New Roles in Mental Health
Social Workers Task & Finish Group

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Final Report
March 2019

*Our integrated Mental Health Workforce plan values and recognises
social work as one of the eight key professions
working in mental health services.*
#wswd2019

Professor Lisa Bayliss-Pratt
Chief Nurse, Health Education England

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The Social Work Workforce

1. Kick Start Workshop

A 'Kick start' workshop using the HEE Star methodology was held in October 2018 for the Social Work task and finish group, to support a coherent approach across the eight groups identified.

1a. Key Projects Identified.

The HEE Star was applied as the single OD methodology, bringing a common narrative and framework to the distinct conversations.

The HEE Star has two functions:

1.Primarily as an OD tool, enabling a comprehensive diagnostic of the range of workforce interventions, bringing better definition and prioritisation of solutions.

2.Secondly as an interactive resource, showcasing the products available to providers to fulfil their chosen solutions.

The HEE Star describes five key enablers of workforce transformation/improvement; Supply, Up Skilling, New Roles, New Ways of Working and Leadership and subscribes to the principle that 'improvement happens project by project'.

The purpose of the Social Work task and finish group was to determine the list of projects under each of the named enablers of transformation, which resulted in a list of possible projects for integration across all aspects of MH.

2. The core skills of Social Work and the value of social work in the NHS

Social work is a regulated profession, and "social worker" is a protected term. In order to practise in England, social workers must be registered with the Health and Care Professions Council. This will transfer to the new regulator, Social Work England, in late 2019. In mental health, social workers often undertake intensive post-qualifying training as **Approved Mental Health Professional (AMHP)** training and **Best Interest Assessor** training. They currently constitute 95% of the 3900 AMHPs in 2018. There are an estimated 4300 social workers employed in the NHS, 3100 are in MH/LD Trusts.

Amongst mental health professionals, mental health social workers have expertise in:

- **The social determinants of mental health**,

- **Social interventions that can improve people's mental health**:

  - ➢ **Asset-Based Community Development.**
  - ➢ **Strengths based interventions** – recognising the strengths that individuals, families and social networks bring to planning care and support rather than focusing on a negative or 'problems-based illness' model.
  - ➢ **Psychosocial interventions** such as Motivational Interviewing, the 'Maastricht approach' to paranoia and voice hearing, Solution-Focused Brief Therapy, Systemic and family group work
  - ➢ **Person-centred, holistic, interagency care and support**, that considers all aspects of a person's life – including physical health issues, using the principles of the Care Act.
  - ➢ **Supporting people's choice, control and human rights**: optimal independence and self-determination.

- **Expert application of relevant legislation**, such as the Mental Health Act, Mental Capacity Act, Care Act, Human Rights Act and Equality Act.

- **Safeguarding:** ensuring people of all ages who are at risk of harm or exploitation are afforded protection and support in line with legal rights and policy.

Mental health social workers bring capabilities to mental health teams, including:

- **Working with complex cases,** such as those involving multiple social or health needs, complex care & support arrangements or family situations.

- **Working with people in crisis,** where a support arrangement is urgently needed and decisions may need to be made about mental capacity and/or detention. 95% of Approved Mental Health Professionals (those with the power to initiate a detention under the Mental Health Act) are social workers. [1]

- **Supporting people to receive support and treatment in the community,** rather than in inpatient settings, and to arrange effective discharge pathways.

- **Supporting people to achieve a sustainable recovery, be independent and be discharged from services on a long-term basis,** relying instead on their own support networks and other measures they have put in place to prevent relapse.

Social Workers are, therefore, a major asset for mental health and acute care NHS Trusts.

1. AMHPs, Mental Health Act Assessments & the Mental Health Social Care Workforce (ADASS, 2018).

3. Summary from the Task & Finish Chair

ℹ️ Introduction to the Task & Finish Group

The group is chaired by Mark Trewin (DHSC Mental Health Social Work lead and NHS England's Social Care and Social Work Expert Advisor) It has a broad range of members which captures representation from across social work disciplines. Overall the group representation includes:

- Liz Howard: Social Work England – regulator and MCA/BIA issues
- Karen Morse: Mental Health Lead – Skills for Care
- Kate O'Regan: The British Association of Social Work and Linking to Think Ahead
- Sherone Phillips: Manager, Personalised Care (Lived Experience) Personalised Care Group, NHS England
- Beverly Latania: Principal Social Workers Network
- Robert Lewis (AMHPs Lead Network): Approved Mental Health Professionals & Standards
- David Cochrane: Forensic Social Work and Criminal Justice issues
- Janet Blair: NHSE (Personalised Care Group), Personal Health Budgets and CAMHS/CYP Services
- Sarah Adams (Devon Partnership NHS Trust) Social Work in The NHS Mental Health Services
- Karen Linde: Social Work for Better MH; Social Work Race Equality standards
- Carla Fourie and Lynn Prendergast: Expert advice on implementation of new roles
- Jacqui Dyer: Expert advice and oversight on equality issues
- Sue Hatton, Debbie Hilder and Ellie Gordon – HEE workforce advisors

Members are linked to DHSC, ADASS, the LGA and NHSE and are regularly feeding back to them. Members have met face to face on four occasions, with the final meeting to sign off the project.

The groups have split into a number of working groups, based upon our initial deliberations. These groups have then reported back to the T and F group and their findings are incorporated here.

Our group remit and output is likely to be slightly different from other groups as Social Work is not a profession that is well established with the NHS and so part of our remit is to develop this and explain the role. The T and F group will make recommendations in relation to new roles, but also to the development of social work in the NHS and on a much wider level across mental health services.

The recommendations from the Task & Finish Group

1. We recommend that the NHS should consider Social Work as a core occupation in mental health services and a pool of talented and skilled professionals. They should include Social Workers as a core part of the HEE mental health workforce plan and MH recruitment, retention and leadership plans and also to link with wider workforce development within NHS Personalised care programme. (see *Paper: HEE MHS paper final version 8.3.19)*

   We believe that there are around 4200 social workers employed by the NHS, together with a larger number of Local Authority employed staff working in partnership and based within the NHS. We believe that this could be expanded using pathways from the universities and fast track models to provide at least an extra 2,000 Social Workers working in specialist roles in the NHS.

2. We recommend that NHSE and NHSI see social work as key to achieving the ambitions of the Long-Term Plan. The core skills of social work are relevant as both professionals and leaders in all these aspects of the LTP Transitions; a modernised and asset-based Community Mental Health service, prevention and early intervention, rehabilitation,

discharge pathways out of hospital, employment, family work, mental health act and capacity act, safeguarding, crisis services and Personalised care.

3. In order to achieve the ambition in 1 and 2 above, we recommend that NHS employers, in partnership with existing Local Authority and other agencies such as the LGA, SWE and ADASS, should develop a clear and robust governance and guidance for the support and development of social workers and interdisciplinary services that need to be in place for this regulated profession. This should be supported by education and development about the social work role such as info graphics, engagement events and online education and information. We recommend that there should be clear leadership roles up to board level with supervision to employed and seconded Social Workers whatever the route of their employment

4. We recommend that NHS Trusts, HEE and NHS Employers, works with the SWE professional standards, code of ethics and training and development standards and implements new support guidance for NHS managers *(please see paper: draft summary of the guidance for NHS employers of social work)*

5. We recommend that NHS Trusts, especially MH and Primary Care Trusts HR departments should consider how they can open their recruitment process to allow social workers to join various roles and multi-disciplinary teams. The nature and role of MDTs needs to be realigned and redeveloped to meet new challenges in mental health.

6. We recommend that the ESR staff record needs to be updated to take account of all information about Social Workers and we need to have a clear picture about where is based and the tasks they are doing.

7. We recommend that a number of new roles to be adopted or developed within the NHS or in partnership with other agencies in order to fulfil the ambitions of the Long-Term Plan. These are outlined in the new roles section below.

8. We recommend engagement events and information to development knowledge and awareness of the role of Social Work These would be on two levels; Engagement with senior NHS Leaders and Trusts and a wider recruitment campaign to attract social workers into the NHS.

9. Training, development and leadership:

We recommend that there is the development of an NHS Institute for Mental Health Social Work Leadership or (See paper 3: NHS Institute for MHSW Leadership). We can now confirm that, after consultation, the Local Govt Association, Skills for Care and SW England are key supporters of the institute and will form the lead organisations together with HEE. SFC are happy to co-host it with HEE.

The institute will be set up in order to achieve of the following ambitions:

- To develop opportunities for social workers as managers, professional or strategic leaders within the NHS. To link Social Workers in health settings with the regulatory requirements of SWE.
- To link to the training academy being proposed by NHSE to develop Personalisation and the NHSE strategic coproduction group (Lived Experience group)

- Development of the consultant social worker role to provide specialist professional expertise within integrated Trusts. To develop and evaluate the PSW role for staff within MH Trusts.
- Development of specific advanced practitioner roles within NHS social work in line with the *multi professional framework for advanced practice* document.
- To commission research into the effectiveness and development of dual role mental health nursing and social work posts currently being developed by HEIs.
- To co-ordinate the research base for social work in the NHS – link to the development of the PRUs and NINHR projects. York University is doing work on social work in the NHS. Bath Spa university on stress and working conditions for Social Workers.
- To develop an expectation that all social workers in the NHS should have access to post qualifying professional study around their subject area in addition to AMHP, BIA etc.
- To commission an evaluation of the role of 'practice fellows' within social work. This role is well established in the NHS but is open to both health and care professionals and could be effective in linking the workforce to research and academia.
- Access to existing NHS training and development programmes for Social Workers in the NHS and future development of these programme.
- We recommend the implementation of the guidelines in the MHA Review 2018 to introduce an Organisational Competence Framework – the Patient Carer Race Equality Framework (PCREF)

10. **The role of the AMHP sits with the Local Authority but has major implications for the NHS.** We recommend that HEE, NHSI, & NHSE support LA's in the development of an AMHP workforce plan containing the AMHP standards, recruitment, retention and training recommendations. The AMHP workforce is one of the most important in mental health and yet pay and conditions are poor and recruitment, retention and demographic issues affect the role (CQC 2018; SFC 2019). AMHPs influence on many of the issues raised in the 5YFV and LTP such as crisis services, inpatients, out of area placements and patient flow into acute care. It is our view that the NHS should work with LAs more closely to support the AMHP service and the organisation of the systems in which they work and sign up to the principles in the AMHP standards with the plan.

11. We recommend that best practice standards for forensic social workers are developed and published. Forensic Social Workers are mostly employed by NHS or independent providers. We also recommend that guidance for social supervisors should be developed and linked to the new role development outlined below as role is very important and yet has been neglected for many years.

12. We recommend the development of job profiles and descriptions for specific Social Work roles in the NHS, working with NHS Employers.

Details of the new roles identified by the Task and Finish Group:

a. Named Social Workers – building on positive DHSC pilot to improve focused support and discharge planning for people in long stay MH wards
b. Specialist community social worker roles are included as part of the new vision for the core community MH framework – leading on strength and asset-based working and developing care act compliant community services for the new CMH vision in the LTP
c. Specialist prevention and early intervention social workers linked to EIP, Primary Care, IAPT, A + E liaison and community services. Social Workers have core community capacity building skills and can support people linking across the gap between primary and secondary care.
d. Specialist social workers delivering all family interventions within community MH services and crisis/home treatment teams

e. Specialist Social Workers working across child and family services – especially in transition, autism, perinatal and eating disorders.
f. Social workers based on acute wards to facilitate family work, community connections, housing and discharge arrangements.
g. Social Supervisor role to have a much greater status and upskilling training linked to LTP and MHA developments spec com and the ministry of justice
h. Social workers taking up the Approved Clinician role as an alternative to consultant psychiatrists.
i. Some HEIs are now developing a new dual qualified social worker and nurse role (see paper attached) and it is proposed by them that this role has very positive & specific uses in community and forensic service.

Summary of the key issues/key messages from the Task & Finish Group:

➢ **Recognise the Key role of Social Work in mental health services and the NHS**
➢ **Develop the infrastructure for Social Work within the NHS**
➢ **Develop Social Work as a source of new staff to meet recruitment and workforce needs of the LTP**
➢ **Develop a range of new roles based on the core skills of social work to implement the LTP.**

4. Context

Background:
Elaborating on known intelligence, baseline information etc. that helps to set the context for the Board?

