

Agenda Item:

8

Dorset Health Scrutiny Committee

Dorset County Council



Date of Meeting	10 March 2015
Officer	Director for Adult and Community Services
Subject of Report	Approved Mental Health Professionals Service (AMHPs) update
Executive Summary	Dorset County Council has a statutory duty to ensure that a sufficient number of Approved Mental Health Professionals (AMHPs) are available to carry out Mental Health Act (MHA) assessments as required. A Care Quality Commission (CQC) inspection report from December 2013 identified that there were too few AMHPs in Dorset. The CQC pointed out that workload pressures and a relatively poor remuneration package have resulted in a number of AMHPs leaving Dorset for neighbouring Local Authorities and others intending to do so. A plan of action has therefore been produced, to address the situation and to ensure that Dorset County Council has sufficient AMHPs to meet its statutory duties.
Impact Assessment:	Equalities Impact Assessment: N/A
	Use of Evidence: <ul style="list-style-type: none"> • Care Quality Commission monitoring visit and letter of 23rd December 2013 to the Director for Adult and Community Services. • Letter to CQC dated 27th February 2014 from the Director for Adult & Community Services.

	<ul style="list-style-type: none"> AMHP Improvement Plan, updated 8th January 2015.
	<p>Budget/ Risk Assessment:</p> <p>Having considered the risks associated with this decision using the County Council's approved risk management methodology, the level of risk has been identified as:</p> <p>Current Risk: Low Residual Risk: Low</p>
<p>Recommendation</p>	<p>The Committee is asked to note and comment on this update report.</p>
<p>Reason for Recommendation</p>	<p>Part of the Committee's function is to review and scrutinise matters relating to the planning, provision and operation of health services in the area of the County Council.</p>
<p>Appendices</p>	<p>Appendix 1 – CQC letter of 23rd December 2013 to the Director for Adult and Community Services. Appendix 2 – Letter of 27th February 2014 from the Director for Adult and Community Services to the CQC. Appendix 3 – AMHP Service Improvement Plan, January 2015.</p>
<p>Report Originator and Contact</p>	<p>Name: Glen Gocoul, Head of Specialist Adult Services Tel: 01202 495503 E.mail: g.a.gocoul@dorsetcc.gov.uk</p>

1.0 Background

- 1.1. On 12th and 13th December 2013 the Care Quality Commission (CQC) undertook an announced Joint Assessment and Admission visit to the Dorset HealthCare University NHS Foundation Trust (DHC) and Dorset County Council during which they highlighted a number of issues relating to the Joint Dorset County Council/DHC Assessment and Admission process. The details of this visit were outlined in the papers submitted to the Health Scrutiny Committee on 10 September 2014.
- 1.2. Parts of the Assessment and Admission process are the in-patient services which are the responsibility of DHC. DHC reports separately to the Health Scrutiny Committee about the in-patient services. The County Council is responsible for the AMHP Service which is community based and this report provides an update regarding the actions required by the County Council in relation to the AMHP service.
- 1.3. Appendix 1 provides detailed feedback to the Director for Adult and Community Services from the CQC about the AMHP Service in their letter dated 23 December 2013. The letter highlights issues that required further attention from the County Council and were grouped under eight main headings as illustrated below by bullet points:
 - The management of the service;
 - Morale;
 - Recruitment;
 - Time off;
 - Risk;
 - Supervision;
 - Training;
 - Quality assurance.
- 1.4. The Director for Adult and Community Services replied to the CQC in her letter dated 27 February 2014, which is attached as Appendix 2.
- 1.5. The Head of Specialist Adult Services produced an AMHP Improvement Plan which was presented to the Dorset Health Scrutiny Committee on 10 September 2014. The plan has been updated further and is attached as Appendix 3. This plan addresses the areas that required further attention. The Plan is divided into 5 Outcome Areas and 10 specific actions which respond to the bullet points set out in paragraph 1.3 above. Significant progress has been made against all the actions, with nine actions completed and RAG Rated Green and one action that is RAG Rated Amber.
- 1.6. The Amber action relates to achieving the locally set target of 34 full time equivalent day time AMHPs and this will take a number of years to achieve from the current number of 29 AMHPs. It is possible to recruit practising AMHPs from out of the county and that has happened recently. However, there is a shortage of AMHPs nationally. The County Council has a rolling programme of training to produce home grown AMHPs and two trainees started the AMHP training course at Bournemouth University in February this year. However, it can take between two to three years for a suitably qualified

