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| **Title:** |
| Mental Health Act Referrals  Local Cross Boarder Agreement between Nottinghamshire County and Nottingham City Approved Mental Health Professional (AMHP) Service |

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| **Aim / Summary:** |
| To support both Nottingham and Nottinghamshire to triage referrals for Mental Health Act assessments. |

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| Policy |  | Guidance |  |
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| **Please Include Any Supporting Documentation:** |
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| \* If you are making changes to an existing document, please overwrite the previous version. | | |

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**AMHP Referrals Guidance**

Contents

[Introduction 3](#_Toc168909205)

[Which Local Authority to refer to 3](#_Toc168909206)

[Referrals to Nottinghamshire County and Nottingham City AMHP service 3](#_Toc168909207)

[For Nottingham City Referrals to the Emergency Duty Teams (out of hours) 4](#_Toc168909208)

[Incomplete assessments 4](#_Toc168909209)

[Timing of assessments 4](#_Toc168909210)

[How to locate the right AMHP 5](#_Toc168909211)

[Guardianship 5](#_Toc168909212)

[Community Treatment Orders 5](#_Toc168909213)

[Process of recall 5](#_Toc168909214)

[Resolving disagreements 5](#_Toc168909215)

[Unresolved concerns/complaints 5](#_Toc168909216)

## Introduction

Local Social Service Authorities (LSSAs) have a duty, where there is reason to think that an application for admission to hospital or a guardianship application may need to be made, to arrange for an Approved Mental Health Professional (AMHP) to “consider the patient’s case” under Section 13 of the Mental Health Act 1983.

This guidance provides information about how to refer to an Approved Mental Health Professional in Nottingham City and Nottinghamshire County.

## Which Local Authority to refer to

It is the responsibility of the LSSA (AMHP service) where the person/patient is at that point to consider whether an application should be made etc. (It does not relate to the location of a person’s GP.)

The exceptions are:

1 Where another LSSA AMHP has applied for section 2 **–** it is back to that LSSA to arrange the Section 3 assessment. Common sense should prevail – for example, if a Nottingham service user was sectioned under section 2 in Cornwall, came back to Nottingham as an in-patient and required a section 3 assessment – then it’s sensible for the Nottingham AMHPs to do this**.**

2 The arrangements between Nottingham City and Nottinghamshire County Council – [please see Appendix 1](#Text13)

If the patient who is ordinarily resident in one LSSA is located in the other LSSA area, then it is the responsibility of the first LSSA for example, where the person resides, to arrange for an AMHP. Note that this only applies to Nottingham City/Nottinghamshire County who thereby agree to authorise each other’s AMHPs for this specific function. For example, if a Derbyshire resident or a person with no fixed abode was at the Queens Medical Centre (QMC) 136 suite, it would be the responsibility of Nottingham City.

If a referrer contacts the wrong AMHP service, the AMHP should ensure that they give the referrer the details for the correct AMHP service.

## Referrals to Nottinghamshire County and Nottingham City AMHP service

Referrals can be made, and then must be considered by an AMHP, from professionals belonging to any agency. Members of the public may also refer via the Customer Services Centre, but it is likely that their referrals will relate more to general concerns than a specific Mental Health Act assessment request. It should be noted that a nearest relative has a specific power in Section 13(4) of the Mental Health Act to request an AMHP assessment and should be informed of this by other agencies if they express serious concern about their relative.

Referrers should carefully consider whether the criteria for compulsory admission may be met before referring:

* The person is suffering from a mental disorder of nature or degree which may warrant their detention in a hospital.
* Detention may be required for his own health or safety or with a view to the protection of others.

There is a different referral route for mental health assessments, where there are no serious or immediate concerns about risk to self or others, via the General Practitioner (GP) and into secondary mental health services.

Many referrals are urgent, and the risks are clear. Secondary mental health teams often closely monitor the patient who is slowly deteriorating and decide at which point to refer for a Mental Health Act assessment. An up-to-date risk assessment should have been completed along with a review of the care plan and there should be recent evidence of the team trying to assess and engage with the patient.

