

AMHP Service Self-Assessment Toolkit

1.

LOCAL AUTHORITY GOVERNANCE AND CONNECTION TO NATIONAL AND REGIONAL AMHP NETWORKS

AMHP Service Standard 1 is to help ensure that local authorities, and their Directors of Adult Social Services (DASS) in particular, are sighted on the effectiveness and functioning of the AMHP service in their area. It is essential that the DASS and those with senior responsibility for AMHP services are familiar with the detail of the national AMHP Workforce Plan (2019), which sets out the expectations against which local authorities and others must develop to ensure the health of AMHP services.

Key to achieving these ambitions are the development and maintenance of regular reporting structures from frontline AMHPs to DASS and back again. This is especially important if the AMHP service is based within an NHS Trust under integrated arrangements. Service Standard 1 also places a responsibility on the DASS, or nominated deputy, to ensure that their AMHP services are supported to connect to both regional and national AMHP networks and forums. The aim is to ensure the dissemination of key information throughout the AMHP workforce and to provide feedback into broader systems. This requires each authority's DASS or deputy to communicate with neighbouring counterparts to ensure regional considerations and shared understanding of AMHP work are maintained. It is recommended that each area identifies an AMHP lead to manage the service.

Potential examples of evidence to support this standard is being met:

- ✓ DASS or delegated senior officer meets regularly with AMHP Leads and provided with routine reporting on the functioning of their AMHP service
- ✓ System support in place to capture and report on AMHP demand and issues
- ✓ AMHP service provision across the local authority is set out clearly within a single operational policy with line management and organisational structures clearly identified
- ✓ Service development plans are in place that link to the national AMHP Workforce Plan
- ✓ Local authority approval and authorisation policy exists, is up to date and available
- ✓ Local AMHP Lead or AMHP Service Manager is a member of the AMHP Leads Network group
- ✓ Local AMHP Lead or AMHP Service Manager is a member of a regional AMHP Leads network or group

1.1 Local AMHP Services and leadership structures should ensure that there is a direct ‘line of sight’ and regular reporting between 24-hour frontline AMHP services and the responsible DASS and Principle Social Worker or equivalent Head of Service. For services located in mental health partnerships, the Chief executives and boards of those trusts should also be formally sighted on the activity of AMHP services in their area through regular reporting structures.

Map What evidence is there for your AMHP service already meeting this standard? (Make a note of any practices, protocols or policies that support this).	Evaluate Based on the evidence, to what extent do you consider that your authority already meets this standard?	Plan What are the systems or service changes that could be introduced to help meet this standard in a better way? (Consider here a range of potential responses that could form part of your service development plan).	Prioritise Overall, how would you rate the current level of risk to your AMHPs, AMHP service and authority in relation to this standard without making any of the changes identified here?
	<input type="checkbox"/> Not at all <input type="checkbox"/> Partially <input type="checkbox"/> To a greater extent <input type="checkbox"/> Consistently and to a high standard	Short Term Medium Term Long Term	<input type="checkbox"/> No risk <input type="checkbox"/> Low (small improvements required) <input type="checkbox"/> Medium (no immediate risks, but potential for greater risk if not addressed) <input type="checkbox"/> High (clear risk to all or part of the service)

1.2 The DASS should ensure that a lead AMHP or AMHP manager from the authority is linked into the National AMHP Leads Network forum to contribute to, and disseminate information from, that national forum. It is important that this individual is a practising AMHP. The DASS (or nominated deputy) is responsible for ensuring that the authority notifies any changes in post-holder to the AMHP Leads Network to ensure continuity.

<p>Map</p> <p>What evidence is there for your AMHP service already meeting this standard? (Make a note of any practices, protocols or policies that support this)</p>	<p>Evaluate</p> <p>Based on the evidence, to what extent do you consider that your authority already meets this standard?</p>	<p>Plan</p> <p>What are the systems or service changes that could be introduced to help meet this standard in a better way? (Consider here a range of potential responses that could form part of your service development plan).</p>	<p>Prioritise</p> <p>Overall, how would you rate the current level of risk to your AMHPs, AMHP service and authority in relation to this standard without making any of the changes identified here?</p>
<p>The AMHP Team manager is linked into the National AMHP Network Forum and is able to disseminate information from that forum and the National forum. The AMHP team manager is a practising AMHP.</p> <p>In the absence of the AMHP team manager a deputy has been arranged and is one of the Advanced practitioner/AMHP staff in the hub.</p> <p>Recently there has been a change of admin in the Regional forum and this has resulted in invites not being sent over to Dudley – this has now been rectified.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Not at all <input type="checkbox"/> Partially <input type="checkbox"/> To a greater extent <input checked="" type="checkbox"/> Consistently and to a high standard 	<p>Short Term</p> <p>Medium Term</p> <p>Long Term</p> <p>To continue as is.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> No risk <input checked="" type="checkbox"/> Low (small improvements required) <input type="checkbox"/> Medium (no immediate risks, but potential for greater risk if not addressed) <input type="checkbox"/> High (clear risk to all or part of the service)

1.3 The DASS should ensure that the AMHP workforce is supported to maintain alignment to the AMHP competencies throughout its practice, has access to the appropriate level of continuous training, and has systems in place to manage the register of approved and authorised AMHPs, including the suspension or removal of approval when required in line with the “New Roles” (NIMHE, 2008) guidance. The DASS should also ensure that AMHP succession and workforce planning remain a central consideration in the management of the service in line with the direction set out in the national AMHP Workforce Plan (2019).

<p>Map</p> <p>What evidence is there for your AMHP service already meeting this standard? (Make a note of any practices, protocols or policies that support this)</p>	<p>Evaluate</p> <p>Based on the evidence, to what extent do you consider that your authority already meets this standard?</p>	<p>Plan</p> <p>What are the systems or service changes that could be introduced to help meet this standard in a better way? (Consider here a range of potential responses that could form part of your service development plan).</p>	<p>Prioritise</p> <p>Overall, how would you rate the current level of risk to your AMHPs, AMHP service and authority in relation to this standard without making any of the changes identified here?</p>
<p>Currently updating the AMHP register to reflect AMHP approvals, mandatory AMHP training and information regarding AMHP practice/approval. We have the systems in place to manage the approvals and suspensions which the Business Support team manage, and they have a process in place.</p> <p>We have prioritised AMHP training and been able to focus and highlight the AMHP role across ASC and EOI will be going out shortly for potential AMHP candidates across adult and childrens social care.</p> <p>We have increased the level of continuous training to make sure everyone can have 3 days of AMP mandatory training through Birmingham.</p> <p>Our current AMHP cohort are part of the national ageing AMHP workforce – we are looking for</p>	<p><input type="checkbox"/> Not at all</p> <p><input checked="" type="checkbox"/> Partially</p> <p><input type="checkbox"/> To a greater extent</p> <p><input type="checkbox"/> Consistently and to a high standard</p>	<p>Short Term</p> <p>Use of Agency AMHPS to cover the shortfall</p> <p>Rota changes to promote work life balance.</p> <p>Consultation to go ahead shortly</p> <p>Medium Term</p> <p>Utilise Think Ahead Send out EOI for AMHP role Highlight and promote the AMHP role by attending team meetings, market stall and emails.</p>	<p><input type="checkbox"/> No risk</p> <p><input type="checkbox"/> Low (small improvements required)</p> <p><input checked="" type="checkbox"/> Medium (no immediate risks, but potential for greater risk if not addressed)</p> <p><input type="checkbox"/> High (clear risk to all or part of the service)</p>

innovative ways to encourage staff to MH social work and Think Ahead is one such scheme we are looking to implement.

An Audit policy has been written and is about to be published to enable AMHP Manager to audit the quality of the AMHP reports/assessments and to monitor performance and look at areas of learning.

We are aware of recruitment and retention issues within AMHP workforce and are currently looking at rota changes to promote a positive work life balance going forward for the AMHP team which may be a welcome encouragement in recruitment.

