follows;

1. To act as an AMHP on a rota system working as part of Hull AMHP service

2. To request AMHP Team days in a timely manner to allow for effective planning of service delivery

3. To prioritise AMHP work on AMHP Team days

4. To undertake a range and variety of MHA work for service users across Hull, this includes requests that may fall outside of AMHP team days (for example Nearest Relative displacements)

5. To support the AMHP Team as required at times of high service demand

6. As a band 6, commit to a minimum of 4 x AMHP team days per calendar month and as a Band 7 commit to 2 x AMHP team days per calendar month

7. To ensure you are able to maintain your AMHP re-approval requirements you must:

    - Attend a minimum of 4 out of the 12 local AMHP forums per year
    - Attend a minimum of 4 out of the 12 peer group supervision sessions per year.
    - Attend a minimum of 3 x 1:1 AMHP specific supervisions.
    - Undertake 18 hours per year AMHP related training
    - Every 5 years complete a portfolio for re-approval of AMHP status (see Hull AMHP approval policy)

11.0 Responsibilities of Line Managers

Line managers must sign in support of the following;

1. To release the Band 6 AMHP from their substantive role for 4 x AMHP team days per calendar month and the band 7 AMHP for 2 x AMHP team days per calendar month
2. For this commitment to the AMHP team to be reflected in the AMHP's caseload/ workload management
3. For the AMHP to prioritise AMHP requests on their AMHP team days
4. For the AMHP to be released from their usual base of work to base themselves in the AMHP team on AMHP team days when requested or the AMHP chooses to do so following discussion and agreement from you as line manager
5. To release the AMHP to attend the following AMHP related training to maintain their AMHP status (see Hull AMHP approval policy for more information);
    - Attend a minimum of 4 out of the 12 AMHP Forums per year

- Attend a minimum of 4 out of the 12 Group Practice Supervision sessions per year
- To attend a minimum of 3 x 1:1 AMHP Supervision sessions with an AMHP Supervisor per year
- To attend an annual review meeting to demonstrate ongoing competency and 5 yearly required to complete a portfolio of work to submit for re-approval.
- To undertake 18 hours of AMHP related training

6. To inform the AMHP Lead of any concerns regarding fitness to practice issues and the AMHP Lead will reciprocate

12.0 Agreement

I understand and agree to the responsibilities and commitments set out in the above AMHP Worker Agreement. I understand that breach of this agreement may result in ineligibility for the Recruitment and Retention premium payment.

AMHP Worker Name
AMHP Worker Signature
Date

Line Manager Name
Line Manager Signature
Date

Appendix 13 - Breathing Space Scheme - Mental Health Crisis Breathing Space Certification by Hull AMHP Services - Referral Protocol

Referrers are advised to familiarise themselves with the Government guidance here:

Debt respite scheme (breathing space): Guidance on mental health crisis breathing space - GOV.UK (www.gov.uk)

Background

The Breathing Space scheme was launched by the Government in May 2021. The standard breathing space scheme provides a period of protections for individuals who seek professional debt advice, pausing enforcement action, and most interest, fees and charges for 60 days.

As problem debt and mental health are often linked, the Government decided that Breathing Space should have a specific Mental Health Crisis Entry route, providing similar protections to individuals who are in problem debt and suffering from a mental health condition of a serious nature. Those entering the scheme via this route must be certified to be receiving mental health crisis treatment, either in a hospital setting or in the community, by an Approved Mental Health Professional (AMHP). This is detailed in breathing space regulation 28(2)(a-d). Those individuals that enter into a Mental Health Crisis Breathing Space are not required to engage with debt advice to receive these protections due to the complex nature of mental health conditions.

Once certified, a regulated debt adviser must then confirm a person's financial eligibility before granting them entry into the scheme. The duration of a mental health crisis breathing space lasts for as long as the individual's crisis treatment lasts, plus 30 days. During the mental health crisis breathing space, the individual's nominated point of contact (NPOC), either an AMHP, care coordinator or mental health nurse, will be required to confirm to the debt adviser at 30-day intervals that the individual is still receiving eligible mental health crisis treatment for the protections to continue.

The Government created specialist guidance to support the healthcare professionals who were carrying out statutory duties under the scheme and created an evidence form for AMHPs to use when certifying mental health crisis treatment.

If a person is not receiving mental health crisis treatment, they are not eligible for a MHCBS. A list of free debt advice providers to potentially support those not in mental health crisis is available at: https://www.moneyadviceservice.org.uk/en/tools/debt-advice-locator

Summary of Recent High Court Judgments (Kaye v Lees)

The regulations concerning mental health crisis breathing spaces were considered by the High Court in several recent cases, specifically the eligibility criteria for someone entering the scheme and the role of debt advisers, most significantly in *Kaye v Lees* [2023] EWHC 152.

Eligible mental health crisis treatment

Regarding an individual's eligibility, the Court indicated that the category of mental health crisis treatment in regulation 28(2)(e), which details crisis treatment being delivered in a community setting, must be read consistently with the four categories which precede it in 28(2)(a) to (d). Regulations 28(2)(a) to (d) provide that an individual is receiving mental health crisis treatment if they have been detained in hospital or removed to a place of safety by a police constable.

