

AMHP Service

Partnership Working Practice Guidance

Organisations	Central Bedfordshire Council (CBC) Bedford Borough Council (BBC) Luton Borough Council (LBC) East London Foundation Trust (ELFT)		
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Right Care, Right Person Statement:

Right Care, Right Person (RCRP) (DoH, July 2023) sets out a collective national commitment from the Home Office, Department of Health & Social Care, the National Police Chiefs' Council, Association of Police and Crime Commissioners, and NHS England to work to end the inappropriate and avoidable involvement of police in responding to incidents involving people.

EDT and the AMHP Service will signpost and respond to contact's taking into consideration the RCRP principles. Meaning, where possible the right person with the rights skills, training and expertise will respond. Staff will use the escalation process in place if they feel this is required. The police have a legal duty to Keep the Kings peace, respond to imminent threat to life and respond where a crime has been committed. All documents will be reviewed and updated in 2025 to include specific details relating to RCRP.

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AMHP Cooperation Between Teams Practice Guidance

1. Introduction

- 1.1 This Practice Guidance has been developed to ensure EDT (Emergency Duty Team) and the Daytime AMHP (Approved Mental Health Professional) Service have a clear and consistent approach to working collaboratively with other teams when considering referrals and assessments under the Mental Health Act (MHA).
- 1.2 This Practice Guidance describes the principles and guidance to be applied by AMHPs when working collaboratively with other teams and partners.
- 1.3 EDT responds to emergency Mental Health Act Assessments (MHAA) out of hours. It is hosted by Central Bedfordshire Council (CBC) and provides a service to Bedford Borough Council (BBC) and Luton Borough Council (LBC) under Service Level Agreements.
- 1.4 East London Foundation Trust (ELFT) is responsible for the delivery of Mental Health Adult Social Care services within Bedfordshire and Luton, including the Daytime AMHP Service, as part of a section 75 agreement.
- 1.5 All operational decisions must be recorded in line with the principles and standards set out in the EDT and AMHP Recording Practice Guidance; particularly in demonstrating responsiveness to care and support based on the needs of the person and their carers when accessing support.
- 1.6 AMHPs implementing this Practice Guidance should have an understanding of the overarching Multi-Agency Co-operation Between Teams Protocol (CBC/ELFT) which details best practice and guidance around information sharing and co-operation between organisations and teams.

2. Arranging support

- 2.1 Due to the complex nature of many referrals' EDT and the Daytime AMHP Service, it is anticipated that support from other teams and partners may be required. Each organisations own referral procedures must be adhered to alongside professional discussions to reach agreements. All requests for support will be considered on a case-by-case basis, taking into account the person's presenting needs and risks.
- 2.2 The support being requested will vary but could include specialist advice and guidance, or joint assessment care planning and/or crisis intervention. On occasions, other teams may be requested to accept case responsibility to manage a situation in the community (as an alternative to admission to hospital) or provide support to attend a MHAA. It is important that the AMHP is clear about what type of assistance is being requested, and why.
- 2.3 EDT and the Daytime AMHP Service may work collaboratively with a range of partners to ensure the best outcomes for people referred to the service, including:
 - Other ELFT mental health Teams
 - Bedford Borough Council
 - Luton Borough Council
 - Bedfordshire Police

- Mental Health Street Triage Team
- Bedford Hospital
- Luton and Dunstable Hospital
- Bedfordshire Clinical Commissioning Group
- Advocacy and support groups
- Voluntary and Community Sector organisations:
- Healthwatch Central Bedfordshire
- Carers in Bedfordshire
- VoiceAbility
- Bedfordshire Mental Health & Wellbeing Group
- Age UK
- Older Peoples Network
- Town and Parish Councils
- GP Surgeries