Encourage staff to shadow and see what we do!

Long Term

1.4 The DASS should work with neighbouring authorities to ensure that cross-border lead AMHP forums are in operation and are supported by its organisations. The DASS should also ensure organisational support for the development and maintenance of wider regional forums, themselves feeding into the National AMHP Leads Steering Group.

Map
What evidence is there for your AMHP service already meeting this standard? (Make a note of any practices, protocols or policies that support this)

There is a cross border AMHP lead Forum which is held bi monthly. Representatives from that forum

Evaluate
Based on the evidence, to what extent do you consider that your authority already meets this standard?

Not at all

Plan
What are the systems or service changes that could be introduced to help meet this standard in a better way? (Consider here a range of potential responses that could form part of your service development plan).

Short Term

Prioritise
Overall, how would you rate the current level of risk to your AMHPs, AMHP service and authority in relation to this standard without making any of the changes identified here?

No risk

attend the National group and feed back to the regional group.

The Black country AMHP leads have a bi weekly catch up meeting and we are looking at cross border arrangements. We hold meetings with other agencies jointly to discuss any issues that may arise such as Liaison and diversion/police.

Information from these meetings are fed back to HOS and staff as appropriate.

- Partially
- To a greater extent
- Consistently and to a high standard

Medium Term

Long Term

- Low (small improvements required)
- Medium (no immediate risks, but potential for greater risk if not addressed)
- High (clear risk to all or part of the service)

2. GOVERNANCE IN 24-HOUR AMHP SERVICES

This service standard concerns itself with supporting local authorities to ensure that the operational governance of their AMHP services is robust and clearly set out. It is essential that, regardless of the time of day, AMHPs in practice have access to the support they need to operate safely and for the organisation to be clear on what work is being carried out under its authorisation at any given time. For example, could a senior manager at any given time know which AMHP was carrying out work on which referral and where that AMHP was currently located?

Central to demonstrating adherence to this principle would be evidencing clear examples of how AMHP work is managed and supported at the time it is occurring, how national and local information and data are collected, how adaptive the service is to periods of high demand for AMHP involvement and how issues and concerns are identified, escalated, and acted upon. It is recognised that AMHP service provision can be set out across teams, time frames, and areas within one authority or (where authorities have shared arrangements) several. This should not distract from the need to ensure operational governance within the AMHP provision.

Potential examples of evidence that this standard is being met:

- ✓ Clear protocols that demonstrate that AMHPs have 24-hour access to managerial, professional, and legal support.
- ✓ Routine and reliable collection of AMHP activity data across 24 hours is in place. Routine evaluation and reporting of this data and its findings to both the local authority and partners.
- ✓ Assurance that the data that is collected is incorporated into how AMHP services develop and plan to meet demands, including the issues and delays AMHPs face.
- ✓ Local AMHP activity datasets are linked in with partner agencies' data and analysis (such as s.136 data from police and places of safety, for example) to ensure the avoidance of duplication and effective use of information.
- ✓ Protocols that enable AMHPs to be freed from other roles to meet the organisation's statutory requirements at time of high demand and escalation process.

2.1 AMHP services, regardless of design, should ensure that AMHPs have clear and timely access to managerial, professional, peer and legal support across a 24-hour period, in line with expectations set out in the "New Roles" guidance (NIMHE, 2008).

Map	Evaluate	Plan	Prioritise
<p>What evidence is there for your AMHP service already meeting this standard? (Make a note of any practices, protocols or policies that support this)</p>	<p>Based on the evidence, to what extent do you consider that your authority already meets this standard?</p>	<p>What are the systems or service changes that could be introduced to help meet this standard in a better way? (Consider here a range of potential responses that could form part of your service development plan).</p>	<p>Overall, how would you rate the current level of risk to your AMHPs, AMHP service and authority in relation to this standard without making any of the changes identified here?</p>
	<input type="checkbox"/> Not at all	Short Term	<input type="checkbox"/> No risk

<p>AMHPs have regular (6 weekly) managerial and professional supervision with AMHP lead.</p> <p>AMHP Team arranges Peer reflective supervision once a month on average.</p> <p>AMHP Forums are planned bi monthly.</p> <p>AMHPs have access to Jones manual in office but don't have one each – this is imperative to AMHP practice although costly.</p> <p>Legal advise/support – unfortunately there is no support out of hours – HOS has approached Weightmans for OOH support and we are waiting further contact from them.</p> <p>There is no rota for on call manager for MH out of hours – this results in staff calling around and speaking to manager.</p>	<p><input checked="" type="checkbox"/> Partially</p> <p><input type="checkbox"/> To a greater extent</p> <p><input type="checkbox"/> Consistently and to a high standard</p>	<p>Awaiting confirmation from Weightmans.</p> <p>Medium Term</p> <p>Long Term</p> <p>Provide AMHPs with new Jones each year.</p>	<p><input type="checkbox"/> Low (small improvements required)</p> <p><input checked="" type="checkbox"/> Medium (no immediate risks, but potential for greater risk if not addressed)</p> <p><input type="checkbox"/> High (clear risk to all or part of the service)</p>
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2.2 AMHP services should ensure that referral management and data collection are explicitly supported as part of the routine function of the service; including supporting the completion of the Adult Social Care Workforce Data Set (ASC-WDS) [formerly the National Minimum Data Set for Social Care (NMDS-SC)], any other national datasets and securing local data sufficient to ensure the maintenance of informed and robust AMHP services. This data should be shared routinely – in line with legal and information governance requirements – with local partners to support multi-agency working arrangements and to feed into demand planning, strategic commissioning discussions and improvements to local operational practices, in line with the expectations set out in the national AMHP Workforce Plan (2019).

<p>Map</p> <p>What evidence is there for your AMHP service already meeting this standard? (Make a</p>	<p>Evaluate</p> <p>Based on the evidence, to what extent do you consider that your</p>	<p>Plan</p> <p>What are the systems or service changes that could be introduced</p>	<p>Prioritise</p> <p>Overall, how would you rate the current level of risk to your</p>
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note of any practices, protocols or policies that support this)	authority already meets this standard?	to help meet this standard in a better way? (Consider here a range of potential responses that could form part of your service development plan).	AMHPs, AMHP service and authority in relation to this standard without making any of the changes identified here?
<p>Referral management and data collection are not yet electronically collated as we do not have an AMHP team worktray/provision on LAS. The data is collected manually and is dependent on staff remembering to write it in the book.</p> <p>MHSC are looking at data sets and data collection currently and highlighting KPIs. When we have the system embedded in LAS we can look at AMHP KPIs and data set.</p> <p>LAS for the AMHP service is due to go live in August 2023.</p> <p>The Trust have recently cancelled their Multi Agency Meeting where we shared this information and the BC AMHP leads are asking for it to be reinstated.</p>	<p><input type="checkbox"/> Not at all</p> <p><input checked="" type="checkbox"/> Partially</p> <p><input type="checkbox"/> To a greater extent</p> <p><input type="checkbox"/> Consistently and to a high standard</p>	<p>Short Term</p> <p>LAS to go live</p> <p>Medium Term</p> <p>To reinstate meetings with Health</p> <p>Long Term</p>	<p><input type="checkbox"/> No risk</p> <p><input type="checkbox"/> Low (small improvements required)</p> <p><input checked="" type="checkbox"/> Medium (no immediate risks, but potential for greater risk if not addressed)</p> <p><input type="checkbox"/> High (clear risk to all or part of the service)</p>

2.3 Each AMHP service should have clear contingency plans in place to ensure capacity is made available at times of high demand, and that lead AMHPs and AMHP managers are empowered and supported to mobilise resources as required. This should include the development of a plan with the CCG for urgent access to a suitable bed for vulnerable people under section 140 MHA.

