



# **“Unsafe & Unsustainable”**

## **UNISON response to Mental Health Restructure 2016**

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**2016**

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**ALL-PARTY PARLIAMENTARY GROUP ON SOCIAL WORK**  
**REPORT OF THE INQUIRY INTO ADULT MENTAL HEALTH SERVICES**  
**IN ENGLAND**  
**SEPTEMBER 2016**

“At the start of this inquiry I was aware of the statistic that one in four people experience mental health difficulties each year. But, as so often with statistics, the numbers mask the reality of the daily impact on hundreds of thousands of people and their families – and on those dedicated to working with them.

As the inquiry progressed, the true scale of the crumbling mental health services in this country was exposed. Despite finding pockets of excellence in practice and encountering many, many examples of immense dedication from those working with people with mental distress, it became clear that the infrastructure, legislation and policies in place are failing those who are so desperately in need of support.

Stigma associated with mental health problems also persists and can lock people into a vicious cycle where they find it impossible to speak out and seek help. Those who do seek help all too often find the service falls short, resulting in crises and worsening mental health.

We have come a long way in the last few decades but it is clear that the prevalence of people experiencing mental health problems is rising. The old models of care are no longer fit for purpose. Shocking statistics show the number of suicides attributed to mental health problems that are too often the fatal consequence of a mental health system that has let people down. Too many deaths could and should be prevented.

The current medical model treats the person as a patient, not an individual, and is overly dependent on budget restraints and workplace targets. Our new vision of a better mental health system is one that is holistic and person centred; a system that recognises the person, not just the diagnosis; a system that offers a continual, seamless support network that stays with the sufferer for as long as they need.

In this report we have made recommendations to the Government to improve prevention, treatment and recovery for patients and to improve workforce morale, structures and integration for all professionals working in mental health. We specifically emphasise the role social work can play in holistic and preventive care and support. It is imperative our recommendations are implemented to turn that hope into reality.

I would like to thank my colleagues on the All-Party Parliamentary Group; BASW and, in particular, Madeline Jennings for her diligent work in compiling this report; but most importantly everyone who came and shared their experiences and stories with us.”

Emma Lewell-Buck, Member of Parliament for South Shields and Chair of the All-Party Parliamentary Group on Social Work

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## **Recommendations:**

1. Reverse the proposed deletion of social work posts.
2. Reverse the proposed deletion of Principle Practitioner posts.
3. Enter into urgent negotiations with Trade Unions to address the recruitment & retention crisis for Approved Mental Health Practitioners (AMPH).
4. Any decision to restructure Mental Health Services must be submitted to General Functions Committee.

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## **Background:**

The population in Barnet became the most populated borough in 2015 with 393,000. This is only set to grow more and the LA have cut Approved Mental Health Practitioners (AMHP) posts rather than begin to grow AMPH numbers in line with population growth. Croydon the next largest borough have 20 Full Time Equivalent (FTE) AMHPs. Barnet currently has 12.5 FTE to cover in and out of hours and 4 'As and When's.

### **1. "One of the main proposals is to reduce the number of Social Worker posts within the Adults and Communities Mental Health service and increase the numbers of Assessment and Enablement Officer (AEO) posts."**

Barnet UNISON is extremely concerned about the reduction of social workers and the introduction of Assessment Enablement Officers (AEO). In mental health staff are working with extremely complex and high risk individuals where you need qualified experienced and knowledgeable staff. Currently mental health social workers have significantly high caseloads (which includes the work connected to their statutory responsibilities in their AMPH role). The reduction of social workers will lead to greater pressure upon an already pressured staff group increasing the risk of more Serious Untoward Incidents (SUI) happening.

The recent '**All party parliamentary group**' identified the vital role Mental Health Social Work plays in protecting people's rights particularly when in a crisis or where a situation has deteriorated such as safeguarding, as (AMHPs) and Best Interest Assessor's (BIA).

These crucial roles are often low profile and are much lacking in workforce planning – was found evident in the inquiry. Social Workers (SW) are trained to take a strengths based approach to prevent and reduce deterioration. Another strength is that SW's treat Service Users (SU) as people and not a diagnostic category; they work systemically and holistically using a solution focused approach to practical as well as emotional, health and legal issues. SW's focus on empowerment and protecting human rights and promote social justice for individuals, families and their communities. The problem is not SW's per se it is the way in which they have been deployed that has been the problem – they have been not using the skills that they have been trained to use – in the limited roles such as care co-ordinators in health managed settings – rather than use all their skills and professional judgement to promote personalised solutions.

If SW's are really going to have an impact on changing the system SW's need more training not individuals with less training in order to offer a counterbalance to the medical model - which alone cannot tackle or erase stigma, bring about parity of esteem or support recovery for individuals or communities.

In order for co-production prevent model to mean anything it requires investment in good experienced professional staff who are able to keep the person at the heart of service design and delivery.