Social Worker to go through the required training processes before they gain their Warrant to practice as an AMHP. For example, a newly qualified Social Worker is required to complete an Assessed and Supported Year in Employment (ASYE). If the worker does not have a mental health background and or experience, s/he will then need to gain experience in mental health work before s/he can proceed to the post qualifying award in mental health prior to starting AMHP training, which takes a minimum of six months at Bournemouth University.

- 1.7. Terms and conditions for AMHPs in Dorset have improved significantly during the past year with AMHPs now employed on a higher grade following a decision by the County Council's Job Evaluation Panel in 2014. We have also established an AMHP HUB dedicated to dealing with the urgent Mental Health Act (MHA) Assessments and this means AMHPs in community teams have more time to carry out planned MHA Assessments, primarily for people on their own case loads. Evidence shows the AMHP HUB is achieving its target of dealing with at least 80% of the urgent MHA Assessments.
- 1.8. Establishment of the AMHP HUB in 2014 means we have a more efficient and effective AMHP Operating Model and this allows the County Council to revise the "sufficient number of AMHPs" required to discharge its statutory duties from 41 down to 34 full time equivalent day time AMHPs.
- 1.9. New AMHP contracts will be issued to all AMHPs this year to confirm their primary responsibility is to carry out AMHP work and all AMHPs will be part of a discrete AMHP service. This will ensure they receive AMHP supervision from suitably qualified AMHPs and that there is a good balance between AMHP duties and caseload management for AMHPs in the community teams. There is good feedback from AMHPs and the Trade Unions about these changes and there is some confidence that the target of 34 full time equivalent AMHPs will be achieved within the next three years because the improvements achieved over the past year have made the County Council a more attractive place for AMHPs to work.

Glen Gocoul
Head of Specialist Adult Services
March 2015

Our ref: 29878

23 December 2013

Mrs Catherine Driscoll
Director for Adult and Community Services
Dorset County Council
County Hall
Colliton Park
Dorchester
DT1 1XJ

Tel: 03000 616161
(Press option 1 when prompted)

www.cqc.org.uk

Dear Mrs Driscoll

Monitoring under section 120 of the Mental Health Act 1983

I am writing following the assessment and admission visit to Dorset which took place on 12 and 13 December 2013. I recognise that such visits as these require a considerable amount of preparation and the team would like to take this opportunity to thank Viv Payne for her help with the visit.

During the visit, the visiting team met with a number of agencies as well as service users and carers. One of the groups the team met were the approved mental health professionals (AMHPs) employed by the council. The issues they raised were of such significance that members of the visiting team had grave concerns about the safety of the service to such an extent that they felt the service was not safe. Prior to the feedback meeting on the second day, the team met with Mr Gocoul, the head of specialist services, to discuss the concerns. Whilst Mr Gocoul did not share the view that the service was not safe, he did recognise that the service was "on the brink". The areas of concern identified by the visiting team are as follows:

The Management of the Service

The AMHP service is an important service and is the responsibility of the local authority. The visiting team gained the impression that nobody is overall managing the service although it is acknowledged that Viv Payne as the lead AMHP is trying to hold things together. However, there do not appear to be effective arrangements in place to manage the service and to deal with the various issues that regularly emerge as far as the AMHPs and the service are concerned.

Morale

From listening to AMHPs, the visiting team concluded that morale was a major problem. AMHPs told us that, as a group, they feel isolated and that they are not listened to. Communication in general was a concern. They were aware of plans for the service to be reconfigured with a hub, but did not know if this was going to happen. They were also not aware of the street triage project which the team heard about from Mr Gocoul, which is due to be introduced next April and will affect their work.