Map	Evaluate	Plan	Prioritise Overall, how would you rate
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What evidence is there for your AMHP service already meeting this standard? (Make a note of any practices, protocols or policies that support this)

Based on the evidence, to what extent do you consider that your authority already meets this standard?

What are the systems or service changes that could be introduced to help meet this standard in a better way? (Consider here a range of potential responses that could form part of your service development plan).

the current level of risk to your AMHPs, AMHP service and authority in relation to this standard without making any of the changes identified here?

Currently we don't have enough staff to enable us to have a clear contingency plan. We have two 'spoke' staff in the MH SW team who cover if available and the AMHP lead supports. We currently have two agency workers who can support but this is not viable in the long term.

There is no agreement in place across the wider council for AMHPs to support the hub and other teams have competing demands and will not agree to release their staff. This should be a collaborative priority.

We have sourced agreement for an additional post in the AMHP team and this has gone to advert – we currently have two vacancies.

There is no SI40 policy in place with the ICB/S or Trust – it is still in draft form. We are able to utilise SI40 but there is no real process from our point of view – AMHP policy needs to be completed to guide AMHPs in this situation and to provide clear escalation plan for AMHPs.

- Not at all
- Partially
- To a greater extent
- Consistently and to a high standard

Short Term

Agency Staff in situ
Roles advertised – 2 vacancies.

Medium Term

Encourage staff to train as AMHPs so that we have a pool of staff to undertake the role when needed.

Long Term

- No risk
- Low (small improvements required)
- Medium (no immediate risks, but potential for greater risk if not addressed)
- High (clear risk to all or part of the service)

2.4 There should be clear mechanisms through which AMHPs are able to report issues and delays and for those issues to be directed toward the appropriate body. As stated in the MHA Code of Practice, AMHPs should be supported by their local authority in such circumstances. AMHP service leads should be empowered to work creatively and collaboratively with partner agencies to identify and resolve resource issues. Section 140 agreements, cross-border arrangements and joint agreements with the police may all be necessary.

<p>Map</p> <p>What evidence is there for your AMHP service already meeting this standard? (Make a note of any practices, protocols or policies that support this)</p>	<p>Evaluate</p> <p>Based on the evidence, to what extent do you consider that your authority already meets this standard?</p>	<p>Plan</p> <p>What are the systems or service changes that could be introduced to help meet this standard in a better way? (Consider here a range of potential responses that could form part of your service development plan).</p>	<p>Prioritise</p> <p>Overall, how would you rate the current level of risk to your AMHPs, AMHP service and authority in relation to this standard without making any of the changes identified here?</p>
<p>AMHPs have clear line of sight to AMHP lead who is visible throughout the core working hours. There is no on call arrangement for AMHP manager and staff therefore they have to rely on good will only and hope someone answers the phone.</p> <p>We have developed an escalation process for any issues in the workplace and shared this with the local trust and other interested agencies.</p> <p>AMHP lead has monthly meetings with Crisis team, Mental health liaison team, Black Country AMHP leads, police and trust to encourage positive communication and networking. Processes are slowly developing to ensure collaborative working.</p> <p>We have begun to complete some cross border agreements.</p>	<p><input type="checkbox"/> Not at all</p> <p><input checked="" type="checkbox"/> Partially</p> <p><input type="checkbox"/> To a greater extent</p> <p><input type="checkbox"/> Consistently and to a high standard</p>	<p>Short Term</p> <p>To discuss how we can best achieve on call arrangements out of hours for AMHPs</p> <p>To continue to publicise escalation processes to staff to enable them to be confident that managers will support them.</p> <p>Medium Term</p> <p>To produce cross border arrangements ongoing.</p> <p>Long Term</p>	<p><input type="checkbox"/> No risk</p> <p><input type="checkbox"/> Low (small improvements required)</p> <p><input checked="" type="checkbox"/> Medium (no immediate risks, but potential for greater risk if not addressed)</p> <p><input type="checkbox"/> High (clear risk to all or part of the service)</p>

2.5 The AMHP manager or lead designated to maintain engagement with regional and national forums should ensure essential updates are disseminated throughout local AMHP forums. AMHP services should maintain a record of minutes and attendance at all forums.

<p>Map</p> <p>What evidence is there for your AMHP service already meeting this standard? (Make a note of any practices, protocols or policies that support this)</p>	<p>Evaluate</p> <p>Based on the evidence, to what extent do you consider that your authority already meets this standard?</p>	<p>Plan</p> <p>What are the systems or service changes that could be introduced to help meet this standard in a better way? (Consider here a range of potential responses that could form part of your service development plan).</p>	<p>Prioritise</p> <p>Overall, how would you rate the current level of risk to your AMHPs, AMHP service and authority in relation to this standard without making any of the changes identified here?</p>
<p>The AMHP forums are arranged on an annual basis and are held bi monthly. These have been ad hoc over the past year due to short staffing and staff's ability to attend. When the rota is changed this may enable more to attend and contribute. The AMHPs chair this meeting, we try to encourage a speaker and any updates from the AMHP Leads forum, national AMHP leads forum and ADASS meetings are communicated along with any case law changes/information and any learning from incidents too.</p> <p>The meetings are minuted by business supports and attendance is maintained. This will also be added to the AMHP register when modified.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Not at all <input type="checkbox"/> Partially <input checked="" type="checkbox"/> To a greater extent <input type="checkbox"/> Consistently and to a high standard 	<p>Short Term</p> <p>Look at implementing new rota so that more staff may be able to attend.</p> <p>Medium Term</p> <p>Arrange speakers for these meetings.</p> <p>Long Term</p>	<ul style="list-style-type: none"> <input type="checkbox"/> No risk <input checked="" type="checkbox"/> Low (small improvements required) <input type="checkbox"/> Medium (no immediate risks, but potential for greater risk if not addressed) <input type="checkbox"/> High (clear risk to all or part of the service)

3. AMHP SERVICE SCOPE

This service standards concerns itself with how your AMHP service connects to the wider mental health system and its impact on the development of local and regional policy and practice. The national AMHP Workforce Plan stresses the importance of connections to multiple bodies and organisations. It encourages AMHP services and those responsible for them to consider how they can best connect to and influence the development and functioning of both specialist and generic services in their localities.

In more traditional mental health systems, AMHPs and AMHP services have often run on a 'duty-based' model. This has minimised the opportunity to influence the broader system. As AMHP services have increasingly reconfigured into teams where some or all AMHPs carry out the role on a full-time basis, AMHP services have been better placed to promote the role and take a more proactive approach to multi-team and multi-agency working. The increased demand on frontline services, such as the police and A&E departments who often work within limiting time scales has, in turn, increased demand on AMHPs. By considering how AMHP services manage the impact of this with partners, the aim should be to ensure more robust responses to people who come into contact with our services.

This chapter is not just concerned with professional structures and interfaces, however. It also asks AMHP services to look to the communities they serve. AMHP services should reflect the diversity of the communities they serve and be able to ensure that they understand its community's needs. Potential examples of evidence that this standard is being met:

- ✓ AMHPs and AMHP services are represented in key areas of service development within mental health and with external partners. There are opportunities to influence the service design of new teams and systems to minimise unintended consequences upon the AMHP service.
- ✓ AMHPs and AMHP services are represented at local multi-agency forums, connect routinely to community and specialist mental health services, and ensure that the AMHP perspective is routinely present throughout.
- ✓ The AMHP workforce is representative of the community it serves, and recruitment strategies support the development of staff from all backgrounds to take up the role.

3.1 AMHP services should be viewed as integral to mental health and related services, with representatives encouraged and supported to take an active role in the development of regional and local policy and practice, particularly in prevention, safeguarding, crisis care and multi-agency working. These agencies include, but are not limited to, NHS primary care, general hospital, mental health and ambulance trusts, police forces and the judiciary.

