

Witness Name: Geoffrey Culpin

Statement No: WITN0189002

Dated: 08/01/2026

THE NOTTINGHAM INQUIRY

SECOND WITNESS STATEMENT OF GEOFFREY CULPIN

I, **Geoffrey Culpin**, of Nottingham City Council, Loxley House, Station Street, Nottingham NG2 3NG **will say** as follows: -

- 1 I am an Approved Mental Health Professional (“**AMHP**”), in the employ of Nottingham City Council.
- 2 Where the content of this second witness statement is within my personal knowledge it is true. Where it is outside my personal knowledge and derived from other sources, it is true to the best of my information and belief.

INTRODUCTION

- 3 At the request of the Inquiry, I have already provided a statement in this matter, dated 10 November 2025. In addition, a number of my colleagues, including AMHPs, have also provided statements. The purpose of this statement is to provide further background on the work of Nottingham City Council’s AMHP and the teams in which they work.

THE ROLE OF THE AMHP

- 4 In October 2019, the Department for Health and Social Care (with others) published a National Workforce Plan for AMHPs [WITN0189003]. In the background to that document, the department stated:

“AMHPs have a key statutory role in the effective delivery of mental health services:

- *AMHPs lead the organisation of statutory mental health assessments under the MHA 1983. They are responsible for organising the assessment, the identification of the nearest relative and organising doctors and key agencies, such as police and ambulance. AMHPs are independently responsible for a decision to detain a person and arrange conveyance to hospital.*
- *AMHPs have a key responsibility to ensure that people’s human rights are upheld and that the guiding principles of the MHA, as laid out in the Code of Practice (2015) are followed. They ensure that the most appropriate framework is selected in line with current case law interpretation, whilst the guiding principle of ensuring least restrictive decision making remains at the forefront of this process.*
- *AMHPs have other duties and powers under the MHA in relation to community treatment orders, guardianship, applying for a court to displace a NR [nearest relative sic] or taking over the NR role and applying to the court for warrants under Section 135 of the MHA.*
- *AMHPs work within complex organisational systems and it is widely recognised that AMHPs operate most effectively within a ‘whole systems’ approach where the NHS, local authorities, police and other agencies work together (CQC, 2018)”.*

- 5 The guidance goes on to elaborate on the history and training of AMHPs. I believe this will be useful to the Inquiry: -

“AMHPs are approved or authorised by local authorities. Historically the role has been undertaken by social workers (prior to the 2007 amendments, the role was known as the Approved Social Worker). Since 2007, mental health and learning disabilities nurses, occupational therapists and chartered psychologists have been able to train to be AMHPs, but currently social workers still occupy 95% of the AMHP role.

Training is undertaken by universities at a master’s level. The qualification is delivered as a post-graduate certificate, post-graduate diploma or full MSC/MA (depending upon the local arrangements). All are regulated by the HCPC, but this will be taken over by Social Work England in 2020. Most courses involve a placement – with a mixture of academic work, assessed experience and a portfolio. The length of the course can be varied as long as the academic and practice components are met.

The AMHP role is crucial to ensure that the rights of people in mental health crisis are protected, that detention is avoided wherever possible, that social issues are considered and that the views of people and families are included in assessments under the MHA.

The original ASW role was developed to be completely independent from the health service and designed to protect people’s rights within a social model of mental health provision. The government at that time ‘accepted MIND’s and the British Association of Social Workers’ (BASW) argument that, in the absence of judicial scrutiny, the exercise of medical power should be moderated by an independent social worker’ (Hargreaves 2000). The development of integrated multi-disciplinary teams has influenced this remit; current evidence suggests that AMHPs from social worker nursing backgrounds make similar decisions around risk (Stone 2018). Furthermore, the role still has human rights and a social approach at its heart – regardless of the profession undertaking the role. This is supported by research

identifying the considerations about human rights are dominant within AMHP decision making (Buckland, 2014; Dickson et al, 2018; Laing et al, 2018)."

