



Health and Adult Social Care Overview and Scrutiny Committee

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Approved Mental Health Professional (AMHP) Team

Report from: Jackie Brown, Assistant Director, Adult Social Care

Author: Laura Sowkhee, Head of Specialist Service and Safeguarding

Summary

This report outlines the legislative framework within which the local authority fulfils its statutory responsibilities under the Mental Health Act (MHA) 1983, including the statutory timeframes that govern these duties. It also sets out the current composition and operating model of the Approved Mental Health Professional (AMHP) service.

Additionally, the report sets out the current demand of the AMHP Service and explores the current strengths, challenges and opportunities ahead for the AMHP Service in Medway.

1. Recommendation

1.1 The Committee is requested to note the content of this report.

2. Budget and Policy Framework

2.1 This service supports the One Medway Council Plan:

Priority 1: Delivering Quality Social Care and Community Services, and sub-priorities:

- Provide effective, targeted support for our most vulnerable residents to enable them to fulfil their potential and improve their quality of life
- Support people of all ages to live the most happy, healthy, independent life possible, utilising assistive technologies
- Support all adults, including those living with disability or physical or mental illness to live independently and stay safe

- People in Medway live independent and fulfilled lives into an active older age

Priority 4: Improving Health and Wellbeing for All, and sub-priorities:

- Empowering people to achieve good health and wellbeing through prevention, with access to local activities and services that will enable and support them to lead independent, active and healthy lifestyles
- Work in partnership with communities and organisations to address the issues that negatively affect health and wellbeing, making sure everyone has the opportunity to live long, healthy lives

3. Background

- 3.1 The Approved Mental Health Professional (AMHP) is a statutory role created within the enactment of the Mental Health Act (MHA) 2007, replacing the Approved Social Worker (ASW) of the MHA 1983. The AMHP is a specialist role and requires a specific qualification.
- 3.2 The role of the AMHP is defined under section 13 of the Mental Health Act 1983 (as amended 2007). AMHPs are required to counterbalance the medical model by applying the social model to assessments. This allows for a holistic approach to assessments.
- 3.3 The AMHP regulations (2008) set out specific criteria for becoming an AMHP. A registered social worker, occupational therapist, psychiatric nurse or a clinical psychologist can train to be AMHPs.
- 3.4 Once qualified, an AMHP must apply to their employer to be warranted, undertake 18 hours per year of specific AMHP training and apply for reapproval of their warrant every 5 years. The Director responsible for Adult Social Care Services is the person who authorises Warrants for AMHPs, which within Medway Council is the Director of People and Deputy Chief Executive.
- 3.5 The AMHP has several statutory functions. Firstly, AMHPs have responsibility to organise and undertake assessments under the MHA 1983 and, if the legal definitions are met, to authorise detention under the Act following the medical recommendation of two Section 12 MHA 1983 doctors.
- 3.6 The legal criteria to detain someone under section 2 of MHA for up to 28 days, is that the individual must be suffering from a mental disorder of such a nature and degree that it justifies detention in hospital for assessment or assessment and medical treatment. Detention must be necessary in the interests of the person's own health or safety, or for the protection of others.