The AMHPs expressed concern about their pay and conditions. AMHPs explained that discussions to try and resolve this are ongoing but the fact that Bournemouth and Poole are paying their AMHPs more was an issue. The team were told that the AMHPs employed by your council, who work for the out of hours service, are paid £3000 less than the other AMHPs employed in the out of hours service by Bournemouth and Poole. These AMHPs provide the same service across the three authorities.

Recruitment

The visiting team were told that within the county there are 29 AMHPs available for daytime work although this number will decrease shortly. Within that number there is one occupational therapist and a community psychiatric nurse both of whom are employed by Dorset Health University NHS Foundation Trust (DHUFT). The team were told that guidelines suggested that a county the size of Dorset should have 41 AMHPs. There are plans for three social workers to start training. However, there are three further training places available and three DHUFT staff have expressed an interest in undertaking AMHP training. There does not appear to be any agreement between the council and DHUFT to facilitate this. This would appear to be a missed opportunity. There appears to be a lack of interagency working on this and other issues.

Time off

AMHPs told us that they regularly work extra hours in order to complete mental health act assessments. This involves them working into the evenings and working on their day off. A number of staff told us that they have in excess of 120 hours of flexi time to take. Other staff told us that their managers do not always encourage the AMHPs to take back their time as the managers are more concerned with the day service they are managing.

In recent months because of problems with the availability of beds, a number of placements have been made at hospitals some considerable way from Dorset. Some AMHPs have been required to visit these hospitals to deal with applications. One AMHP was asked to travel in a day to the south east of the country. The AMHP expressed concern about undertaking such a long journey and eventually the authority in whose area the patient had been placed undertook the assessment.

Risk

The visiting team were very concerned about the risk to staff as they were told that if AMHPs go out on an assessment late in the afternoon there is no system consistently in place to protect them in the event of an incident. Some AMHPs appear to have an informal arrangement to let a colleague know when they have completed their AMHP work. Within the AMHP report there is a reference to risk, but it was not clear whether this was risk to the patient or risk to the AMHP.

Supervision

The AMHPs told the visiting team that they did not receive regular supervision as far as their AMHP work was concerned.

Training

The AMHPs were asked about arrangements for their continued professional development and the requirement to complete 18 hours training. The AMHPs appeared to have limited knowledge about this and said that they needed additional training particularly around legal updates. This issue was raised with Viv Payne who suggested that the 18 hours requirement was considered through the re-approval process. Subsequently the team were told that the learning and development unit kept this information and that all AMHPs had undertaken the requisite number of hours. Some reassurance on this would be helpful. Some of the AMHPs also said that they did not have access to a current Jones manual.

Quality Assurance

One of the Mental Health Act commissioners, who was part of the visiting team, regularly visits hospitals in Dorset that admit patients detained in accordance with the Mental Health Act and has part of this work, looks at AMHP reports.

Some of the reports seen are of variable quality. During the visit, the team read a number of AMHP reports. There were a number of points that arose, particularly around nearest relative issues. The visiting team asked about arrangements for monitoring AMHP reports but the team were told that this does not routinely happen.

There was also a lack of clarity about what happened to the AMHP reports when work needed to be followed up. In recent months Viv Payne has come to an arrangement whereby staff in the mental health legislation office of DHUFT email the AMHP report as the reports are uploaded on to the electronic system. The council does not appear to have a system in place to capture information about AMHP work. It was not clear how any outstanding work would be carried out and by whom.

I would be grateful if arrangements could be made to address the concerns as set out above and look forward to receiving your comments no later than 24 January 2014. I understand that Mr Gocoul has indicated to the visiting team that he would start addressing the issues and develop an action plan which the CQC would welcome a copy.

With very best wishes.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Patti Boden', enclosed within a thin black rectangular border.

