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# Update report to the Joint Overview and Scrutiny Committee

**Original Meeting Date – 14th December 2023**

Key Decision – No

Public/Private – Public

Portfolio – Cllr Lisa Brown – Cumberland  
Cllr Patricia Bell – Westmorland and Furness

Directorate – Adult Social Care and Housing – Cumberland Council  
Adult Social Care – Westmorland and Furness Council

Lead Officer - Karen Bell – Assistant Director – Operations, Cumberland Council  
Lennie Sahota - Interim Assistant Director – Operations,  
Westmorland and Furness Council

Title – **Overview of Hosted Services in Adult Social Care – additional questions arising from meeting on 14<sup>th</sup> December 2023**



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### **How many 'clients' are seen within a 12-month period.**

On average, the Council receives 1605 requests for Mental Health Act assessments per year. A request for a MHAA do not, however, mean that an assessment will need to be mobilised. There might be actions that can be taken by the AMHP or health professionals to ensure an assessment does not need to be mobilised. The average number of Mental Health Act assessments undertaken each year is 1491.

### **Is there a trend in demand.**

Over a 5-year period, we have seen a reduction in the amount of Mental Health Act assessments requested per year. There are several potential factors for this, such as the impact of Street Triage in North and West Cumbria. During the first period of COVID, when the Country was in lockdown, there was also a slight decline in requests for MHAA.

Even though there has been a reduction in the amount of MHAA requested each year, the time it takes to mobilise and complete an assessment is steadily increasing. The reasons for this appear to be resource driven – lack of available psychiatric beds/lack of available Doctors. As such, we have seen a steady increase over the last 4 years in what are commonly referred to as 'second AMHP assessments.' A second AMHP assessment is where a new AMHP is required to complete a Mental Health Act assessment due to their being a lack of an available bed during the first assessment. The second AMHP is the applicant under the Mental Health Act and therefore needs to consider whether they are willing to make an application based on the available medical recommendations from the first assessment. The 2<sup>nd</sup> AMHP must interview the patient again.

In terms of locations of assessments, it continues to be the case that a higher percentage of assessments are conducted in Cumberland. The majority of assessments are conducted in urban areas rather than rural or extra rural locations.

Individuals in the 18/65 age range remain the highest proportion of people assessed under the Act. This is followed by individuals in the 65 to 84 age group.

On average we assess 34 children per year under the Act. There has been a year-on-year decline in the number of children assessed under the Act since 2020. It is difficult to pinpoint exactly why this might be the case; however, it could be linked to additional support generated via the NHS (including enhanced gatekeeping assessments) if it is indicated a child might require a CAMHS T4 bed admission.



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In terms of sex, there remains a constant pattern of marginally more women than men being assessed under the Act every year.

On average we assess 1 individual per year identifying as non-binary. The average for individuals identifying as Transgender is 5 per year.

**What is the impact of Covid and the Cost-of-Living Crisis on that trend in demand.**

It is well known that environmental, social and psychological factors have a crucial influence on mental wellbeing and that social inequalities are associated with mental distress.

For many, the pandemic detached individuals from their important social networks or exacerbated a pre-existing sense of isolation. In the context of the Cost-of-living crisis, the stress of debt, uncertain employment and rising prices are all psycho-social factors that can either precipitate mental ill-health or contribute to a relapse in presentation.

From discussions with Approved Mental Health Professional colleagues, the following has been noted:

- In the initial stages of the pandemic, there seemed to be some reduction in requests for MHA assessments. This could be due to increased difficulties for people to go to environments such as the pub. During lockdown, securing drugs also became more challenging for some. This had a temporary effect of reducing the cases where alcohol and illicit substances were factors that might contribute to the deterioration in individuals' mental health.
- Following an initial reduction in requests for Mental Health Act assessments during the first month of lockdown 1, there seemed to be an increase in first presentation of psychosis.

Unfortunately, it is not possible to collect exact data from Adult Social Care's electronic recording system (IAS) regards how the pandemic and cost-of-living has impacted on admissions to hospitals under the Mental Health Act. This is because such references would likely be in the free text of the AMHP's assessment. As such the information is not a mandatory data collection point.