- 2.4 Professionals should ensure decisions made are person centred and least restrictive, in line with the principles contained within the Mental Health Act Code of Practice (CoP). The outcome for the person must be the primary consideration in all cross-team negotiations and decisions.
- 2.5 Decisions about which service should accept responsibility for a person should be based on which service best aligns with the person's needs and associated levels of risk.
- 2.6 For all requests for assessment under the MHA, least restrictive alternatives to detention must always be explored; this includes support and treatment at home from the Crisis Resolution and Home Treatment Team (CRHT). These options will be progressed when professionals are satisfied that the level of risk and need can be managed safely at home.
- 2.7 Clear agreements should be recorded and clarified to ensure all professionals involved are aware of which professional or service is taking the lead.
- 2.8 It is essential the person's assessment, care or support is not delayed while issues of service delivery are being resolved. Disputes relating to professional responsibility must be dealt with promptly and must not be allowed to impact on the health and wellbeing of the person who has been referred. Should there be a dispute regarding which service will support a person the Escalation Practice Guidance should be implemented.

3. AMHP Service and Crisis Resolution and Home Treatment (CRHT)

- 3.1 The CRHT offers a safe alternative to Hospital admission in a less restrictive environment for people in an acute mental health crisis who can be managed safely at home. Facilitation of early discharge & home leave from the hospital environment for people in an acute mental health crisis, who can be managed safely at home, is also offered.

- 3.2 The role of CRHTs is essential in the support of AMHPs being able to offer a suitable alternative to detention and / or hospital admission for people who are experiencing a mental health crisis. Requests from the Daytime AMHP service or EDT will be treated as trusted assessments, meaning that the person referred will not be subject to a further screening assessment by CRHT following EDT or AMHP Service referral.
- 3.3 It is important for AMHPs and other mental health professionals to understand the role of the CRHTs which includes:
- To act as a gatekeeper to emergency admissions and be involved in the assessment process for such admissions wherever possible.
 - To rapidly assess and identify whether home treatment or any alternative method of managing the crisis would be appropriate.
 - To offer intensive intervention and support to people and carers in the early stages of a crisis.
 - To build on strengths and assist the person and relevant carers to understand and manage the crisis whenever possible at home.
 - To arrange or assist in managing the admission when no alternative community-based treatment is feasible.
 - When In-Patient care/treatment is necessary; to be actively involved in discharge planning and, when appropriate, provide short-term intensive care at home (up to 4 weeks) to enable early discharge.
 - To assist the person and relevant carers to learn from the crisis by endeavouring to reduce the person's vulnerability to crisis and maximise their resilience.
 - To work closely with the local Community Mental Health Team and Early Intervention Team ensuring their support continues during the crisis period and following the disengagement of the CRHT.
- 3.4 Working in partnership with both the Bedfordshire and Luton CRHT the Daytime AMHP Service and EDT have agreed joint working processes in place to support innovative solutions to promoting the prevention and management of mental health crisis.
- 3.5 The Daytime AMHP Service and EDT are committed to working with CRHT to undertake joint reviews of relevant referrals and joint assessments to seek safe alternatives to detention, support improved access to crisis services and contribute to joint crisis and risk management plans for people using services. This engagement will be undertaken through face to face, virtual and telephone discussions.
- 3.6 The Daytime AMHP Service, EDT and CRHT management team are committed to supporting one another and to attend team meetings to share knowledge and information regarding the services wherever possible.
- 3.7 It is good practice where AMHPs assess that treatment in the community may be a viable option, for contact to be made as early as possible with the relevant local CRHT.
- 3.8 In such circumstances, AMHPs will request CRHT representation at the MHAA. It is accepted that where emergency assessments are required it may not always be possible to provide much advance notice or for CRHT representatives to attend. It is the responsibility of the

AMHP to give as much notice as possible to ensure appropriate resource planning and to increase the likelihood of CRHT attendance.

3.9 It is not appropriate to request CRHT attendance for the following service users:

- Children or young people under the age of 18 (support accessed via Community Adolescent Mental Health Crisis Team).
- People who do not live in Bedfordshire (CRHT will undertake discharge reviews on behalf of London Teams for people who have been admitted to local beds from London).
- Where it is clear that application for admission to hospital or guardianship is going to be required.
- When a request is made for assessment of a person who is already an in-patient in hospital, to change their detention status (i.e. from informal to detained, or from a Section 2 to a 3 MHA), it would not normally be expected to involve the CRHT.