<p>Map</p> <p>What evidence is there for your AMHP service already meeting this standard? (Make a note of any practices, protocols or policies that support this)</p>	<p>Evaluate</p> <p>Based on the evidence, to what extent do you consider that your authority already meets this standard?</p>	<p>Plan</p> <p>What are the systems or service changes that could be introduced to help meet this standard in a better way? (Consider here a range of potential responses that could form part of your service development plan).</p>	<p>Prioritise</p> <p>Overall, how would you rate the current level of risk to your AMHPs, AMHP service and authority in relation to this standard without making any of the changes identified here?</p>
<p>AMHP lead is invited to regular meetings within the Trust to look at policy and practice on a local and national level.</p> <p>AMHP Lead has monthly meetings with Crisis team, Mental Health liaison team and other teams in the wider health organisation and police force.</p> <p>Currently the AMHP services do not seem to be deemed as integral to mental health services however we are working on relationship building and networking to enable this to be more prevalent.</p> <p>Advanced practitioners/AMHPs will lead in certain areas and become 'champions/link workers' of that area such as Breathing Space, Warrants, Custody etc. This is a work in progress.</p>	<p><input type="checkbox"/> Not at all</p> <p><input checked="" type="checkbox"/> Partially</p> <p><input type="checkbox"/> To a greater extent</p> <p><input type="checkbox"/> Consistently and to a high standard</p>	<p>Short Term</p> <p>To continue to raise profile of AMHP service within Health service and related services. This is ongoing.</p> <p>Medium Term</p> <p>Look at roles of AMHPs as leads in certain areas and embed this</p> <p>Long Term</p>	<p><input type="checkbox"/> No risk</p> <p><input type="checkbox"/> Low (small improvements required)</p> <p><input checked="" type="checkbox"/> Medium (no immediate risks, but potential for greater risk if not addressed)</p> <p><input type="checkbox"/> High (clear risk to all or part of the service)</p>

3.2 AMHP service structures should promote 'localism' to ensure that AMHPs remain connected with, and are integral to, service delivery in local communities. The AMHP service should be able to contribute to the functioning of other specialist teams and services and be viewed as part of the broader safeguarding responsibilities of local authorities and partner agencies.

Map What evidence is there for your AMHP service already meeting this standard? (Make a note of any practices, protocols or policies that support this)	Evaluate Based on the evidence, to what extent do you consider that your authority already meets this standard?	Plan What are the systems or service changes that could be introduced to help meet this standard in a better way? (Consider here a range of potential responses that could form part of your service development plan).	Prioritise Overall, how would you rate the current level of risk to your AMHPs, AMHP service and authority in relation to this standard without making any of the changes identified here?
<p>We are beginning to be known in the Local Authority and have been invited to meetings with other teams to highlight the profile of the AMHP service.</p> <p>Currently the AMHP service doesn't contribute to the functioning of other specialist teams and services.</p> <p>We have begun to be part of the broader safeguarding process and have engaged in professionals meetings to give advice/guidance but this is new and a work in progress.</p> <p>Relationships with other teams are progressing and we are beginning to attend other teams and in return will be asking them to present their service to us.</p>	<input type="checkbox"/> Not at all <input checked="" type="checkbox"/> Partially <input type="checkbox"/> To a greater extent <input type="checkbox"/> Consistently and to a high standard	<p>Short Term</p> <p>Medium Term</p> <p>Long Term</p>	<input type="checkbox"/> No risk <input type="checkbox"/> Low (small improvements required) <input checked="" type="checkbox"/> Medium (no immediate risks, but potential for greater risk if not addressed) <input type="checkbox"/> High (clear risk to all or part of the service)

3.3 AMHP services should be accessible and connected to all mental health service areas, not just adult mental health teams. The interface with other specialist services should be clearly set out and access points promoted with partners.

<p>Map</p> <p>What evidence is there for your AMHP service already meeting this standard? (Make a note of any practices, protocols or policies that support this)</p>	<p>Evaluate</p> <p>Based on the evidence, to what extent do you consider that your authority already meets this standard?</p>	<p>Plan</p> <p>What are the systems or service changes that could be introduced to help meet this standard in a better way? (Consider here a range of potential responses that could form part of your service development plan).</p>	<p>Prioritise</p> <p>Overall, how would you rate the current level of risk to your AMHPs, AMHP service and authority in relation to this standard without making any of the changes identified here?</p>
<p>The AMHP service has a direct dial number and anyone can now call and speak directly to an AMHP for referrals, advice or guidance. This number has been widely shared with partner organisations, including police and ambulance service as well as mental health teams and is generally used.</p> <p>We have begun to have partnership meetings with other teams outside of the council.</p> <p>The AMHP service is trying to reach out to all other services to highlight and promote our role/team. There is still a lot of areas to cover.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Not at all <input type="checkbox"/> Partially <input checked="" type="checkbox"/> To a greater extent <input type="checkbox"/> Consistently and to a high standard 	<p>Short Term</p> <p>Medium Term</p> <p>Long Term</p>	<ul style="list-style-type: none"> <input type="checkbox"/> No risk <input type="checkbox"/> Low (small improvements required) <input checked="" type="checkbox"/> Medium (no immediate risks, but potential for greater risk if not addressed) <input type="checkbox"/> High (clear risk to all or part of the service)

3.4 The AMHP workforce should reflect the diversity of its community and targets should be set to reflect this aspiration; and AMHP services able to demonstrate an awareness of that community’s specific needs – especially in diverting black people from detention under the MHA as recommended in the MHA Review 2018.

<p>Map</p> <p>What evidence is there for your AMHP service already meeting this standard? (Make a note of any practices, protocols or policies that support this)</p>	<p>Evaluate</p> <p>Based on the evidence, to what extent do you consider that your authority already meets this standard?</p>	<p>Plan</p> <p>What are the systems or service changes that could be introduced to help meet this standard in a better way? (Consider here a range of potential responses that could form part of your service development plan).</p>	<p>Prioritise</p> <p>Overall, how would you rate the current level of risk to your AMHPs, AMHP service and authority in relation to this standard without making any of the changes identified here?</p>
<p>Our workforce doesn’t yet reflect the diversity of our Dudley community. Until recently the team was made up with white women over the age of 40. More recently we have a male AMHP who is Jewish and a black AMHP who has shared cultural information regards to her ethnic group and highlighted the need to try and divert black people from detention.</p> <p>This subject has been discussed at a peer reflection/supervision session.</p> <p>We also have an Equality and Diversity team who hold events and can speak to staff and point us to further training.</p> <p>We need to increase the number of AMHPs in the other teams and look at candidates coming through and look at targets needed to reflect the aspiration.</p> <p>We feel we do have an awareness of the community’s needs but could engage with community groups to increase this awareness.</p>	<p><input type="checkbox"/> Not at all</p> <p><input checked="" type="checkbox"/> Partially</p> <p><input type="checkbox"/> To a greater extent</p> <p><input type="checkbox"/> Consistently and to a high standard</p>	<p>Short Term</p> <p>To look at encouraging sw from diverse communities to train as AMHPs. EOI going out shortly</p> <p>Medium Term</p> <p>To ensure that AMHPs receive up to date training regards diversity.</p> <p>Long Term</p>	<p><input type="checkbox"/> No risk</p> <p><input type="checkbox"/> Low (small improvements required)</p> <p><input checked="" type="checkbox"/> Medium (no immediate risks, but potential for greater risk if not addressed)</p> <p><input type="checkbox"/> High (clear risk to all or part of the service)</p>

Some of our AMHPs have worked in this authority for a number of years and have the knowledge about different communities.

We need to be very conscious and gather all information and do lateral check to avoid detention. Our recent AMHP candidate is dual heritage and she feels that within the team there is an awareness in terms of BAME.

