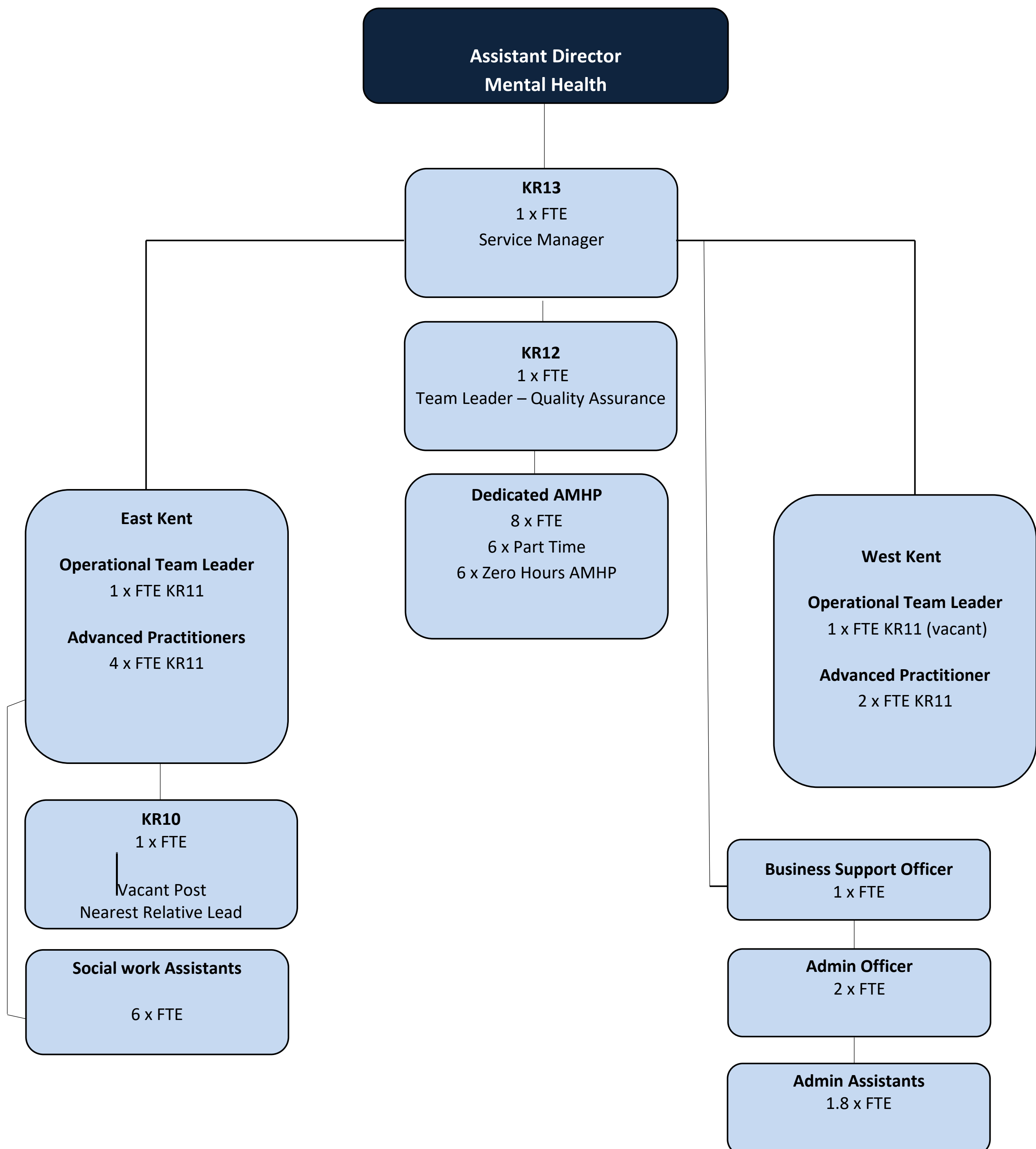
Appendix 1: Kent AMHP Service Current Establishment April 2019



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Appendix 2: Back Up Cold Call Protocol v1.0 06Feb 19

1. AMHP Back Up Cold Call - overview

The AMHP Service requires a “back up” for complex Mental health Act assessments so that an AMHP is not undertaking an assessment on their own.

This is usually provided by either an AMHP Service Social Work Assistant [SWA] or an allocated Community Mental Health Team [CMHT] worker. There is no access to AMHP SWAs or CMHT for backup after 20:00 hours each day; as such, if backup is required after this time, then SWAs who are not rostered to work in the AMHP Service or CMHTs, and have agreed to be added to – and accepted on to - the AMHP Back Up Cold Call list, will be offered a one-off payment to provide cold call “back up” for the assessment.

2. Eligibility

To be considered for this additional AMHP Back Up Cold Call work, a SWA will need to meet the following criteria:

• Have recent experience as a backup for a Mental Health Act assessment and/or have completed “back up” training through KCC; and

• Have agreement from their supervisor to be added to the AMHP Back Up Cold Call list.

3. Application

Application to the AMHP Back Up Cold Call list is via the completion and submission of an Expression of Interest Form (see Appendix I). Following submission of the completed Expression of Interest form, a SWA will be notified if they have been accepted on to the AMHP Back Up Cold Call list.

4. Undertaking AMHP Back Up Cold Call

If a SWA is accepted on to the AMHP Back Up Cold Call list, their details will be held by the AMHP Service. They will need to advise the AMHP Service of their preferred contact number, plus any updates to contact information and available hours.

If a Back Up Cold Call is required by the AMHP Service, the AMHP Service will work through the Back Up Cold Call list on a random basis, contacting SWAs to offer the cold call until a SWA has been secured for the cold call. The AMHP Service will try to provide as much advance notice as possible.

There is no guarantee that a SWA will be offered cold call, as this is dependent on the frequency of the requirement of the Service and the availability of other SWAs on the list who may have been randomly contacted earlier.

If a SWA is contacted, they will be asked if they are available and willing to undertake the cold call. To be able to accept they must:

• Have had an 11-hour break since their last working day has ended; and

• Have not been off sick from work in the last 7 calendar days; and

• Have an 11-hour break before their next working day after completing the AMHP Back up Cold Call.

Cold call is voluntary and therefore the SWA is under no obligation to accept the offer of a cold call when contacted.

On an AMHP Back Up Cold Call the SWA is working for KCC and is expected to provide a service to the expected standards and adhere to the AMHP operational protocol.