Patti Boden
Operations Manager (Mental Health)

Yours sincerely

Restricted

Direct Line: 01305 224317
Fax: 01305 224325
Minicom: 01305 267933
We welcome calls via text Relay

Ms Patti Boden,
CQC Operations Manager (Mental Health)
Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Email: socialcare@dorsetcc.gov.uk
DX: DX 8716 Dorchester
Website: www.dorsetforyou.com

Date: 27 February 2014
My ref: CD/GG/SLH
Your ref:

Dear Ms Boden,

Re: Monitoring under section 120 of the Mental Health Act 1983

Thank you for your letter of 23 December 2013 about the above mentioned and please note my reply below.

Management of the Service

Robust structures and processes are in place to manage the AMHP service. Over half of the AMHPs are located in the 4 CMHTs and the rest are in other community teams. The Head of Specialist Services has maintained an overview of the AMHP service and the post of Lead AMHP was created some years ago to offer dedicated coordination and specialist management at the front end. Viv Payne, is the Lead AMHP and since April 2013, Viv has been directly line-managed by the Mental Capacity Act Manager, Paul Greening (who has a Mental Health background and was an Approved Social Worker and AMHP). Paul reports to the Head of Service. From April 2014, Paul will be chairing the AMHP county wide forum and is taking a more active part in the plan to resolve the difficulties faced by the AMHP service with more face-to-face contact with the Dorset AMHPs.

The Head of Service further ensures there is robust governance and management of the service by chairing the Multi Agency Mental Health Joint Operations Board (MH JOB) where a range of AMHP issues are standing items on the agenda with the Lead AMHP and the MH Integrated Service Managers. For example, AMHP approvals and re-approvals, warrants, HCPC Registrations and the AMHP QA Reports. The MH JOB also operates as the Designated Panel for considering Guardianship Applications and Community Treatment Orders. It considers Forensic Cases and provides oversight functions for Best Interest Assessments and Deprivation of Liberty Applications.

Morale

Morale is undoubtedly low among many of the AMHPs and this is sometimes as a result of wider issues not directly under the control of DCC which also affects their MHA work. For example, the response and resource that is made available from key partner agencies such as the NHS, Dorset Police, the South West Ambulance Service and others. However, regarding the specific issue of the AMHP remuneration with which they are not happy, there is already a

recommendation to improve the remuneration package for AMHPs which is due to be considered by DCC's Job Evaluation process in March. In addition, the introduction of the AMHP Hub is expected to significantly reduce the pressure placed on individual AMHPs and enable them to manage their workload more easily, thus reducing stress further and improving morale. A Street Triage Service is due to commence in the DCC area and when this has been introduced in other local authority areas a reduction of over 25% in the number of S136 Applications has been achieved. It is anticipated that a similar impact will be achieved locally and this will also have a significant and positive change to the workload of AMHPs.

It is clear that communication with AMHPs has not been as successful as we would like. However, there is a commitment for senior managers to meet with AMHPs more regularly and for information about planned changes to MH services to be more consistently shared with them. As mentioned above, the MCA Manager will be chairing the quarterly AMHP forum from April and will ensure that information is available to AMHPs in a clear and accessible way. It is expected that, as the plans for improving the AMHP service are shared more openly with the AMHPs, they will understand how they can be better supported and feel happier with the way they see the service developing. The greater involvement of the MCA Manager will also increase opportunities for AMHPs to feed their views into the management of the AMHP service both as individuals and as a group.

Recruitment

The number of AMHPs have increased with 2 former AMHPs confirming they will re-join the rota and we are taking action to increase the number of AMHPs further in a number of ways. For example, by identifying vacant posts outside of the CMHTs that will be flagged for filling by AMHPs or existing QSWs willing to train as AMHPs. For the past few years we have identified funding for up to 6 QSWs to undertake the AMHP training. In addition to the recommendation to improve AMHP remuneration we have recommended that backfill resources for teams with staff completing AMHP Training should be increased as an incentive and that staff completing the AMHP training should be awarded a proportion of the AMHP remuneration during training.