3.10 CRHT provide a 24/7 service, requests out of hours will be considered by CRHT on an individual basis taking into account the urgency and priorities of the service.

3.11 CRHT is operating a 24 hour crisis model, it is the responsibility of the AMHP to make timely plans for joint assessments arrangements with the CRHT, to ensure appropriate resource planning.

Crisis Contact Details

Luton and South Bedfordshire Crisis Team
Calnwood Court
Calnwood Road
Luton LU4 0FB
01582 556971

Bedford and Mid Bedfordshire Crisis Team
Florence Ball House
Kimbolton Road
Bedford
MK40 2PU
01234 315691

4. Older People Support

4.1 During working hours, the Older Peoples Mental Health Service (OPMH) will triage and assess all older people crisis referrals to screen for suitability for CRHT intervention, based on the presence of functional mental illness requiring home treatment as a safe alternative to hospital admission. This assessment will be required to ensure that organic illness/ cause for the current mental health crisis has been excluded.

4.2 If CRHT intervention is required, the OPMH assessment will be accepted as a trusted assessment by the CRHT following Multi-Disciplinary Team (MDT) discussion with the CRHT nursing and medical team (i.e the person will not be expected to undergo a subsequent CRHT assessment).

4.3 Out of hours, CRHT will accept direct crisis referrals from GPs providing the person has been seen by a GP to exclude an organic cause for the current presentation.

5. Relating Policy / Practice Guidance

- CBC and ELFT Co-operation between Teams Protocol.
- EDT and AMHP Recording Practice Guidance.
- AMHP Assessment Practice Guidance.

AMHP Handover Practice Guidance

1. Introduction

- 1.1 The Emergency Duty Team (EDT) provides an emergency service out of hours for children and adults, it is hosted by Central Bedfordshire Council (CBC) and provides a service for Bedford Borough Council (BBC), Luton Borough Council (LBC) and Central Bedfordshire Council under Service Level Agreements. East London Foundation Trust (ELFT) delivers mental health services as a delegated responsibility on behalf of all three Local Authorities as part of respective section 75 agreements, including the Approved Mental Health Professional (AMHP) day service.
- 1.2 EDT and the Daytime AMHP Service work collaboratively with a number of partners across Bedfordshire and Luton therefore sharing of information and handovers occur regularly. Individuals and organisations have a shared responsibility to ensure that effective communication lies at the centre of good care. The handover of information is a vital aspect of continuity of care and is required to ensure the safety of people who may require support within Bedfordshire. It is the responsibility of all the team members to prepare all relevant information and ensure effective handovers are co-ordinated.
- 1.3 This Practice Guidance has been developed to ensure there is a systematic approach for the handover of cases and information sharing involving EDT and the Daytime AMHP Service.
- 1.4 This Practice Guidance relates to the following handovers;
 - Handovers between EDT and other teams (Local Authority, ELFT or partners).
 - Handovers between EDT and the Daytime AMHP Service.
 - Sharing of information and work completed by EDT to ELFT.
- 1.5 This Practice Guidance describes the principles and guidance to be applied in situations where there are matters which require information to be shared, cases to be handed over or where a joint approach between EDT and another service is required.
- 1.6 The Handover Practice Guidance provides a positive and learning environment that nurtures positive work relationships and keeps the people being supported within the system at the centre of all support provided.

2. Circumstances that may require handover.

- 2.1 Having services operating across a 24-hour period invariably results in situations having to be handed over or a requirement for information to be shared. It is imperative EDT and other organisations have close working relationships and the ability to work collaboratively. There are a variety of reasons why handovers between services are required, including;
 - Services being unable to progress actions required from a referral.
 - Services being unable to complete actions from a referral.
 - EDT assessing referrals would be managed more effectively during working hours or do not require an emergency out of hours response. Handover to day services for further consideration.