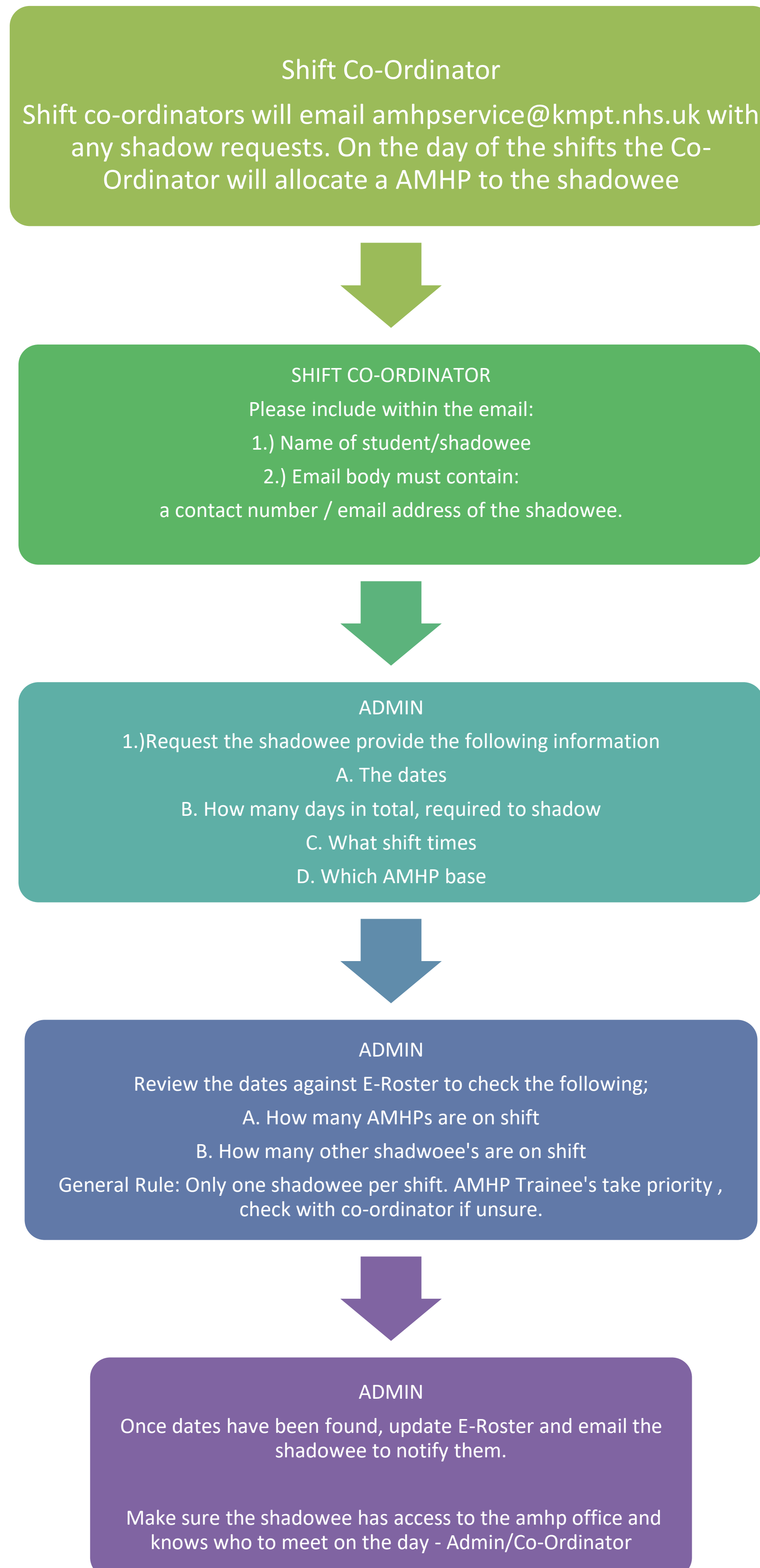
Any follow up work linked to the AMHP Back Up Cold Call for example, raising a safeguarding alert or referral to Early Discharge Planning team will be included in the fee.

5. Payment

A one-off fee of £75 plus travel expenses will be paid for an AMHP Back Up Cold Call (regardless of the number of hours worked for the backup). This fee will be subject to the usual tax, National Insurance and pension (if applicable) contributions. Travel expenses for AMHP Back Up Cold Calls will be paid from the SWA's home address to the place of assessment, any further travel, and then return to home.

Once the SWA has completed an AMHP back up cold call, they can request the payment of £75 through Self Service by selecting 'Price work' in the Self-Service drop-down box and manually entering £75.00. They must also manually enter the AMHP budget code which is "S 5XA 3C110".

Appendix 3 - SHIFT CO-ORDINATOR & ADMIN PROCESS FOR Staff shadowing the AMHP Service



Appendix 4: Shift Report

Date **Shift Report Day/Night**

Shift Co-ordinator	
Duty AMHPs	
SWA	
Cold Call	
Additional	
Sickness:	
Carer's/Compassionate	
RTW Interviews **PLEASE DO NOT REMOVE FROM SR UNTIL COMPLETED**	

TOIL Acquired	
TOIL Taken	
NR Referrals	
Safeguarding	
Carers' Referrals	

MH1s Outstanding

AMHP	Outstanding reports	Total

	Include date assessed and indicate if it was cold call	

Significant Issues

Passed to Day/Night Shift

Name	RIO	Area	Status

Referrals Taken

Work Completed/Allocated

Other Work Completed on Shift

ROLLING ROTA

Mon 18/02/19	Tue 19/02/19	Wed 20/02/19	Thu 21/02/19	Fri 22/02/19	Sat 23/02/19	Sun 24/02/19

CURRENT REFERRALS

ENTRIES BELOW IN ORDER OF OLDEST FIRST PLEASE CONTINUE THIS FORMAT
Priority – Risks and assessment needed in next 24 hours or existing section/detention expires in 24 hours
Be aware – Medium risk. Assessment needs planning with rest of assessing team. Existing detention has longer than 24hrs before expiry.
Allocated – Please record if AMHP is aware of

S136/PACE/A&E

Date & Time	Name	RIO	Ordinary Residence	Place of Safety	Reason for Referral	Action/AMHP

Community						
Date & Time	Name	RIO	Ordinary Residence	Address of MHA	Reason for Referral	Action/AMHP

Ward						
Date & Time	Name	RIO	Ordinary Residence	Ward/Hospital/Area If not KMPT Bed	Current section & expiry date What is being requested	Action/AMHP

CTO						
Date & Time	Name	RIO	Ordinary Residence	Ward/Hospital/Area If not KMPT Bed	S3 expiry date Reason for Referral	Action/AMHP

Nearest Relative						
Date & Time	Name	RIO	Ordinary Residence	MHA Status	Reason	Action/AMHP

14 Days						
Date & Time	Name	RIO	Ordinary Residence	Where	Reason for Referral	Action/AMHP

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Appendix 5: Guidance for shift report completion

The shift report is broken into 6 sections

Section 1:

This lists the AMHPs on duty and the impact outstanding work/TOIL has on this resource. Outstanding work can only be accommodated in future shifts if recorded on the shift report.

Cold call; all cold calls must adhere to the cold call protocol.

Sickness must be logged and if a dedicated AMHP the need for a return to work to be logged. Once a return to work has been completed can be removed from the return to work section.

Significant issues:

All significant issues must be recorded here. Below is a list of significant issues that must be included, other issues can also be recorded.

- Bed not available. If over 4 hour wait for community assessment or prevents assessments
- Reassessment completed as application could not be made at previous assessment due to bed pressures.
- Sickness/TOIL/outstanding reports impacting on ability to allocate assessments.
- Police issues, please note CAB number-if one available.
- Ambulance delays, record company and timeframe.
- Doctor issues. Name doctor and be specific.
- Poor practice. Name team, patient and concern.
- Any assessment dates missed.
- Any red community assessments not allocated in 24 hours.
- Any community assessments waiting more than 72 hours.
- Nearest relative referrals
- Lack of back up.

Safeguarding raised:

Carers' assessments referrals:

Section 2:

This is for 136 and PACE detentions. Please put the latest referral at the bottom.

Date and time of expiry and location must be clearly noted.

Section 3:

Community assessments

All community assessments must be recorded. The latest at the bottom.

Any community assessment that has waited near to 72 hours for an assessment must be raged as red.

If following a referral the referrer is asked to complete further least restrictive interventions then this is not recorded. A referral must be opened and closed. This referral and closure is recorded in Section 1.

Section 4:

Ward assessments

All ward assessments must be recorded here. The latest at the bottom.

Section 5:

Section 13(4) and 14 days

Record latest at the bottom.

Appendix 6 AMHP & ADMIN PROCESS FOR MH1 REPORTS

AMHP

On completion of the MH1 Report (within 5 days) please send email to:

kentamhpservice@kent.gov.uk

ll outstanding work following the assessment such as safeguarding alerts must be completed before 5 working day timeframe of MH1 as at receipt of MH1 email the referral will be closed

AMHP

Please include within the email:

1.) Title - MH1 Report

2.) Email body must contain:

- Confirmation that MH1 has been completed
- Patient Name and RiO ID
- Information of where to send the MH1 - if you require the MH1 to be sent to CAMHs / external agencies please ensure you provide a contact number / address of where to send it to

ADMIN

1.) Access Editabe Letters on RiO

2.) Send MH1 Report with cover letter to GP

3.) Send MH1 Report with cover letter to CMHT/ CAMHs

4.) Send MH1 with cover letter Report to Ward

5.) Send MH1 with cover letter to other agencies as requested by AMHP in email

ADMIN

Once MH1 Reports have been sent please ensure the following tasks are completed:

1.) Upload MH1 Cover Letter to RiO Clinical Documents

example 01.01.2017_MH1 Cover Letter_Joe Blogs

2.) Close AMHP referral (discharged on professional advice)

3.) Move the email into the MH1 Report folder located within the AMHP Service inbox.

