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| **STRICTLY PRIVATE & CONFIDENTIAL**  Name  Address  Address  Address  Address  Address | Akua Agyepong  C/O AMHP Service  3rd Floor, Invicta House  County Hall  Sandling Road  Maidstone  Kent, ME14 1XX    Tel: 03000 415762  Ask for: Akua Agyepong  Email: [MHGuardianship@kent.gov.uk](mailto:MHGuardianship@kent.gov.uk)    <<DATE>> |
|  |  |

Dear <<Name of RC>>

**Re Confirmation of Appointment of Responsible Clinician for <<Name of Person and DOB>>**

I am writing to confirm that as of <<DATE of ACCEPTANCE/TRANSFER>>, <<NAME OF PERSON>> is now under Guardianship (Section 7, Mental Health Act 1983 (as amended)).

Kent County Council will be their Guardian and <<NAME OF AMHP>>, Approved Mental Health Professional (AMHP) will carry out this role.

Kent County Council is required as Guardian to authorise an approved clinician to act as responsible clinician for <<NAME OF PERSON>> whilst they are subject to Guardianship, and I am writing to inform you that you are duly authorised to fulfil this role. Please complete the letter template I have enclosed confirming you have accepted this role and return it within six weeks of this letter.

However, if you consider that another approved clinician would be more appropriately authorised to act, please urgently liaise with them. Also, ask them to complete and return the RC confirmation letter template I have enclosed within six weeks of this letter confirming that they have accepted the role.

In the absence of either confirmation being received within the next six weeks, this will be raised with the Medical Director, Kent and Medway NHS and Social Care Partnership Trust (KMPT) and in the meantime, you will continue to be regarded as the responsible clinician for <<NAME OF PERSON>>. It is of course essential that you arrange cover for any periods of absence.

As you may be aware, <<NAME OF PERSON>> should be provided with regular multi-agency reviews. Also, the decision whether Guardianship is still necessary should be made within this context and after <<NAME OF PERSON>> has had a formal medical examination.

Please note it is your responsibility to either renew or discharge <<NAME OF PERSON>> from Guardianship therefore, you should take note of the timescales. However, ten weeks prior to <<DATE OF EXPIRY>> you will be sent a letter reminding you to review <<NAME OF PERSON>>’s needs and decide whether Guardianship is still required in meeting these.

If you decide at any time Guardianship is no longer necessary, then you do of course have the right to discharge <<NAME OF PERSON>> from it. Although this is effective as soon as you tell them, please also complete the letter I have enclosed for you: (Letter from Responsible Clinician to discharge) and return it as soon as possible so we can update our records.

Please also note that whilst Kent County Council is authorising you to act as responsible clinician in respect of <<NAME OF PERSON>>, your line management remains within KMPT.

Please don’t hesitate to ask <<NAME OF AMHP>> for more information about this who can be contacted on: <<Email of AMHP>>

<<Tel. of AMHP>>

or alternatively contact me on any of the contact details above.

The Guardianship policy and practice guidance confirms the roles and responsibilities of all those involved so please familiarise yourself with this. I have enclosed a copy for you.

Yours sincerely,

Akua Agyepong

Assistant Director, Countywide Services

CC <<NAME of APPROVED MENTAL HEALTH PROFESSIONAL>>, AMHP

Enc: Confirmation letter from RC

Discharge letter from RC

Guardianship Practice and Policy Guidance