- Officers working extended hours and unable to continue with support therefore handover to another service required.
- Sharing of information regarding ongoing cases or assessments.
- Sharing of details regarding management plans agreed by services.
- Joint management plans being required to manage complex cases.

3. Handover between EDT and the Daytime AMHP Service.

- 3.1 Due to the complexity and high risks associated with AMHP referrals and assessments EDT and the Daytime AMHP Service have agreed daily handovers will be required. Handovers take place between 8.45am-9am (Monday-Friday), 4.45pm-5.00pm (Monday-Friday, excluding bank holidays) via telephone. Both services will ensure full referral information is emailed to the relevant service to support the handover. This should include the referral form and any associated information stored on RiO or SharePoint and completed medical recommendation(s). Verbal handovers should take place within 30 minutes of each service starting.
- 3.2 It is the responsibility of both the EDT on-call manager and AMHP Leads to co-ordinate the handovers, each service should ensure information is handed over in a timely manner and in line with this Practice Guidance. The EDT on-call Manager and AMHP Leads have shared contact details to facilitate handovers.
- 3.3 Any AMHP who believes a handover to another AMHP or service is required will ensure they discuss the case with a senior member of staff (EDT On-call Manager or AMHP Lead). All relevant information will be provided to the EDT On-call Manager or AMHP Lead to enable them to discuss the case with their respective counterpart during handovers.
- 3.4 During this discussion, an agreement will be reached regarding what actions the AMHP may need to undertake, this may include the AMHP providing a verbal handover to another officer or AMHP.
- 3.5 All documentation must be e-mailed to the receiving team so there is a record of the information being shared and to support decision making. In all cases the AMHP referral form must be updated and shared with the service receiving the handover.
- 3.6 Responsibility for a case remains with the service who received the initial referral until responsibility is accepted by the other service. Transfer of responsibility between services must be agreed and acceptance of responsibility confirmed by the receiving team. For Audit purposes a record of this agreement will be kept by each service, for EDT this is within the On-call Manager Record for AMHP services this is within the Daily Allocation Sheets.
- 3.7 It is acknowledged there may be some complex cases which are high risk and require support over several days. In these cases, a joint approach between services may be required and will be arranged via High Risk Multi-Agency Discussions. The team who has been leading on the referral will be responsible for arranging these discussions and agreements. The discussions and agreed outcomes will be recorded to enable information and agreed actions to be shared with partners.
- 3.8 Warrant applications should not be routinely handed over to EDT as these should be a planned assessment during working hours where possible. It is acknowledged that there

may be urgent situations where EDT may be requested to support with ongoing assessments. In these circumstances, this should be discussed with the AMHP Lead and On Call Manager for agreed actions to manage any risk.

- 3.9 There may be occasions when an AMHP has completed an assessment but has been unable to complete the application due to bed delays. The AMHP who completed the assessment will be responsible for completing the application when the bed becomes available, the AMHP will indicate if they are available to be contacted following their shift to complete the application and admission. An AMHP may not be available following their shift as they are resting or for personal reasons, on these occasions the AMHP Lead or On Call Manager will liaise with the other service to discuss the case. It is recognised if an AMHP is not available, and an urgent application is required a re-assessment will need to be progressed.
- 3.10 Daily SITREPS will be sent via email between services and to agreed professionals, this is required to monitor demand within services and to resolve any challenges when needed.