Appendix 7: AMHP & Admin Process for Nearest Relative Letters

AMHP

Please send email to:

kentamhpservice@kent.gov.uk

AMHP

Please include within the email:

ALL NR INFORMATION MUST BE UPDATED IN THE NR SECTION ON RIO BY THE AMHP PRIOR TO LETTER BEING SENT BY ADMIN

1.) Title -Nearest Relative Letter

2.) Email body must contain:

- Patient Name and RiO ID
- Name of Nearest Relative
- Address of Nearest Relative
- Relationship of Nearest Relative
- Date of admission and section admitted under

ADMIN

1.) Access the AMHP Service generic mail box

2.) Complete SS462 (return letter) and NR Cover letter

2.) Save NR letters to S:Drive

3.) Save documents as follows:

example: 01-10-2016 _AMHP Service_SS462_NR Cover Letter (G.L) - please put date of MHA

example: 01-10-2016_AMHP Service_SS462_NR Return Letter (G.L) - Please put date of MHA

4.) Upload documents to RiO

5.) Send SS462 letters and NR information leaflet in post to the Nearest Relative (please enclose pre-addressed envelope)

ADMIN

Once Nearest Relative letters have been sent please ensure the following tasks are completed:

1.) Progress note entered on behalf of the assessing AMHP (Nearest Relative letters sent)

2.) Move the email into the Nearest Relative Letter folder located within the AMHP Service inbox

Appendix 8: AMHP Service Interpreter Booking Process

1) AMHP Shift Co-ordinator contacts Administration staff to request an interpreter booking.

(NB: If Out of Hours AMHP Shift Co-ordinator should call C2K on 08458 949 717 and then email kentamhp@kent.gov.uk providing the details described under section 2 below)

2) On receipt of request Administration will require the following information from the Shift Co-ordinator/AMHP:

- Client name
- Location the translation is taking place
- Language required
- Date the translation is required
- Estimated start and finish times
- Name of the AMHP attending and their contact number

3) Administration contact C2K on 01622 236884 to confirm the availability of an interpreter for the language and date/time requested.

4) Administration obtain a PO number or requisition number from iProcurement.

5) Administration completes a C2K booking form and submits to interpreter.bookings@connect2kent.co.uk via the AMHP Service Inbox.

- The booking form is titled 'Client Booking Form 2018' and is located in the share drive.

- A copy of the form is saved to the shared drive using the naming format '*current date_client name_language'*

- When completing the form ensure the **booking reference** and **billing address** fields are the same.

- Ensure a Purchase Order or Requisition number is entered on the form, otherwise no booking can be made

6) On receipt of a C2K confirmation email Administration forward to the requesting Shift Co-ordinator as proof of booking.

- A copy of the confirmation email is saved to the shared drive.

7) On receipt of C2K invoice Administration complete payment process via iProcurement and send a copy of the invoice with a PO number to iProcInv01@kent.gov.uk

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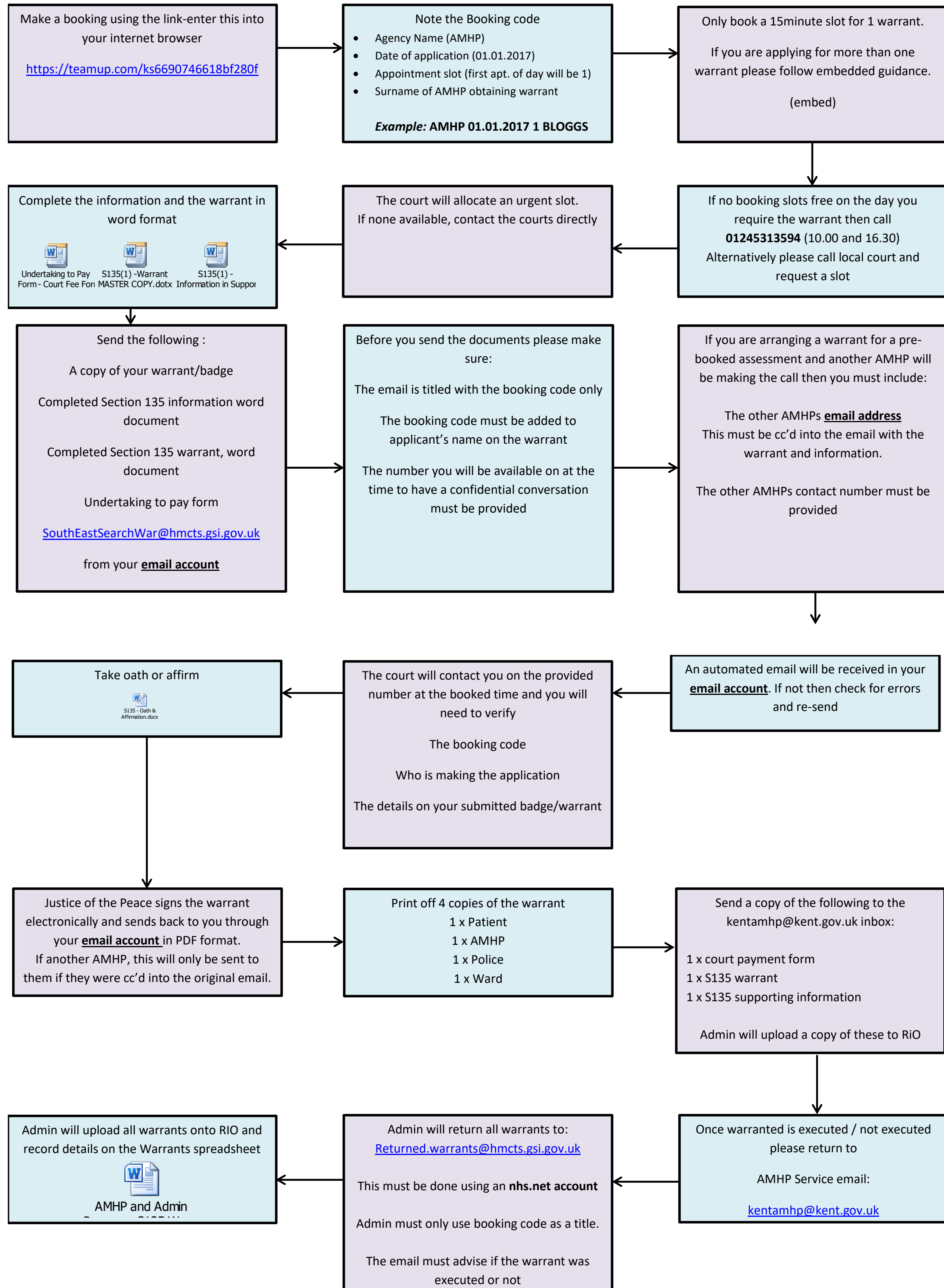
kent.gov.uk

Appendix 9: S135(1) Warrant

Flowchart for Section 135 Warrant Applications



Appendix 10: Basic Referral Form

Date:
Time:

☐ Referral on RIO
☐ Progress Note
☐ Shift Report

Kent AMHP Referral Form

Admin to fill in

Service User Information

Name:					
Address/Known Location/ Last known location:					
Date of Birth:	RIO ID:	Male		Female	
Locality:	NHS No:				

Referrer Information

Name of Referrer:	Date of Referral:
Tel No:	
Team / Organisation:	

Interpreter required?

Language

SWA's to fill in

Has a first medical recommendation been completed   Yes / No Date of recommendation. Where is it held?

What is their current section:
When does that section expire:

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Appendix 11: Referral Protocol

1. Use of the Mental Health Act

Before any decision to assess someone under the Mental Health Act (1983, revised 2007), also referred to as the Act, the AMHP service needs to ensure the 5 over riding principles have been considered.