Regulation 28(2)(e) should therefore be read as only capturing situations equivalent in severity to those described in (a) to (d), but where the treatment can be provided without the individual being removed or detained under the Mental Health Act 1983 without their consent.

Role of debt advice providers

Regarding the role of debt advice providers, the Court also indicated that, in the context of seeking confirmation from a NPOC that a debtor is still receiving mental health crisis treatment, a debt advice provider should be satisfied that any evidence that has been supplied to support the confirmation is "cogent". If the information available gives rise to a reason to doubt whether the debtor is still receiving such treatment, the debt advice provider should consider whether it would be appropriate to seek clarification, further information or confirmation from the NPOC or AMHP, to ensure that their confirmation of the individual's crisis treatment has been given on a sound basis, before accepting such confirmation.

Similarly, the Court indicated that the debt adviser should consider seeking such clarification, confirmation or further information from the NPOC or AMHP if, when considering whether the eligibility conditions are met before starting a mental health crisis breathing space, the information available (including any supporting evidence provided) gives rise to a reason to doubt whether the individual is receiving mental health crisis treatment.

Implications for AMHPs and NPOCs

The Government has therefore updated its mental health crisis breathing space guidance for healthcare professionals to reflect the Court's interpretation of the regulations.

Applications and referrals into the scheme should still be made in the same way. In line with the existing process, an AMHP will still assess whether individuals are receiving mental health crisis treatment and therefore eligible for the scheme. Meanwhile, NPOCs will still be required to confirm to debt advisers at 30-day intervals whether the individual is still receiving eligible crisis treatment.

However, the Government advises that AMHPs and NPOCs amend some of their processes as a result of the recent High Court judgment. In summary:

AMHPs

- AMHPs should continue to be satisfied that the statutory definition of mental health crisis treatment in breathing space regulation 28 is met before confirming an individual's eligibility for the scheme.

- When considering entering individuals who are receiving crisis treatment in the community or in another setting (such as an outpatient clinic) under regulation 28(2)(e)) into a mental health crisis breathing space, **AMHPs should be satisfied that the individual is in treatment for a mental health condition of equivalent severity to mental health conditions which, in other circumstances, could justify the individual's detention in a hospital setting or removal to a place of safety by the police**. An assessment under the Mental Health Act 1983 is not required for the AMHP to decide whether the individual's mental disorder meets the required level of severity.
- Once the AMHP submits the HMT evidence form to the debt adviser they generally have no further role at this point in the process. However, if the debt adviser comes into possession of information which gives rise to a reason to doubt whether an individual is receiving eligible crisis treatment under the breathing space regulations, the AMHP that certified the individual's crisis treatment (or another AMHP if they are unavailable) may be contacted (even if they are not the nominated point of contact) and asked to confirm details regarding the individual's continuing eligibility for a mental health crisis breathing space; this could involve the AMHP being asked to provide additional clarification, information, or confirmation. The AMHP should properly engage with the specific issue that has caused the debt adviser to doubt the individual's eligibility for a mental health crisis breathing space and ensure that the relevant statutory test (set out in regulation 28) is met.
- Some individuals who are currently in a mental health crisis breathing space may no longer be eligible for the scheme's protections under the High Court's interpretation of crisis treatment. It is therefore possible that non-AMHP nominated points of contact for individuals currently in a mental health crisis breathing space admitted under regulation 28(2) (e) (i.e.care coordinators and mental health nurses) will contact the AMHP to confirm continuing eligibility for mental health crisis breathing space for these individuals as part of the 30-day interval checks.

<u>NPOCs</u>

- NPOCs should still be satisfied that the individual is continuing to receive eligible mental health crisis treatment when they send confirmation to the debt adviser at the 30-day interval checks.
- Some individuals who are currently in a mental health crisis breathing space, namely individuals admitted to the scheme under regulation 28(2)(e), may no longer be eligible for the scheme's protections under the High Court's interpretation of crisis treatment. As part of the 30-day interval checks, the NPOC should go back to the AMHP that certified the individual's crisis treatment and seek clarification as to whether the individual's crisis treatment is still valid under the updated interpretation of crisis treatment.
- NPOCs may be contacted by the debt adviser if they come into possession of information which gives rise to a reason to doubt whether an individual is receiving eligible crisis treatment under the breathing space regulations. NPOCs that are not AMHPs (non-AMHP care coordinators and mental health nurses), may need to contact the AMHP that certified the individual's crisis treatment (or another AMHP if they are unavailable) to confirm details regarding the individual's continuing eligibility for a mental health crisis breathing space; this could involve the AMHP being asked to provide additional clarification, information, or confirmation.

Healthcare professionals should consult the Government's updated guidance for further information on these changes in the first instance which can be found here at Debt respite scheme (breathing space): Guidance on mental health crisis breathing space - GOV.UK (www.gov.uk)

Requirements of acceptance of referral for certification by the Hull AMHP Service.

Requests to access MHCBS can be made by any professional, as well as by a service user, their carer or other advocate or representative.