4. Handovers between Services (EDT and other services)

- 4.1 There will be occasions when a worker will need to share information or handover a case to EDT. It is important the worker discusses this intention with their manager to ensure the action being proposed is proportionate. If it is agreed a handover is required, the EDT Handover Record should be completed by the worker and e-mailed to the EDT inbox.
- 4.2 The worker should make telephone contact with EDT to ensure receipt of the e-mail and to provide a verbal handover. Workers handing over to EDT need to be mindful they remain responsible for the case or any actions required until contact has been made with the EDT Officer.
- 4.3 The EDT officer is responsible for clarifying any information being handed over to the service, they must ensure EDT are aware of any contingency plans or anticipated actions which may need to be undertaken by EDT out of hours.
- 4.4 The EDT Officer will follow the Recording Practice Guidance to ensure clear records are maintained for any cases they have supported. The Locality Team will be notified of any records inputted onto their recording systems and information regarding EDT's involvement out of hours will be shared. Should an EDT Officer believe a verbal handover is required they will liaise with the EDT On-call Manager who can facilitate this handover.
- 4.5 It is acknowledged there may be some complex cases which are deemed high risk and require support over a number of days. In these cases, a joint approach between services may be required and will be arranged via High Risk Multi-Agency Discussions. The team who have been leading on the referral will be responsible for arranging these discussions and agreements. The discussions and agreed outcomes will be recorded to enable information and agreed actions to be shared with partners.

5. Information being shared with ELFT

- 5.1 Under S75 agreements, ELFT AMHP Day Service are the main point of contact for EDT. This means they are responsible for uploading and distributing work completed by EDT, this includes MHAA and Mental Health work supported.

- 5.2 EDT Officers will ensure they send all documents to the AMHP Day Service via email, this will include actions completed and any outstanding support needed. The EDT Officer will ensure they clearly record which teams information should be sent to.
- 5.3 It is acknowledged there may be occasions when the EDT Officer is unclear which team is involved, AMHP Day Services when uploading information to RiO will clarify if the person is open to an ELFT Team. When open, the AMHP Day Service will notify the team that EDT have had contact with the person and information is uploaded to RiO.
- 5.4 The EDT Admin is responsible for forwarding all mental health information (MHAA assessment and general Mental Health information) to the persons GP when registered.

6. Concerns or complaints regarding handovers (all services)

- 6.1 There may be occasions where professional disagreement on how best to manage a case arises. This may be due to a number of reasons, not least different organisational/team pressure and priorities. It is acknowledged that all colleagues operating across the system over a 24-hour period, work hard to achieve a collaborative approach and as such, professional disagreements are an exception.
- 6.2 When professional disagreements do arise, a professional and pragmatic approach should be adopted to facilitate a compromise or a resolution. Where it is not possible to resolve the matter at a local level and at source, the matter should be escalated to the respective On-call Manager, Team Manager or AMHP Lead to ensure support and management of the case is not compromised.
- 6.3 It is anticipated the EDT On-call Managers and AMHP Leads will be able to reach an agreement through a joint decision making verbal discussion, if difficulties continue to be experienced and support is required out of hours the EDT On-call Manager will liaise with the EDT Team Manager. The escalation Practice Guidance should be followed if challenges continue to be experienced to ensure an immediate resolution can be reached.
- 6.4 If an organisation or service are concerned regarding how a handover has been supported or how a situation has been managed the Escalation Practice Guidance should be followed.

7. Relating Policy / Practice Guidance

- Information Sharing Protocol
- Cooperation between Teams Practice Guidance
- Recording information Practice Guidance
- Escalation Practice Guidance
- Competencies, Standards & Expectations Practice Guidance