Every patient referred will be considered for assessment using these principles.

- Least restrictive option and maximising independence - e.*g. Looking to support and treat a person in the community rather then through admission to hospital and establish if these options haver been considered before referring that person for an assessment under the Mental Health act.*
- Empowerment and involvement – *e.g. Placing the views and wishes of the person at the centre of decision making, as well as those who care for and/or know them, before referring them for an assessment under the Act.*
- Respect and dignity – e.g. *To be aware of and consider the rights of every person to be treated in a dignified and humane way when making decisions with or for them, having taken into account any religious, cultural or other beliefs/practices.*
- Purpose and effectiveness – *e.g. Being able to explain the reasons for making a decision with or for a person in the context of how this will potentially benefit them.*
- Efficiency and equity - e.g. *Is a referral for an assessment under the mental health act, which may result in an admission to hospital, the most effective way of using the resources available to that person and the services involved in supporting them*

Any referral for an assessment under the Act should have been considered as part of a multi disciplinary discussion, including consultation with a Registered Medical Officer/Consultant (preferably one who has some prior knowledge and acquaintance with the patient).

However, if there is any uncertainty whether an assessment is appropriate please call in for advice and support.

It is the AMHPs responsibility to consider the case Section 13(1)

2. The AMHP Service.

The AMHP service covers all mental health act assessments for Kent. The service covers 24 hours a day, seven days a week. We also cover Medway assessments out of hours.

All mental health act assessment requests must come through a secondary or tertiary mental health provider such as Community Mental Health Teams (CMHTs), Children and Young Persons Services (ChYPs), Community Mental Health Teams Older Persons (CMHTOP), Crises and Home Treatment Teams (CHRTs), A&E liaison or Custody Liaison. Agency partners such as Kent Police can also make direct referrals into our service.

The only exception is Nearest Relative requests S13(4) which can come directly from the Nearest Relative. Other carers can contact the service and their information will be dealt with as appropriate.

3. *Considerations & requirements before referral to AMHP Service (for CMHTs, CMHTOP, ChYPs and CHRTs (not including section 136)).*

It would be expected that the referrer has seen the patient at least 24 hours prior to the referral. If face to face contact is not possible then the referrer would be expected to have made several attempts in the week prior to the referral to see/have seen the patient face to face.

All information relevant to any referral must be recorded/updated on RIO system (exception ChYPs):

A risk assessment should have been completed to reflect the current risks and concerns. CAMHs risk assessments need to be shared with the service at the time of referral.

Clear documentation and understanding of the risks at the point of referral will enable the service to prioritise the referral. Please advice on any:

- Safeguarding issues,
- Carer responsibilities
- Physical health issues
- Substance misuse history and current

that may impact on risk and planning for the assessment.

Please also advice of children and pets that may be present as provision for their care will need to be facilitated.

At referral we will discuss your previous contact with the patient. We would expect any referral for an assessment to have been discussed with the Consultant Psychiatrist and the team.

If the Psychiatrist has seen the patient and completed a medical recommendation the referral to the AMHP service will need to be made on the day of this recommendation..

The reason for not referring to CHRT, CAMHs home treatment team, or why an informal admission is not appropriate will be discussed, so it is necessary to have explored these options as a team and with the patient.

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Capacity and consent to admitting informally to hospital will need to be discussed at referral.

Previous mental health history, advanced care plans and carers and families' opinions will also be discussed at referral.

Any potential issues with access to carrying out the assessment will also need to be identified and discussed.

A back up will need to be allocated to attend the assessment and assist the AMHP. This may involve staying beyond normal working hours.

The AMHP Service may not be able to assess the service user following referral for a few days depending on the demand on the service at the time. At referral you will need to agree with the AMHP Service how you will continue to monitor the service user and update the AMHP Service as to any changes whilst the assessment is being arranged.

4. The Nearest Relative

As part of the any mental health act assessment the AMHP will need to consult with the patient's 'nearest relative'. It is vital that you provide as much information as you can about family members at the time of referral so the nearest relative can be identified by the AMHP.

Details of those who have parental responsibility/authority for patients under the age of 18 who are referred to us must be documented,

5. Referrals from CHRT (Section 136)

CHRT will call the AMHP service as soon as the patient has arrived on the 136 suite. This call will provide us with the basic information which needs to include:

- Patient's name
- Date of birth
- RIO number
- Fitness to be assessed

- Any needs that will require additional support for the assessment (e.g. interpreter or a doctor with specialist knowledge for the assessment)

As the 136 team spend more time with the patient information such as carers, relatives, history and current presentation should be elicited from the patient where possible to pass on to the AMHP.

Please ensure that the CORE and risk assessment are updated as soon as possible.

6. Ward Referrals.

All referrals to the AMHP service should be made on the day they are discussed and agreed by the ward MDT.

As part of any assessment the AMHP will need to speak to the Nearest Relative so please provide as many details as you have in regards to family members (see above)

- ***Section 5(2)***

Any patients detained on a section 5(2) should be referred immediately after the detention. The AMHP will need to establish the time the patient was placed under this section if there is a plan for this decision to be reviewed by the RMO and when this will take place so a plan can be made with the ward.

- ***Recall for CTOs***

A referral to the AMHP service will be made be made by the ward immediately after a patient is admitted to hospital as recalled patient. We have 72 hours within which to assess a recalled patient and we will need to be able to secure an assessment with the Responsible clinician on the ward in this time, or if this assessment has to take place out of hours then the 'On-call' doctor.

The AMHP service is not directly responsible for the process of recalling and conveying a recalled patient. This responsibility lies with the Responsible Clinician and the team under which the patient is being supported and treated.

- ***Assessments under the act for informal patients.***

Referrals to be made the AMHP service as soon as the medical recommendation has been completed. The ward will need to ensure that the patient has the right to remain informally at the time, or whether s.5(2) of the Act needs to be used.

The ward needs to ensure that the medical recommendation is kept in a safe place accessible at the time of the assessment.

- ***Requests for Section 3 Assessments.***

When making a request for an assessment to detain under section 3 the AMHP will need to be able to discuss the patient with the RMO.

Information will need to be provided on diagnosis, and the treatment plan will need to be documented and discussed.

The AMHP has to be satisfied that the treatment cannot be provided unless the patient remains in hospital and that the appropriate treatment is available in a particular hospital and that this is clearly identified and detailed in any medical recommendation made.

Any medical recommendation for s.3 must also clearly detail both the 'nature' and 'degree' of the mental disorder being treated, as well as detail the risks relating to this.

The service expects that patients currently detained on Section 2 who need an assessment for Section 3 will be referred _at least 4 days prior to the expiry of the section 2_ . This will enable the AMHP to make sufficient attempts to identify and consult with the Nearest Relative, which is central to decision making around s.3 detention.

- ***Requests for CTOs.***

CTO applications can only be considered for patients currently detained on Section 3. Prior to any CTO request the ward must have held a CPA review within the previous two weeks to which the CMHT's care coordinator has attended, suitability for CTO has been discussed and additional conditions of this considered.

- This CPA review needs to be clearly documented on RIO.
- The patient's capacity to agree to the CTO application needs to be considered and documented (includes their view of the plan)

Times that the RC is available for the CTO assessment need to be provided to the AMHP service.

The AMHP service expects that CTO _requests will be made at least 4 days prior to the date of the doctor's availability_.

7. Referrals from Psychiatric Liaison at General Hospitals.

Referrals to the AMHP service from A&E liaison need to be discussed with the RMO if possible.

When making a referral please ensure that you have completed all the RIO documentation and tried to establish family and carer details (as detailed above).

Please state at the referral what alternatives to a mental health act assessment have been considered.

Medical recommendations need to be left on the ward with the patient and copies uploaded to RIO, or if this is not possible for any reason a copy faxed to the AMHP.

8. Referrals from Custody Liaison Diversion Service

When making a referral to the service please ensure that you have as much information as possible in regards to the patient and that all necessary risk, core and supporting information is uploaded to and documented on the RIO system before making a referral.