4. Assessments

- 4.1 Section 136 - a police officer may remove a person from a public place to a place of safety if they believe the person is suffering from a mental disorder and the person needs immediate care and control to protect themselves or others. A Place of Safety is a secure setting usually health based in a general hospital or mental health hospital or in exceptional circumstances a police station. Detention is for 24 hours only with a 12 hour extension only based on medical grounds.
- 4.2 Section 135 - The removal with support of S135.1 warrant obtained from a Magistrate Court, where a person is believed to be suffering from a mental disorder. The maximum lawful detention is 24 hours with a single 12 hour extension if a person is too intoxicated, medically unstable or physically unwell.
- 4.3 Section 2 - is detention for up to 28 days and the assessment can be carried out in the community or in hospital.
- 4.4 Section 3 - is detention in hospital for up to 6 months and the assessment usually takes place within a hospital.
- 4.5 Section 17 - a Community Treatment Order applies to patients who have been subject to section 3 and instead of remaining in hospital they are discharged on a Community Treatment Order and must comply with specific conditions such as complying with medication and attending appointments if these conditions are not followed, they can be recalled to hospital.
- 4.6 A mental health act assessment carried out in the community, usually in an individual's home, will start when concerns about the individual's mental health prompts a referral to the AMHP Service. The AMHP Team gathers the background information, consults with professionals involved in the person's care, usually they will already have been seen by the Kent and Medway Mental Health (KMMH) team and the Consultant psychiatrist.
- 4.7 The AMHP team will consider the assessment and will explore the least restrictive option and alternative to detention. If a mental health assessment is still required, it will be allocated to an AMHP to set up the assessment. This AMHP will need to consult with family and coordinate the assessment. They will arrange for a doctor from the mental health team, and an independent section 12 doctor to attend the assessment.
- 4.8 If there are specific risks, or there is the likelihood that the individual will not engage or allow the AMHP and the doctors access, the AMHP will need to apply to the Magistrates Court to obtain a warrant under section 135.1 MHA 1983. It can take a few days to get a slot at the Magistrates Court. Once the warrant is obtained the AMHP can set about liaising with the police for a time to attend the assessment with the AMHP and 2 doctors to execute the warrant.

- 4.9 The AMHP and the 2 doctors will then interview the patient, consult with the nearest relative, look at the evidence of mental disorder, risk, and necessity for detention. Once they agree to detain the individual, and the AMHP receives two medical recommendations from the doctors, the AMHP will then contact the bed management team and request a bed in an acute mental health hospital.
- 4.10 Due to bed pressures, often the patient may have to wait in the community for the bed to be made available as this can take 2 - 4 days. Once the bed has been allocated the AMHP will then make their application for admission under the Mental Health Act. The AMHP will then set about organising transport to convey the patient to hospital, always following the procedures set out in the Mental Health Act Code of Practice, ensuring the patient's rights are upheld, and they are treated with respect and dignity.
- 4.11 The AMHP after full consultation with the Nearest Relative, will document the reason for detention in an AMHP report. The patient will be informed of their right to appeal in line with Article 5 of the Human Rights Act. The patient can appeal their detention to a Mental Health Tribunal within 14 days of their admission under section 2 MHA 1983. The Nearest Relative can also apply for the patient's discharge under Section 23 if they disagree with the detention.
- 4.12 A Place of Safety is a secure setting usually health based in a general hospital or mental health hospital or in exceptional circumstances a police station. KMMH have 3 Places of Safety: St Martin's Hospital in Canterbury, Priority House in Maidstone and Little Brook Hospital in Dartford. Individuals can also be held at Clinical Decision Units at Medway Maritime Hospital and occasionally the Custody Suite at Medway Police station.
- 4.13 As part of the legal process the AMHP must inform and consult with the Nearest Relative as defined by Section 26 of MHA 1983. A Nearest Relative is a person identified by a strict legal hierarchy, not simply the closest family member emotionally. It starts with spouse, or civil partner, father or mother whichever is older, oldest brother or sister (over 18 years) and grandparents. In cases where there is no Nearest Relative, or the nearest relative is incapable of acting as a Nearest Relative, the AMHP would need to make an application to the County Court to displace or to appoint a Nearest Relative under section 29 MHA 1983.
- 4.14 If an AMHP acts without considering alternative least restrictive options, it would be unlawful, a breach of the person's human rights and be professionally negligent. AMHPs are considered safeguards against unnecessary detention and misuse of compulsory powers. Detaining someone under the MHA 1983 removes their liberty, one of the most serious actions the state can take. Therefore, the AMHP's role is to ensure that decisions are not only medically justified but socially, ethically and legally justified.
- 4.15 Even in circumstances when two S.12 doctors recommend detention, the AMHP can decide not to make a recommendation for hospital detention if least restrictive criteria are not met.

4.16 The Human Rights Act 1998, particularly Article 5 the right to liberty, requires all public bodies to ensure that a person's liberty is not taken away unless necessary and lawful. The impact of compulsory admission on an individual can cause trauma, lack of trust in services, and stigma.