It is the expectation of this protocol that formal referral for MHCBS will come from one of the following, and that this professional should be involved in the person's care and treatment and take an active part in this process.

- A Care co-ordinator/Recovery co-ordinator
- A mental health nurse
- A social worker
- An IMHA
- An IMCA
- A Relevant Person's Representative (under DoLS)
- An AMCP
- An appropriate person (under LPS)
- An AMHP

Before sending the referral to the Hull AMHP service, the referrer must **fully** complete the following sections of the Debt_respite_scheme_form_bs_v3.pdf (publishing.service.gov.uk)

- Section 1 (Information about the individual)
- Section 3 (Nominate a point of contact – required) (**See 'Nominated point of contact' below**)
- Section 4 (Additional information)

Referrals must be made via the Duty AMHP Service based at Miranda House by calling MHCIT and emailing to the Duty AMHP inbox hnf-tr.dutyamhpservice@nhs.net the partially completed form. Referrals must be sent from a secure email address (i.e. nhs.net, gov.uk). **The referrer must speak directly with an AMHP, the inbox is not monitored continuously**.

The referrer **must** confirm that consent has been granted by the individual (or that appropriate consent has been given on their behalf or that a best interest decision has been made) for their information to be shared for the purpose of starting a MHCBS. Please see below for more detail on consent.

Incomplete referrals or forms will lead to the referral being returned for missing information to be obtained and recorded into any re-submission. If the referral meets the requirements, and the allocated AMHP is satisfied that the individual is receiving mental health crisis treatment, as defined on the evidence form, then they will certify this on the form and return it to the referrer to progress. Please see below for next steps.

Consent and capacity

The referrer must ask the individual if they want to access a Mental Health Crisis Breathing Space, and for their consent to share their information if they do.

If the individual lacks capacity in relation to this decision, the referrer may seek consent from a person appropriately appointed to make decisions on behalf of the individual (i.e. a person with Lasting Power of Attorney under the Mental Capacity Act, for example).

Alternatively, if the person lacks capacity, the referrer must carry out a best interests' assessment to determine whether a referral for MHCBS is in that person's best interests.

Disclosure of address consideration

The referrer **must** ask the individual if they have concerns that sharing their address with creditors might lead to violence against themselves or other persons at their address. If the individual has such concerns, then the referrer **must** indicate this in **Section 1** on the form, and describe these concerns in **Section 4**.

Nominated point of contact

The nominated point of contact should ideally be the person's Care Co-ordinator.

If there is no Care Co-ordinator in place, the nominated point of contact can be undertaken by a registered mental health nurse, or an AMHP. The role cannot be undertaken by anyone else, even if they are involved in the person's care.

The nominated point of contact must be prepared to have ongoing involvement in this process during the period of the individual's crisis care. As such, this role will not ordinarily be suitable to be undertaken by AMHPs in the Hull AMHP Services unless they are also allocated as social worker to the person.

If there is no nominated point of contact provided by the referrer, the referral will be returned by Hull AMHP service and the referrer encouraged to seek support from within their service to identify a suitable point of contact.

The nominated point of contact will receive updates from the individual's debt adviser by email and will be asked to confirm to the debt adviser, on a regular basis, whether the individual is still receiving crisis treatment. The role will also involve establishing to the debt adviser when the treatment ends, and to receive notification from the debt adviser that the MHCBS has ended. If the debt adviser is unable to contact the nominated point of contact, the assumption will be that the person named on the evidence form is no longer receiving mental health crisis treatment, and their MHCBS will end 30 days from the date on which the debt adviser failed to receive a response.

The role of the Approved Mental Health Professional (AMHP) and management of the referral

The role of the AMHP is to certify that the individual is eligible for Mental Health Crisis Breathing Space. **Only an AMHP can do this by law**.

Eligibility for a MHCBS is defined as being in receipt of mental health crisis treatment. Someone is receiving mental health crisis treatment if they are:

- detained for assessment or treatment under the Mental Health Act 1983
- removed to a Place of Safety under that Act

The AMHP will verify the person has consented by referring to Case Notes for either a completed 'Information Sharing and Consent' form, or a completed 'MCA/Best Interests' form. The AMHP will also check the service user is in receipt of mental health crisis support, usually through a review of Case Notes, and that a nominated point of contact has been identified.

Having checked that the above requirements have been satisfied, the AMHP will sign and date the form. They will then return the document, by email, back to the referrer who will then follow the next steps below.

The Hull AMHP Service is 24-hour Service. It will endeavour to turn around certification of the Breathing Space evidence form within three working days and sooner, where possible.

The certifying AMHP reserves the right to make direct contact with the service user should they need to verify the information submitted in order to meet their statutory responsibilities around certification. It is not anticipated that this will need to be a regular feature of the AMHP's involvement if the above steps are followed correctly.

Next steps

It is advisable before submitting the form for the referrer to check with the service user that they still wish to go ahead with the process.

Once the referrer has received the certified evidence form back from the AMHP Service, then they should go, as soon as possible, to www.maps.org.uk/mhcbs and follow the instructions on that website for submitting the form.