


Appendix 1 - Supervision Record Form

Supervision Record Form	
Name of Supervisees:	<ul style="list-style-type: none"> • Neil Emsden • Lenos Mbanje • Parbinder Johal • Michelle Pennant • Adal Soko • Adam Gibson • Nigel Curry • Rekha Shah • Lorna Broadbent • Shannon Gibson
Name of Supervisors:	<ul style="list-style-type: none"> • McGill • Daisy Long
Date:	17/02/2026
Length of session:	2 hours

Agenda Item	Summary of Discussion	Actions/ decisions/ timescales
Agenda	<ul style="list-style-type: none"> • Legal update: Tribunal power to authorise DoL as part of conditional discharge Implementation of MHA2025 part 3 provisions on 18 Feb 2026. • Case discussion: CW (persistent delusional disorder; severe heart failure; homelessness; capacity and risk issues) • Wider AMHP practice reflections: <ul style="list-style-type: none"> • Section 117 funding • Capacity, insight and risk • Housing duties and “Housing Plus” • CoP involvement • Guardianship, CTOs and conditions • NR consultation and information sharing <ul style="list-style-type: none"> • New law on legitimate interests & data access • AMHP decision-making, practicability, consultation duties, and balancing autonomy vs protection. 	
Review of previous supervision	No changes, supervision agreement in place for 2026.	<i>Members to refresh their awareness</i>

	 <p>Supervision Agreement Feb 2026</p>	<i>of group agreement</i>
Issues relating to staff support	<p>The team continues to manage highly complex, high-risk AMHP work, and several staff support themes emerged during group discussion:</p> <ul style="list-style-type: none"> <p>• Emotional and cognitive load: The cases discussed, including CW and the wider conversations on capacity, NR consultation, Section 117 pressures, and CTO/guardianship dilemmas, highlighted the mental strain of navigating ambiguous legal frameworks while ensuring defensible decision-making.</p> <p>• Practice confidence and peer reassurance: Team members openly acknowledged uncertainty around when to consult NRs, how to balance autonomy versus protection, and how to approach fluctuating insight during capacity assessments. Peer reflection was supportive and validating, reducing isolation typical in AMHP roles.</p> <p>• Legal change fatigue: Staff expressed pressure around keeping up with shifting case law and incoming changes (Data Use & Access Act, conditional-discharge DoL changes, anticipated NP reforms). This contributes to ongoing cognitive burden and a need for regular updates and structured support.</p> <p>• Multi-agency frustrations: Challenges around access to information, RC availability, ICB positions, and housing disputes were noted as sources of stress. These create delays, increase workload, and heighten professional anxiety.</p> <p>• Wellbeing indicators: Despite fatigue and intensity of subject matter, the team demonstrated strong humour, camaraderie, and mutual support. However, comments around tiredness, workload, and reliance on group space indicate continuing need for protected time for reflection,</p> 	

	supervision, and rest.	
Issues relating to professional development	<p>MHA 2025 – Part 3 Implementation (18 Feb 2026)</p> <p>The Tribunal can now authorise a Deprivation of Liberty (DoL) as part of a conditional discharge, regardless of capacity. These overturns constraints following MM (2018), which had barred conditions amounting to a DoL based on invalid consent and the incompatibility with recall powers.</p> <p>Practice impact discussed:</p> <ul style="list-style-type: none"> • Minimal change to routine AMHP work but major implications for forensic social work and social supervisors. • Conditional discharge + DoL may avoid a parallel CoP DoL, though dual authorisations may still occur in certain cases. • No new compulsion powers — recall remains the only enforcement mechanism, meaning the Tribunal must be satisfied that: <ul style="list-style-type: none"> ○ The person is likely to comply. ○ Robust contingency plans are in place if they leave without permission. <p>This generated later reflective links in the session when discussing guardianship, residence conditions in CTOs, and the boundary between restriction and deprivation.</p>	
Issues relating to role within the organisation and organisational requirements	<ul style="list-style-type: none"> • Clarity of AMHP responsibilities: Discussion highlighted ongoing organisational complexity around Section 117 funding, Housing Plus criteria, and the boundaries between adult social care, ICB responsibilities, and housing teams. AMHPs noted the need for continued organisational clarity to avoid inappropriate referrals or pressure to use 117 for non-MH-related accommodation. • Interface with clinical services: Several examples were raised where Responsible Clinicians or other clinical staff were unavailable, 	