It is recognised that it is not always possible for referrers in all circumstances, either from primary or secondary services, to have a complete and detailed risk assessment. They may legitimately request an AMHP to consider the case when there is enough evidence that a person may meet the criteria for a Mental Health Act admission.

If the AMHP decides not to assess the person at the time, they should provide reasons in writing to the referrer with suggestions about an alternative course of action and who to liaise with in the future about a further request if circumstances change. Having received a referral the AMHP has a distinct, legal responsibility to consider the circumstances themselves and cannot then leave the decision of whether and when to directly assess up to other professionals without being satisfied her/himself that this is the right course of action.

## For Nottingham City Referrals to the Emergency Duty Teams (out of hours)

Referrals to the Emergency duty Team (EDT) AMHP service are about immediate and urgent risk: it is not a substitute for planned day time services.

### **Incomplete assessments**

If for some reason, an assessment is commenced and not completed, there needs to be a careful consideration between the referring team and the AMHP about why this has happened. This may occur if the person absconds during the assessment or is not available for the first planned assessment or for other reasons. If an assessment has been required at one point, there would then have to be vital, new information not to proceed with an assessment later that day or as soon as practicable. There would need to be a documented agreement, including a risk assessment and the planned next steps, between the AMHP and referring team if the assessment does not proceed.

### **Timing of assessments**

This will be decided by the AMHP, along with the referrer, and will depend on the circumstances. The AMHP and the referring team/person should decide whether the assessment is so urgent that it should proceed as soon as practicable.

Any reason for an unplanned delay should be recorded along with planned next steps to organise the assessment. Urgent assessments should not be delayed because a bed has not been located.

### **How to locate the right AMHP**

* Nottinghamshire County Council: 24-hour AMHP Team: AMHP Team - 0115 804 1826
* Nottingham City - Monday to Friday 9-5: [mentalhealthnorth@nottinghamcity.gov.uk](mailto:mentalhealthnorth@nottinghamcity.gov.uk)
* Locating the Emergency Duty Team: Telephone – 0115 876 1000

## Guardianship

Assessments for Guardianship should be undertaken by an AMHP in the team which has care for the client but only if the AMHP’s LSSA has responsibility for that person’s care based on residence or Section 117 responsibility. In this instance, a referral should be made to the relevant LSSA to make the appropriate arrangements.

## Community Treatment Orders (CTO)

The care co-ordinator or others involved in the care of a client will need to ensure that a potential CTO is flagged up as soon as possible and refer to the relevant AMHP service/team based on which LSSA will have section 117 responsibility.

It is best practice that, if practicable, the AMHP who has been involved in putting the CTO in place continues with any further procedures related to that CTO in order to give consistency to a client’s care.

## Process of recall

Clients under CTO who are subject to recall may need a warrant under Section 135(2) of the Act if they refuse access to their premises. This will require the police to be present to execute the warrant and the client may need to be conveyed to hospital either by police or ambulance.

The responsibility for Section 135(2) warrants and conveyance to hospital under this section remains the responsibility of the **Nottinghamshire Healthcare NHS Trust.** The person best placed to undertake this work could be the care co-ordinator. The AMHP service will support staff in the process.

## Resolving disagreements

The Mental Health Act (MHA) Code of Practice 14.109-110 gives guidance about resolving differences in opinion which should be followed. In particular, the patient must not be abandoned, and an alternative plan must be agreed, along with the arrangements for reviewing this plan and who is responsible for follow up. All this should be recorded separately by the AMHP and the relevant healthcare team.

## Unresolved concerns/complaints

Occasionally, there may be concerns about the actions, decisions or conduct of the AMHP. Whilst the AMHP has an independent role, they should act professionally within guidance and provide evidence for the decisions they make. In the first instance, the referrer should try to resolve concerns with the AMHP directly. If this is not possible or does not resolve the situation, the referrer should contact the AMHP’s

* Should you require assistance please contact the Performance, Intelligence and Policy (PIP) Team via:[policy@nottscc.gov.uk](mailto:policy@nottscc.gov.uk)