All of the relevant background information, intelligence, baseline information and context is contained in our report: _Developing mental health social work as a core profession to meet Health Education England's mental health workforce objectives (attached)_

Our report sets out a clear case for increasing the representation of social workers within the NHS workforce by:

- **Explaining the current role of social workers in mental health services** – *Over 3200 MH social workers currently make up c. 17%-20% of the professionally qualified core community workforce and bring unique expertise and skills to mental health services.*
- **Highlighting the potential for mental health social workers to contribute to meeting HEE's current and future workforce objectives** – *including the target of recruiting 19,000 new staff, of whom 11,000 need to be from regulated professions - as set out in 'Stepping Forward'.*
- **Putting forward the important contribution of social workers to effective leadership in mental health services,** *in line with the NHS Improvement report on enhancing leadership – 'clinical leadership: a framework for action'*
- **Summarise the role and requirements of social work in the NHS for the NHSE/NHSI oversight group led by Navina Evans '***making the NHS a great place to work'.*

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- The work of the 'Social Work for Better Mental Health' project has identified the problems and issues with MH social work career progression and role across the NHS and Local Authorities and we believe that there are key recruitment and retention issues that can be resolved or improved by this approach:
  - ➢ Clear professional roles within Multidisciplinary teams
  - ➢ Development of the AMHP role across professional groups
  - ➢ Development of social work support strategies and guidance for NHS Trusts
  - ➢ Improvement of data collection for social work roles within the NHS
  - ➢ Development of pathways into NHS Mental Health work

Will the role/roles need to be:
A brand-new role, adopt and spread or a new to MH settings?

Some of the roles are brand new. Others are developments of existing roles or roles being piloted in some areas already – the key is that they form a consistent and 'whole system' approach to the expectations of the LTP and stepping forward to work in complex and effective multi-disciplinary services across communities.

Does it need a career/competency framework?
Yes – Linked to the existing capability frameworks within social work

What are the education and training needs?
Training and development is outlined in the recommendations above.

Are there any sustainability issues that have been identified?
No

6. Affected Parties/Stakeholders

List anyone who will be impacted by this role and how?
Organisational/team structure:
What effect will the new role or redesigned role have on the organisational or team structure? List anyone who will be impacted by this role and how?
Service Users
Skills for Care
Health and Care Unions
ADASS
DHSC
MHCAG
BASW
SWE
LGA
Principal SW network
AMHP leads network
NHSE
NHS Employers
NHS Digital
NHS Benchmarking
Association of MH Providers
NICE
RCN
STPs/ICS

7.   Potential barriers that would need to be overcome

i **Describe any specific risks, issues or concerns** *e.g. professional resistance, access to IT systems/patient records that have been identified by the group.*

Possible risks and challenges:

- Lack of experience of NHS trusts to operate effective HR recruitment or support for social workers

- Variability in employment arrangements around the country

- Lack of support from current social work agencies or NHSE NHSi

Is there any additional support you need from the Board or its Board members?

We would like the board and all of the arm's length bodies that it represents to commit to recognise, understand and support the vital role of Social Workers within the NHS and to open up all aspects of the NHS to this professional group**.**

8. Implementation Plan / Tool Kit

i **Design delivery plans and establish resource requirements for regional/national delivery:**
For the prioritised projects establish the resource requirements for regional delivery, implementation/uptake across MH provision nationally.
Funding: *amount of investment/breakdown. Value for money – regional/national financial case.*

We believe that there is a very clear business case for the recruitment and development of social workers in the national and regional NHS and we propose that a clear scoping of this case is needed. Social Work saves money and reduces demand across mental health services, discharging people from high cost inpatient services and reducing admission and crisis:

"*The government wants to see the integration of health, social care and housing in every locality, so that public money moves out of acute care into the community. We believe that social workers should have a leadership role in taking this policy forward because they are well qualified to coordinate these agencies in the interests of service users*"

(The business case for social work – the college of social work 2012)

We also believe that Social Work can provide a number of targeted and high-quality staff to fill the NHS recruitment gaps. HEE and NHSE are working to recruit 11,000 new regulated staff into NHS mental health roles and there is the funding of existing posts. Our proposals explore ways of developing social work to fulfill this ambition and use Social Workers for this recruitment. This is not a new cost. Social workers pay scales are largely equitable with Band 6-7 nurses scales.

There are various ways of recruiting social workers. Attracting new recruits from universities to the NHS is on of the most cost-effective ways. There are 4600 new social workers coming through the systems each year.

The think ahead fast track organisations has been highly successful in training 100 very highly skilled mental health social workers each year and estimate that they could add another 60 specifically for the NHS at a cost of £2m. DHSC and ministers are happy to support and facilitate this if HEE or NHSE fund it.

The costs of advanced practitioner or consultant social posts are also equivalent to Band 7-8 AFC rates. Clinical leadership roles are already built into the NHS funding arrangements

The setting up the academy and training development is an extra cost that we have estimated to be in the region of £475k set up costs – co-hosted with SFC which would provide savings. This would include setting up a competency framework for NHS staff. Activities would include.

- Establish branding, website and web infrastructure,
- undertake regional and national engagement events,
- design a number of key support programme to facilitate the transformational leadership needed to embed new roles especially advanced pathways
- design a competency and CPD framework
- consult on the development of the Social Work Fellowship role
- identify further funding sources

Fellow (following the NHS model): £66,670 Pa per fellow (Assuming appointment at Agenda for Change mid-point band 8a plus 25% on-costs and an additional £2,000 for travel costs. Personally, we think that 8a is more in keeping with the current SW pay scales in this case.

Key stakeholders that must be involved - *What other key groups /organisations have an interest in these recommendations? How will they be involved?*

For the purpose of this proposal, we feel that the main stakeholders that need to be engaged with are the Local Government Association, ADASS, BASW, Skills for Care and Social Work England, with decades of experience of employing social workers and key shared responsibilities with the NHS. These are the key leadership organisations in England and there needs to be strong links between them. It will also be every important to engage with the Unison, Unite and SWU unions.
Interdependencies: LGA. Skills for care and SWE.

9. Implementation Plan: Social Work Recommendations

Recommendations and deliverables to support implementation	Outcome	Finances	Timeline	Regionally or Nationally	Lead
Recommendation 1. The NHS should consider Social Work as a core occupation in mental health services and part of the stepping forward HEE mental health workforce plan and MH recruitment, retention and leadership plans. 1. Include Social Workers in the NHS Plan LTP Workforce Chapter 2. Update Health Careers Website elaborating on the role of SW in mental Health	Social Workers and AMHPs are part of the regional and national MH integrated workforce and recruitment plan for England and this is reported regionally to the board and considered in the dashboard.	Existing NHS workforce and recruitment resources	April 2019	Regionally Nationally	DHSC HEE NHS E NHS I
Recommendation 2. HEE, DHSC, NHSE and NHSI should see social work and social care as key to achieving the ambitions of the NHS Long-Term Plan. The core skills of social work are relevant as both professionals and leaders all the MH ambitions of the LTP.	The interdependency of Local Authorities and a clear and defined role for Social Work needs to be included in the implementation plans in these LTP areas: • A modernised and asset-based Community Mental Health service, • Transitions of YP to adult services • Prevention and early intervention, • Rehabilitation, • Discharge pathways out of hospital, • Employment, • Family work, • Mental health act and capacity act, • Safeguarding, • Crisis and IHTT services • Personalised care and budgets	Existing NHS workforce and recruitment resources	Implementation plans being completed now for April/May launch	Nationally	DHSC HEE NHSE NHSI

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Recommendations and deliverables to support implementation	Outcome	Finances	Timeline	Regionally or Nationally	Lead
Recommendation 3. NHS employers, in partnership with Local Authorities and other agencies such as the LGA, SWE and ADASS, should develop clear and robust governance and guidance for the support needed in place for social workers as a regulated profession. Develop an infographic to demonstrate the unique contribution of Social Workers in Mental Health.	To be developed as an addition to the LGA 'guidance for the employers of social workers'	£5K for development or infographic and other resources (e.g. pop up banners for use at HEE events)	Sept 2019	Nationally	LGA -SH HEE -EG NHS Emp DHSC - MT
Recommendation 4. We recommend that the Electronic Staff Record needs to be updated to take account of NHS employed social workers	Improved recording and accurate picture of the number of Social Workers employed across England.			Regionally Nationally	NHSD ESR NHS Employers
Recommendation 5a. We recommend that there is the development of an *NHS Institute for Mental Health Social Work Leadership* that links with other existing advanced practice and leadership academies. Please refer to appendix one for further details	To assist in the transformation of Social Workers working in NHS mental health settings. to achieve excellence, consistency, empowerment and leadership	£475k for initial investment jointly across the ALBs supported by a sustainability plan	Infrastructure development April to August 2019	Nationally for regional and local implementation	HEE - SH SFC - KM SWE – LH DHSC – MT SWFBMH - KL
Recommendation 5b. Develop a range of new training, development and leadership opportunities within the *NHS Institute for Mental Health Social Work Leadership*	a. Develop social work leadership fellow to deliver on agree priorities around the Social Work transformational agenda	£120K (assuming agenda for change 8A plus 25%)	Work to begin in August 2019 Short term Medium term Long term objectives and prioritisation with ALBs will be agreed during the scoping stage		HEE - SH SFC - KM SWE – LH DHSC – MT SWFBMH - KL

Recommendations and deliverables to support implementation	Outcome		Finances	Timeline	Regionally or Nationally	Lead
	b.	Develop opportunities for social workers as service managers or strategic leaders within the NHS.				
	c.	Develop links to the training academy being proposed by NHSE to develop Personalisation				
	d.	To commission research into the effectiveness and development of dual role mental health nursing and social work posts currently developed by HEIs				
	e.	Development of the consultant social worker role to provide specialist non- managerial professional expertise within integrated Trusts				
	f.	Development of specific advanced practitioner roles within Social Work to link across to similar roles in the NHS.				
	g.	A new research base for social work – link to the development of the PRUs and NINHR projects.				
	h.	Development of the role of 'practice fellows' within social work				
	i.	Access to existing NHS training and development programmes for Social Workers in the NHS and future development of these programme.				

Recommendations and deliverables to support implementation	Outcome	Finances	Timeline	Regionally or Nationally	Lead
Recommendation 6. Develop leadership and advanced practice roles within social work to work with HEE Associate Director of Education and Quality and participate in planned May workshop looking at ACP and consultant roles	We recommend the implementation of the guidelines in the MHA Review 2018 to introduce an Organisational Competence Framework – the Patient Carer Race Equality Framework	Existing NHS workforce and recruitment resources	Nov 2019 (linked to the HEE ACP in Mental Health)	National Strategy for regional and local implementation	DHSC HEE NHSE NHSI
Recommendation 7. We recommend that HEE, NHSI & NHSE support the development of an AMHP workforce plan containing the AMHP standards, recruitment, retention and training recommendations.	A defined role as part of the Social Work career framework	Existing resources	Sep 2019	National Strategy for regional and local implementation	DHSC HEE NHSE NHSI
Recommendation 8. We recommend that best practice standards for forensic social workers are developed and published. Forensic Social Workers are mostly employed by NHS or independent providers. We also recommend that guidance for social supervisors should be developed and linked to the new role development outlined below as role is very important and yet has been neglected for many years.	Optimal deployment of the AMHP workforce to support the additional staff required to deliver the transformational plans set out in Stepping Forward and NHS LP	Existing resources	Sep 2019	National Strategy for regional and local implementation	DHSC HEE NHSE NHSI
Recommendation 9a. We recommend the development of job profiles and descriptions for specific Social Work roles in the NHS, working with NHS Employers	Improved deployment and recruitment of forensic social workers				
Recommendation 9b We recommend that a number of new roles to be adopted or developed within the NHS or in partnership with other agencies in order to fulfil the ambitions of the Long-term Plan.	a. To ensure a common language and set of terms to describe specific Social Work roles in the NHS				

Recommendations and deliverables to support implementation	Outcome	Finances	Timeline	Regionally or Nationally	Lead
	Successful implementation of the following roles to support the additional members of staff to improve access to services at an earlier stage, accessible at the right time and delivered in a more integrated way Proposed new roles: b. 'Named Social Workers' – focused support and discharge planning for people in long stay MH wards				
	c. Specialist social workers delivering family interventions within community MH services and crisis/home treatment teams				
	d. Specialist community social work roles: part of the new vision for the core community MH framework				
	e. Specialist prevention and early intervention workers				
	f. Specialist Social Workers working across child and family services – especially in transition, autism, perinatal and eating disorders				
	g. Social workers based on acute wards to facilitate family work, community connections, housing and discharge arrangements				
	h. Social Supervisor role to have upskilling training and status development linked to LTP and MHA developments				
	i. Development of a new dual qualified social worker and nurse role				
	j. Social workers taking up the Approved Clinician role				

Appendix 1: Developing mental health social work as a core profession to meet
Health Education England's mental health workforce objectives

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Developing mental health social work as a core profession to meet Health Education England's mental health workforce objectives

Authors:

- Karen Linde: Lead for Social Work for Better Mental Health improvement programme and member of the HEE task and finish group
- Kate O'Regan: British Association of Social Workers Representative on HEE MH Task and Finish Group and RCPsych Recruitment Group (Former Programme Director, Think Ahead)
- Mark Trewin: DHSC and NHSE Mental Health Social Work Lead. Chair, HEE MH Task and Finish Group and representative of the chief social worker on the HEE MH Programme board.
- Ruth Allen: Chief Executive of the British Association of Social Workers

Objective: To provide a strategic framework to present to the HEE Mental Health Development Board and HEE New Roles in Mental Health programme Board, DHSC, NHSI and NHSE, outlining the potential for developing and expanding the social work role in mental health services to meet the ambitions of the NHS Long Term Plan, HEE Stepping Forward workforce plan and the Green Papers for adult social care and prevention.