5. Social Supervision

5.1 AMHP's also undertake Social Supervision duties under section 37-41 of MHA 1983.

5.2 When someone is convicted of an offence the Ministry of Justice may consider that a hospital order is more appropriate if a person has a mental disorder requiring treatment in hospital, detention in hospital is considered necessary for their health and safety or the protection of others. In this circumstance a person is detained in hospital under Section 37 of the MHA 1983.

5.3 A Section 41 Restrictions Order places specific restrictions on the patient's discharge, leave or transfer. For example, to reside at a certain address, a patient may need to refrain from alcohol and drug use, undertake regular drug and alcohol testing, comply with medication.

5.4 Social Supervision is formal monitoring and support carried out by a social supervisor when restricted patients are transferred from hospital to the community. The purpose of Social Supervision is to protect the public, support the patient's rehabilitation in the community and ensure conditions set by the Ministry of Justice are being followed.

5.5 In Medway these duties are carried out by the AMHP Team who provide social supervision for 31 restricted Medway patients some who are living in Medway and some who are placed out of area.

5.6 You do not need to be an AMHP to be a Social Supervisor, usually it is a qualified social worker, with knowledge of the MHA 1983, and conditions of discharge. They need to be able to assess risk and liaise with clinical teams. In Medway they are also required to undertake Social Supervision Training. In Medway the Senior AMHP's within the team carry out this role and hold a case load of approximately 8 people each who are monitored regularly.

6 Workforce and Team Structure

6.1 Adult Social Care in Medway right sized its work force and underwent a restructure during 2025. For the AMHP Service this meant separating the service from the DoLS Service and creating an AMHP Team in its own right. It also saw an increase in established AMHP posts by 2.6 FTE and the introduction of a dedicated Team Manager.

6.2 The Service sits under the Head of Specialist Services and Safeguarding.

6.3 The current establishment is as follows:

- 1 FTE Operations Manager - AMHP Team and the DoLS Team.
- 1 FTE Team Manager
- 5.6 FTE Senior Social Worker AMHPs
- 1 FTE R3 Business Support Officer

6.4 There are also on average approximately 4 mixed role AMHPs within Adult Social Care who are based within other teams but undertake Mental Health Act assessments on a rota basis.

6.5 Nationally there is a shortage of AMHPs in the workforce, vacancies rates have fluctuated from 12.7% vacancy rates in 2024 to 8.3% vacancy rate in 2025, <https://www.communitycare.co.uk/content/news/amhp-workforce-35-short-of-what-is-needed-for-24-hour-service-say-leads>

6.6 Despite the national recruitment challenges, over the past year, Medway's AMHP service has achieved a significant milestone. For more than a decade, the service has relied heavily on locum AMHPs to maintain statutory responsibilities under the Mental Health Act. This approach, while necessary, created challenges around continuity, cost, and resilience. However, in the last twelve months, we have successfully recruited permanent AMHPs and filled every vacancy within the team. This is the first time in over ten years that the AMHP service has been fully staffed.

6.7 In addition Medway Council offer two AMHP trainee opportunities per year to permanent members of ASC who meet the requirements to train as an AMHP.

6.8 Medway AMHP Team's operational core hours are Monday to Friday 9.00am to 17.00pm. We currently fulfil our out of hours MHA 1983 responsibilities through the procurement of services from the Kent AMHP Service at Kent County Council (KCC).

6.9 For the year 2024 -2025 KCC undertook a total of 92 assessments on behalf of Medway AMHP Service. From April 2025 to 30 Nov 2025, KCC have undertaken 35 assessments to date.

7. AMHP Performance and Data

7.1 From 1st April to 30th November 2025 the AMHP Team have received 171 referrals.

7.2 During the period 1st April 2024 and 31st March 2025, the AMHP Team received 370 referrals for Mental Health Act Assessments.

7.3 During the period 1st April 2023 to 31st March 2024 the AMHP Team received 390 referrals for Mental Health Act Assessments.