Whilst there is a developing knowledge base that suggests a link between the pandemic/cost-of-living crisis and an increase in people presenting as mentally unwell, this does not necessarily mean that as a result more individuals are coming into the sphere of the Mental



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Health Act. This is because prior to a referral being made for a Mental Health Act assessment, individuals quite often receive input from primary, secondary or crisis mental health services. These services are skilled in identifying social triggers that can lead to a mental health crisis and as such provide onward support as needed.

**What is the geographic spread in the demand for the service?**

Available figures tell us that most assessments take place in Cumberland, with the concentration of assessments taking place in urbanised areas such as Carlisle and the West of the County.

**Is the pool of Section 12 Doctors large or small.**

The most recent data available from Section 12 Solutions – the tool used to contact S12 Doctors – highlights that we have 88 Doctors registered on the platform. It is important to note that this platform still includes CNTW consultant capacity. As highlighted in the report for December scrutiny, CNTW consultants do not support the on-call rota. Therefore, this contingency of Doctors is effectively discounted when considering Doctor availability.

From December 2023 figures, we utilised 24 Doctors for Mental Health Act assessments. 8 of this cohort completed 10 or more assessments.

Cumberland Council's AMHP service. continues to have a heavy reliance on Doctors from the South of the County to support assessments in the North and West of Cumbria.

**What is the division of AMHPs between the two authorities with disaggregation?**

In terms of Cumberland Council and Westmorland and Furness Council's current sufficiency of AMHPs, there is a clear majority of AMHPs based in Cumberland. It is important to remember the sufficiency includes AMHPs who do not work for the Urgent Care Team,

If the principles of the Inter Authority Agreement were to be applied, Cumberland would take 8 AMHPs from the Urgent Care Team and Westmorland and Furness would take 6.

The disaggregation of the Urgent Care Team, however, will need to follow the prescribed process as set out below:

## Staff Allocation Framework



- What is the job title?
- Is this a specific professional discipline?
- What is the purpose of the role?
- Is this the only role of this type?
- Does the role carry out a specific statutory responsibility?
- Is it a corporate or enabling service which only supports a specific service?



- What is the grade and salary?
- How is the role funded?
- Which geographic areas does the role deliver?
- What is the current workbase?
- What proportion of time is spent virtual/home working versus in person working?



- What will the leadership structure be for the new council from vesting day?
- How will the service be delivered in the new council?
- What is the budget for the new service?



- Where do they live?
- Are there any issues that would make working for one or the other council particularly difficult for them personally or professionally?
- Do they have a preference?
- Do they have any specific objections to working for one council or the other?

### Principles in applying the framework:

- Ensuring a balance of skills between the two authorities.
- The requirement to meet service need, led by service management teams.
- Individual staff have a voice, and their preferences will be considered.
- The allocation must be financially sustainable for the new authorities.
- Consideration to where the work is moving to.



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### **Clarification around costs included in original scrutiny report.**

The £912k funds only the basic pay, National Insurance and Superannuation and is costed on the same basis as for all other staff. This is budgeted for.

The £56k is additional and covers additional allowances for unsocial hours, overtime, lump sums etc. This is not budgeted for and is therefore a cost pressure.

Work is on-going from a Cumberland finance perspective to address this pressure as part of work to realign the wider care management budget with establishment/people in post.

### **What are the key drivers which would be achieved by disaggregation?**

Disaggregation by its very nature provides an opportunity to deliver services in a different way; responsive to the needs of the communities we support. Both Councils for instance are alert to the way in which out of hours services could be delivered in the future. Housing as an example now sits as a duty within both Unitary Authorities and as such there is a need to consider the 24/7, 365-day offer relating to homelessness. A space now exists for both Councils to consider whether a consolidated out of hours offer is achievable around several areas of statutory responsibility. Within this, there might be scope to achieve some efficiencies.

It is important, however, to recognise that AMHPs are a premium resource. As such, both Councils are cognisant to that fact that disaggregating the Urgent Care Team in the context of AMHP related activity might not be achievable or desirable. It must be noted that the Mental Health Act regulations allow for Local Authorities to authorise AMHPs approved by another authority to act on their behalf. This creates space for Cumberland Council and Westmorland and Furness Council to enter a different type of relationship, out with of the current hosting arrangement, that could keep the critical mass of the Urgent Care Team AMHP capacity together as a Cumbria wide offer.

### **Contact details:**

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**Background papers:** Note: in compliance with section 100d of the Local Government Act 1972 the report has been prepared in part from the following papers: N/A