We have 2 Dorset Health Care NHS Foundation Trust (DHUFT) staff trained as AMHPs (only a handful of local Authorities have health staff as AMHPs) and we are working closely with DHUFT to increase their contribution into the AMHP service. A commitment for this to happen has already been agreed between the Director for Adult & Community Services and the Chief Executive of DHUFT, and it is expected that the necessary details can be agreed without a significant delay. Currently we have 3 QSW's confirmed to join the next intake for AMHP training at Bournemouth University. Also 2 of the AMHPs we stood down last year have confirmed they will rejoin the AMHP rota shortly and this will take the numbers to 31. The launch of the AMHP Hub from 31 March this year will have a significant and positive impact on the service and on our ability to attract, train, support and retain our AMHPs.

The MHA Legislation simply states that local authorities should have sufficient numbers of AMHPs to discharge their statutory duties and we are able to discharge our statutory duties. However, it is accepted that the AMHP service is very stretched and we are already taking steps to do something about that. In 1991, the Social Services Inspectorate (SSI) recommended that local social services authorities adopt a formula for establishing numbers of ASWs required in their areas.^[1] The report acknowledged that many other factors affect ASW activity and it is not merely the presence of ASWs that needs to be taken into account. However, the formula recommended a ratio to local head of population data per local social services authority area, whilst accepting that the ratio could vary significantly across authorities. A mean average was therefore recommended. For London boroughs this was established as 1 ASW to 7,600 head of population. For everywhere else, including the counties, the mean average was 1 ASW to 11,800 head of population. 'Approved Social Workers: Developing A Service.' London, Social Services Inspectorate (1991). For DCC with a population of about 410,000 this would mean we should have about 35 AMHPs. However, a local target of 41 has been set based on experience.

^[1] Social Services Inspectorate (1991). 'Approved Social Workers: Developing A Service.' London, Social Services Inspectorate.

Time Off

It is expected that staff are able to take back time worked beyond their normal hours. While the pressure of work doesn't always make this easy, AMHPs are entitled to take TOIL if an assessment involves them working extra hours. Any AMHP who is having difficulty doing this should bring the issue to the attention of their line manager and the lead AMHP who can support them in resolving the problem. An increase in the number of out-of-county placements did put an additional strain on AMHPs, but there has been a concerted effort by DHUFT to ensure satisfactory numbers of beds are available locally. While there will always be the possibility of an AMHP having to travel some distance as part of a MHA assessment, this should be the exception and, as stated above, the time can be reclaimed by the AMHP in accordance with DCC policy. With the introduction of the AMHP Hub, most AMHPs will see a significant reduction in the number of unplanned MHA assessments they are required to undertake because the Hub AMHPs will deal with the vast majority of these. Most assessments organised by 'non-Hub' AMHPs should be planned, and so are much less likely to run beyond normal working hours, thus reducing the need for TOIL to be accrued. AMHPs within the hub will be actively encouraged to reclaim any TOIL as soon as possible. It is also planned that the Hub AMHPs will trial a 'twilight' AMHP shift in due course.

Risk

It is very concerning that AMHPs felt that there is no system in place for them to access if they were working outside their normal working hours. It is extremely important that they have the necessary support, especially when out alone in situations that might well involve a greater than usual degree of risk. However, there is an existing system for addressing this, with the Out of Hours Service (OoHS) being available to support AMHPs in these situations. While some AMHPs have developed their own informal arrangements, there is a formal method of support that can be provided by the OoHS and this support has been in place for some time. All AMHPs have now been reminded of the procedure for notifying the OoHS if they are likely to be involved in a risky situation beyond the normal end of the working day. AMHPs working in the Hub will also be located next to the DHUFT Crisis Response Team that provides a 24 hour service and they will be able to use this team for support in situations that are identified as carrying additional risk.

Supervision

While most AMHPs already receive specialist supervision of their MHA work, there have been some difficulties with this not being available to a few AMHPs. One of the functions of the AMHP Hub, which is due to begin in March 2014, is to make sure that all AMHPs receive this specialist supervision on an, at least, bi-monthly basis.