4. AMHP'S PERSONAL, PROFESSIONAL, PHYSICAL AND PSYCHOLOGICAL SAFETY

Service standard 4 concerns itself with the welfare of AMHPs. The multiple pressures placed upon those carrying out the AMHP role have been clearly identified through research and reporting. The national AMHP Workforce Plan summarises these also; and AMHP services, and those responsible for them, should have systems in place to monitor these pressures and the impact on AMHPs. These Standards are clear that AMHPs should never be expected to lone work in community settings when carrying out their role. Consider the practicalities and hazards of working as an AMHP in your locality, including the arrangements needed for working past normal working hours.

AMHPs' services and the systems they utilise should support the independence of AMHPs' decision-making, provide clear routes to different forms of supervision and de-brief – these should be seen as essential to the health of an AMHP service and those that work within it. Establishing systems to capture AMHPs' experience should be viewed as one of the positive ways services can learn about their own impact on AMHPs.

AMHP services should promote cultures of open communication with AMHPs and ensure their contribution to service development. Potential examples of evidence that this standard is being met:

- ✓ The presence of clear policies and protocols that focus on the physical well-being of AMHPs, with the removal of lone working expectations being central to the functioning of the service

- ✓ Clear policies on time off in lieu (TOIL), over-time and compensations for working beyond normal hours
- ✓ Clear working practices that ensure that AMHPs have immediate access to managerial and peer support while undertaking the role
- ✓ Clear supervision, appraisal, and de-brief protocols
- ✓ Clear opportunities to practise all functions of the AMHP role, not just those related to frontline duty work
- ✓ Use of staff surveys, forums and individual supports that promote a culture of open and honest communication and feedback between the organisation and the individual AMHP

4.1 AMHP service arrangements should ensure that AMHPs' safety and well-being is at the forefront of operational considerations and that the expectation to lone work in non-contained environments is removed.

<p>Map</p> <p>What evidence is there for your AMHP service already meeting this standard? (Make a note of any practices, protocols or policies that support this)</p>	<p>Evaluate</p> <p>Based on the evidence, to what extent do you consider that your authority already meets this standard?</p>	<p>Plan</p> <p>What are the systems or service changes that could be introduced to help meet this standard in a better way? (Consider here a range of potential responses that could form part of your service development plan).</p>	<p>Prioritise</p> <p>Overall, how would you rate the current level of risk to your AMHPs, AMHP service and authority in relation to this standard without making any of the changes identified here?</p>
<p>Supervision is focussed on health and well being at the beginning of each session. AMHP safety is discussed too</p> <p>We have a clear lone working process which is the Dudley corporate service – this is activated by a call to</p>	<p><input type="checkbox"/> Not at all</p> <p><input type="checkbox"/> Partially</p> <p><input checked="" type="checkbox"/> To a greater extent</p>	<p>Short Term</p> <p>All staff to utilise lone working app via Telecare.</p>	<p><input type="checkbox"/> No risk</p> <p><input checked="" type="checkbox"/> Low (small improvements required)</p>

an automated service and if you don't log off you get called by Teleserve and they follow up if you don't reply. This works in and out of hours and all AMHPs have PIN numbers to utilise this.

We don't have a local lone working process – this is currently being discussed.

We try to avoid lone working wherever possible and have an agreement with Home Treatment to attend all assessments under MHA both in the community and non contained environments wherever possible – this needs to be put into writing/MOU to support staff.

Consistently and to a high standard

Medium Term

To develop lone working process for AMHP hub

To have MOU/process with Home Treatment and crisis team for attendance at all MHA assessments in non contained environments.

Long Term

Medium (no immediate risks, but potential for greater risk if not addressed)

High (clear risk to all or part of the service)

4.2 Arrangements for supporting AMHPs who have worked beyond their normal working hours should be clearly set out, including clear contingencies to promote the safety of those staff and how those staff will be compensated for their time.

Map

What evidence is there for your AMHP service already meeting this standard? (Make a note of any practices, protocols or policies that support this)

The AMHP service works outside the wider council policy for TOIL and working time. They currently have to make up their annual hours by covering for

Evaluate

Based on the evidence, to what extent do you consider that your authority already meets this standard?

Not at all

Partially

Plan

What are the systems or service changes that could be introduced to help meet this standard in a better way? (Consider here a range of potential responses that could form part of your service development plan).

Short Term

To look at consultation to change AMHP team rota/way of working

Prioritise

Overall, how would you rate the current level of risk to your AMHPs, AMHP service and authority in relation to this standard without making any of the changes identified here?

No risk

annual leave and sickness therefore any hours worked over are added to their total per year. They do not receive any compensation for their time however they are encouraged to remember the WTD that they need 11 clear hours between shifts – this is difficult to achieve due to their working pattern. We are looking to change this and revamp the service.

The locality/spoke AMHPs cover the AMHP service for their normal working hours – should they work over it is added to their timesheet and they can take it off, however this can be problematic due to carry over agreements in the council and the long hours they may work when on AMHP duty.

- To a greater extent
- Consistently and to a high standard

Medium Term

To develop service plan/standard operating policy/process for the team to identify this and plan for it.

Long Term

- Low (small improvements required)
- Medium (no immediate risks, but potential for greater risk if not addressed)
- High (clear risk to all or part of the service)

4.3 AMHP services should support the independence of AMHP decision-making, while ensuring that they have access to individual, peer and professional support to explore their working practices in a safe manner, including the provision of timely de-brief sessions. AMHP supervision should be viewed as the cornerstone of good-quality AMHP practice. Liability insurance should be in place.

<p>Map</p> <p>What evidence is there for your AMHP service already meeting this standard? (Make a note of any practices, protocols or policies that support this)</p>	<p>Evaluate</p> <p>Based on the evidence, to what extent do you consider that your authority already meets this standard?</p>	<p>Plan</p> <p>What are the systems or service changes that could be introduced to help meet this standard in a better way? (Consider here a range of potential responses that could form part of your service development plan).</p>	<p>Prioritise</p> <p>Overall, how would you rate the current level of risk to your AMHPs, AMHP service and authority in relation to this standard without making any of the changes identified here?</p>
<p>Both AMHP lead and HOS are qualified and practising AMHPs and understand and promote independent, autonomous working across the service, but in</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Not at all 	<p>Short Term</p>	<ul style="list-style-type: none"> <input type="checkbox"/> No risk

addition are contactable for any queries the workforce may have.

AMHPs have regular supervision and informal and formal peer support on a regular basis.

We have developed an audit policy to audit the AMHP reports and to enable positive, constructive feedback to the AMHP following audit. This is safeguarded by HOS audits and other LA AMHP leads supporting too.

AMHP Lead will lead debrief sessions – as far as we are aware there is no formal debrief process within the LA.

- Partially
- To a greater extent
- Consistently and to a high standard

Medium Term

Long Term

- Low (small improvements required)
- Medium (no immediate risks, but potential for greater risk if not addressed)
- High (clear risk to all or part of the service)

4.4 AMHPs should have the opportunity to carry out a full range of AMHP functions to maintain practice standards across the workforce, to meet the requirements of re-warranting and to adhere to the AMHP key competencies set out in Regulations.

Map
What evidence is there for your AMHP service already meeting this standard? (Make a note of any practices, protocols or policies that support this)

AMHPS are encouraged to undertake a range of activities within their role and are able to do this on a day to day basis.

Evaluate
Based on the evidence, to what extent do you consider that your authority already meets this standard?

- Not at all
- Partially

Plan
What are the systems or service changes that could be introduced to help meet this standard in a better way? (Consider here a range of potential responses that could form part of your service development plan).

Short Term

Prioritise
Overall, how would you rate the current level of risk to your AMHPs, AMHP service and authority in relation to this standard without making any of the changes identified here?