THE AMHP SERVICE IN NOTTINGHAM

- 6 This falls within the Adult Social Services Directorate and the officer with ultimate responsibility is the Director of Adult Social Services ("**DASS**"), Richard Smith. He is the current holder of this role, having been recruited on an interim basis earlier this year. Given that he is so new to the role, for the reasons set out in my previous statement, I am better placed to describe how the AMHP service works within the city.
- 7 Nottingham City Council has approximately 40 AMHPs who can potentially undertake Mental Health Act assessments ("**MHAAs**"). This number can vary slightly as new people join the rota and others leave. We aim to ensure that new AMHPs are undertaking training every year
- 8 The Adult Mental Health Teams include a Forensic Team and two social care teams – the North Team and the South team – which cover different areas of the city. The majority of contacts with VC were undertaken by AMHPs working in the South Team.
- 9 The two teams are of roughly equal size and contain about 20 social care staff, a significant number of whom are AMHPs. The forensic team is comprised of four social workers and a senior practitioner, all of whom are AMHPs.
- 10 AMHPs are instrumental to the completion of an MHAA. Consequently, AMHPs will see people who may be in a state of distress, and the nature of the role can be stressful and demanding.

- 11 Nottingham City Council fulfils its statutory duties in relation to undertaking MHAAs through a rota that responds to requests for assessments between 09:00 in the morning and 17:00 in the evening. Outside those times, (17:00 in the evening until 09:00 in the morning), referrals are directed to Nottingham City Council's Emergency Duty Team ("EDT") who also cover weekends and bank holidays. It is important to note that once an MHAA has begun within the daytime, the daytime AMHP will finish it, even if it sits outside their 09:00 to 17:00 core hours.

THE NOTTINGHAM AMHPs' ROLE

- 12 It is practice in Nottingham for AMHPs to undertake this role alongside other adult social care roles. This may involve undertaking duties under the Care Act 2014, such as commissioning packages of care and undertaking safeguarding investigations. A number of AMHPs are effectively sessional workers and just undertake MHAAs.
- 13 How AMHP work is undertaken differs between authorities, with some having a dedicated, full-time AMHP resource alongside the ability to call upon other AMHPs if needed. This model is often described as being 'hub and spoke' in nature.
- 14 Our model has been in place for as long as I can recall. It is my observation that this role can be challenging and sometimes relentless. To do this work every day could contribute to social workers becoming burnt out or less empathic. Undertaking AMHP work alongside other roles can make best use of a social worker's experience and make it more likely that they will continue to contribute as an AMHP. By gaining experience in other social work roles, AMHPs benefit from having a range of interactions with people over time, giving them a richness of knowledge that can contribute to a better understanding of a person's presentation and how it should be responded to.

- 15 For Nottingham, this is a pragmatic response to how this function is delivered and offers a degree of flexibility that is valuable in supporting AMHPs by ensuring they can effectively access support and guidance from their colleagues.

THE SERVICE STRUCTURE

- 16 All the social workers undertaking management roles are experienced AMHPs. There are also senior practitioners in all social care teams in Nottingham City Council, including the mental health social care teams,
- 17 In addition to other supervisory duties, the senior practitioners provide a senior cover function to the AMHP rota which, in the context of AMHP work, are described as senior covers. There are two senior practitioners in the north and south team and one senior practitioner in the forensic team. When undertaking senior cover, it is the senior cover's responsibility to triage referrals for work related to the Mental Health Act 1983 ("**MHA**") that has been received by the service. The senior cover will determine what response should be made, consulting with other colleagues if there is a need to do so prior to allocating the assessment, whilst taking into account the availability of AMHPs. Some assessments will need to be allocated immediately but, if this is not the case, feedback will be given to the referrer so that they are aware of the actions taken or planned.
- 18 The senior covers are also effective in supporting the work of other AMHPs. We encourage a supportive culture which promotes a collaborative team working environment and facilitates an open dialogue about how we work. This approach has consistently proven to be an effective way of integrating people into a wider group and to passing on knowledge and information.
- 19 Senior covers are always available to discuss issues with other AMHPs and will discuss key aspects of the allocated work before they begin to set an

assessment up. Consideration is given as to the most appropriate person to allocate an assessment to.