Introduction

This document has been completed by a working group of national leaders in the development of mental health social work across the NHS and social care and is being mandated through the HEE mental health task and finish group for social work. The paper is designed as a presentation for the HEE Mental Health Workforce Board and will also be shared with the DHSC social care workforce team and NHSE Adult MH team.

This document sets out a clear case for increasing the representation of social workers within the NHS workforce by:

- **Explaining the current role of social workers in mental health services** – social workers currently make up c. 17%-20% of the professionally qualified core community workforce and bring unique expertise and skills to mental health services.

- **Highlighting the potential for mental health social workers to contribute to meeting HEE's current and future workforce objectives** – including the target of recruiting 19,000 new staff, of whom 11,000 need to be from regulated professions - as set out in 'Stepping Forward'.

- **Putting forward the important contribution of social workers to effective leadership in mental health services,** in line with the NHS Improvement report on enhancing leadership - *clinical leadership: a framework for action*

- **Summarise the role and requirements of social work in the NHS for the NHSE/NHSI oversight group led by Navina Evans '*making the NHS a great place to work'*.**

1. **Social workers already play a key role in mental health services**

1.1. **Social workers are an important part of the professionally qualified core community mental health workforce**

As of April 2018, there were 96,497 individuals registered as social workers in England.[i] Social workers work across many fields including children's services, mental health, disabilities, homelessness, older people, forensics, criminal justice and substance abuse. Social workers bring mental health expertise to all

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of these roles and there are often mental health specialists within these services. Many social workers specialise in mental health work in the NHS, Local Authority, Voluntary or independent sector.

Research completed by Think Ahead[2] estimates that, to the nearest 1,000, **there are 8,000 FTE social workers in England working in adult mental health services**. They also estimate that **there are a further 300-1,000 FTE social workers in England working in child and adolescent mental health services**. These staff often work in highly specialist roles.

These are estimates because there are no official and routinely collected statistics for social work specialisms other than local authority children and family social work and the broad category of 'adult social work' (in annual returns compiled by Skills for Care) which includes mental health but does not identify the details of the staff involved nor their work setting.[ii]

Whilst the majority of mental health social workers work in multi-disciplinary teams in NHS settings, often under NHS direct management, most of them remain employed by Local Authorities and are often seconded into NHS teams. In some areas social workers have been transferred to NHS employment through a 'TUPE' process. Think Ahead research estimates that of the 8,000 FTEs in adult mental health services only around 1,000 are directly employed by the NHS. However, this is likely to be an underestimate because of inconsistent recording of social work qualifications and registration on NHS Electronic Staff Record systems.

As part of the preparation of this paper, we have asked the ESR team for the data on professionally regulated social workers in NHS Trusts and they have very kindly provided figures from Dec 2018 showing that there were **4285 social workers** directly employed in the NHS. This does not include those in the independent sector. This is well over the 900 estimated as part of the FOI request to Trusts. The breakdown is as follows:

Organisation Type	Employee Headcount
Acute – Large	243
Acute – Medium	33
Acute – Multi service	2
Acute – Small	23
Acute – Specialist	59
Acute – Teaching	281
Ambulance Trust	2
Care Trust	79
Clinical Commissioning Group	61
Commissioning Support Unit	8
Community Provider Trust	446
Independent Sector Healthcare Provider	1
Mental Health and Learning Disability	**3031**
Other Statutory Authority	15
Special Health Authority	1

Given the difficulties in assessing these figures, best estimates suggest a total adult and children's social work workforce in mental health of 8,650 FTEs. **This means social workers constitute 4-5%[iii] of the core workforce.** As most social workers are in community settings, research estimates that social workers for **9-10%[iv] of the core community mental health workforce**. With the new figures from ESR it is likely that the figures are considerably higher in many areas with integrated services, reaching **15-20%** or more of the core community workforce in some areas.

Excluding the non-regulated workforce, mental health nurses, occupational therapists and clinical psychologists (for instance), **Social Workers make up c. 17%[v] - 20% of the professionally qualified core community workforce.**

They are therefore substantial contributors to community and hospital mental health services, but this contribution is too often obscured by a lack of routine data collection, with social work falling between the data collection systems of local authorities and the NHS.

Social work staff are not usually included in NHS mental health workforce statistics, such as those presented in *Stepping Forward to 2020/21. The* NHS Improvement '*Clinical Leadership a framework for action,* states "*We have included social workers in our definition because, as the Long-Term Plan signals, frontline health and care professionals will be working together more and more in all aspects of the system. We acknowledge that we have less information about this profession at this stage*").

1.2. Social workers bring unique, professional expertise to mental health teams

Social work is a regulated profession, and "social worker" is a protected term. In order to practise in England, social workers must be registered with the Health and Care Professions Council. This will transfer to the new regulator, Social Work England, in late 2019.

To register, practitioners must hold a regulator-approved qualification in social work – either an undergraduate bachelor's degree (BA) or, for those entering after an undergraduate degree in another field, a postgraduate diploma (PGDip) or master's degree (MA). Social work qualifications must provide a generic education in all types of social work but may emphasise particular types of practice or setting. Practitioners can further develop a specialism through experience during and after their qualification.

In mental health, social workers often undertake intensive post-qualifying Approved Mental Health Professional (AMHP) training and Best Interest Assessor training. They currently constitute 95% of the 3900 AMHPs in 2018.

Amongst mental health professionals, mental health social workers have particular expertise in:

- **The social determinants of mental health**, and how the social factors in people's lives – such as their relationships, support networks, living arrangements, family and community safety, experience of trauma, financial security and employment situations – affect their mental health.

- **Social interventions that can improve people's mental health** by influencing these social factors. These include:

  - Asset-Based Community Development, which supports people to make use of and contribute to groups and other resources within their local community for sustained support and wellbeing

  - Strengths based interventions – recognising the strengths that individuals, families and social networks bring to planning care and support rather than focusing on a negative or 'problems-based illness' model. e.g. Family Group Conferencing and the Open Dialogue model are two evidence-based models with social work leadership in many areas which draw on family and social network potential

  - Talking therapies and psychosocial interventions such as Motivational Interviewing, the 'Maastricht approach' to paranoia and voice hearing, Solution-Focused Brief Therapy, Systemic and Family Therapy; Family psychoeducation. Social workers can integrate these approaches with their wider role in supporting people to resolve social and practical difficulties

- **Person-centred, holistic, interagency care and support**, that considers all aspects of a person's life – including physical health issues – and ensures a coordinated approach across professionals

and agencies. Social workers ensure people can access rights and benefits from the Care Act and other supports and resources available from local authorities, the NHS and third sector.

- **Supporting people's choice, control and human rights**. Social workers enable people to sustain or achieve optimal independence and self-determination whatever their needs or disabilities.

- **Expert application of relevant legislation**, such as the Mental Health Act, Mental Capacity Act, Care Act, Human Rights Act and Equality Act. The recently completed Mental Health Act Review proposes increased responsibilities for Approved Mental Health Professionals and social workers, as does the proposed 'Liberty Safeguards' and a range of other government proposals such as the 'breathing space' initiative to support people in debt. This strengthens the case for increased representation of social workers in the mental health workforce.

- **Safeguarding:** ensuring people of all ages who are at risk of harm or exploitation are afforded protection and support in line with legal rights and policy.

Mental health social workers bring capabilities to mental health teams, including:

- **Working with complex cases,** such as those involving multiple social or health needs, complex care or support arrangements or chaotic family situations.

- **Working with people in crisis,** where a support arrangement is urgently needed, and decisions may need to be made about mental capacity and/or detention. 95% of Approved Mental Health Professionals (those with the power to initiate a detention under the Mental Health Act) are social workers.[vi]

- **Supporting people to receive support and treatment in the community,** rather than in inpatient settings, and to arrange effective discharge pathways.

- **Supporting people to achieve a sustainable recovery, be independent and be discharged from services on a long-term basis,** relying instead on their own support networks and other measures they have put in place to prevent relapse.

Social Workers are, therefore, a major asset for mental health and acute care NHS Trusts.

'Social worker' is a registered profession and a protected title in law. Registered social workers can carry out their work under a variety of job titles e.g. Social Worker, Care Coordinator, Recovery Coordinator, Mental Health Practitioner. In common with other professionals, such as nurses and occupational therapists, they typically hold a caseload of individuals for whom they are the team's lead professional and often perform some interdisciplinary tasks such as carrying out assessments and developing care plans according to organisational protocols as well as using their profession-specific capabilities.

Early career social workers are often graded similarly to nurses – i.e. Agenda for Change bands 5 and 6, or the Local Authority equivalent. They can progress to become either senior practitioners (such as Senior, Principal, or Consultant Social Workers), or service managers within social work/social care organisations, the NHS, thirds sector and private organisations.

2.   Social work is poised to make an increasing contribution to mental health services

The value of social work in mental health services is increasingly recognised by service leaders and service-user representatives.

The Think Ahead analysis estimates that **between 2012 and 2017 the number of social workers directly employed by NHS Mental Health Trusts in England rose by around 66%, from roughly 600 to roughly**

1,000.[vii] During this period, the number of Local Authority-employed social workers across all adult services remained roughly static[viii]. The ESR statistics tell us that in fact there are over 3000 social workers in Mental Health and Learning Disability Trusts – a substantial proportion of the workforce, especially in the community.

Anecdotal evidence, gathered from discussions with NHS Chairs, CEOs, and managers, suggests that **NHS Trusts are employing more mental health social workers because their capabilities are well-aligned with Trusts' strategic goals to deliver more care in the community and to work in a more preventative and holistic way**, improving service user outcomes and reducing pressure on inpatient services.

The **NHS Long Term Plan** did not mention social work in its workforce section; however the Adult Mental Health Team at NHS England is clear that the ambitions in the mental health section cannot be achieved without integrated working with social care. To achieve this, they are identifying the interdependencies and workforce issues for each area, with the following areas viewed as priorities where social work can make a difference:

1. Prevention (primary and secondary initiatives in collaboration with Public Health)
2. Early intervention in Psychosis teams
3. IPS Employment services
4. 16 – 25 services for children and young people, especially those in transition to adult services or who have multiple needs.
5. The implementation of the new Community mental health framework
6. Crisis resolution, Liaison and Home treatment teams

In addition, NHSE see both **Personalised individual budgets** and **Workforce** as two areas of the LTP where social work and social care issues are essential to the success of the project.

To pick out just one of these areas:

*A new **Mental Health Support, Care and Treatment Framework for community mental health services** has been developed by the National Collaborating Centre for Mental Health (commissioned by NHS England) and will shortly be announced. This will present a radical shift in the way that care is delivered. The framework will promote increased access to care and deliver greater integration with other services that impact on mental health and wellbeing outcomes including primary care, GPs, social care, education, housing and third sector services. Community networks will be organised aligned to primary care networks*

consisting of 30,000 - 50,000 people. As systemic practitioners skilled in delivering community-level interventions, social workers are uniquely placed to lead and support the implementation of this framework.

The government also recognises and supports the value of social work in mental health, as set out in the strategic statement of the DHSC-funded *Social Work for Better Mental Health* initiative[ix], and demonstrated by its funding of the Think Ahead programme. The proposed Green Paper for Social Care is likely to include a section on workforce and the development in integrated partnerships that will identify the departments commitment to social work as a profession.

These trends suggest that there is potential to further increase the number of social workers operating within the NHS mental health workforce (whether NHS or Local Authority-employed) and that this could contribute to the workforce growth objectives set out in *Stepping Forward to 2020/21* "*This programme of investment and reform provides a rare opportunity to improve the way we provide care across all settings (including primary, community and secondary care services including urgent/emergency care), across all age groups (for example, with old age specialists), and across all health and care professions, with more care delivered in the community….To deliver this growth and transformation agenda we will need motivated and multi-professional teams focused on delivering person-centred care: expert clinicians, doctors, nurses, psychologists, allied health professionals, and social workers, combined with new and enhanced roles such as peer support workers, nursing associates, assistant practitioners and assistant psychologists*"

As professionally qualified and regulated practitioners, increasing the number of mental health social workers could contribute to meeting the goal of 11000 new professionally regulated staff.

Recommendations:

- The NHS should consider drawing on the pool of talented and skilled social workers as a core part of the HEE mental health programme and ensuring that social work is included in the HEE MH workforce plan and MH recruitment and leadership plan.