Please try to establish details of relatives or carers and ensure that this information is recorded with contact details.

The reason for arrest needs to be clear when the referral is made, as does the time that PACE started.

Strong consideration needs to be given to assessment somewhere other than custody and the reason for this not being appropriate made clear at point of referral.

9. Referrals from the police for those in custody (excluding section 136)

Within custody liaison working hours this service will need to have assessed the patient and refer to the AMHP service having followed the processes detailed immediately above .

Any referral made outside of liaison diversion’s working hours should be discussed with the CRHT in the first instance.

10. Referrals from the police for section 136 patients in custody

It should only be in extreme circumstances that a section 136 patient is taken to police custody as a place of safety.

At arrival at the station the police should contact the AMHP service immediately and advise them of the detention.

11. Guardianship referrals.

All guardianship requests need to be refereed with as much information provided on the circumstances as possible.

Family details are essential as the Nearest Relative needs to be consulted.

12. Referrals from Nearest Relatives.

A patient’s Nearest Relative has the right to request a mental health act assessment. If they do this then please advise them to either contact the AMHP service directly or contact the service and provide their details.

The AMHP service will establish if they are the Nearest Relative and consider the case.

The decision and plan will be communicated back to the appropriate team.

13. Professionals Meetings:

In some cases an AMHP may also be able to attend a professionals’ meeting to look at a patients’ needs.

Appendix 12: Referral Checklist

Pleas note that the afore checklist is designed to enhance referrals for a mental health act assessment; it is not to act as a barrier to referrals. However the checklist will assist the AMHP service to ensure that a case is ready to statutory intervention. The right hand column is there to assist as a tick box for the referrer.

Community Mental Health Teams(CMHT)
Community Mental Health Teams Older Persons(CMHTOPs),
Children and Young Persons Services (ChYPs)
Crises and Home Treatment Teams(CHRT), not including Section 136

Service user; name, DOB, RIO number	
Need for an interpreter	
Has face to face contact been made in the last 24 hours	
If no face to contact is made, what engagement strategies have been applied in the last week	
Has the risk assessment, CORE assessment been updated in the last 24 hours.	
ChYP need to fax updated information from the last 24 hours	
Clear verbal handover of; • Risk • Safeguarding issues • Carer responsibilities • Physical health issues-last time physically examined by a GP if could be impacting on mental health. • Substance misuse • Forensic history • This should also include a check of Epex and paper files.	
Have you discussed the case with a consultant, are they available to attend an assessment Has a medical recommendation been made (this is least preferred practice). If medical recommendation made please refer on date completed.	
Has this case gone to risk locality forum.	
Has a referral been made to CRHT or the Home treatment Team or informal admission considered.	
Where required have specific capacity issues been assessed for treatment or informal admission.	
Are there details of advanced care plans including family and carers opinions	
Contact details for family members	
Potential issues with the assessment being completed e.g. access, weapons	
Home circumstances; children, vulnerable adults, pets or protection of property etc.	
When can you provide a back-up	

Referrals for Section 136

Service user; name, DOB, RIO number	
Need for an interpreter	

Fitness to be assessed to be discussed	
The risk assessment, CORE assessment will need to be updated.	
Clear verbal handover of the person (as they become known); • Risk • Safeguarding issues • Carer responsibilities • Physical health issues-last time physically examined by a GP if could be impacting on mental health. • Substance misuse • Forensic history	
Discussion with the consultant and their availability to attend an assessment.	
Contact details for family members	
Home circumstances; children, vulnerable adults, pets or protection of property etc.	

Ward referrals

Service user; name, DOB, RIO number	
Need for an interpreter	
Contact details for family members/carers to be on RIO	
Section 5(2) referral made on day of application with information as to when the consultant will review this section	
Discussion with the consultant and their availability to attend an assessment	
Section 2 and Section 3 requests to be made by the Doctor completing the medical recommendation on the day of that recommendation	
CTO recalls to be referred on day of admission	
Section 3 to CTO. A CPA must have taken place at least two weeks prior to a referral for CTO The CPA review must demonstrate that the CTO has been discussed with the care coordinator and service user Capacity may need to be considered for a CTO (although consent is not required) - this must be documented in the review Details of when the RC and care coordinator is available to participate in the assessment CTO referrals require at least 4 days notice	

Referrals from A&E Liaison

Service user; name, DOB, RIO number	
Need for an interpreter	
Risk assessment, CORE assessment have been updated	
Clear verbal handover of; • Risk • Safeguarding issues • Carer responsibilities • Physical health issues-last time physically examined by a GP if could be impacting on mental health. • Substance misuse • Forensic history	

Have you discussed the case with a consultant, are they available to attend an assessment Has a medical recommendation been made (this is least preferred practice). If medical recommendation made please refer on date completed.	
Has a referral been made to CRHT or the Home treatment Team or informal admission considered.	
Where required have specific capacity issues been assessed for treatment or informal admission.	
Are there details of advanced care plans including family and carers opinions	
Contact details for family members	
Potential risk issues with the assessment being completed	
Home circumstances; children, vulnerable adults, pets or protection of property etc.	

Referrals from Custody Liaison

Service user; name, DOB, RIO number	
Need for an interpreter	
Risk assessment, CORE assessment have been updated	
Clear verbal handover of; • Risk • Safeguarding issues • Carer responsibilities • Physical health issues-last time physically examined by a GP if could be impacting on mental health. • Substance misuse • Forensic history • Reason for arrest	
Have you discussed the case with a consultant, are they available to attend an assessment Has a medical recommendation been made (this is least preferred practice). If medical recommendation made please refer on date completed.	
Has a referral been made to CRHT or the Home treatment team or informal admission considered.	
Where required have specific capacity issues been assessed for treatment or informal admission.	
Are there details of advanced care plans including family and carers opinions	
Contact details for family members	
Potential risk issues with the assessment being completed	
Home circumstances; children, vulnerable adults, pets or protection of property etc.	
When PACE clock started.	
Can the assessment be scheduled for somewhere other than custody.	

Appendix 13: Early Discharge Planning Team Referral Form

Please complete electronically and send to MHSWEarlyDischarge@kent.gov.uk

In order for us to process your referral the mandatory fields marked in blue on the form must be completed by the referrer

Referrer Details:			
Name:	**Role/Agency:**		
	Email:	**Contact Number:**	
Referral Completed	**Time:**	**Date:**	
Is the individual aware of this referral?	**Yes** ☐ **No** ☐	**Have they given their consent:** **If no consent given, please state why?**	**Yes** ☐ **No** ☐

Individual Details:			
Hospital:		**Ward:**	
First Name:		**Surname:**	
Date of Birth:		**Likes to be known as:**	
AIS/Swift Number:		**RiO Number**	
		NHS No	
Address:		**Does the Individual live alone?**	**Yes** ☐ **No** ☐
Gender:		**Religion:**	
Ethnicity:		**Sexual Orientation**	
Employment Status:		**Marital Status:**	
Preferred Language:		**Interpreter Required?**	
GP Name, Surgery and Telephone:			

Other significant Family Members/Adults/Children/Carers you are aware of (please tick if

applicable)					
Name	**Relationship**	**Date of Birth**	**Contact Details**	**Is this person a carer of the individual?**	**Does this person live with the individual?**

If any children under 18, please provide the following details			
Name:	**Date of Birth:**	**GP Contact Details:**	**School:**

Please state any other dependants: (including Caring Roles, pets or other adults cared for by the person)	

Next of Kin/Nearest Relative/Power of Attorney				
Name	Contact Details	Address	Relationship:	Is this Person a carer?:

Admission History:	
Date of last admission (if any):	

Date of last discharge:	
Date of proposed discharge:	

Please tick if applicable:
Is the individual a veteran? ☐ Is the person subject to domestic abuse? ☐ Is the person subject to Delayed transfer of care? ☐ Is this individual entitled to s.117 after care? ☐ Is this a Vulnerable Adult Request? ☐ Has the individual been a Looked After Child? ☐