- 20 AMHPs are required to undertake 18 hours of Continuous Professional Development (“CPD”) each year specifically linked to their work under the MHA. AMHP Alison Jacques (who has given a statement) operates as our Training Officer. She is responsible for coordinating training commissioned by the department and liaising with the AMHP lead to ensure all AMHPs have undertaken the required training. The AMHPs must report their training each year, as it is a requirement for us to be approved to undertake MHAAs and to apply for warrants.
- 21 In Nottingham, AMHPs are supervised by AMHPs. In addition to in-house supervisions, there are daily discussions held in team settings. There is a monthly online AMHP forum in which issues are discussed and information disseminated across the wider AMHP group. This is facilitated by the AMHP lead. We have a culture of encouraging colleagues to seek advice and support from their colleagues and managers. The AMHPs have consistently shown a readiness to share information, to learn from and reach out to each other, and to hold one another to account.
- 22 AMHPs undertake MHAAs in a range of settings, for example, in community and hospital settings. Community assessments can often involve people who are new to mental health services; consequently, the nature of these can differ to a hospital assessment with someone who may have been in contact with services for several years.
- 23 The effective functioning of the AMHP service can be impacted by a number of variables over which we have limited control, such as bed availability. We cannot authorise detention of a patient unless there is a hospital bed for them

to be detained to. This is a regular situation which commands our resources and leads to delays in people being admitted. We also face challenges around the availability of Places of Safety (“POS”), without which a warrant cannot be executed.

THE EXTENT OF AMHP WORK IN NOTTINGHAM

- 24 The AMHP service in Nottingham has consistently been a busy one, and it is important that the Inquiry understands the full extent of this. The details are set out below.
- 25 We have examined data from the start of 2021 to October 2025. It reveals the following: -
1. 2021 - 1,158 MHAAAs, of which 99 involved warrants;
 2. 2022 – 1,236 MHAAAs, of which 110 involved warrants;
 3. 2023 – 1,230 MHAAAs, of which 74 involved warrants;
 4. 2024 – 1,229 MHAAAs, of which 87 involved warrants;
- 26 2025 is not complete at the time of signing this statement. To the end of October 2025, we had undertaken 999 MHAAAs, of which 79 were by warrant.
- 27 There is also another important point of context here because we triage referrals. When we receive a new referral, the senior cover will look at it and ascertain whether an MHAA should be progressed. The AMHP service receives referrals from medics, the police, nearest relatives and members of the public. If it is not appropriate to instigate an MHAA, the referrer will be informed why this decision has been taken and potentially given some additional information and the reasons why will be recorded on the system.
- 28 The AMHP service anticipates that it receives approximately 1,200 referrals per year.

INTER-AGENCY WORKING

- 29 I believe there are around 60,000 students in Nottingham. That is a sizeable proportion of the population (which stood at around 323,600 residents at the time of the 2021 census) and are reflected in the number of MHAAs undertaken.
- 30 The role of the AMHP service is known by both universities and counselling and well-being services. We have also a dedicated contact point within Nottinghamshire Police, PC Richard Boam. We also have effective and established working relationships with each hospital trust, including Nottinghamshire Healthcare NHS Trust ("**the Trust**").
- 31 Each mental health team is colocated in an NHS Trust building and had access to the Trust's patient management system, RIO.
- 32 I believe Nottingham has good inter-agency working and that we seek to be available to support other colleagues and teams. An example of joined up working between agencies is evidenced by the email I received from Ellie Turner which was then forwarded to the Trust.
- 33 Current mental health legislation can be dated back to the MHA. I understand that it is proposed to update this key legislative framework as part of the new government's legislative agenda. Despite the inherently coercive aspects of the legislation, there are important checks and balances throughout the legislation which AMHPs take into account when exercising their powers under the MHA. AMHPs have a number of factors to take into account when undertaking an assessment under the MHA, including risk and the need to consider the 'least restrictive 'option.
- 34 Individually and as an AMHP service our thoughts are with those affected by VC's actions. They were truly tragic and shocking. However, this case is an

extreme and rare case. To that end, we would recommend caution around re-writing mental health law or policy on the basis of one specific incident whilst recognising that over time legislative frameworks do require scrutiny and amendments and that there may be resource implications for numerous agencies if the aspirations and intent of proposed changes are to be realised

Statement of Truth

I believe the content of this statement to be true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief of its truth

GRO-B

Signed:

Print name:Geoffrey Culpin.....

Dated:08/01/2026.....

INDEX TO SECOND WITNESS STATEMENT OF GEOFFREY CULPIN

No	Inquiry URN	Document Description
1	WITN0189003	Policy Document: Department for Health and Social Care, National Workforce Plan for Approved Mental Health Professionals (2019)