- The mental health social work Task and Finish group, the HEE mental health programme board, DHSC, NHSE and NHSI should be increasing the representation of social workers within the target of 19,000 new staff and 11,000 professionally regulated staff set out in *Stepping Forward to 2020/21* and new leadership set out in the NHSI *clinical leadership: a framework for action.* We would propose that a there should be a 25% increase in social workers in the NHS by end of 2020. We feel that this is realistic and appropriate given national supply of 4600 new social work entrants to the workforce each year, the extent of mental health expertise in the social work workforce and the interest and demand for roles in mental health from social workers. This would increase by 2000 the numbers of professional regulated staff in post by 2020

- We know that there is strong demand from talented job-seekers to enter mental health social work – this is evidenced by that fact that the Think Ahead programme has over 23 applications per place and 650 new social workers enter the jobs market every year and could be recruited into mental health. The new social work apprenticeship scheme could also be used by the NHS to 'grow their own' social workers.

- We recommend that NHS Digital and Skills for Care work with the ESR system nationally to improve data collection on social workers in the NHS. (N.B. This will be supported by work being done by

BASW with NHS Digital and the Social Care Institute for Excellence in 2019/20 to enhance digital capabilities in social work and data about the workforce across all sectors including the NHS.)

- We recommend the production of guidance for NHS Trusts on the support and development systems for social workers and interdisciplinary services need to be in place – produced by the LGA with support from our team, HEE and NHS Employers.

- To consider the possible new roles and development of existing roles to meet the ambitions of the NHS Long Term Plan and HEE workforce plan such as

  - Social workers in the Approved Clinician role
  - 'Named Social Workers' – building on positive DHSC pilot to improve focused support for people in long stay MH wards
  - Ensuring community social worker roles are included as part of the new vision for the core community MH framework
  - Ensuring availability of social workers delivering family interventions or within CAMHs services and crisis/home treatment teams
  - Social workers based on acute wards to facilitate family work, community connections, housing and discharge arrangements.

- Consider the development of an implementation plan for these recommendations to support the increased representation of social workers in the mental health workforce.

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[1] Health and Care Professions Council
[1] Think Ahead is a government-funded fast-track scheme which trains mental health social workers. It has produced these estimates by combining figures from the National Minimum Data Set for Social Care and data requests to NHS Digital, informed by FOI requests to NHS Mental Health Trusts (the methodology can be explained in more detail if helpful).
[1] Based on 8,650 as a proportion of the total core mental health workforce of 182,500, with and without the 8,650 considered as additive.
[1] Based on 8,650 as a proportion of the total core community mental health workforce of 83,300, with and without the 8,650 considered as additive.
[1] Based on adding 8,650 to the total professionally qualified clinical core community mental health workforce of 42,800.
[1] AMHPs, Mental Health Act Assessments & the Mental Health Social Care Workforce (ADASS, 2018).
[1] Estimated based on data from NHS Digital. Historic data does not break down specialisms within social work, so this estimate assumes the same distribution within specialisms as at present.
[1] Annual reports on Staff of Social Services Departments, produced by Skills for Care, show that, other than a dip in 2013 that has since been recovered, the number of social workers employed by Local

Authorities across all adult services has been relatively stable from 2011 to 2017 (at around 16,000). Data is not available for individual specialisms. It may be surprising that workforce numbers did not drop significantly during this period of austerity; we assume that these workers were relatively protected because they deliver functions which are a statutory obligation for Local Authorities.
[1] Social Work for Better Mental Health - a strategic statement (DHSC, 2016).

Appendix 2: NHS Institute for Mental Health Social Work Leadership

NHS Institute for Mental Health Social Work Leadership
"Achieving Excellence, Consistency, Empowerment and Leadership for Social Workers working in Mental Health settings in the NHS"

K. Linde S. Adams, S. Hatton

1.   Introduction and purpose

It is envisaged that the virtual Social work Leadership Institute will assist in the transformation of support for Social Workers working in integrated Mental Health settings, supporting the required workforce transformation and sustainability needed around the implementation of the NHS Long Term Plan.

The Institute will be an independent network with aligned priorities around the unique contribution that Social Workers can make to the NHS and will ensure that policies, benchmarks and service improvement are informed by robust evidence, standards and best practice across the life course.

If the Institute is going to achieve the vision of achieving excellence in care; relationships between the Arm's Length Bodies (NHS E, NHSI, HEE), Skills for Care, Social Work England and regulators and support organisations will be of critical importance going forward.

Skills for Care, The LGA and Social Work England are the lead organisations to support this initiative and will work in partnership with HEE to secure its sustainability going forward.

The Virtual Academy will:

- Provide system leadership by connecting professional Social Work leaders and managers, AMHPs, practitioners and NHS Managers working together to ensure the delivery of the increasing demand and challenges implementing the NHS Long Term Plan.

- Ensure that the right leadership is available in the NHS to meet the challenges of preventative health care and community centred practice. The Institute will support other key initiatives such as personalisation that depend on new partnerships with social care, housing, employment and community leaders

- Act as an expert resource on matters relating to the education and professional practice of Social Workers employed or seconded within an NHS MH setting, ensuring that organisations make best use of the resource.

- Support NHS Managers to provide the right conditions for effective social work practice in order effectively implement new ways of working.

- Foster opportunities for codesign and coproduction with service user and carers ensuring that they are at the core of all activity.

- Ensure the delivery of excellence in education and research in accordance with best available evidence and practice.

- Embed the planned developments of a number of new roles for social work in the NHS and evaluate their impact

- Promote social and community approaches and showcase in practical ways how they can help the NHS to meet its most complex challenges.

- Promote multi professionalism within health and social care education to enable a more flexible workforce able to provide care and treatment across sectors.

2. Priorities

To Support the NHS Long Term Plan across the life course.

- To support the growth of system leadership at local and national levels for Social Work practice in the NHS e.g. Social Workers in the field right now, NHS Managers, Senior Social Work leaders.

- To act as an expert resource on matters relating to the unique contribution of Social Workers across mental health for HEE, NHS E, NHSI, Skills for Care.

- To build connectivity across the range of settings where social work currently practices in the NHS to promote a life course and a 'think family' approach.

- To support Social Work leaders in services to strengthen their leadership roles and better shape the culture and practices of the NHS.

- Develop a programme of work underpinned by the key national priorities in the NHS Long Term Plan, that supports multi-professional integration and professionalism that's not only co-produced, but places high quality social care in mental health at its centre.

- Promote social interventions across different field of practice to support the longer-term sustainability of the NHS through a focus on the strengths of individuals, families, communities.

3. Leadership

- Provide visible mental health Social Work leadership by establishing a network of Social Workers whether working in or employed by the NHS across all settings (Forensic, CAMHS, Community mental health). This will build on and widen The Social Work for Better Mental (SWFBMH) community of practice network and link with other collaboratives in the NHS.

- Share knowledge of professional and other leadership programmes that build social work impact with the NHS Leadership Academy to develop the talent pipeline for future Social Work leaders and promote the aligned programmes that Social Workers can currently access.

- Promote the development of Social Works executive leadership, in partnership with the NHS Leadership Academy, the LGA and ADASS.

- Support integrated approaches to equalities practice especially with regard to the progression of BAME staff.

- Establish a strategic partnership with HEIs and other training providers for social work across England and promote more inter-disciplinary input from Social Workers on various education and training programmes in medicine, nursing and allied health professionals.

- Support the testing of new educational initiatives in the NHS such as the SW apprenticeships and educational programme to support new roles
- Scope the role of Social Work Fellowship in the NHS and consider their contribution to activities and the sustainability of the Institute

4. Evidence Base

- Create accessible resources to disseminate the evidence base for social work in diverse settings and a site for sharing near practice research.

- Promoting, integrating and embedding the frameworks around Social Work mental health workforce capabilities e.g. AMHP standards, Core Competencies in mental health, Supervisory standards, Knowledge and Skill Frameworks, Forensic Capabilities Framework.

- Reduction in duplication and sharing best practice enabling action to be taken only once.

5 Quality Improvement Community of Practice across Mental Health Settings

- Promote social workers engagement with Quality Improvement approaches and show case good practice.

- Develop a moderated interactive web-based resource, which provides a 'safe' place for discussion for invited Social Workers, for everybody's learning.

6. Working together and training together – promoting multi professionalism

- Sharing innovation in approaches which promote multi professionalism: team-based model of practice and development of a framework that promotes shared decision making.

- Share effective approaches to interprofessional communication about professional roles.

- Development of a coherent CPD Framework that is both multi-professional and uniprofessional.

7. Service user evaluation and feedback on practice

- Strengthening the voice of service users and carers through sharing evidence of good practice and access to tools and methodologies.

8. Sustainability

- Build and have a national focus on applications for funding, grants and to create a Social Work Fellowships Programme to explore income generation opportunities to undertake training, education, information resources and sustainability of the NHS Institute for Mental Health Social Workers.

9. Planned developments and outputs in first 2 years

The Institutes activities will:

- Establish branding, website and web infrastructure that includes an interactive forum that's moderated.

- Undertake regional and national engagement events to promote the Institute and cascade various initiatives for Social Work to embed into practice.

- Work with a small number of Trusts to showcase the impact of the Institutes work on partnership working and implementation of the NHS plan.

- Design a support programme to facilitate the transformational leadership needed to embed new roles in Social Work.
- Design a competency and CPD framework aligned to the new capabilities needed to deliver the NHS Plan.

- Develop a NHS SW Career Framework to support career progression enabling SWs to develop appropriate knowledge and skills to be able to progress onto more senior or alternative positions e.g AC/RC AMPH, and ensure they develop within their existing role, to continue to meet the evolving needs of the service users they support and the role expansion in the NHS Long term plan.

- Implement national Guidance for NHS managers on the support of social work in integrated settings

- Consult on the development of the Social Work Fellowship role

- Establish a sustainability plan and work with ALBs to attract future funding to develop pieces of work.

Appendix 3: Summary of key documents outlining evidence for the impact of social workers in mental health settings

Document Title	Description
Business Care for Social Work	Discussion paper by the College of Social Work that demonstrates where Social workers fit into modern models of care and presents an argument that the cost-benefit analysis comes out in their favour. Business case for Social Work.pdf
How Should We Think About Value in Healthcare	Discussion paper produce by National Voices which examines the concept of "value" in health and care and sets out how we might establish a broader way of understanding value and value for money. how_should_we_think_about_value_in_
Strength Based Social Work	Report from a Department of Health workshop to achieve a shared understanding of how social workers can enable the people they work with to identify their personal assets and local systems of support and build on these to find sustainable solutions. Strengths-based_social_work_practice_v
Think Local Act Person	The report focuses on developing a well-being and strengths-based approach to social work practice. It considers how the professional might deliver the changes needed for a strengths, rights and co-production approach using relational social work and the development of connection, social inclusion and citizenship. TLAPChangingSWCulture.pdf

| The Adult Social Care Workforce in England | Audit Office Report which identifies that key commitments both to enhance training and career development and tackle recruitment and retention challenges across the adult social care workforce have not been followed through.

e pdf

The-adult-social-car e-workforce-in-Engl |
|---|---|

**Appendix 4: Aims and Objectives
                Nominated membership of the group**

**Aims and objectives of the Task and Finish group Programme:
From the Terms of Reference October 18**

The New Roles Task and Finish Groups have been established as subgroups of the HEE New Roles in Mental Health Board to support delivery of Chapter 7 of Stepping Forward: *New skills, roles and ways of working*. The groups will support workforce transformation and expansion in the Mental Health workforce, building on the commitments set out in 5YFV for Mental Health published in 2016.

The key role of the MH Task and Finish Groups will be to be responsible for providing solutions to delivering specific role expansion, as well as serving to build engagement, awareness and best practice. Each Task & Finish group is composed of front-line staff undertaking the new roles and membership from national organisations that have the ability to influence service delivery and drive change to help realise the objectives of the HEE workforce strategy.

We recognise that some groups are developing different products e.g. toolkits, so we have tried to give flexibility within the suggested content below and is meant as a guidance only to help draft your reports:

- To understand geographical barriers and positively influence decision makers to increase spread and adoption both regionally and nationally.

- For each Task & Finish group to be composed of front-line staff undertaking the new roles and membership from national organisations that have the ability to influence service delivery and drive change to help realise the objectives of the HEE workforce strategy.

- To identify the benefits and support the development or implementation of the new roles within mental health services at local and national level.

- To support the health and care system to understand where adoption of the new role will have the most benefit; identifying issues associated with the expansion of each new role.

- To work to unblock barriers within the system to enable the development of these roles.

- To support an approach taking into consideration the entire role pathway in order to embed progress.