OT Assessments Completed:	Yes ☐ No ☐	**Please Tick if applicable:**
Please attach a copy of referral and ensure uploaded onto RiO		MOHOST ☐ p/adl's ☐ If other please state below:

Details of Referral	
Reason for referral and current difficulties and concerns (including co-existing conditions and diagnosis)	
Have there been any important recent significant events or changes in their life?	
What strengths do they have?	
What has been tried to improve the situation prior to admission? (please detail any social care support, including costed care package)	
How would they like their situation to improve?	
The family, carer(s) or advocate's views of the situation and what would improve it?	
Is this individual currently under Secondary Care	Yes ☐

Services	No ☐

Is any other professional/service involved? Please specify below:
☐ 18+ Care Leaver Service ☐ Adult Social Services, e.g. ACT/OPPD ☐ Eating Disorder Service ☐ Early Intervention in Psychosis Service ☐ Autism Service ☐ Learning Disability Service ☐ Drug and Alcohol Services ☐ Any Other Services (please specify)

Known Risks/Hazards/Warnings/Forensic History (give dates and details)	
Any history of harm to self, including overdose	
Any history of harm to others	
Any alcohol/substance misuse – engaged with support?	
Any history of not engaging with services?	
Any criminal convictions?	
Are there any safeguarding issues (children and/or adults, current or historical)?	
Any other information, e.g. hazards in the environment.	
Any other information/does environmental risk assessments need to be completed:	Yes ☐ No ☐

Mental Health Social Work Early Discharge Team contact details:

E-mail: MHSWEarlyDischarge@kent.gov.uk

Address: Kent County Council, Kroner House, Eurogate Business Park, Ashford, Kent, TN24 8X **Tel:** 03000 410660

Office use only

OUTCOME					
Benefit maximisation		Referral to Advanced KERS			
Onward referral to MHPCSW		Assistance with costed care package. : Direct Payment		Proceed with costed care package. : Direct Payment	
Onward referral to Live Well		Assistance with costed care package: SIS		Proceed with costed care package: SIS	
Eligibility not met		Assistance with costed care package: residential		Proceed with costed care package: residential	
Proceed to safeguarding		Continuing healthcare			
Service User declines					

Additional Information		
Date of Referral Received		
Date of Care Act Assessment Completed		
Date of Care and Support Completed		
Allocated Social Worker and contact details	Name:	Date:

Kent Enablement and Recovery Service

Allocated Social Worker:

Contact details:

Reason for referral / enablement needs: *(please refer to social care and enablement needs on the next page)*
<Add text here.>

Kent County Council kent.gov.uk

All referrals to be sent to the relevant mailbox together with up to date Care and Support Plan:

advkers@kent.gov.uk

The person being referred should either be on the caseload of a Primary Care Social Worker OR a Care Co-ordinator in Secondary Care.

KERS focus on enabling people to achieve their outcomes and build confidence in tasks so that they can complete these themselves in future. KERS do not carry out tasks for people, they support them to complete tasks themselves. The focus of KERS is therefore to:

- Encourage lifelong learning, promote independence, social inclusion and wherever appropriate, support a move into work related opportunities.
- Enable recovery by using an asset based and co-productive way of working that enables individuals to manage their mental health and wellbeing; enabling them to feel empowered and be aware of how and where to seek support and assistance.
- Work with an individual to identify a range of outcomes to enable access and participation in mainstream community based activities, learning and work related opportunities.
- Help facilitate social inclusion by assisting the development of an individual's own networks of community support, interests and contacts.
- To safeguard individuals who are experiencing poor mental health and wellbeing by working collaboratively and co-productively with everyone involved in their support.
- Support to maximise reciprocity/contribution to local communities.

Appendix 14: GP Letter

Kent AMHP Service
Invicta House
Maidstone
Kent
ME14 1XX
Tel: : 03000 422480
Email: kentamhp@kent.gov.uk

PRIVATE AND CONFIDENTIAL – ADDRESSEE ONLY

Dr
Address
Address
Post code

Date: 25 Mar 2019

Ref: MH1/(PATIENT INITIALS)

Dear Dr Click here to enter text.

RE:

Please find enclosed my Mental Health Act assessment report for the above named Female client. The outcome of my assessment was that Eugenie:
Please select appropriate outcome and delete where necessary.

- was detained in hospital on a compulsory order (Section 2 of the Mental Health Act 1983 amended 2007) for a period of up to 28 days. This order commenced on ****

- was detained to hospital on a compulsory order (Section 3 of the Mental Health Act 1983 amended 2007) for a period of up to 6 months. This order commenced on ****

- was discharged from Section 136 of the Mental Health Act 1983 (amended 2007) with an aftercare plan, as detailed in my report.

- was discharged from hospital under Section 17A of the Mental Health Act 1983 (amended 2007) for a period of up to 6 months. This Community Treatment Order (CTO) commenced on ****

- Community Treatment Order (CTO) was reviewed by the Responsible Clinician and Approved Mental Health Professional . The decision was made to extend the CTO for a further 6 months. CTO renewed on ****

- was assessed on **** following a recall to hospital on **** in accordance with Section 17.E of the Mental Health Act 1983 (amended 2007). The conclusion was

met that Eugenie lacked capacity to make an informed decision regarding admission to hospital as an informal patient in accordance with Section 131 of the Mental Health Act 1983 (amended 2007). I therefore agreed to sign the CTO5 revocation of the CTO Paper work. Eugenie will resume treatment on **** under Section 3 of the Mental Health Act for a period of up to 6 months.
- was detained in hospital on a compulsory order (Section 4 of the Mental Health Act 1983 amended 2007) on ****. Following an assessment Eugenie was detained in hospital on a compulsory order (Section 2 of the Mental Health Act 1983 amended 2007) for a period of up to 28 days. This order commenced on ****

- was not detained under the Mental Health Act 1983 (amended 2007). Please see details in the attached MH1 Report.

- was not detained under the Mental Health Act 1983 (amended 2007) however informal admission was agreed. Please see details in the attached MH1 Report

- Following the Mental Health Assessment the decision was made that Eugenie is to remain on their current Section (Section 3 of the Mental Health Act 1983 amended 2007) and was not discharged from Hospital onto the CTO (Section 17A).