8. Quality Assurance

- 8.1 As part of Adult Social Care's self-assessment, in preparation for the Care Quality Commission's (CQC) assurance visit, it was identified that AMHP work in Medway did not have an audit framework. During the financial year 2025-26 quality assurance audits have been introduced and undertaken over the past 6 months to monitor AMHP practice, with two audit cycles completed in July and October 2025.
- 8.2 The audit outcomes demonstrated strong compliance with statutory requirements and good practice. AMHPs consistently identified and consulted with the Nearest Relative, and 91.6% of assessments were carried out jointly with a doctor. Notably, 66% of those doctors had previous acquaintance with the patient, which is positive and suggests that most assessments occurred during daytime hours. Furthermore, 84% of cases showed that patients were interviewed in a suitable manner, and all assessments were conducted face-to-face, ensuring quality engagement and adherence to the principles of dignity and respect.

9. Challenges and Opportunities

- 9.1 The Current out of hours AMHP service for Medway is provided by Kent AMHP Service (KCC) who assume responsibility for AMHP duties from 17:00 to 09:00, Monday to Friday, and continuously from 17:00 on Friday until 09:00 on Monday. During these periods, the Kent AMHP Service will consider all referrals for Mental Health Act assessments on behalf of Medway Council. They will undertake urgent assessments and time specific assessments where it is feasible to do so. Any referrals or assessments received that fall outside these urgent or time specific requirements are handed over to the Medway AMHP service to be managed within core working hours. From April 2024 to April 2025 Medway paid approximately £68,096 in invoices to KCC Out of Hours Service, which was within the agreed budget envelope for this service.
- 9.2 Work is beginning to explore the feasibility of establishing a Medway led stand-alone 24/7 AMHP Service. This work includes reviewing a range of alternative out of hours models and analysing the financial implications associated with bringing the service fully in-house. As part of this evaluation, it will be essential to determine whether an internally delivered model could operate more cost effectively than the current commissioned arrangement with KCC, while maintaining or improving the quality and responsiveness and reliability of provision across both core and out of hours periods.
- 9.3 Local Government Reorganisation (LGR) is expected to have a significant impact on AMHP Services across England, with the intention of reducing duplication, improving accountability and strengthening services. The AMHP workforce, who are primarily employed by local authorities will experience structural and organisational change as new unitary councils are established. Councils will be required to re-design service pathways,

governance, and workforce arrangements with implications for statutory duties.

- 9.4 These reforms are taking place alongside major changes proposed in the Mental Health Bill 2025, which aims to modernise the detention criteria, strengthen patients' rights and limit the use of compulsory powers. This will place additional demands on local authorities, requiring training, adaptation of local policies
- 9.5 Mental Health legislation reform and local government reform will create a complex landscape in which AMHP Services must navigate their way through whilst ensuring individuals in mental health crisis receive timely assessment and intervention.
- 9.6 There have been occasions within the last year where those that have been assessed by an AMHP have been waiting between 2-10 days for a bed to be identified. If a person has been waiting for a bed for several days, the AMHP will need to re-assess the person to determine if they still meet the criteria for detention/admission. In these circumstances, the AMHP will always undertake a risk assessment, alongside other involved professionals to determine if there is any support that can be implemented whilst awaiting bed identification, for example this could be a referral to the Home Treatment Team or an increased care package.
- 9.7 The AMHP will always liaise closely with the Bed Management Team, and advocate for their patient to be allocated a bed as soon as possible, communication is good between the Bed Management Team in KMMH. This is crucial to ensure that the bed is allocated considering the individual's age, gender, security level and distance. Delays can mean out of area beds have to be found, increasing stress for patients and families.
- 9.8 Having a permanent AMHP team in place is significant achievement and brings clear benefits. It ensures that the service can consistently meet demand without relying on locum staff, which improves continuity of care. A stable permanent team fosters stronger collaboration with health partners and supports patient safety. It also demonstrates a commitment to high standards and a sustainable service. Medway residents who meet the criteria for a Mental Health Act assessment represent a small but highly specific cohort within the wider population of individuals in Medway experiencing mental health issues. However, this group is often high risk, requiring urgent and legally compliant interventions. It is critical for Medway AMHP Service to provide a responsive, well-co-ordinated service, ensuring timely assessments, safeguarding rights, and reducing risks to both individuals and the public.