Appendix 5: Proposed Projects

Social work MH Task & Finish workshop
Proposed Projects

Supply	Up-skilling	New roles	New ways of working	Leadership
• Establish mechanisms for capturing detailed workforce activity e.g. map existing data sources, agree a common data set to consolidate single intelligence across all settings • Establish oversight of variation in demand and supply of AMHPs/SWs and identify influencing factors • Explore opportunities to increase MH placement exposure, for both undergraduate and post graduate trainees • Map and define the career pathway for SWs, from entry to advanced practice across MH settings • Produce recommendations to promote the adoption of the AMHP standards	• Design an adoption plan for the new employer standards, exploring the potential to collaborate with NHS Employers • Establish a mechanism to influence the development of the new employer standards for AMHPs • Scope existing post qualification training provision, including levels of access and determine gaps across MH settings • Define and develop a model of advanced practice in social work (align to HEE ACP framework and build on 'Think Ahead' work) • Scope best practice examples of advanced practice in Social Work and generate case studies	• Create an agreed narrative to better articulate the role, skills and contribution of social workers in MH services • Produce a 'call for evidence' to capture innovative social work roles/practice and evidence added value • Scope the new roles anticipated by new care models in development • Create a visual, illustrating the 'pinch points' of social work interventions along any given service user pathway and the contribution made (ref. Doncaster CCG example) • Promote the adoption of the existing Standards for employers of Social Workers, including the information and guidance for supervision, illustrating and marketing best practice examples of what is working well.	• Establish ways to mobilise the evidence base supporting integrated working in health and social care teams • Identify and evaluate known successful models of integrated working, creating the evidence base sufficient to develop guidance (e.g. Forensic MDT working, cross sector in Lambeth, joint appointments in Leicester) • Define the social worker role in the leadership of asset based approaches, harnessing examples of best practice (e.g. Manchester, Wigan) • Link with the Nursing, AHP and Psychological Therapies MH task and finish groups to determine a shared approach to the Responsible Clinician role	• Undertake a stakeholder analysis to determine leadership and 'influencers' at local, regional and national level affecting delivery of agreed projects (including AMHP system leaders). • Explore the potential for Principle Social Worker role to operate as local MH leaders. • Establish closer links with NHS ALB's; explore means of representation on emerging regional structures • Scope existing leadership development programmes for social work (both system and practitioner level) and explore potential for joint design/delivery with NHS partners (e.g. Leadership Academy, AQua etc) • Explore a model of a 'virtual academy' to share and promote leadership development

Social work MH Task & Finish workshop
Proposed Projects continued

Supply	Up-skilling	New roles	New ways of working	Leadership

Supply
- Scope existing data captures relating to the retention and wellbeing of staff e.g. staff surveys, sickness absence, turnover, 'stay' and exit interviews and collate best practice principles
- Explore opportunities for non NHS funded staff to engage with the NHS staff survey

Up-skilling
- Collate examples of best practice in service user involvement in SW education and training and produce a 'Guide to Co-Production'
- Capture and promote good news 'stories' of social workers upskilling /training others (e.g. MDT Devon, Street Triage, ward manager/hospital manager)

New ways of working
- Build on the 'Making it Real' framework and CQC standards to agree a range of outcome measures specific to Social Work in MH settings
- Scope and promote examples of digital working in social work

NHS
Health Education England

Department of Health & Social Care

NHS
Health Education England

DRAFT National Workforce Plan for Approved Mental Health Professionals (AMHP)

This document has been developed to be the national workforce plan for Approved Mental Health Professionals. It should be used as the core document to co-ordinate development of the AMHP role and the recruitment and retention of AMHPs across all agencies. It consists of two parts: a section describing the role of the AMHP, the national standards, regulations and developments affecting the role, and the AMHP workforce plan - which can be separated off for inclusion in other publications.

This document will be subject to continuous consultation and development to reflect the changing role of the AMHP and the national legal and policy framework.

A.   Information and Background

1.   Introduction

The Approved Mental Health Professional (AMHP) is a vital statutory role working within Local Authority Social Services Departments and NHS mental health services. The AMHP works within the Mental Health Act 1983 (as amended in 2007), with specific responsibilities to consider the rights of people assessed under the Act, balancing the social and medical approach and following the least restrictive and other principles of the act. The AMHP is also responsible for organising the complex interagency arrangements required to undertake the assessment.

Recent publications have shown the AMHP role is currently under a great deal of pressure for multiple reasons and in some areas it is increasingly hard to provide the statutory service prescribed by the Mental Health Act and Code of Practice (CQC 2018; crisis care concordat 2014). This can include delays for assessments, an inability to find an appropriate bed for someone detained under the MH Act or a lack of community alternatives. The pressures within the AMHP service and within the wider services can mean that people in mental health crisis do not receive the service quality they should expect (MHA review final report 2018). These pressures also affect staff morale, recruitment and retention.

There are a number of opportunities to reform and resolve these issues. The MHA legislation has recently been reviewed by the government commissioned MHA Review and the regulation and accreditation of social work and AMHP courses is passing to Social Work England. Workforce issues is a major part of the Health Education England mental health workforce plan and will be included in the NHS Long Term Plan and Social Care Green Paper. We have an opportunity to undertake a review of the AMHP service.

There is a need to consolidate, stabilise and support the AMHP role and the practitioners and organisations that provide it. The AMHP role is important for the delivery of the changes in the NHS Five Year Forward View, the NHS Long Term Plan and Green Paper for Social Care.

The purpose of this paper is to outline all of the national drivers affecting the AMHP role, identify the workforce requirements and provide a plan that can be used by Skills for Care, Health Education England,

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the Green Paper for Social Care, the NHS Plan and the regional workforce plans being developed by Local Authorities and Sustainability and Transformation Partnerships.

This paper has been developed to be used by:

- The Association of Directors of Social Services
- Skills for Care
- The DHSC Mental Health Team
- The DHSC Social Care Green Paper Workforce team
- The NHS England Adult Mental Health Team
- The Health Education England Mental Health Workforce Team
- Social Work England
- The office of the Chief Social Worker for Adults in England

A list of professionals, organisations or documents involved in the development of this workforce plan, is included as an appendix at the end of the document.

2. Background – the role of the AMHP

Approved Mental Health Professionals (AMHP) have a key statutory role in the effective delivery of mental health services:

- AMHPs lead the organisation of statutory mental health assessments under the Mental Health Act 1983. They are responsible for organising the assessment, identification of the Nearest Relative (NR), organising doctors and key agencies such as police and ambulance. AMHPs are independently responsible for the final decision to detain a person and arrange conveyance to hospital.

- AMHPs have a key responsibility to ensure that people's human rights are upheld and that the principles of the MHA, as laid out in its Code of Practice (2015), are followed. They ensure that the most appropriate legal framework is selected in line with current case law interpretation, whilst the principle of ensuring least restrictive decision making remains at the forefront of this process.

- AMHPs have other related duties and powers under the Act in relation to community treatment orders, guardianship, applying to court to displace a Nearest Relatives or taking over the NR role and applying to court for warrants under s135.

- AMHPs work within complex organisational systems and it is widely recognised (CQC 2018) that AMHPs operate most effectively within a 'whole systems' approach where NHS, Local Authorities, Police and other agencies work together.

AMHPs are approved or authorised by Local Authorities. Historically the role has been undertaken by social workers (prior to the 2007 amendments the role was known as the Approved Social Worker). Since 2007, Psychiatric Nurses, Occupational Therapists and Chartered Psychologists have been able to train to be AMHPs, but currently Social Workers still occupy 95% of the AMHP role.

Training is undertaken by universities at MA level. The qualification is a Postgraduate Diploma and is regulated by the Health and Care Professions Council (This will be taken over by Social Work England in

2019). Most courses involve a placement of up to 6 months with a mixture of academic work, experience and a portfolio. This length of the course can be varied as long as the academic and practice components are met.

The AMHP role is crucial to ensure that the rights of people in mental health crisis are protected, that detention is avoided whenever possible and that the views of people and their families are included in assessments under the Act.

The original ASW role was developed to be completely independent from the health service and designed to protect peoples' rights within a social model of mental health provision. The Government at that time *'accepted MIND's and BASW's argument that, in the absence of judicial scrutiny, the exercise of medical power should be moderated by an independent social worker'* (Hargreaves 2000). Whilst the development of integrated multidisciplinary teams has influenced this remit, current evidence suggests that AMHPs from social work and nursing backgrounds make similar decisions around risk (Stone, 2018). Furthermore, the role still has human rights and a social approach at its heart – regardless of the profession undertaking the role. This is supported by recent research which identifies that considerations about human rights are dominant considerations within AMHP decision-making (Buckland, 2014; Dixon et al, 2018).

3. **Background – national developments that affect the AMHP role**

There are a number of national developments that are likely to directly or indirectly affect the role of the AMHP:

- The **Review of the Mental Health Act 1983** published its interim report in May 2018 and the final recommendations were published on 6th December 2018.
- The **Review of Community Mental Health Services** is being undertaken by the National Collaborative Centre for Mental Health, having been commissioned by NHS England. It is developing a new framework for community MH services and the Care Programme Approach care planning system across health, social care and housing within a preventative and recovery led model. This is likely to have an effect on the way that AMHPs work – especially those based in community services for adults and older people.

- **The NHS Five Year Forward View** is being reviewed and developed into a ten-year vision for the future of Mental Health Services called **The Long Term NHS Plan**. There is likely to be a renewed emphasis on partnership with Local Government and social care in future and the AMH team recognise the importance of the AMHP role.

- The **Green Paper for Social Care** is a consultation process by the Government that will create a new vision for adult social care. It is due in early 2019 and will include workforce issues.

- The **integrated mental health workforce plan** is led by Health Education England. The AMHP workforce plan will be part of this strategy.

- The new regulator for social work, **Social Work England** will regulate all AMHP courses and the social work staff involved. SWE is currently in discussion with other regulators for professionals undertaking the AMHP to try and ensure consistency of approach. SWE is currently developing the legal and regulatory framework to transfer these responsibilities from the Health and Care Professions Council and so will have a key role in implementing this AMHP workforce plan

- A new set of **AMHP Standards** has been produced (see section 6 below) that provides an agreed operating model for Local Authorities and their partners developing AMHP services. A recommendation of this workforce plan is that these standards should be incorporated into The AMHP regulations and training and will underpin AMHP services.

- The **LGA guidance for employers of social workers** is currently being reviewed by the LGA and a group of experts. This document will be a very important tool to support the implementation of this AMHP workforce plan and will be backed up by guidance to support NHS MH Trusts who also employ social workers or AMHPs.

- The CQC recently published their briefing: **Mental Health Act – Approved Mental Health Professionals** in March 2018 (CQC 2018). This outlined their research and consultation with 12 AMHP services within Local Authorities and Mental Health Trusts and made a number of recommendations.

- The **Mental Health Core Skills Education and Training Framework** was published **in 2016 by Skills for Care, Skills for Health** and **Health Education England.** This document outlines the expected knowledge and skills required by all mental health professionals and was written to cover both the health and social care workforce, with many recommendations that are relevant for AMHPs.

- In 2017 the National Collaborative Centre for Mental Health completed its expert reference group on mental health staffing and workforce issues. This was known as **ESCASS – effective, safe, compassionate and sustainable staffing**. Although completed for NHS England, this process made recommendations about workforce planning that are relevant to the AMHP and Social Care workforce. An integrated workforce calculator is being developed, incorporating a competence and needs-based approach that will be useful for AMHP workforce planning.

- In 2017 Health Education England produced '**Stepping forward to 2020/21: The mental health workforce plan for England**'. This consultation and planning document laid out a workforce plan for mental health services that was designed to support the Five Year Forward View. This document did not include Social Work and Social Care, however it did recognise that '*To deliver this growth and transformation agenda we will need motivated and multi professional teams focused on delivering person-centred care'* and that social work and social care staff would have a key role in this and in the new roles planned.

4. Background – Recruitment and retention issues for the AMHP workforce

Recent national research (CQC; KCL; NHS Benchmarking; ADASS) has identified a looming recruitment and retention crisis in the AMHP workforce and a need for improved workforce planning.

In April 2018, the results of a **snapshot survey** on the data and status of mental health social work and AMHPs was published jointly by NHS Benchmarking and the Association of the Directors of Social Services. This found that there were around 3250 AMHPs authorised by Local Authorities in England, but that the numbers of WTE AMHPs varied from 2 to nearly 80, with a national average of 20 per region. This means there are 6 AMHPs per 100,000 population. Further work by DHSC estimated the final figure at around 3400. This is a 17% drop in AMHP numbers from the last survey in 2009, whilst the number of assessments and detentions under the act has risen to a total of 142,000 assessments undertaken in 2016-17 with 45,000 leading to detention.

In December 2018, Skills for Care published their first annual report on the AMHP workforce, following an amendment to the national minimum data set. This found that there were 3900 AMHPs in England, but that only 3500 were currently practising. Of these AMHPs, 30% were over 55, 71% were female and only 15% were from BAME backgrounds. This means that the AMHP workforce is slightly more male, older and white than the wider social work workforce.

In 1991 the Social Care Inspectorate recommended a ratio of between 1:7,600 (inner city) and 1:11,800 (other) approved staff (AMHP) to population (dependent on locality). In November 2017 the average was 1:16,000. As the numbers of assessments have increased, the numbers of AMHPs have decreased. An inner-city area of 250k population should have 33 full time equivalent daytime AMHPs, a shire county with a population of 1.1million would need 100 full time equivalent AMHPs. One of the problems in planning for the AMHP role is the lack of up to date statistical evidence. These figures are very out of date and there is concern about the evidence base. They are included here as an example only.