- No risk

<p>The approval policy speaks of having a range of work to be documented by the AMHP in their portfolio too. This is reviewed when they are re warranted/approved.</p> <p>The service is looking at other areas of work for AMHPs to complete such as I17 reviews which will enhance their knowledge and experience.</p> <p>We have approached the Forensic AMHP Service and asked if our AMHPs can shadow them and experience a prison assessment.</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> To a greater extent <input type="checkbox"/> Consistently and to a high standard 	<p>Medium Term</p> <p>Long Term</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Low (small improvements required) <input type="checkbox"/> Medium (no immediate risks, but potential for greater risk if not addressed) <input type="checkbox"/> High (clear risk to all or part of the service)
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4.5 AMHP services should promote a culture of open and honest communication within their services. AMHPs should have routine opportunities to record and share their experience and contribute to on-going service development.

<p>Map</p> <p>What evidence is there for your AMHP service already meeting this standard? (Make a note of any practices, protocols or policies that support this)</p>	<p>Evaluate</p> <p>Based on the evidence, to what extent do you consider that your authority already meets this standard?</p>	<p>Plan</p> <p>What are the systems or service changes that could be introduced to help meet this standard in a better way? (Consider here a range of potential responses that could form part of your service development plan).</p>	<p>Prioritise</p> <p>Overall, how would you rate the current level of risk to your AMHPs, AMHP service and authority in relation to this standard without making any of the changes identified here?</p>
<p>AMHP lead shares information with team via team meetings and encourages active participation from members of team.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Not at all <input type="checkbox"/> Partially 	<p>Short Term</p> <p>Develop link workers to work within specialities.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> No risk

AMHP service are looking to have link AMHPs within other partnership agencies, such as L&D, Custody, Children, substance misuse etc and be enabled to feed back to the wider service.

We utilise peer support within the AMHP service to ensure that AMHPs can share experiences.

We have discussed the AMHP workforce standards within the team and the AMHPs have contributed to this document.

There is a plan to change the working hours for AMHP workforce and they will be consulted about this.

AMHP lead shares information from meetings with team at team meetings and AMHP forum. There are MOUs with other teams.

To a greater extent

Consistently and to a high standard

Medium Term

Look at rota and working pattern changes and consult with team.

Long Term

Low (small improvements required)

Medium (no immediate risks, but potential for greater risk if not addressed)

High (clear risk to all or part of the service)

5.

SERVICE AND PROFESSIONAL DEVELOPMENT

This service standard concerns itself with how AMHPs and services can develop together. AMHP services should be viewed as open learning environments and as a vital asset to wider services. AMHPs should be viewed as systems leaders able to contribute to wider service development. AMHPs should be supported to contribute to, and promote, rights-based agenda, early intervention, strengths and asset-based approaches, and prevention, along with safeguarding in its broadest sense. Despite the role being open to four registered professional groups, social work continues to dominate the AMHP workforce nationally.

Every locality should have clear routes to AMHP training for all professions who are eligible to carry out the role, with those professions being supported to maintain the requirements of their own professional registrations. The multiple skills and roles of individual AMHPs should be recognised. In the development of services, it is important to capture the experience of all who work within, and are subject to, that service. AMHP professional development should emphasise the value of the service user and carer experience and open to the benefits of this.

Potential examples of evidence that this standard is being met:

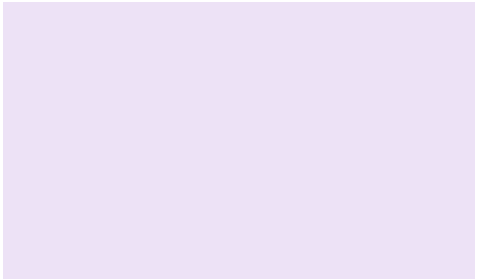
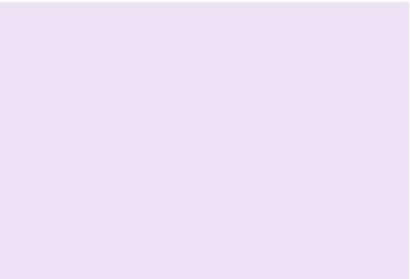
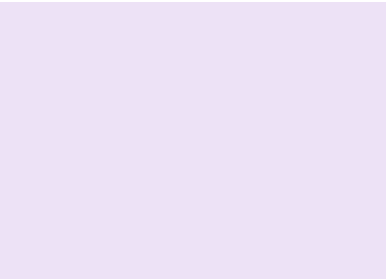
- ✓ High levels of visits to AMHP teams, including students, senior managers, external partners, and so on
- ✓ AMHPs providing routine training, workshops and support to other teams, universities, and organisations
- ✓ AMHPs being released to undertake project work or represent the service when other organisations develop their teams and systems that have a direct impact on AMHP practice and demand
- ✓ Nursing, occupational therapy and chartered psychologists undertaking AMHP training, as well as social workers, with clear routes into AMHP practice being understood by organisations and prospective AMHP trainees
- ✓ Service users and carers playing a routine part in AMHP refresher training days, along with other opportunities to influence AMHP's understanding and practice.

5.1 AMHP services should be open-learning environments to promote social models of mental health within the broader system. AMHP services should actively seek opportunities to promote child and adult safeguarding, rights-based agenda, early intervention, strengths and asset-based approaches and access to social care.

<p>Map</p> <p>What evidence is there for your AMHP service already meeting this standard? (Make a note of any practices, protocols or policies that support this)</p>	<p>Evaluate</p> <p>Based on the evidence, to what extent do you consider that your authority already meets this standard?</p>	<p>Plan</p> <p>What are the systems or service changes that could be introduced to help meet this standard in a better way? (Consider here a range of potential responses that could form part of your service development plan).</p>	<p>Prioritise</p> <p>Overall, how would you rate the current level of risk to your AMHPs, AMHP service and authority in relation to this standard without making any of the changes identified here?</p>
<p>AMHP service is promoting their profile across the wider LA and the Trust. We are developing the referral pathway.</p> <p>There are joint meetings with AMHP lead and other agencies, such as crisis team, liaison and diversion, Mental Health liaison service. These meetings have begun and are beneficial to the service – there are MOU in place to evidence the work being done.</p> <p>The Black country AMHP leads meet on a regular basis and discuss any issues or learning points.</p> <p>The AMHP service and Trust are working together to review the 117 register to ensure it is correct.</p> <p>AMHP Team are presenting to other teams within team meetings to highlight their role, enable open</p>	<p><input type="checkbox"/> Not at all</p> <p><input type="checkbox"/> Partially</p> <p><input checked="" type="checkbox"/> To a greater extent</p> <p><input type="checkbox"/> Consistently and to a high standard</p>	<p>Short Term</p> <p>To continue with partnership meetings and work together to support services.</p> <p>Medium Term</p> <p>Use Link AMHPs to engage with other services, attend meetings and promote the AMHP role.</p> <p>Long Term</p>	<p><input type="checkbox"/> No risk</p> <p><input checked="" type="checkbox"/> Low (small improvements required)</p> <p><input type="checkbox"/> Medium (no immediate risks, but potential for greater risk if not addressed)</p> <p><input type="checkbox"/> High (clear risk to all or part of the service)</p>

conversations between professionals and encourage other teams to call for advice and guidance.

AMHP team are looking to promote the role and Expressions of interest are being sent out shortly to encourage AMHP trainees in the wider ASC and Childrens social care settings.



5.2 All AMHPs should be supported to take up a system leadership role and to use their place in the system to effect wider change.

Map

What evidence is there for your AMHP service already meeting this standard? (Make a note of any practices, protocols or policies that support this)

Evaluate

Based on the evidence, to what extent do you consider that your authority already meets this standard?

Plan

What are the systems or service changes that could be introduced to help meet this standard in a better way? (Consider here a range of potential responses that could form part of your service development plan).

Prioritise

Overall, how would you rate the current level of risk to your AMHPs, AMHP service and authority in relation to this standard without making any of the changes identified here?

Link AMHPs being arranged to champion different areas within services

AMHPs being encouraged to visit other teams to advise on referral pathway – discuss criteria and what team look for when taking referrals.

- Not at all
- Partially
- To a greater extent
- Consistently and to a high standard

Short Term

To promote the AMHP service, visit other services/teams and encourage open dialogue.