Training

It is concerning and surprising that some AMHPs seemed unaware that they needed to complete 18 hours of training each year. There has been an arrangement with the other two local councils (Poole and Bournemouth) to deliver joint training to AMHPs for some years and these dates are publicised to the AMHPs. This arrangement is planned to continue with the next session planned for 4 March. All DCC AMHPs have completed the required amount of training each year. In addition, the lead AMHP regularly e-mails all AMHPs with information about case law and other legal developments that might impact on their practice. With the introduction of the Hub, access to specialist advice and support from the Hub will be more consistently available to AMHPs. The MCA Manager meets regularly with legal services and now includes MH issues in these discussions. This should also improve the access to specialist legal advice for AMHPs when necessary.

Quality Assurance

It is an expectation that all AMHP reports are sent to the lead AMHP for scrutiny. While there have been some problems with this in the past, Viv Payne now receives the majority of reports in a timely manner. She feeds back any issues from these to the individual AMHP concerned. She also provides the MHJOB with a quarterly Quality Assurance report on AMHP activity. With the introduction of the Hub, there will be a more consistent approach to identifying issues arising from MHA assessments, such as Nearest Relative issues. The Hub AMHPs will be able to track these to ensure they are followed up by the appropriate community team.

A copy of the DCC Action Plan is attached for information.

I hope the above is clear and helpful and provides reassurance about action being taken by DCC in response to the CQC Monitoring Visit and issues raised for action. The Head of Service is available to deal with any further questions as necessary.

Yours sincerely

Dr Catherine Driscoll

Director for Adult and Community Services

Cc Glen Gocoul, Head of Specialist Adult Services

Approved Mental Health Professional (AMHP) Service Improvement Plan (last updated: 08.01.15)

The purpose of this plan is to ensure that Dorset County Council responds appropriately to the CQC Monitoring Visit carried out in December 2013 and continues to meet its statutory duties with regards to the AMHP Service. This will be done by achieving the following outcomes.

Outcome no.1. Increased and sufficient numbers of AMHPs are available to Undertake Mental Health Act (MHA) Assessments on Behalf of DCC

1. Actions	Timescale	Progress	Issues Dependencies Risks	Review mechanism and Reporting	Owner	RAG status
1.1 Improve AMHP Terms & Conditions to make working in Dorset more attractive	April 2014	Proposals for new AMHP grades were considered by the DCC Job Evaluation Panel in June 2014 and higher grades were approved. The A&CS DMT has approved the implementation of the new Terms and conditions and AMHP Job description (JD). The new AMHP grades will be backdated to July 2013 when the application was first made.	There is a cost implication for DCC of improving remuneration for AMHPs. However, If this is not addressed, the recent loss of AMHPs to neighbouring LAs will continue.	Mental Health Joint Operations Board (MHJOB)	Head of Specialist Adult Service	G
1.2 Sufficient numbers of AMHPs work for DCC	Ongoing	The target is to have 34 fte AMHPs (7 in the Hub and 27 in Community Teams). This excludes the 4 AMHPs in the Out of Hours Service. Two AMHPs are confirmed to start AMPH training from February 2015. Eight staff have applied to complete the Graduate Certificate in Professional Practice (Mental Health) which is a requirement prior to completing AMHP training.	The cost of training has been factored into the Learning and Development budget. Priority is given to identify sufficient practice placements with MH teams.	MHJOB	Lead AMHP MCA Manager	A
1.3 Sufficient numbers of AMHPs are located in DCC community teams	Ongoing	The A&CS DMT has agreed the recommended AMHP targets (see 1.2). AMHPs have experience of working with all care groups.	AMHPs in community teams carry out MH Act Assessments and carry a caseload and priorities are often conflicting. The new Terms and Conditions and JD will address this problem.	MHJOB	Head of Specialist Adult Service. Head of Adult Service.	G
1.4 Sufficient numbers of AMHPs have NHS experience	Ongoing	Over 25% of AMHPs have experience of working in the NHS.	Having more Nurse or OT, DHUFT AMHPs would add a different perspective to the service that enhances it and improves the experience of service users.	MHJOB	Head of Specialist Adult Services. DHUFT Director for MH Community Services.	G