Across England, 86% of AMHPs were reported to work within adult mental health and 7% within older adult services. 3% of AMHPS sat within children's services, and 4% within learning disabilities. The survey found that 95% of AMHPs were social workers, with the remaining 5% being nurses and a small number of Occupational Therapists. No Chartered Psychologists were found to be undertaking the role.

In working out the number of AMHPs needed in the workforce, it is important to remember that AMHPs are approved to work in a designated geographical area, where cross boundary protocols may also be in place (unlike other professionals). This presents its own issues: it reduces the flexibility in deployment of AMHPs. It is challenging to staff rural areas, especially out of hours, and some areas have private hospitals who bring in individuals from a much wider geographical area but creating a responsibility for the local AMHP service.

The **All Parliamentary Group on Mental Health** looked in detail at the role of social work in 2016 and its report stated '*Social workers fulfil a vital role in protecting people's rights when they are in crisis or where a situation has deteriorated – particularly through their work in safeguarding, as Approved Mental Health Professionals (AMHPs) and Best Interests Assessors (BIAs). These crucial roles are often low profile and a lack of workforce planning for AMHPs and BIAs was evident in the inquiry*.'

The **Social Work for Better Mental Health** project has been working with over 50 Local Authorities and Mental Health Trusts across the country to consider best practice in the support and development of social workers and to evolve new approaches to multidisciplinary team work, CPD and progression pathways for mental health social workers. A national 'community of practice' has been established to improve the visibility of a social model and the sustainability of the AMHP role will be a key concern. The workforce needs of AMHPs were made clear in its guidance: '*Despite the vital importance of this role, there have been research reports and professional surveys demonstrating that the AMHP service in England is under stress – both in terms of sustainable numbers of staff and quality of working conditions for AMHPs. Studies have shown they often feel exposed to violence and aggression, expending large amounts of emotional labour coordinating complex and risky situations supporting service users and their families while they wait for other professionals to mobilise support and resources – such as providing beds or ambulance conveyance.*

Addressing this needs consistent and well-supported professional leadership, better workforce planning and attention to the organisational context of practice. This needs to come from within social work, because

of the social work model underpinning of the AMHP training and ethos, and because the responsibility of the AMHP service rests squarely with the local authority as an independent body from the detaining hospital.

The **CQC Briefing on AMHPs** was published in March 2018. This report was very helpful in using a study of 12 areas to check the health of the AMHP systems and workforce. They found the following issues:

- Increasing problems in recruitment and retention of AMHPs
- The AMHP role is not attractive to the nurses, OTs and psychologists allowed to undertake the role since 2007.
- There is lack of national job descriptions, standards or a register of AMHPs
- There is a lack of data on AMHPs and the activity and performance of AMHPs.
- There are substantial ongoing pressures on the AMHP role – especially bed issues, workload, complexity and the effect of austerity cuts on the system.

The Association of Directors of Adult Social Services published their '**Top Tips for Directors'** on the recruitment and retention of AMHPs in each region and the practice data needed for their employment in 2018. The main points are summarised below:

- The DASS role includes overseeing the approval & authorisation processes, keeping a list of AMHPs who have been approved and authorised, recording the 18hrs of annual AMHP specific refresher training and ensuring that Guardianship approval under the Mental Health Act is appropriate. The DASS must assure themselves that AMHPs they authorise are competent and authorisation should cease if competence or training is compromised. DASS's must ensure AMHPs have access to independent legal advice, and vicarious liability insurance. If there is a challenge to an AMHP's practice or decision making, it is their authorising local authority who has a duty to support them.
- Local Authorities must have enough AMHPs available to provide a 24/7 service. The resources to provide this must be planned as part of a whole system approach across the region, STP, MH Trust, CCG and police service.
- The stress placed on AMHPs relates to availability of resources. Including: transport problems; lack of beds, rising numbers of assessments and lack of police resources. Monitoring these issues and developing whole system responses are important. Solutions need a multi-agency response. AMHP morale and work issues should be monitored and resolved with partners with safeguarding processes used to record concerns at a strategic level.
- DASS's should understand the local AMHP staff profile and monitor retention.
- LA's should pay an extra salary for AMHP activity and out of hours working.
- DASS's should plan for training and workforce needs. It takes 3 years post qualifying experience to train as an AMHP.
- AMHPs should be supported to stay on and train the next generation.
- AMHPs should be trained across all areas – e.g. children's and disabilities.
- DASS's should have an AMHP lead and Principal Social Worker to oversee the AMHP role, monitor the AMHP role and report directly to the DASS. AMHPs should have support and supervision in line with the regulations.

The research team at **Kings College London** have looked at why other professionals may not want to train to be AMHPs – or may not be supported to do so:

- Reductions in integrated teams makes it more isolating for all professions
- Salary differences between health and social care make the role less attractive.
- There is a perceived lack of understanding or support for the role by NHS Trusts
- There is a lack of resources for backfilling MH professionals when on the course.
- A perceived lack of support for new 'health' AMHPs by the authorising LA
- Cultural issues between health and social care

The **KCL** team made the following recommendations:

- Create a joint responsibility for AMHPs across LAs and Trusts.
- Create specific responsibilities for enabling health professionals to take up training and ensure that LAs or STP's agree to fund them.
- Make a national decision about a consistent approach to the amount to pay AMHPs and consider providing enhanced payments for all Health and Social Care professionals acting as AMHPs, similar to the enhancements linked to becoming a nurse prescriber or a s12 approved Dr in some circumstances.
- Professional bodies, such as the Royal College of Nursing and Royal College of Occupational Therapists, should be more involved in encouraging health professionals to become AMHPs.
- Changes to the organisational management of AMHP services are the best way of improving the numbers of health professionals becoming AMHPs.

Kings College London also published an addendum to this report: **Recruiting and retaining social worker AMHPs: evidence and research agenda.** This found that there was a high level of stress and emotional exhaustion among AMHPs and there were various issues that affected AMHP retention, as undertaking MHA assessments was identified as a complex activity, which adds to the general stress of the role. Finding a hospital bed for detained people is identified as the most problematic practical aspect of undertaking an MHA assessment. Many research studies stressed that difficulties accessing and working with 'section 12' (approved) doctors, and liaising with the police and ambulance services, contributing to uncertainty about working hours

The **College of Social Work published a report on the role of the Mental Health Social Worker** in 2014 that specifically identified the leadership of the AMHP role as a core responsibility of Local Authorities, working in partnership with local and regional NHS leads. This document identified the following issues as key to workforce planning:

- An identified AMHP service manager ensuring the availability of AMHP professional and legal advice, supervision and development programmes.
- Workforce management and succession planning to ensure on-going sufficiency of AMHPs and good workload management.
- Forums whereby systemic issues affecting AMHP practice can be resolved, e.g. with partners such as the police and ambulance service.
- Improved AMHP data to inform best practice and Improvement locally.
- The involvement of the local authority at a senior level in local strategic, multiagency planning for mental health services eg STPs/ICOs.
- The involvement of NHS Trusts in a shared vision of the support and development of the staff who make up the AMHP workforce.

5. **The AMHP workforce – a summary of the current challenges by Karen Linde (social work for better mental health)**

Recent reports[1] highlight widespread shortfalls in the number of AMHPs recruited and increasing difficulties in retention in the context of increasing demand. The AMHP Leads Network undertook national surveys in 2013 and 2016, finding increases in prevalence of several key difficulties related to the completion of Mental Health Act assessments and admitting patients under the Act.

Whilst multiple factors have been identified such as changing workforce demographics, role conflict and workplace stress, there has been a marked association of growing difficulties with the AMHP role and the wider intensifying of resources and organisational pressures in the NHS and Social Care - especially access to beds, the availability of alternatives to admissions and poorly functioning Crisis and Home Treatment teams (Morriss, 2016). Expectations of increasing demand for AMHPs is further reinforced by rising rates of detentions, increasing year on year[2].

Whilst the need for improvements to workforce planning at a national and local level has been urged, this area also poses challenges. The systemic solutions that are needed for responding to such complexity have proved difficult to move progress and require multi levelled actions across a number of government departments. There has been a lack of high-quality data on the AMHP workforce for coordinated planning. A 2016 CQC and Department of Health report identified concerns about councils' ability to provide a 24-hour AMHP service, the lack of data on AMHP numbers and lack of council oversight of AMHP provision where this had been delegated to NHS trusts.

It is also important to consider the length of time it takes to develop an AMHP. Experience tells us that with a years' experience, a year's training and then up to a year consolidating practice, there is a substantial time required to currently train MHSWs to be ready to undertake the AMHP role. Any dramatic drop in numbers of AMHPs in a service would have a critical impact on a system without effective succession planning and proportionate terms and conditions/ salary.

There is evidence that dedicated local workforce expertise has been a diminishing resource in some organisations and such activity is often undertaken by AMHP leads or others as part of a role. Workforce interventions put in place to remedy the situation have not always been successful and are often piecemeal. Organisations may not be using the full range of interventions that might help and little has been done to systematically consider what works or to take coordinated action. Many local authority AMHP leads keep detailed data for local reporting, but there is no, and has never been a national database for collection of data on AMHP numbers or their activity. Each local authority has statutory responsibility for ensuring that they have sufficient numbers of AMHPs to run a "24/7 service" that can respond to demand. However, the considerable lead-in time for development of AMHPs (3 years minimum from qualification), the limited number of training courses and the significant resource implications for training AMHPs mean that a

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[1] http://www.communitycare.co.uk/2016/09/07/warning-severe-amhp-shortages-hundreds-bow/ Community Care online 07/09/2016

http://www.communitycare.co.uk/2016/11/30/amhp-teams-stretched-mental-health-act-detentions-rise/ Community Care online 30/11/2016 2)

[2] The total number of detentions under The Act continued to rise, increasing by 9 per cent to 63,622 compared to 58,399 detentions in 2014/15 This compares with an increase of 10 per cent between 2013/14 and 2014/15 and is the highest number since 2005/06 (43,361 detentions) a rise of just under a half over the period

coordinated strategy across local authorities and STPs is indicated, with a need to ensure that the wider health and social care workforce is involved.

There have also been concerns about the age and lack of diversity of the AMHP workforce across all parts of the community – especially as they have a specific role in reducing discrimination and supporting a human right led approach. Certain members of society experience more discrimination in trying to access mental health services. The deaf community has particular issues in relation to communication in MHA assessments. The LGBT community has highlighted the rules around the nearest relative as especially challenging and a lack of understanding of social attitudes and mental health (Carr 2010).

The ADASS and NHS Benchmarking survey found that 38% of the Mental Health Social Work workforce was over 50, while 77% of the workforce was White British – although there was wide regional variation in this. 76% of the people assessed under the MHA were white British, with 15% from black British backgrounds and 9% from other or mixed-race backgrounds. NHS statistics record rates of detention under the categories of white, mixed, Asian or Asian British, Black or Black British and other ethnic groups[1]. The most recent statistics indicate that amongst these broad ethnic groups, rates of detention (under all parts of the MHA combined) for the Black or Black British groups (288.7 detentions per 100,000) were highest, being over four times those of the white group (71.8 detentions per 100,000) in 2017-18 (NHS Digital; MHA Review).

The MHA review has a specific group looking at how to reduce the number of detentions for these groups and also improve the dignity and outcomes for BAME people detained under the Act. They have identified that the AMHP should have a key responsibility in protecting and emphasising the human rights of people being assessed or detained and that the workforce needs to be more culturally reflective of the people it works with, to understand the effects of discrimination upon them and be trained to provide the best possible assessment and support. This is very well summarised in the recent publication 'the impact of racism on mental health' by the Synergi Collaborative:

"The lack of recognition and awareness of the role of racism in mental health care, and its role in generating and perpetuating ethnic inequalities, has many consequences … The experience of not being heard, or being mistrusted, or being treated with hostility, are commonly expressed by services users, and reveal implicit power dynamics that act as a context for inequalities. Service users from ethnic minority groups continue to experience poorer care or more coercive care, or no care. These negative experiences are self-fulfilling and sustain the perception of care systems as harmful and obscure more positive experiences." (March 2018).

The recommendations of the MHA Review are for a new approach to

- The development and implementation of an Organisational Competence Framework and Patient and Carer (Service User) Experience Tool.
- It should be mandatory for public services to work within this framework in accordance with existing duties under the Equality Act 2010.
- The provision of culturally-appropriate advocacy to provide a supportive role for individuals of African and African-Caribbean heritage
- Specific early intervention for people from BAME backgrounds
- Combatting the effect of unconscious bias within the MH workforce. (DoHSC 2018)

Effective AMHP services are increasingly placed within integrated workforce approaches, especially with NHS mental health crisis services and police. The barriers to integration are substantial and can include confusion over the AMHP and social work role based in health settings, and feelings that the skills of the

AMHP are not being utilised effectively. There has been a tendency for Local Authorities to transfer staff and services to the NHS under s75 arrangements, but without always supporting the NHS Trust to understand how to manage the role of the AMHP or the social work model. Equally, the small number of nurses and OTs who have qualified as AMHPs have not always felt valued. The pressures inherent in integration have been outlined by a number of authors (Woodbridge-Dodd 2018; Morris 2016; Lilo 2016) The **BASW charter for integration (2016)** provides some useful guidance and standards for effective integrated working.