Multi Agency Escalation Practice

1. Introduction

- 1.1 This multi-agency Practice Guidance has been written to support colleagues across the system to escalate matters of concern that involve people of all ages who come in contact with the crisis care pathway, Emergency Duty Team (EDT) or AMHP Service.
- 1.2 The aim of this multi-agency practice guidance is to support timely and consistent resolution of matters that require escalation through a system wide partnership approach.
- 1.3 EDT provides an emergency social care response, out of hours for both children and vulnerable adults. It is hosted by Central Bedfordshire Council and provides an out of hours response on behalf of Bedford Borough, Luton Borough and Central Bedfordshire Councils managed under respective Service Level Agreements.
- 1.4 The Approved Mental Health Professional (AMHP) service is responsible for considering, coordinating and undertaking Mental Health Act Assessments (MHAA) in line with the Mental Health Act 1983. Emergency Duty Team (EDT) provides an emergency AMHP Service out of hours, East London Foundation Trust (ELFT) delivers mental health services as a delegated responsibility on behalf of all three Local Authorities as part of respective section 75 agreements.
- 1.5 Wider system partners within the crisis care pathway who support and provide overall service delivery for people who require care and support at the time of crisis, include:
 - Bedfordshire Police
 - East of England Ambulance Service
 - Bedford Hospital NHS Trust
 - Luton and Dunstable NHS Foundation Trust
 - Third Sector Organisations.
- 1.6 Matters in need of escalation could be related to individual cases, professional involvement (including AMHP practice), service provision concerns, resource management, transfer of care, conveyance, complex case discussions with multi-agency partners, or any matter requiring a resolution at a senior level.
- 1.7 This practice guidance does not support members of the public or people accessing the service to escalate matters as these issues will be dealt with via each organisations feedback or complaints procedures.
- 1.8 This Practice Guidance describes the principles and guidance to be applied in situations where there are matters of concern that require escalation in order that issues can be understood and wherever possible mitigated and resolved expeditiously.
- 1.9 The escalation process seeks to ensure transparency for partners on system wide issues that requires system wide responses. It also provides pro-active opportunities to learn lessons amongst all system partners.

2. Issues or Areas of Concern for Escalation

2.1 Operating across a wide and complex system invariably presents challenges that partners have to navigate and manage in supporting people who have care and support needs. It is acknowledged that on occasions, there may be issues identified that are cause for concern and that these issues need to be escalated in a timely and accurate way. The list below provides a number of examples that colleagues may feel the need to escalate if issues arise, but this is by no means exhaustive. Colleagues should use their own professional judgement and take a balanced view on when they feel matters need to be formally escalated. All escalations provide the opportunity for individual, team, service, organisational and system-wide learning:

- Complex safeguarding
- Complex cases
- Mental Health Act referrals where there is a dispute on outcome
- Delays in undertaking statutory assessments (for example; Mental Health Act Assessments or Child Strategy Discussions);
- Delays providing or being unable to provide Appropriate Adults
- Professional disputes/difference of opinion which require a resolution for a timely outcome
- IT Access
- Shift cover
- Health and safety concerns
- Commissioning of services or staff
- Inclement weather
- Reputational risk
- Any media enquiries
- Difficulties in contacting on-call manager or obtaining manager support
- Delays in service delivery
- Transfer of care between acute and mental health trusts (for example; bed allocation)
- Conveyance
- PACE bed availability
- Business continuity plans activation

2.2 In the event of concerns or issues which require escalation the first point of resolution should be for professionals to attempt to resolve these matters via discussions in order to provide a timely response. This should be followed up in writing which evidences the initial concern or issue and the resolution agreed.

- 2.3 In the event professionals cannot reach a resolution the escalation process for each organisation should be utilised. The receiving manager will acknowledge receipt within 24 hours and a written response will be provided within seven working days. The receiving manager will ensure feedback is shared with partners to ensure learning and key themes for development are identified as part of multi-agency system wide developments.

3. Disputes

- 3.1 There may be occasions where professional disagreement on how best to manage the situation arises. This may be due to a number of reasons, not least different organisational boundaries, demands and priorities. It is acknowledged that all colleagues work hard to achieve a collaborative approach and as such, professional disagreements are an exception.
- 3.2 When professional disagreements do arise, a professional and pragmatic approach should be adopted to facilitate a compromise or a resolution. Where it is not possible to resolve the matter at a local level and at source, the matter should be escalated to the respective manager (in hours) or on-call manager (out of hours) in order that the care and support and/or the management of the situation is not compromised.
- 3.3 On the rare occasion that the respective managers are unable to achieve a resolution, the matter will be escalated to the respective organisation's senior managers for further resolution. Service Managers/On-call Managers/Site Manager/Oscar One will support resolution and agreed plan of action. In instances where a more senior level of escalation is required the managers have access to Head of Service, Assistant Director/Director of Service/Superintendent or On-call Director as needed.
- 3.4 Joint case audits/reviews may be undertaken by partners to ensure that any learning can be identified, and measures taken for service development and improvement. The joint case audits/reviews feature as part of the Quality Framework and key themes regarding escalations will be monitored via the EDT Governance Group and the Crisis Care Concordat Quality Group.
- 3.5 For situations involving a serious incident or death organisational processes will have to take priority prior to discussions around Joint case audits/reviews.