Yours Sincerely

Name

Title

Approved Mental Health Professional

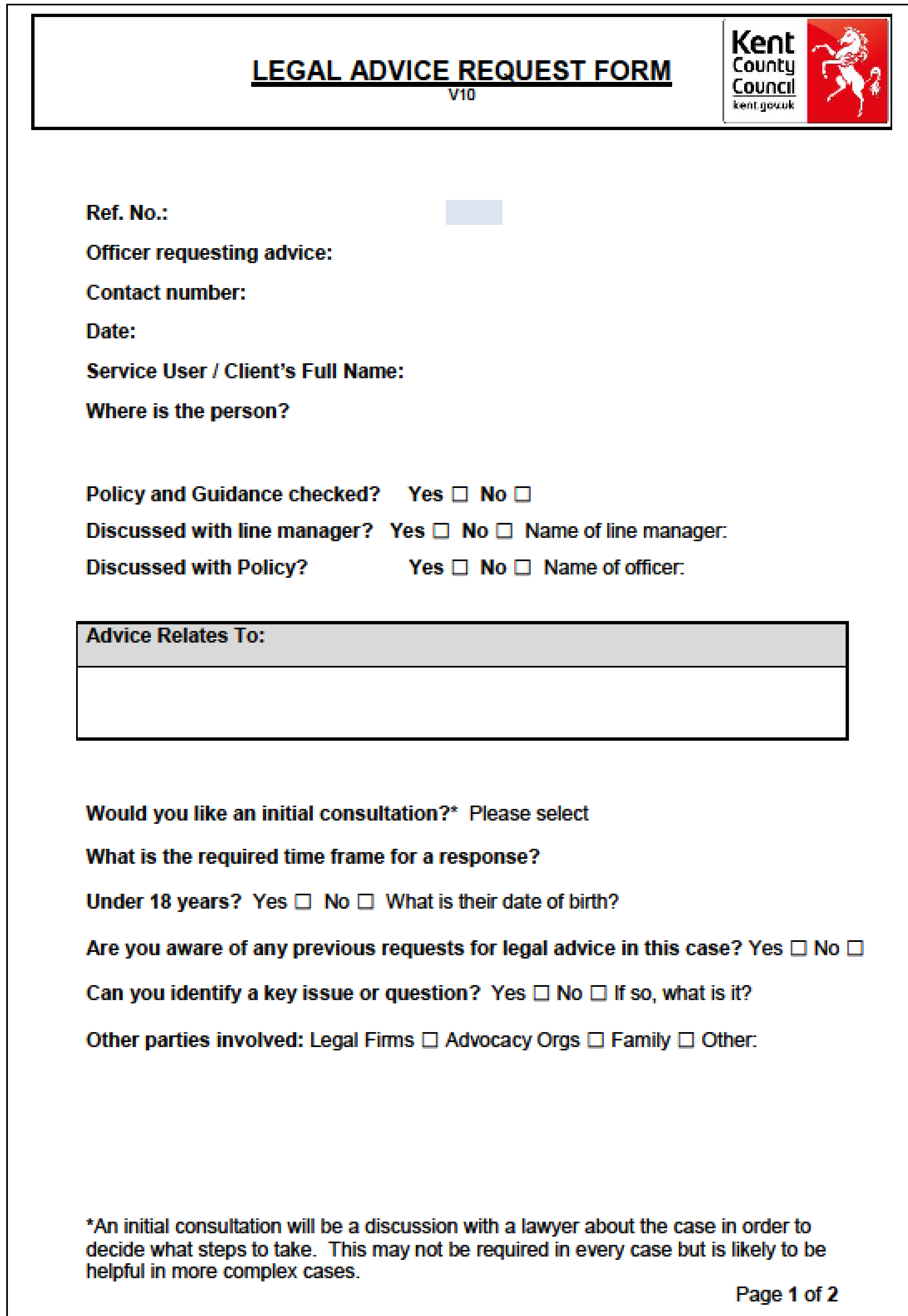
Cc: Click here to enter text.

Freephone number for the Samaritans: 116 123

Whatever you're going through, call us free any time, from any phone on 116 123.

We're here round the clock, 24 hours a day, 365 days a year. If you need a response immediately, it's best to call us on the phone. This number is FREE to call. You don't have to be suicidal to call us. Contact us now on 116 123

Appendix 15: Blank New LAR Legal Request Form – double click to open



LEGAL ADVICE REQUEST FORM
V10

Kent County Council kent.gov.uk

Ref. No.:

Officer requesting advice:

Contact number:

Date:

Service User / Client's Full Name:

Where is the person?

Policy and Guidance checked? Yes ☐ No ☐

Discussed with line manager? Yes ☐ No ☐ Name of line manager:

Discussed with Policy? Yes ☐ No ☐ Name of officer:

Advice Relates To:

Would you like an initial consultation?* Please select

What is the required time frame for a response?

Under 18 years? Yes ☐ No ☐ What is their date of birth?

Are you aware of any previous requests for legal advice in this case? Yes ☐ No ☐

Can you identify a key issue or question? Yes ☐ No ☐ If so, what is it?

Other parties involved: Legal Firms ☐ Advocacy Orgs ☐ Family ☐ Other:

*An initial consultation will be a discussion with a lawyer about the case in order to decide what steps to take. This may not be required in every case but is likely to be helpful in more complex cases.

Page 1 of 2

.Appendix 16: KMPT-KCC AMHP Interface – double click to open

Kent and Medway
NHS and Social Care Partnership Trust

KENT & MEDWAY NHS & SOCIAL CARE PARTNERSHIP TRUST [KMPT]
and
KENT COUNTY COUNCIL [KCC]

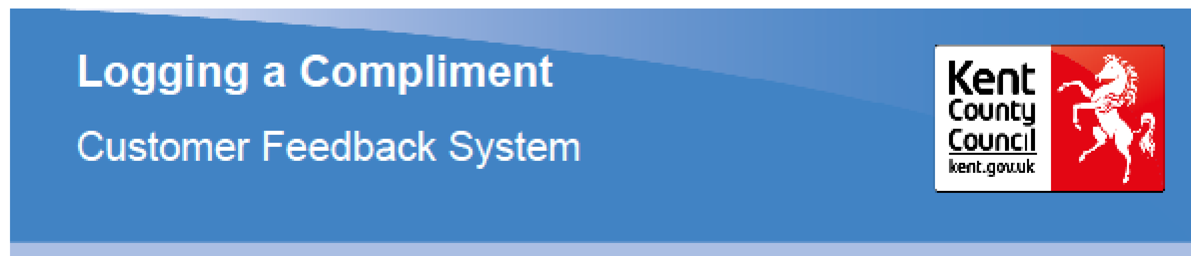
PARTNERSHIP TRANSFORMATION PROGRAMME

FUTURE INTERFACE:
KMPT AND KCC APPROVED MENTAL HEALTH PROFESSIONAL [AMHP] SERVICE

Version history

Version	Date	Summary of Change	Owner's Name
V2.0	21Mar2019	**APPROVED AT PTG**	Hannah Stone, Transformation Project Manager KCC
V2.0	12Mar2019	For PTG approval	Hannah Stone, Transformation Project Manager KCC
V1.1	27Feb19	PTG amends	Hannah Stone, Transformation Project Manager KCC
V1.0	20Feb19	For PTG approval	Hannah Stone, Transformation Project Manager KCC
V0.3	13Feb19	CF amends incorporated	Hannah Stone, Transformation Project Manager KCC
V0.2	03Feb19	CF amends	Hannah Stone, Transformation Project Manager KCC
V0.1	22Jan19	First draft	Hannah Stone, Transformation Project Manager KCC

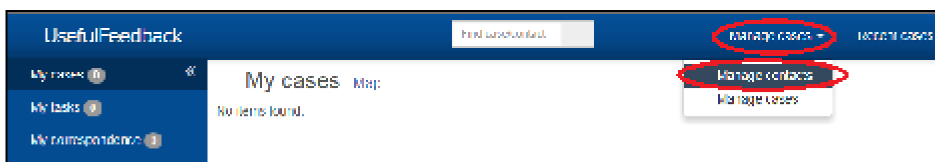
Appendix 17: Logging a Complaint – double click to open



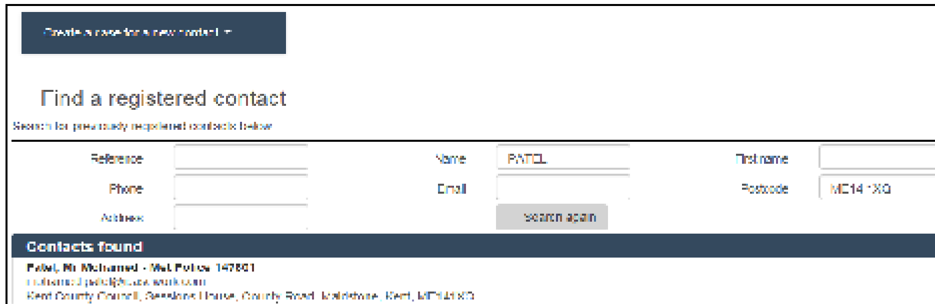
Searching for a contact before creating a case

Before creating a new case, you will need to search the system for the customer's details to see whether they already exist in the system. This will reduce the number of people handling the same piece of feedback across the organisation.

Click on Manage cases and then Manage contacts.



Search by name, postcode or reference number here to locate the customer. The search results will then pull through all cases with your key words and display them in the lower half of the screen. In this example we searched for Patel with postcode ME14 1XQ.



If you find difficulty locating an address, try placing the wildcard % sign before the address. For example %2 Kimberley Road will return 'Unit 3, 2 Kimberley Road' and also '2 Kimberley Road'.

The next page will take you to all feedback logged by that person where you will be able to see brief details.