10. Risk Management

Risk	Description	Action to avoid or mitigate risk	Risk rating
Insufficient AMHP availability	High demand for Mental Health Act assessments combined with limited AMHP workforce can lead to delays in responding to urgent cases.	Workforce planning and recruitment strategies Develop on-call rota with contingency cover Cross-training and flexible deployment of staff	CII
Legal non-compliance	Risk of errors in Mental Health Act processes (e.g., incorrect paperwork or missed statutory timescales) could result in unlawful detention and reputational damage.	<ul style="list-style-type: none"> Regular legal training and refresher courses Implement robust audit and peer review processes Use digital tools for compliance checks 	CII
Staff wellbeing and burnout	High-pressure environment and exposure to distressing situations can impact AMHP mental health and retention.	<ul style="list-style-type: none"> Provide regular supervision and wellbeing support Ensure manageable caseloads and rota fairness Access to Employee Assistance Programmes 	CII

For risk rating, please refer to the following table:

Likelihood	Impact:
A Very likely B Likely C Unlikely D Rare	I Catastrophic II Major III Moderate IV Minor

11. Climate change implications

11.1 While Adult Social Care actively seeks ways to support climate change objectives, the nature of the AMHP role necessitates the use of transport for both the practitioner and the client.

12. Financial implications

12.1 The current revenue budget for the AMHP team and KCC Out of Hours service is £502,000, the latest monitoring shows an overspend of around £50,000 due to agency cover for staff vacancies throughout the year, however the team is now fully staffed with permanent employees. Despite the challenges of meeting statutory duties and managing out-of-hours demand, effective rota planning, resource management, and close monitoring have managed the financial pressures to the reported position. Continued focus on workforce planning and efficiency measures will help maintain this position going forward.

13. Legal implications

13.1 The legislation that governs AMHP work is the Mental Health Act 1983 (As amended 2007) and Mental Health Act 1983: Code of practice (2015) and the AMHP Regulations 2008 which establishes how local authorities in England approve individuals to act as AMHPs under the Act.

13.2 This legislation sets out the statutory responsibilities and duties of both AMHPs and local authorities.

13.3 The MHA 1983 applies to all persons and there is no age limit in respect of people being assessed, thus this can include children and young people. Medway AMHP Service although based within Adult Social Care also undertakes assessments of children and young people. From April 2025 to date the Medway AMHP Service have assessed 5 children.

13.4 Section 114 of MHA 1983 establishes Medway Council's duty to appoint and maintain a sufficient number of AMHPs to exercise the statutory functions of an AMHP which include, applying for compulsory admission of a patient, apply for guardianship, convey a patient to hospital, apply for a warrant to magistrate's court to remove a person for assessment.

13.5 The local authority must ensure that they have capacity to undertake MHA assessments 24 hours per day, 7 days per week, or should have arrangements in place to ensure sufficient AMHP cover (14.35 MHA 1983 Code of Practice) Currently Medway AMHP Service undertake MHA Assessments between 09:00 and 17:00 Mon to Fri and commission Kent County Council to undertake assessments outside of this time frame.

13.6 Mental Health legislation also states that AMHPs must in accordance with the Principles of the MHA 1983 including using the least restrictive options.

13.7 Section 17.9 MHA1983 Code of Practice states that AMHPs have professional responsibility to ensure that all the necessary arrangements are made for the patient to be transported to hospital as safely as possible preserving their dignity. South East Coast Ambulance NHS Foundation Trust (SECAmb) ambulances or secure ambulances are used depending on the circumstances of the patient. The Integrated Care Board hold the

responsibility to commission transport for people who are detained under the MHA 1983.

13.8 In addition to the above legislative frameworks AMHPs must also work within the Human Rights Act 1998 to protect patients' rights dignity and autonomy. Article 5 sets out that everyone has the right to liberty and security of person with the exception in Article 5.1(e) lawful detention of persons of unsound mind. Article 8 sets out that everyone has the right to a private and family life, and public authorities must not interfere with this right except when it is for the protection of health or for the protection of others.

Lead officer contact

Laura Sowkhee, Head of Specialist Services and Safeguarding,
laura.sowkhee@medway.gov.uk

Appendices

None

Background papers

None