4. Escalation Processes

- 4.1 Each organisation will have its own processes for managing escalations, these are confirmed below:
- For EDT related escalations Appendix 1 can be utilised.
 - For BBC related escalations the BBC complaints department can be contacted via email using; be.heard@bedford.gov.uk
 - For LBC related escalations the LBC complaints department can be contacted via email using; feedback@luton.gov.uk
 - For CBC related escalations the CBC Customer Relations Department via email using; Customer.Relations@centralbedfordshire.gov.uk
 - For health-related escalations Datix or On-call Manager escalation is required.
 - For ELFT, Appendix 2 can be utilised.

- For Police contact should be made with Inspectors to escalate concerns.
- For East of England Ambulance Service, operations can be contacted on operations@eastamb.nhs.uk or via 01245 444515.

4.2 The AMHP escalation processes can be found in Appendix 3.

4.3 The AMHP/DSN Bed Escalation Process can be found in Appendix 4.

4.4 The 12 hour Breach Protocol for Bedford Hospital can be found in Appendix 5.

4.5 The 12 hour Breach Protocol for Luton Hospital can be found in Appendix 6.

5. Multi-agency On-call Manager Access

5.1. In the event that manager support is required during daytime working hours of operation, professionals can contact their line managers to escalate matters that require resolution. This could include discussions with Service Leads, Response Sergeants, Sisters, Matrons and Operational Managers.

5.2. In the event that on-call manager support is required out of hours professionals can contact the following numbers to seek support;

- EDT on-call- 01462 757929
- ELFT on-call- 01582 657568
- Police-
 - 01234 848125 (North Inspectors)
 - 01582 394029 (South Inspectors)
- Luton and Dunstable NHS Foundation Trust Site Manager- 01582 491166 Bleep 500 – Site will escalate to the SMOC/GOLD.
- Bedford NHS Trust Site Manager- Bedford NHS Trust Site Manager- 01234 355122 – Switch board will connect - Could be escalated to the SMOC/GOLD.
- East of England Ambulance Service- 01245 444515

6. EDT Officers and Professionals Access to the EDT On-Call Manager

6.1. If the EDT Officer decides escalation to the On-Call Manager is required, the following actions will be undertaken: -

- a) The EDT Officer will contact the On-Call Manager on 01462 757929.
- b) The EDT Officer will only attempt to contact the On-Call Manager with the number provided.
- c) If no response is received, the Officer will await a call back.
- d) If an urgent response is required, the EDT Officer will attempt to call the On-Call Manager again. If no response is received, the Officer will attempt to contact the EDT Team Manager or EDT Service Manager.

- e) If no response is received the Officer will contact the Head of Service or Assistant Director for CBC.
 - f) If the matter does not require an urgent response, the EDT Officer will wait 15 minutes and attempt to call the On-Call Manager again. This process will be repeated and, if needed, the situation will be escalated if no response is received.
- 6.2. When contact is made with the On-Call Manager, the Officer will have all information available in preparation for the discussion. The Officer will clearly explain the issues or area of concern and a resolution will be attempted.
- 6.3. The On-Call Manager will make a decision regarding next steps and will direct the Officer accordingly.
- 6.4. The On-Call Manager may need to undertake further actions. It is the On-Call Manager's responsibility to keep the worker updated of any outcomes or actions needed to ensure this is recorded and evidenced appropriately.
- 6.5. It is the EDT Officers responsibility to ensure a record of actions undertaken by the service are completed on the relevant database.
- 6.6. Partners who have urgent concerns to resolve out of hours can contact the EDT On-call Manager.