	<p>reluctant to meet, or inconsistent in applying code-based requirements (e.g., consulting on CTO renewals). This creates operational barriers and highlights a need for stronger multi-agency expectations at organisational level.</p> <ul style="list-style-type: none">• Information sharing responsibilities: The group explored the forthcoming Data Use & Access Act changes and how these will clarify organisational duties to release information for safeguarding and MHA purposes. AMHPs noted historic inconsistency between Trusts, emphasising the importance of embedding new processes across the system.• Policy and legal change readiness: With DoL under conditional discharge now possible and Mental Health Act reforms anticipated, staff identified the need for structured updates, accessible organisational guidance, and time to understand implications for frontline decision-making.• Workload and resourcing pressures: The volume and complexity of cases, alongside multi-agency disputes and high-risk decision-making, continues to place pressure on AMHP capacity. Ensuring protected time for supervision, legal updates, and peer reflection remains an organisational requirement.• Need for consistent escalation routes: Cases involving disagreement between ICB, legal services, social care, or housing highlighted the necessity of clear escalation pathways within the organisation so AMHPs are not left navigating disputes without senior backing.	
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Summary of Reflective Discussions

Case Discussion – CW

Background & Presentation

CW is a 74-year-old man with persistent delusional disorder (contamination theme) and severe heart failure. Historically homeless and busking around the UK for a decade, he repeatedly leaves any accommodation because delusions compel him to flee.

Recent history includes:

- Two heart attacks late last year.
- GP states he cannot safely remain outdoors.
- Previously lived in temporary accommodation but would leave after 2–3 months.
- Currently in an Airbnb studio because he refuses shared or communal environments.
- Past delusional belief he was sexually assaulted in sheltered accommodation; police found no evidence, but the belief remains fixed.

Capacity & Insight

- MCA assessment: Lacks capacity about care/residence.
- He has good insight into physical health (recognises symptoms, has appropriately called ambulances).
- However, poor insight into associated risks when delusions activate (e.g., believing faith protects him from cold; dismissing contamination fears when probed).
- Declined IMCA.

Risk

- Significant physical health risk from cardiac instability if homeless.
- Mental health symptoms drive disengagement from accommodation.
- Risk of disappearing when delusions escalate (historically common).

Housing & Multi-agency Issues

- Housing willing to consider a single occupancy flat, but CW insists on knowing the exact location before completing paperwork — causing stalemate.
- He prefers city-centre proximity due to bus/train access.
- ICB pushing for residential care, but team generally feel this is overly restrictive and unlikely to succeed due to lifestyle pattern and beliefs.
- Best interests likely point toward independent accommodation with support, as previous sheltered settings triggered delusions and disengagement.

Funding (Section 117)

- Whether accommodation meets Housing Plus definition.
- Concerns about the homelessness team pushing 117 responsibilities were inappropriate.
- CW has private pensions (~£1,000/month), possibly precluding housing benefit.
- Dispute about reimbursement for hotel stays paid by CW.
- Team agrees 117 cannot cover basic accommodation absent mental health-related supervision.

Potential legal frameworks

- Guardianship raised as a potential tool for balancing autonomy with risk (particularly around residence).
- Acknowledgement that clinicians often avoid guardianship due to perceived lack of “teeth”.
- Recognition that guardianship may resurface as a viable least restrictive option if CTO and residential proposals are unsuitable.

Best Interests & CoP

- Anticipated Best Interests meeting.
- Possible Court of Protection involvement if ICB and adult social care cannot agree on accommodation outcome.
- Legal advice already engaged; disputes over feasibility of maintaining hotel placements.