More positively, there has been sustained action via the AMHP Leads Network. Many LAs have initiated quality improvement reviews of mental health and there is greater intention at policy levels to address systemic failings in mental health services and to develop joined up solutions to workforce challenges. Health Education England (Stepping forward to 2020; 2017**)** have recently announced the beginning of a framework to detail the longer-term strategy for the mental health workforce, to go beyond the Five Year Forward View for Mental Health in which the role of AMHPs will need to be a key consideration.   This is now being implemented by Health Education England alongside the Department of Health and Social Care and is considering the workforce planning needs of social work, AMHPs and emergency duty teams.

In the context of the above the development of a national workforce strategy for AMHPs, informed by up to date evidence has become an important step forward to foster more sophisticated approaches and a longer-term view. This will also enable preparation for the future challenges arising from the review of the Mental Health Act and recent legislation such as the Policing and Crime Act 2017, the changing face of diversity and changing social demographics and their impact on mental health and the impact of resource pressures on preventative services.

6.   AMHP Standards

The AMHP standards were developed by Robert Lewis and Karen Linde, in consultation with ADASS and the AMHP Leads Network. The purpose of these standards is to ensure a consistent approach to the AMHP role across the country. All LAs and Trusts should adopt these standards in their employment of AMHPs.

1. Local Authority governance and connection to national and regional AMHP networks

1.1 Local AMHP services and leadership structures should be constructed in such a way as to ensure that there is a direct 'line of sight' and regular reporting between 24-hour frontline AMHP services and the responsible Director of Adult Social Services (DASS). Where services are located within mental health partnerships, the Chief Executives and Trust Boards of those Trusts should also be formally sighted on the activity of AMHP services in their area through regular reporting structures.

1.2 The DASS should ensure that a practising lead AMHP or AMHP manager from their authority is linked into the National AMHP Leads Network forum in order to contribute to, and disseminate information from, that national forum. The DASS is responsible for ensuring that the authority notifies any changes in post-holder to the Network in order to ensure continuity.

1.3 The DASS should ensure that their AMHP workforce is supported to maintain alignment to the AMHP competencies throughout their practice, have access to the appropriate level of continuous training, and have systems in place to manage the register of authorised AMHPs, including the suspension or removal of warrants when required. The DASS should also ensure that AMHP succession and workforce planning remains a central consideration in the management of the service.

1.4 The DASS should work with neighbouring authorities to ensure that cross-border AMHP agreements are in operation and are supported by each organisation. Directors should also ensure organisational support for the development and maintenance of wider regional forums, feeding into the National AMHP Leads Steering Group.

2. Governance within 24-hour AMHP Services

2.1 AMHP services, regardless of design, should be constructed in such a way as to ensure that AMHPs have clear and timely access to managerial, professional, peer and legal support across the 24-hour time period.

2.2 AMHP services should ensure that referral management and data collection are explicitly supported as part of the routine function of the service; including supporting the completion of National Minimum Data Sets and securing local data sufficient to ensure informed and robust AMHP services. This data should be shared routinely – in line with legal and information governance requirements – with local partners to support multi-agency working arrangements and to demand planning, strategic commissioning discussions and improvements to local operational practices.

2.3 Each AMHP service should have clear contingency plans in place to ensure capacity is made available at times of high demand, and that lead AMHPs are empowered and supported to mobilise resources as required.

2.4 There should be clear mechanisms through which AMHPs are able to report issues and delays and for these to be directed toward the appropriate body. As stated in the Mental Health Act Code of Practice, AMHPs should be supported by their local authority in such circumstances. AMHP service leads should be empowered to work creatively and collaboratively with partner agencies to identify and resolve resource issues.

2.5 The AMHP manager/lead designated to maintain engagement with regional and national forums should ensure essential updates are disseminated throughout local AMHP forums. AMHP services should maintain a record of minutes and attendance.

3. AMHP Service scope

3.1 AMHP services should be viewed as integral to mental health and related services, with representatives encouraged and supported to take an active role in the development of regional and local policy and practice; particularly around areas of prevention, safeguarding, crisis care, and multi-agency working. These agencies include, but are not limited to, NHS primary care, general hospital, mental health, and ambulance Trusts, police forces and the judiciary.

3.2 AMHP service structures should promote 'localism' to ensure that AMHPs remain connected with, and are integral to, service delivery in local communities. The AMHP service should be able to contribute to the functioning of other specialist teams and services and be viewed as part of the broader safeguarding responsibilities of local authorities and partner agencies.

3.3 AMHP services should be accessible and connected to all mental health service areas and not be limited to adult mental health teams. The interface with other specialist services should be clearly set out and access points promoted with partners.

3.4 The AMHP workforce should reflect the diversity of their communities and targets should be set to reflect this aspiration**.**

4. AMHPs' personal, professional, physical and psychological safety

4.1 AMHP service arrangements should be configured in such a way as to ensure that AMHPs' safety and well-being is at the forefront of operational considerations and that the expectation to lone-work in non-contained environments is removed.

4.2 Arrangements for supporting AMHPs who have gone past their normal working hours should be clearly set out, including clear contingencies to promote the safety of those staff and how those staff will be compensated for their time.

4.3 AMHP services should support the independence of AMHP decision making, while ensuring that they have access to individual, peer and professional support in order to explore their working practices in a safe manner, including the provision of timely de-brief sessions. AMHP supervision should be the cornerstone of quality AMHP practise.

4.4 AMHPs should have the opportunity to carry out a full range of AMHP functions in order to maintain practice standards across the workforce, to meet the requirements of re-warranting and to adhere to the AMHP Key Competencies set out in Regulations.

4.5 AMHP services should promote a culture of open and honest communication within their services. AMHPs should have routine opportunities to record and share their experience and contribute to on-going service development.

5. Service and Professional development

5.1 AMHP services should be seen as open-learning environments in order to promote social models of mental health within the broader system. AMHP services should actively seek opportunities to promote child and adult safeguarding, rights-based agenda, early intervention and access to social care.

5.2 All AMHPs should be supported to take up a system leadership role and to use their place in the system to effect wider change.

5.3 AMHPs should have routine opportunities to contribute toward the learning of others, identify their own learning needs, and be provided opportunities for personal and professional development.

5.4 Routes into AMHP training should be clear for all qualifying professional groups, regardless of employer or profession. All professions who carry out the AMHP role must be supported to maintain the requirements of on-going professional registration.

5.5 AMHP services should recognise and support AMHPs who have skills and roles outside of AMHP work, where possible, and seek to avoid organisational and professional isolation.

5.6 AMHP professional development should emphasis the value of service user and carer experience of the AMHP role as a spur for learning and development. AMHPs should be supported to explore the impact of social trauma on the experiences of detention and how this shapes the responses of both service user and AMHP.

6. Patients, carers and supporters

6.1 AMHP services should promote the human and civil rights of those whom it comes into contact with and within the organisations they work; with particular focus on promoting personalised and preventative care, equality of access to legal entitlements, and reducing stigma.

6.2 AMHP Services should seek to embed the principles of co-production as part of its operations. Services should explore methods aimed at ensuring the patient and carer experience and perspective is captured and harnessed, to support both the development of services and to ensure that this learning is not lost.

6.3 AMHP services should clearly identify ways in which patients and carers are able to engage and influence the development of AMHPs and AMHP practise.

6.4 AMHP services should promote an understanding of social models of mental health and reflect this in AMHP recording and reporting.

6.5 AMHP services should promote consistent access to clear information about the AMHP role and the role of other professional and advocates in the mental health service. Such information should be co-produced, culturally appropriate and accessible to people with additional needs; such as physical, sensory, learning difficulties and disabilities, and those for whom English is not their first language.

7. AMHP Regulations

AMHPs are regulated by Regulation number 2008/1206 statutory instruments within the mental health act and updated following the MHA 2007 amendments**.** There are aspects of the AMHPs training and development that must be provided by law, including the AMHP competencies. Here is a summary of the main legal regulations:

3. (1) An LSSA may only approve a person to act as an AMHP if it is satisfied that the person has **appropriate competence** in dealing with persons who are suffering from mental disorder.

3. (2) In determining whether it is satisfied a person has appropriate competence, the LSSA must take into account the following factors—

(a) that the person **fulfils at least one of the professional requirements**, and

(b) the **matters set out in Schedule 2**.

(3) Before an LSSA may approve a person to act as an AMHP who has not been approved, or been treated as approved, before in England and Wales, the person must have **completed within the last five years a course approved** by the General Social Care Council or the Care Council for Wales (soon to be **Social Work England**)

4. An LSSA may approve a person to act as an AMHP for a **period of five years**.

5. When any approval is granted under these Regulations, it shall be subject to the following conditions—

(a) in each year that the AMHP is approved, the AMHP shall complete at least **18 hours of training** agreed with the approving LSSA as being relevant to their role;

Schedule Two outlines who can be an AMHP:

(a) a **social worker** registered with the General Social Care Council (this is now the Health Care Professions Council and will become Social Work England in 2019); (b) a **first level nurse**, with the

inclusion of an entry indicating their field of practice is mental health or learning disabilities nursing; (c) an **occupational therapist**; (d) a **chartered psychologist**

8. AMHP Competencies

The 2007 Regulations specified the AMHP competencies that must be part of the training and re-approval arrangements by Universities and Local Authorities. The current competencies can be accessed **here**.

New competencies have been developed by Anna Beddow at the University of Manchester in partnership with the DHSC and AMHP Leads Network. These will be considered for the new Mental Health Act regulations and can be accessed **here**. The competencies cover a range of areas under the following headings:

Key Competence 1: Application of Social Perspectives to the AMHP Role

Key Competence 2: Application of Knowledge: The Legal and Policy Framework for Mental Health and Mental Capacity

Key Competence 3: Application of Knowledge: Mental Disorder and Mental Capacity

Key Competence 4: Application of Skills: Working with Risk and Partnership in carrying out the AMHP Role

Key Competence 5: Application of Skills: Making and Communicating Informed Decisions

B. **The National Workforce Plan for Approved Mental Health Professionals**

This part of the document is designed to be separated off from the background information and included in the appropriate workforce plans as required.

1. **The development of the AMHP workforce**

This plan provides recommendations for improved national and local workforce planning across the health and social care sector. This will support the Green Paper workforce plan and the Health Education England integrated mental health workforce plan.

The purpose of this workforce plan is to provide a national framework for the stability and future development of the AMHP workforce as a high quality, high value workforce that is well trained and well respected both locally and nationally. AMHPs need to have the tools and the organisational development to do their job and need to be appropriately supported and resourced. This workforce plan, together with the regulations and AMHP Service Standards, will provide the framework for the AMHP workforce, service delivery and the resources needed to provide it. The provision of necessary support and improvement of working conditions will in turn enhance the retention of skilled and experienced AMHP's.

A successful AMHP service can only be delivered through partnerships working across the health and care sector and the police. AMHPs also need to be accountable to service users and representative groups. The development of AMHP services must be led by Local Authorities, Social Work England and Skills for Care, working alongside NHS England, Health Education England and each of the regional Sustainability and Transformation Partnerships that operate a fully integrated whole system approach. The workforce plan below should form the basis of each regional STP workforce plan which should, in turn, report on progress to the HEE and Skills for Care boards.

2. **Improving the working environment for AMHPs – national action**

AMHP role is vital to the delivery of good quality mental health care and support based on human rights and the rule of law. The AMHP role should have a national workforce plan that recognises this:

- Working across NHSE, DHSC and MHCLAG, there should be the development of whole system approaches to mental health service redesign that will reduce the pressures on the AMHP role, develop the AMHP service and improve recruitment and retention.

- Local authorities should act as local leaders for the AMHP service in their area. LAs should be represented at a senior level in local strategic, multiagency planning for mental health services such as STPs and ICOs, or where there is a whole system mental health plan such as the 'thrive' model.

- The AMHP role should be developed within an integrated MH workforce plan for each region, overseen by HEE and Skills for Care and delivered through STPs and ICOs. These plans should

- There should be national AMHP education standards, overseen and implemented by Social Work England, who have the regulatory responsibility for AMHP courses. This should be liked to national re-approval standards and specify the quality expected of AMHP courses – regardless of how they are designed locally.

- There should be a clear national guidance on the level of further training expected to be provided to AMHPs as part of the MHA regulations. This will be developed by Social Work England.

- There should be the development of a Continuous Professional Development and progression pathway for social workers to become AMHPs linked to the Professional Capability Framework.