Outcome no.2. More Efficient Use is made of the Available AMHPs

2. Actions		Timescale	Progress	Issues Dependencies Risks	Review mechanism and Reporting	Owner	RAG status
2.1	Undertake a trial of a specialist AMHP Hub service model.	March 31st to September 2014	The specialist AMHP HUB Pilot has been operating since March 2014 and evaluation confirms the model is very successful and has widespread support from AMHP's and key partners. The A&CS DMT has given approval for the AMHP Hub model to be a core part of the service structure from September 2014.	The Hub deals with the vast majority of emergency MHA Assessments, thus providing respite to AMHPs in community teams to deal with their caseloads. The Hub is able to respond more quickly which benefits service users and carers and key partners. It offers a single point of contact, information and guidance to all AMHPs and key partners. Hub AMHPs need to be protected from possible 'burn out'.	MHJOB	Lead AMHP MCA Manager	G

Outcome no.3. AMHP Skills and Knowledge is updated and maintained

3. Actions		Timescale	Progress	Issues Dependencies Risks	Review mechanism and Reporting	Owner	RAG status
3.1	AMHP refresher training is organised jointly with Bournemouth and Poole Councils	Ongoing	Training takes place three times a year. All AMHPs attend sufficient training to ensure their knowledge is up to date and to comply with the MHA legislation.	While much of the training can be delivered internally, there is a cost implication for DCC for external training. If AMHPs do not attend sufficient formal training they could breach the MHA Code of Practice. Good cooperation with two other pan Dorset Local Authorities is being maintained to offer joint training.	MHJOB. Learning & Development Team	Lead AMHP MCA Manager	G
3.2	An information and advice service is provided by the lead AMHP/Hub AMHPs	Ongoing during working hours, plus when an AMHP is assessing beyond the normal working day.	The Lead AMHP is available to be contacted by AMHPs for information and advice. Hub AMHPs support the lead AMHP in this role	A response is often required urgently, so ensuring enough availability has been difficult in the past. The Hub has improved the response as there will always be a Hub AMHP on call.	MHJOB AMHP County Meeting	Lead AMHP MCA Manager	G
3.3	All AMHPs have access to specialist supervision	By April 2014 and then ongoing	The Hub AMHPs have taken on some of this function to support other specialist supervisors in community teams.	All AMHPs must have regular AMHP supervision from someone with the skills, knowledge and experience to offer a specialist perspective on	MHJOB	Lead AMHP MCA Manager	G

				their AMHP work. Group supervision sessions have been established to provide an alternative form of AMHP supervision. Maintaining enough 'specialist supervisors' to enable this to happen is a challenge that is being met.			
--	--	--	--	--	--	--	--

Outcome no.4. The Quality of AMHP Work is Shown to be of a High Standard

4. Actions		Timescale	Progress	Issues Dependencies Risks	Review mechanism and Reporting	Owner	RAG status
4.1	AMHP reports are scrutinised through a Quality Assurance Process	Ongoing	A Quality Assurance process is in place and is kept under review by the MH JOB which receives quarterly QA Reports. Peer reviews are being considered with neighbouring Local Authorities to compare and contrast the reports of Dorset AMHPs with their colleagues from other councils	Agreeing the peer review processes with 2 pan Dorset neighbouring councils is on going.	MHJOB	Lead AMHP MCA Manager	G

Outcome no.5. Communication with AMHPs is clear and up to date

5. Actions		Timescale	Progress	Issues Dependencies Risks	Review mechanism and Reporting	Owner	RAG status
5.1	AMHPs communication is a standing item on the Dorset AMHP meeting agenda	By April 2014 and on going	Communication with AMHPs is a standing agenda item on the quarterly AMHP meeting agenda.	The Hub is a central point for collecting relevant information about practice, policy and developments and disseminating information to all AMHPs in a consistent and timely manner	MH JOB	Lead AMHP and MCA Manager	G

Green = Completed
Amber = In progress
Red = not started