Medium Term

- No risk
- Low (small improvements required)

		Long Term	<input type="checkbox"/> Medium (no immediate risks, but potential for greater risk if not addressed) <input type="checkbox"/> High (clear risk to all or part of the service)
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5.3 AMHPs should have routine opportunities to contribute toward the learning of others, identify their own learning needs and be provided opportunities for personal and professional development.

Map	Evaluate	Plan	Prioritise
<p>What evidence is there for your AMHP service already meeting this standard? (Make a note of any practices, protocols or policies that support this)</p>	<p>Based on the evidence, to what extent do you consider that your authority already meets this standard?</p>	<p>What are the systems or service changes that could be introduced to help meet this standard in a better way? (Consider here a range of potential responses that could form part of your service development plan).</p>	<p>Overall, how would you rate the current level of risk to your AMHPs, AMHP service and authority in relation to this standard without making any of the changes identified here?</p>
<p>AMHPs take turns in chairing the AMHP forum on a bi monthly basis. They discuss any new case law information, arrange guest speakers and discuss complex cases as required. This contributes to the wider team learning.</p>	<input type="checkbox"/> Not at all <input type="checkbox"/> Partially <input checked="" type="checkbox"/> To a greater extent	<p>Short Term</p>	<input type="checkbox"/> No risk <input checked="" type="checkbox"/> Low (small improvements required)

AMHPs have monthly peer supervision and use new legislation or case law or a complex case to discuss and reflect upon.

AMHPs have regular professional and clinical supervision from AMHP lead. They have informal and formal supervision and also peer supervision.

The AMHPs have three AMHP mandatory training days provided by the LA which enable them to update their legal knowledge on a regular basis.

AMHPS have My Annual Reviews and discussed their own learning needs and look at opportunities for professional development.

AMHPs are given the opportunity to have students and visitors for shadowing.

EOI are going out shortly for AMHP trainees – we are looking to train up to 6 AMHP trainees.

Consistently and to a high standard

Medium Term

Long Term

Medium (no immediate risks, but potential for greater risk if not addressed)

High (clear risk to all or part of the service)

5.4 Routes into AMHP training should be clear for all-qualifying professional groups, regardless of employer or profession. All professions who carry out the AMHP role must be supported to maintain the requirements of their on-going professional registration.

Map What evidence is there for your AMHP service already meeting this standard? (Make a note of any practices, protocols or policies that support this)	Evaluate Based on the evidence, to what extent do you consider that your authority already meets this standard?	Plan What are the systems or service changes that could be introduced to help meet this standard in a better way? (Consider here a range of potential responses that could form part of your service development plan).	Prioritise Overall, how would you rate the current level of risk to your AMHPs, AMHP service and authority in relation to this standard without making any of the changes identified here?
<p>Expressions of Interest have been sent out for this years cohort of trainees. We would like to train up to 6 AMHPs from ASC and childrens social care. Currently we do not have a route in to encourage health colleagues to undertake this training and AMHP lead is looking to find contacts to discuss.</p> <p>We currently have one AMHP with nurse background that works for the trust.</p> <p>The LA have agreed to provide 18 hours CPD for AMHPS which are mandatory each year. AMHP lead has oversight of training.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Not at all <input type="checkbox"/> Partially <input type="checkbox"/> To a greater extent <input checked="" type="checkbox"/> Consistently and to a high standard 	<p>Short Term</p> <p>Medium Term</p> <p>Long Term</p>	<ul style="list-style-type: none"> <input type="checkbox"/> No risk <input checked="" type="checkbox"/> Low (small improvements required) <input type="checkbox"/> Medium (no immediate risks, but potential for greater risk if not addressed) <input type="checkbox"/> High (clear risk to all or part of the service)

5.5 AMHP services should recognise and support AMHPs who have skills and roles outside of AMHP work, where possible, and seek to avoid organisational and professional isolation.

<p>Map</p> <p>What evidence is there for your AMHP service already meeting this standard? (Make a note of any practices, protocols or policies that support this)</p>	<p>Evaluate</p> <p>Based on the evidence, to what extent do you consider that your authority already meets this standard?</p>	<p>Plan</p> <p>What are the systems or service changes that could be introduced to help meet this standard in a better way? (Consider here a range of potential responses that could form part of your service development plan).</p>	<p>Prioritise</p> <p>Overall, how would you rate the current level of risk to your AMHPs, AMHP service and authority in relation to this standard without making any of the changes identified here?</p>
<p>Some AMHPS are BIA too however in the main they just have AMHP qualification.</p> <p>We will support any AMHPs that have skills and roles outside of AMHP work and enable them to continue to undertake these roles.</p>	<p><input type="checkbox"/> Not at all</p> <p><input checked="" type="checkbox"/> Partially</p> <p><input type="checkbox"/> To a greater extent</p> <p><input type="checkbox"/> Consistently and to a high standard</p>	<p>Short Term</p> <p>Medium Term</p> <p>Long Term</p>	<p><input type="checkbox"/> No risk</p> <p><input checked="" type="checkbox"/> Low (small improvements required)</p> <p><input type="checkbox"/> Medium (no immediate risks, but potential for greater risk if not addressed)</p> <p><input type="checkbox"/> High (clear risk to all or part of the service)</p>

5.6 AMHP professional development should give emphasis to the value of service user and carer experience of the AMHP role as a spur for learning and development. AMHPs should be supported to explore the impact of social trauma on the experiences of detention and how this shapes the responses of both service user and the AMHP.

<p>Map</p> <p>What evidence is there for your AMHP service already meeting this standard? (Make a note of any practices, protocols or policies that support this)</p>	<p>Evaluate</p> <p>Based on the evidence, to what extent do you consider that your authority already meets this standard?</p>	<p>Plan</p> <p>What are the systems or service changes that could be introduced to help meet this standard in a better way? (Consider here a range of potential responses that could form part of your service development plan).</p>	<p>Prioritise</p> <p>Overall, how would you rate the current level of risk to your AMHPs, AMHP service and authority in relation to this standard without making any of the changes identified here?</p>
<p>We have developed an AMHP audit policy to look at data quality and quality assurance, balancing the information gathered and looking at the outcomes of the assessment. This will be fed back to the AMHP and discussions around learning and development will be undertaken.</p> <p>We are looking to develop outside agencies to also audit as a safeguard.</p> <p>Peer reflective support sessions cover exploration of social trauma and how this shapes responses.</p> <p>We are looking to develop feedback forms for service users/citizens following assessments to learn from their experience.</p>	<p><input type="checkbox"/> Not at all</p> <p><input type="checkbox"/> Partially</p> <p><input checked="" type="checkbox"/> To a greater extent</p> <p><input type="checkbox"/> Consistently and to a high standard</p>	<p>Short Term</p> <p>Continue with supervision and peer reflection</p> <p>Medium Term</p> <p>Develop feedback forms to send out.</p> <p>Long Term</p>	<p><input type="checkbox"/> No risk</p> <p><input type="checkbox"/> Low (small improvements required)</p> <p><input checked="" type="checkbox"/> Medium (no immediate risks, but potential for greater risk if not addressed)</p> <p><input type="checkbox"/> High (clear risk to all or part of the service)</p>

This service standard concerns itself with one of the most essential areas for development in AMHP service provision. Traditionally those who come into contact with AMHP services have had little or no opportunity to contribute to the development of those services. Neither has their experience been systematically captured, validated, or used to any great extent.