- There should also be a specific work stream to support the development of the AMHP role in the other professional groups according to their regulatory and professional frameworks.

- There should be agreed AMHP standards followed by all organisations responsible for overseeing the AMHP role and the training of AMHPs.

- AMHPs should be subject to specific training and development standards in respect to the specific needs of all groups who may be vulnerable to discrimination within the mental health act assessment process, including women, people from LGBT and transgender communities and people with disabilities. People from BAME communities are more likely to be detained under mental health legislation and so this should include cultural competency training and training around how to assess people from BAME communities in order to reduce discrimination. The MHA review has recommended the development and implementation of an Organisational Competence Framework and Patient and Carer (Service User) Experience Tool for professionals involved in MHA assessments and MH services.

- The Care Quality Commission should consider if the AMHP service and role should be inspected as part of their remit to inspect mental health services.

- There should be a national core job description for the AMHP role that can then be used and developed regionally. It should be overseen by Skills for Care, ADASS and the Local Government

Association as representatives of the employing organisations and be based upon the AMHP standards.

- There should be a national agreed data collection process for the AMHP role and for mental health detentions. This will be co-ordinated by Skills for Care and NHS Digital, with the support of NHS Benchmarking, ADASS and NHS Improvement.

- There should be national guidance, based on the Code of Practice, to ensure that s140 of the MHA 1983 (relating to the provision of beds in urgent situations) is implemented correctly and that CCGs comply with these standards.

3. Improving the working environment for AMHPs – regional action

Local Authorities, working with partners and local Sustainability and Transformation partnerships should ensure the following in each region:

- LAs and STPs must work with Health Education England and NHS Improvement to understand the work profile of AMHPs in their area and monitor retention and recruitment issues within the local MH system. Each LA and STP area should understand:

  - The number of AMHPs required to provide a service across 24 hours
  - An understanding of the workforce and succession planning needed to ensure the on-going sufficiency of AMHPs
  - A clear understanding of local pressures on the AMHP role, including out of hours
  - Any regional differenced in pay and conditions that may affect recruitment or retention.
  - Any cross-border issues affecting the AMHP service.
  - The effect of travel to assess people out of area or dealing with people placed by other areas.

- LAs and STPs must monitor the issues that affect the operation of the AMHP service. This will include:

  - Monitoring access to and delays to obtaining beds
  - Monitoring access to s12 Drs
  - Monitoring access to appropriate conveyance
  - Monitoring the personal safety of AMHPs and other staff involved in MHA 1983 assessments
  - Monitoring the AMHP service out of working hours

- Local Authorities should keep a register of all the AMHPs they approve.

- Local Authorities should have an AMHP lead officer that gives direct management to the AMHP service and oversees all AMHPs in the area including out of hours. They should be aligned with the LA and MH Trust management.

- Local Authorities are also required to have a Principal Social Worker under the Care Act 2014 statutory guidance. It is preferable that they have previous AMHP experience. This role should oversee the AMHP service and report directly to the DASS, Mental Health Trust and STP. These roles should also link to the AMHP Leads Network, ADASS, PSW network and office of the chief social worker.

- Local Authorities and Mental Health Trusts should ensure that all AMHPs (including in MH Trusts) have support and supervision in line with the regulations from senior social workers with AMHP experience.

- Local Authorities and Mental Health Trusts should ensure that local activity data is routinely collated and reported to the LA and NHS Trust boards and STPs, Skills for Care and NHS Digital. This should be used to inform best practice and improve services locally. As part of this there should be an agreed minimum data set for AMHP data collection agreed across NHS Digital and Skills for Care.

- Local Authorities should ensure AMHP professional and legal advice is available.

- Local Authorities and Mental Health Trusts should ensure that AMHPs have access to training and development programmes in line with the regulations.

- Local Authorities and Mental Health trusts should ensure there are forums where systemic issues affecting AMHP practice can be resolved and there should be high level reporting and monitoring of these. These should link with board level governance structures and include partners such as Acute NHS providers, children's services, the police and ambulance service.

- Local LAs and STPs should ensure there is a shared vision and plan to support and development of the AMHP services and AMHP workforce in their area.

- Local LAs and STPs should develop positive models of 'whole system' integrated working for AMHPs with other agencies based on the CQC recommendations for best practice. This will involve comprehensive integrated community support services based on prevention and avoiding crisis. For people who are experiencing mental health crisis, this will involve a 24 hr AMHP service that has very close working relations with NHS crisis and home treatment services and has access to alternative provision to hospital admission.

- Local STP workforce plans, Local Authorities and Mental Health Trusts should have a workforce plan for AMHPs from other professions and develop how these are supported within the NHS and by the local Authority that authorises them. HEE and ADASS or the LGA should jointly publish guidance on the support required for AMHPs employed by NHS MH Trusts or other organisations.

- Universities and teaching partnerships, working closely with Local Authorities and STPs, should develop flexible and accessible MA level AMHP training courses based on the guidance from the regulator.

4. **Improving the recruitment of Approved Mental Health Professionals**

- Local Authorities regionally and Social Work England nationally, should ensure that Social Work courses within university teaching should provide appropriate information and experience about career pathways within mental health services. This should include opportunities to shadow the AMHP role.

- There needs to be the development of a similar AMHP workforce plan for Wales that is co-ordinated with this document.

- LAs and STPs should consider recruitment campaigns and advertisements about the AMHP role for experienced staff from across the eligible professions. HEE are developing career pathways for MH professionals so this should be joined up.

- Each LA and STP should have a clear plan for the number of AMHPs needed from Mental Health services, Learning Disability services, Older Peoples services, Sensory Needs services and Children's Services.

- Each local Authority and STP workforce group should monitor the workforce needs of the AMHP staff in their area and have plans in place to ensure that staffing levels are maintained. This is especially important as the current demographic of the AMHP workforce which suggests that AMHPs are more likely to 50 or over.

- The salary and position of AMHPs should be reviewed regionally. AMHPs are experts and senior level practitioners and paid accordingly.

- Social Work England should consider the reform and development of AMHP training courses to ensure improved accessibility whilst quality is maintained.

5. **Improving the Retention of Approved Mental Health Professionals**

It is recommended that local employers, backed up by national guidance, take the following action to improve the retention of AMHPs:

- Local Authorities, Mental Health Trusts and STPs should monitor the morale, pressures and workload of their AMHP services and the professionals who work with and support AMHPs. There should be regular audits of these issues and plans to resolve problems through a 'whole system' regional approach.

- Local Authorities should work to reduce disparity in levels of salary, leave or benefits for AMHPs within their region. AMHPs should be paid at the appropriate senior practitioner level for the responsibility and expertise involved. Disparity between NHS and Local Authorities should be reduced and those employed in an AMHP role paid at similar levels irrespective of employing organisations.

- Local Authorities should consider flexible working patterns for AMHPs and the relationship between community work and AMHP work to reduce levels of stress.

- Local Authorities should pay an appropriate amount for AMHPs who work out of hours.

- Local Authorities should ensure that enough AMHPs are trained in each area each year and there is a plan for future workforce needs. It usually takes a minimum of 2-3 years post qualifying experience and education to produce an AMHP. The course costs £3000 - £6000 depending on regional variation. Actual costs could be much higher is backfill and other costs are filled in. This needs to be part of each workforce plan.

- Local Authorities should encourage experienced AMHPs to stay on and support the next generation of trainees, with return to AMHP role schemes and career opportunities for the most experienced staff (within the regulations).

- Train and support AMHPs across all areas including mental health – especially children's, disabilities, Emergency Duty teams and older people.

- Principal Social Workers and AMHP leads should provide local leadership and support for AMHPs. They should audit and monitor AMHP morale and work problems and resolve them with partners as they develop. PSWs and AMHP leads should act on behalf of all AMHPs in an area.

6. **Training and development of the AMHP role**

AMHP services should be seen as open-learning environments in order to promote social models of mental health within the broader system. AMHP services should actively seek opportunities to promote child and adult safeguarding, rights-based agenda, early intervention and access to social and health care.

AMHP courses need to ensure that they are reviewing their programme with the regulator so that they are producing effective AMHPs with a clear expertise in the developing mental health services and linked to best practice.

- All AMHPs should be supported to take up a system leadership role and to use their place in the system to effect wider change.

- AMHPs should achieve supervisory accreditation under the Knowledge and Skills Framework for supervisors and train as practice educators.

- The Link between the AMHP practice education role and the social work practice education role should be clarified and developed.

- AMHPs should have routine opportunities to contribute toward the learning of others, identify their own learning needs, and be provided opportunities for personal and professional development.

- Routes into AMHP training should be clear for all qualifying professional groups, regardless of employer or profession. All professions who carry out the AMHP role must be supported to maintain the regulated professional registration.

- AMHP services should recognise and support AMHPs outside of AMHP work, where possible, and seek to avoid organisational and professional isolation.

- AMHP professional development should emphasis the value of service user and carer experience of the AMHP role in learning and development. AMHPs should be supported to explore the impact

of social trauma on the experiences of detention and how this shapes the responses of both service user and AMHP.

- Social Work England should consider how the current high standards of learning within AMHP courses generally can be delivered in more flexible ways and over shorter timescales that will be more accessible to employers and staff who may wish to train as AMHPs.

- Specific training and development should support AMHPs to work with client groups outside their normal experience, including Emergency Duty work.

7. Promoting the AMHP role in multidisciplinary and partnership working arrangements

- The statutory responsibility for the AMHP role lies with Local Authorities. There is also a need for the role to be seen as part of the wider integrated core workforce for mental health services. STP's ICO's and Mental Health Trusts need to work with their Local Authority and national bodies to develop and support the role and share the local responsibly for the development of the AMHP service..

- Regional STP workforce plans should encourage other professions to train as AMHPs through appropriate information and development and a positive career development and recruitment process operated via NHS England, HEE and local STPs and mental health trusts.

- Regional LA's, working with STPs, should develop a local workforce plan to agree the number of AMHPs needed locally and the funding and recruitment arrangements. This should be a whole system approach with shared responsibility across the health and care economy.

- MH NHS Trusts and HEE should work with the LGA, ADASS and the office of the Chief Social Worker to develop a professional support and HR process for Social
Workers (and AMHPs who are not Social Workers) employed directly by NHS Trusts that will ensure they meet their regulatory and CPD requirements.

- STPs, LAs and MH Trusts should create programmes that enable and encourage health professionals to take up AMHP training funded regionally by LAs or STP's.

- LAs and MH Trusts should make local decisions about the amount to pay AMHPs and provide enhanced payments for all Health and Social Care professionals acting as AMHPs that promote equality across the workforce.

- Professional bodies, such as the Royal College of Nursing, Royal College of Occupational Therapists and British Psychological Society should be more involved in supporting and encouraging health professionals to become AMHPs.

Mark Trewin
Mental Health Social Work Lead
Dept of Health and Social Care
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Appendix One: List of contributing individuals or organisations:

Karen Linde: Social Work for Better Mental Health. Senior Associate - Centre for Citizenship and Communities (LSE, UCLAN, RSA,)

Robert Lewis: AMHP Service Manager, Devon County Council & MH Partnership Trust

Anna Beddow: Programme Director, Msc Applied MH, University of Manchester

ADASS National Mental Health Policy Network

Skills for Care

Care Quality Commission

The AMHP Leads Network

British Association of Social Workers

Chief Social Worker for Adults

Department of Health and Social Care

National Collaborative Centre for Mental Health

NHS Benchmarking Team

NHS England Adult Mental Health Team

Health Education England Mental Health Workforce Team

All Parliamentary Group on Mental Health and Social Work

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[i] Health and Care Professions Council

[ii] Think Ahead is a government-funded fast-track scheme which trains mental health social workers. It has produced these estimates by combining figures from the National Minimum Data Set for Social Care and data requests to NHS Digital, informed by FOI requests to NHS Mental Health Trusts (the methodology can be explained in more detail if helpful).

[iii] Based on 8,650 as a proportion of the total core mental health workforce of 182,500, with and without the 8,650 considered as additive.

[iv] Based on 8,650 as a proportion of the total core community mental health workforce of 83,300, with and without the 8,650 considered as additive.

[v] Based on adding 8,650 to the total professionally qualified clinical core community mental health workforce of 42,800.

[vi] AMHPs, Mental Health Act Assessments & the Mental Health Social Care Workforce (ADASS, 2018).

[vii] Estimated based on data from NHS Digital. Historic data does not break down specialisms within social work, so this estimate assumes the same distribution within specialisms as at present.

[viii] Annual reports on Staff of Social Services Departments, produced by Skills for Care, show that, other than a dip in 2013 that has since been recovered, the number of social workers employed by Local Authorities across all adult services has been relatively stable from 2011 to 2017 (at around 16,000). Data is not available for individual specialisms. It may be surprising that workforce numbers did not drop significantly during this period of austerity; we assume that these workers were relatively protected because they deliver functions which are a statutory obligation for Local Authorities.

[ix] Social Work for Better Mental Health - a strategic statement (DHSC, 2016).