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**2. “All Principal Lead Practitioner and Senior Social Worker roles will be known as Lead Practitioners, in line with the rest of the Adults and Communities delivery unit. Lead Practitioners will carry on with their supervisory role of Social Workers and Assessment and Enablement Officers.”**

The supervision of staff by social workers on top of their already busy workloads is a very serious concern for SW's.

It is not just the supervisory role but also the following additional roles:

- Low budget sign off
- Supervision of all social workers
- Authorisation with inputters and brokerage
- Safeguarding lead
- Managing social care referrals
- Deputise for manager when on leave (including the AMHP manager)
- Recruitment of permanent and locum staff
- Panel document sign off
- Occupational health/sickness management.

The additional responsibility of supervising staff was not part of the original Job description and the feedback from SW's is that this is simply not manageable and if put forward will mean all Lead Practitioners will need **significantly reduced** caseloads.

**3. Do mental health social workers have sufficient capacity to absorb the deletion of 6 social work posts?**

No, it is Barnet Unison members view that this will decimate the service which already is low in numbers and morale is low. This proposal will also have a detrimental impact on the ability to train BIA's and AMHPs. The numbers of BIA's and AMHPs are already low and in a borough with the largest population in London and does not appear to be taking into account the social determinants contributing to mental health are at an all-time high. Demand is growing, including for crisis support. AMHP assessments have increased significantly and the service as it is currently configured is struggling to manage the volume.

There needs to be some careful workforce planning for the next five years that takes into account the significant growth in population in Barnet and rise of MHA assessments not a further reduction to a statutory service that has been severely cut over the past few years.

**4. Do you believe the proposed restructure with the reduction in social work posts and the added supervision of staff will mean an increase or a decrease in stress at work?**

Barnet Unison members believe the proposals will have a negative impact on the health and wellbeing of SWs. AMHPs are already struggling with stress, which has been compounded by low numbers of AMPHs who are carrying high caseloads of extremely complex cases. In the proposals it leaves only two LBB managers in Mental Health,

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who will have to supervise all of the Lead practitioners, this in our view is simply not feasible.

Barnet UNISON poses the following question

**“Can SW’s ill equipped to supervise untrained AEO’s balance the demands of their own role which is already stretched to breaking point but also support untrained and potentially inexperienced staff who may or may not have had prior experience working in MH?”**

If we turn to children’s social work and look more closely at the case of Victoria Climbe’ where the team culture was described as ‘conveyor belt social work’ (Iaming, 2003, p6.17) where the supervisor was not able to adequately contain the anxieties of her staff, and was described as, ‘unavailable and chaotic’. Research tells us that where supervisors or managers have ‘no space’ or have the necessary training and experience to contain the anxieties of their staff – this leads to feelings within staff of unease and lack of confidence in taking risks, high turn-over of staff, service user dissatisfaction, higher suicide rate, or worse SUI. Unless we manage the excess of anxiety that can be triggered when working at the coal face of the work, uncontained staff can become, ‘zapped of their passion and conviction’ of being able to enable and support the very people they are there to help. This will potentially lead to pressure upon managers from both the organisation and staff and have a negative impact on both!

#### **4. Do you believe the proposed restructure with the reduction in social work posts and the added supervision of staff will lead to a safer service for service users?**

As previously stated, with an ever increasing population and an increase of psycho-social problems as a result of austerity, the reduction of staff coupled with the increase in responsibilities will NOT lead to a safer service of service users, families and carers.

#### **5. Recruitment and Retention**

The London Borough of Hackney run a mirror service to the one we run. They began paying the same rate as us which is currently £80.03 per stand by shift and £150 per assessment. Hackney now pay £180 per assessment and £92 per standby payment. The reasons for increasing rate of pay was because Hackney were unable to recruit AMHPs – Barnet has advertised three times and we have not successfully recruited people to the out of hours team but have lost over the past two years 5 people. It is Barnet UNISON members view for a population of this size we need 22 AMPHs as a bare minimum to cover all the daytime shifts inclusive of annual leave and sickness.

#### **6. Secondment to Barnet Enfield Haringey Mental Health Trust (BEHMHT)**

Barnet UNISON agrees with the proposal that the secondments to the BEHMHT will cease.

#### **7. Social Care model**

Barnet UNISON has no objections to the proposal of strengthening the social care model in mental health services. We welcome systemic way of working with individuals and working closely with health colleagues. We note there has been discussions as to

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whether SWs will still be Care Co-ordinators, this needs clarification as this is another pressure on workload.

**Conclusion:**

Mental Health Services have come under unsustainable cuts as a result of Austerity policies which has cut funding to high profile frontline public services. Barnet UNISON has made it clear in discussions with senior management that the proposed cuts to staffing who are “backbone” of the service are both “**unsafe and unsustainable**” and strongly recommend that the Council think again about their proposals.