Wider Discussion: AMHP Practice Themes

Insight, Capacity & Risk

- Repeated discussion about how insight into physical health can coexist with lack of insight into mental illness, and how this affects capacity assessments.
- Reference to recent case law on insight and capacity, including concerns about clinicians improperly linking mental illness recognition to capacity.

Residence Conditions on CTOs

- Concerns about CTO conditions compelling abstinence, residence, or treatment.
- Ambiguity, enforceability issues, and necessity/proportionality tests.
- Recognition that only recall enforces CTOs — mirroring the earlier discussion on conditional discharge.
- Agreement that residence conditions can amount to a deprivation, depending on restrictiveness.

Guardianship vs CTO

- Guardianship may be more appropriate where issues are accommodation-related, not treatment-related.
- But clinicians resist guardianship due to perceived ineffectiveness.

	<ul style="list-style-type: none"> • Discussion around future “NP” reforms possibly increasing need for nuanced approaches. <p>NR Consultation – Practicability, Rights & Risk</p> <ul style="list-style-type: none"> • When to consult before/after seeing the patient. • Balancing Article 5 rights, safeguarding, risk, and patient wishes. • Transcript examples where failure to consult NR harmed assessments. • Cases where consulting NR risked damaging relationships. • Emphasis on AMHP professional judgement, practicability, and detailed justification in reports. <p>Access to Information & GDPR Changes</p> <ul style="list-style-type: none"> • New Data Use & Access Act changes, introducing “recognised legitimate interest” including safeguarding/emergency responses. • AMHPs will have clearer grounds to request clinical records from other Trusts. • Barriers to information sharing are expected to reduce.
<p>Feedback from supervisor and supervisee</p>	<ul style="list-style-type: none"> • Team valued the depth of legal clarification and cross-case learning. • Several AMHPs shared uncertainties about NR consultation, enhancing collective practice understanding. • supportive learning environment, with open debate and validation of varied approaches.
<p>Any other issues</p>	<p>AMHPs to familiarise themselves with new legitimate interest provisions for information access.</p> <p>Daisy to circulate hub links and updates for ongoing CPD (link included below).</p>
<p>Resources and Links Shared in the Session</p>	<p>Case Law & Legal Commentary</p> <ol style="list-style-type: none"> 1. CT v London Borough of Lambeth & Anor (2025) EWCOP 6 (T3) https://www.bailii.org/ew/cases/EWCOP/2025/6.html 2. Capacity, insight and professional cultures – Essex Street summary https://www.mentalcapacitylawandpolicy.org.uk/capacity-insight-and-professional-cultures-an-important-new-decision-from-the-court-of-protection/ 3. TW v Enfield Borough Council (2014) https://www.mentalhealthlaw.co.uk/TW_v_Enfield_Borough_Council_(2014)EWCA_Civ_362,(2014)_MHLO_26 4. DP v South Tyneside DC (2011) https://www.mentalhealthlaw.co.uk/DP_v_South_Tyneside_DC_(2011)_Admin_Court_14/7/11

	<p>Guidance and Legislation</p> <p>5. ICO – Data Use and Access Act 2025 (DUAA) https://ico.org.uk/about-the-ico/what-we-do/legislation-we-cover/data-use-and-access-act-2025/the-data-use-and-access-act-2025-what-does-it-mean-for-organisations/</p> <p>Resources, Programmes & Training</p> <p>6. Bloomsbury 33-13 series https://www.bloomsbury.com/uk/series/33-13/</p> <p>7. Coventry Programmes – DCC-i CPD Portal https://dcciportal.co.uk/apa_area/coventry-programmes/</p> <p>8. MHA 2025 Overview (DCC-i Canva site) https://dcc-i.my.canva.site/mha-2025-update</p>	
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Date of next supervision group session:	3 rd June 2026 @ 9.30 – 11.30
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A copy to be given to supervisees and a copy retained and filed securely by the supervisor