The Mental Health Act (MHA) Review (2018) was clear that those affected by the Act need to have a meaningful say in how these services are designed and provided. As the key recommendations of that review progress into new or amended legislation, it is clear the AMHPs will have an increased role in translating the principles and details of these changes to those they encounter. We, therefore, need to be clear that what we do as AMHPs is having the positive impact intended. AMHP practice is founded upon the promotion and protection of fundamental human rights, social values, dignity, equality, and autonomy. It is not enough, however, to just ensure that an individual AMHP's practice promotes these ideas and concepts, AMHP services to have a fundamental role to play. While the research base and innovations in this area are minimal, they are increasing. It is incumbent on AMHP services to explore their own methods of meeting these aspirations and to share their methods and findings and encourage others to do the same. Co-production is one of the key ways that AMHP services can help ensure that these standards are achieved.

Potential examples of evidence that this standard is being met:

- ✓ Robust auditing of AMHPs' work and reporting to ensure the promotion of the principles set out in this chapter.
- ✓ Co-produced and co-attended training and workshops.
- ✓ Co-produced literature.
- ✓ Clear connections between 'lessons learned' and AMHP service development.
- ✓ Localised monitoring of the outcomes of AMHP involvement, with a focus on racial disparity.
- ✓ AMHP refresher training programmes that focus on the qualitative experience of those who encounter AMHP services, as well as more straightforward legal updates.

6.1 AMHP services should promote the dignity, human and civil rights of those they encounter, and within the organisations AMHPs work. AMHP services should promote personalised and preventive care, equality of access to legal entitlements and aim to reduce stigma. Attention should be paid to tackling racial and cultural discrimination and disparity through the development of competence, awareness, staff capability and behavioural change.

Map What evidence is there for your AMHP service already meeting this standard? (Make a note of any practices, protocols or policies that support this)	Evaluate Based on the evidence, to what extent do you consider that your authority already meets this standard?	Plan What are the systems or service changes that could be introduced to help meet this standard in a better way? (Consider here a range of potential responses that could form part of your service development plan).	Prioritise Overall, how would you rate the current level of risk to your AMHPs, AMHP service and authority in relation to this standard without making any of the changes identified here?
Audit tools will pick up promotion of dignity human and civil rights of service users and or carers and family members. It will look at co production throughout the assessment process and ensuring consultation is complete.	<input type="checkbox"/> Not at all <input type="checkbox"/> Partially <input type="checkbox"/> To a greater extent <input type="checkbox"/> Consistently and to a high standard	Short Term Medium Term Long Term	<input type="checkbox"/> No risk <input type="checkbox"/> Low (small improvements required) <input type="checkbox"/> Medium (no immediate risks, but potential for greater risk if not addressed) <input type="checkbox"/> High (clear risk to all or part of the service)



6.2 AMHP services should seek to embed the principles of co-production as part of its operations. Services should explore methods aimed at ensuring the patient and carer experience and perspective are captured and harnessed, to support both the development of services and to ensure that this learning is not lost. AMHP services should identify ways in which patients and carers are able to engage and influence the development of AMHP services and AMHP practice.

<p>Map</p> <p>What evidence is there for your AMHP service already meeting this standard? (Make a note of any practices, protocols or policies that support this)</p>	<p>Evaluate</p> <p>Based on the evidence, to what extent do you consider that your authority already meets this standard?</p>	<p>Plan</p> <p>What are the systems or service changes that could be introduced to help meet this standard in a better way? (Consider here a range of potential responses that could form part of your service development plan).</p>	<p>Prioritise</p> <p>Overall, how would you rate the current level of risk to your AMHPs, AMHP service and authority in relation to this standard without making any of the changes identified here?</p>
<p>Joint working is taking place on many projects currently. The AMHP lead is reviewing the SI 17 register in conjunction with the Trust and the team will be looking to conduct the I 17 reviews going forwards once all information is confirmed.</p> <p>AMHP lead is joining with Acute Hospitals and Black Country Trust to discuss S5(2)s in the acute hospital and looking at RC responsibility.</p>	<p><input type="checkbox"/> Not at all</p> <p><input type="checkbox"/> Partially</p> <p><input checked="" type="checkbox"/> To a greater extent</p> <p><input type="checkbox"/> Consistently and to a high standard</p>	<p>Short Term</p> <p>Medium Term</p>	<p><input type="checkbox"/> No risk</p> <p><input checked="" type="checkbox"/> Low (small improvements required)</p> <p><input type="checkbox"/> Medium (no immediate risks, but potential for greater risk if not addressed)</p>

AMHP Lead has undertaken joint training with the Trust to support clinical fellows in being on the on call rota.

AMHP service has joined the trust to have training around assessing people with personality disorder.

Long Term

High (clear risk to all or part of the service)

6.3 AMHP services should promote an understanding of social models of mental health, and this should be reflected in AMHPs' recording and reporting systems. AMHP reporting should make clear reference to the principles of the MHA and how the AMHPs have considered these throughout their work with individuals and those connected to them.

Map

What evidence is there for your AMHP service already meeting this standard? (Make a note of any practices, protocols or policies that support this)

Evaluate

Based on the evidence, to what extent do you consider that your authority already meets this standard?

Plan

What are the systems or service changes that could be introduced to help meet this standard in a better way? (Consider here a range of potential responses that could form part of your service development plan).

Prioritise

Overall, how would you rate the current level of risk to your AMHPs, AMHP service and authority in relation to this standard without making any of the changes identified here?

<p>AMHP team now have an audit policy/tool to ensure data quality and assurance. The AMHP should include the principles of the MHA, maintain the dignity and respect of that person and this can be monitored by audits.</p> <p>We will be able to manage the data contained in the report and feedback to the AMHP in order to aide their learning and knowledge and awareness.</p> <p>AMHP lead to discuss with external LA's for them to undertake audits on AMHP work to safeguard this process.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Not at all <input checked="" type="checkbox"/> Partially <input type="checkbox"/> To a greater extent <input type="checkbox"/> Consistently and to a high standard 	<p>Short Term To introduce audit tool for AMHP report on a regular basis.</p> <p>Medium Term To develop process with external LA to safeguard audits.</p> <p>Long Term</p>	<ul style="list-style-type: none"> <input type="checkbox"/> No risk <input type="checkbox"/> Low (small improvements required) <input checked="" type="checkbox"/> Medium (no immediate risks, but potential for greater risk if not addressed) <input type="checkbox"/> High (clear risk to all or part of the service)
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6.4 AMHP services should provide access to clear information about the AMHP role and that of other professionals and advocates in mental health services. Such information should be co-produced, culturally appropriate, and accessible to people with different needs, such as physical, sensory, learning difficulties and disabilities, and those for whom English is not their first language.

<p>Map</p> <p>What evidence is there for your AMHP service already meeting this standard? (Make a note of any practices, protocols or policies that support this)</p>	<p>Evaluate</p> <p>Based on the evidence, to what extent do you consider that your authority already meets this standard?</p>	<p>Plan</p> <p>What are the systems or service changes that could be introduced to help meet this standard in a better way? (Consider here a range of potential responses that</p>	<p>Prioritise</p> <p>Overall, how would you rate the current level of risk to your AMHPs, AMHP service and authority in relation to this standard without making any of the changes identified here?</p>
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		could form part of your service development plan).	
<p>AMHP service has developed information for the intranet and internet. The service has attended market staff for ASC to promote the AMHP role and advertised for EOI too.</p> <p>We have a privacy notice on line which is produced as easy read too.</p> <p>AMHPs advise service users of their rights and have appropriate leaflets issued by DoH to people for information. We are developing a leaflet to hand out to inform people who were involved in their assessment and what the outcome is.</p> <p>AMHP services in Black Country get together to co produce cross border agreements which all parties agree to.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Not at all <input type="checkbox"/> Partially <input type="checkbox"/> To a greater extent <input checked="" type="checkbox"/> Consistently and to a high standard 	<p>Short Term</p> <p>Medium Term</p> <p>Long Term</p>	<ul style="list-style-type: none"> <input type="checkbox"/> No risk <input checked="" type="checkbox"/> Low (small improvements required) <input type="checkbox"/> Medium (no immediate risks, but potential for greater risk if not addressed) <input type="checkbox"/> High (clear risk to all or part of the service)