Appendix 19: Serious Incident and KCC role – double click to open

KCC roles and responsibilities

Serious Incidents. 17/04/18

Introduction

This briefing note advises the KMPT/ KCC partnership transformation programme of the roles and responsibilities for management of serious incidents. The briefing clarifies the requirements as set out in the NHS England publication 'Serious Incident Framework' 2015 (https://nhsicorporatesite.blob.core.windows.net/green/uploads/documents/serious-incidnt-framwrk.pdf).

The serious incident framework seeks to support the NHS to ensure that robust systems are in place for reporting, investigating and responding to serious incidents so that lessons are learned and appropriate action taken to prevent future harm.

Definition of a serious incident

In broad terms, serious incidents are events in health care where the potential for learning is so great, or the consequences to patients, families and carers, staff or organisations are so significant, that they warrant using additional resources to mount a comprehensive response. Serious incidents can extend beyond incidents which affect patients directly and include incidents which may indirectly impact patient safety or an organisation's ability to deliver ongoing healthcare

Interface with Kent County Council

There are occasions where the processes described in the Framework will coincide with other procedures. In such circumstances, co-operation and collaborative working between partner agencies is essential for minimising duplication, uncertainty and/or confusion relating to the investigation process. Ideally, only one investigation should be undertaken (by a team comprising representatives of relevant agencies) to meet the needs/requirements of all parties. Referrals raising Safeguarding Children and Safeguarding Adults should be directed to the single point of access within KCC provided by the Central Referral Unit (CRU).

Kent County Council, via the Local Safeguarding Children Board or Local Safeguarding Adults Board (LSCB, LSAB as applicable), has a statutory duty to investigate certain types of safeguarding incidents/ concerns. The SCB and SAB have multi- agency policies and procedures which clearly set out the processes for responding to concerns and these include the response to concerns raised as part of a serious incident review. The relevant board will ensure that there is no duplication of investigation and that any additional work is coordinated with the SI work. Action plans developed as an outcome of the SI and the Safeguarding work will identify which agency is responsible for monitoring resulting actions and reporting accordingly within the relevant governance structure.

Appendix 20: AMHP Guidance on calling OOH

Kent AMHP Service MH1 Quality Review

This audit is undertaken with the intention of looking for ways to strengthen this MH1 report and the report writing of the AMHP.

It is intended that any criticism should be constructive and should help raise quality. .

It is also the intention to identify and acknowledge good practice.

AMHP Team Leader Patient initials & RIO number

1) Search for and use current referral

2) If you are opening a referral open to Kent AMHP service – do not open to yourself as an individual.

3) Record of preferred Language and Ethnicity (check demographics)?

4) Change address as required (on spine)

5) If the person is a new patient enter demographics

6) Check S117 entitlement and amend if required.

7) Personal history (Has this been checked for current accuracy/relevance? Has Epex been checked?) – Reasonable time to be spent – thorough investigation of past involvement with services and all relevant circumstances? If previous material has been copied is the source cited? Is the information still pertinent to the current assessment?

8) Description of circumstances leading to assessment – is there a clear description of this?

9) Record of interview with patient - is this clear, is there sufficient detail, are AMHP duties recorded e.g. introduction and explanation of the assessment, offer of being able to speak to the AMHP 1-1 - MHA COP 14.54)?

Kent County Council kent.gov.uk

10) Nearest Relative Identification & Consultation, including informing of their rights? Is this clearly documented: rationale explained as against S26 MHA – NR can change with change of circumstances? Is there sufficient detail re: dialogue. If the Nearest Relative was not contacted why not? Enter Nearest Relative details as required (Please enter telephone number if you access this).

11) Are Issues of patient's capacity to make decisions about proposed care/treatment recorded? Explicit reference to capacity criteria –demonstrate your thinking.

12) Consultation with Doctors completing Medical Recommendations? Is this recorded? Is it in sufficient detail?

13) Consultation with other relatives? Is this recorded? Is it in sufficient detail?

14) Consultation with other professionals? Is this recorded? Is it in sufficient detail?

15) Outcome of assessment & rationale for decision made (including an explanation of why informal admission is not appropriate, reference to Nature & Degree).

16) Has the patient been informed of the outcome of the assessment and of their right to appeal if detained?

17) Has a referral been made to the IMHA service? If not why not? (This is not a core role for AMHPs (Fig 4 Chapter 6 MHA COP) but we are in a position to make referrals as appropriate MHA COP 6.22-24; 6.28).

18) If the patient is not admitted what follow up care plan was recorded on the MH1 does it have sufficient detail to clearly explain who is doing what and when? What are the views of the patient, nearest relative, carers & family? Has the patient been given written details?

19) If the decision is not to make an application for detention has the AMHP informed the nearest relative of their right to make an application?

20) Please enter time and date of assessment – to ensure this is relevant to the assessment being undertaken.

21) Is risk recorded in detail explaining the context – historical and dynamic factors – do not simply record 'for their health and/or safety or with a view to the protection of others.'

22) Are Safe Guarding (Children & Adults) concerns identified and are there plans in place this to manage identified risks (includes domestic abuse even where adults are not 'vulnerable')? All work should be recorded e.g. any referral to children's services.

23) Is there a carer? Has a carer's assessment referral been made (flagged up with CCO)?

24) Practical matters that the hospital staff should be made aware of? Was an outline carbonated report left with the ward?

25) Specify the means of transport

26) If patient is located outside of the Trust provide address and telephone number of ward.

27) Telephone number of care coordinator/lead professional recorded?

28) Time spent on MH1 should be only time spent in direct contact not for information gathering and report writing (SS467 should be used).

29) Stage of pathway – fill out relevant areas from referral onwards.

30) Are there any issues with the quality of the presentation of the report, how it's written, would it stand scrutiny in a Court? (use of spell check, proof reading, coherent logical structure).

31) Reasonable time to complete MH1 – as a maximum 3.5 hours uninterrupted– may regularly be possible to spend less time depending on the circumstances.

32) Does the report reflect the Guiding Principles of the Code of Practice?

33) Additional tasks: SS467 (completed and emailed to Georgina), letter to GP, Nearest Relative information; have these been completed and sent?

34) SS467 should reflect the totality of the AMHPs involvement from including preparation, assessment, report writing and additional tasks (27 above).

35) When was MH1 completed? Is this within 5 day time scale?

36) Do not close referrals until all the above administrative tasks have been completed e.g. SS467, MH1 uploaded on Rio and sent to GP.

Appendix 21: Flexible Working Request Letter Template – double click to open

Flexible Working Request

All KCC employees are able to request flexible working and KCC's approach to this incorporates the statutory right to request flexible working. Decisions on whether a request can be agreed will be based on business needs.

The employee will need to explain to their line manager what change they are seeking to their working arrangements and provide information about the reasons for the request. This will then be sent to the Assistant Director for review and if the request is not agreed the employee will be given the reasons for this decision and it will be confirmed in writing.

Please note that employees can only make one flexible working request a year.

AMHP Name:	AMHP contracted hours:
Service Manager:	Base:

Days you can work and the hours:

Days you wish to be exempt from working:

Please state reason for flexible working request (please note that if this is a medical reason/ occupational health reason, you must provide a copy of the letter you have received stating your medical condition):

Date of request:

Signed by Line Manager: Date:

Appendix 22: Kent AMHP Service Induction V.1 – double click to open

Kent AMHP Service Induction

Name:

Start date:

Base:

Supervisor:

Roles and Responsibilities

Your line manager will:

- Ensure that you compete the induction
- Delegate any parts of the induction as required to a named person
- Meet with you to discuss the induction within the first 2 weeks

Other team members will:

- Assist you with the induction and sign as work is completed

Your responsibility is:

- To attend any part of the induction as required
- Complete mandatory training that is outstanding
- To report any gaps that you feel you have in your knowledge and provide solutions to resolve these
- To ensure that this record is completed within the time frame and available for signing when criteria are meet
- To keep a copy for your records on completion and hand the original over for the service records

Title: Kent AMHP Service Induction (V.1)
Author: Helen Burns (AMHP Service Manager)
Created: 28/07/2016

Kent
County
Council
kent.gov.uk