7. Appendices

- Appendix 1 – Record for Partners to raise concerns.
- Appendix 2 – ELFT within hours Escalation Protocol
- Appendix 3 - AMHP Escalation Process.
- Appendix 4 - AMHP DSN Bed Escalation Pathway.
- Appendix 5 – 12 hour breach protocol – Bedford Hospital
- Appendix 6 – 12 hour breach protocol – Luton and Dunstable Hospital

Communication & Engagement Strategy

Approved Mental Health Professional (AMHP) and Emergency Duty Team – Whole System Approach

1. Scope:

- 1.1. This communication and engagement plan outlines our ambition for communicating the developments and ongoing progression of the AMHP and EDT Service.
- 1.2. It sets out the process for ensuring effective engagement and communication with stakeholder groups. It identifies who needs to be communicated with, the key messages, and how to communicate them, as well as defining who will be responsible for developing and delivering the communications during an agreed timescale.
- 1.3. Involving colleagues in the delivery of the whole system approach to AMHP will help to develop and enhance the quality of the service being provided.

Objectives of the Communication Strategy

- A proactive and targeted approach with clear messages and delivery tactics that address the anticipated and unanticipated responses and concerns from all stakeholders.
- Adopting a personal approach in relation to communication and engagement with people/residents, relatives and staff.
- Regular briefings and updates for all stakeholders throughout the process.

2. Intended Audience:

- 2.1. Strategy document / AMHP / EDT
- 2.2. The intended audience for this document are colleagues and partners who work within or have contact with the Emergency Duty Team (EDT) and Daytime AMHP Service.
 - Central Bedfordshire Council
 - Luton Borough Council
 - Bedford Borough Council
 - Police
 - Mental Health Services
 - Ambulance
 - Acute Hospitals
 - Primary Health Care
 - Forensic Services
 - Probation Service

3. Background / Overview

3.1. A transformation of the service provided by the Daytime AMHP Services and EDT has taken place within Bedfordshire and Luton. The Mental Health Act (MHA, 1983, as amended 2007) places on Local Social Services Authorities (LSSAs) the duty to provide sufficient Daytime AMHP Service provision, 24 hours per day, 7 days per week. Ongoing developments are being made to deliver a more sustainable and effective model for both EDT and the Daytime AMHP Services and new ways of working to meet the needs of the local population.

Emergency Duty Team (out of hours):

3.2. The Emergency Duty Team (EDT) provides an emergency social work service out of hours, the service is hosted by Central Bedfordshire Council (CBC) and provides a service to Bedford Borough Council (BBC) and Luton Borough Council (LBC) under Service Level Agreements. This includes referrals for Mental Health Act Assessments (MHAA). The service is operational from 1700hrs to 0900hrs Monday to Thursday and 1600hrs Friday (1700hrs for MHAAS) to 0900hrs Monday.

3.3. EDT respond to all emergency social care situations that arise out of hours and which cannot be left until the next working day. EDT will act to ensure the immediate protection and safeguarding of children, young people, and adults who are at risk of harm. All work is undertaken within the relevant legislative framework.

3.4. EDT officers are experienced in providing robust and proportionate support when crisis situations occur. The service focuses on the vulnerable children and adults in need of support with a view of stabilising situations, all contact is aimed at reducing risks and promoting wellbeing.

3.5. The team promotes people or families to maintain their independence where possible. EDT Officers undertake robust risk and care assessments to manage the immediate concerns or needs. It is the responsibility of the relevant responsible Local Authority to review the support or agreements made by EDT and to arrange further consideration and care planning as required.

3.6. Underpinning the EDT is a commitment to focus on values and behaviours and an operating culture that would see the service shape and influence integrated working by developing a positive can-do reputation. The EDT service works collaboratively with all statutory partners, including the Police, Hospitals, community nursing services and the Mental Health Trust.

3.7. The EDT is committed to enhancing its engagement with other services and the community, this will include developing the knowledge others have of the EDT service. The EDT Management Team continue to network and share information regarding the EDT service, ongoing developments and support required to achieve our priorities.

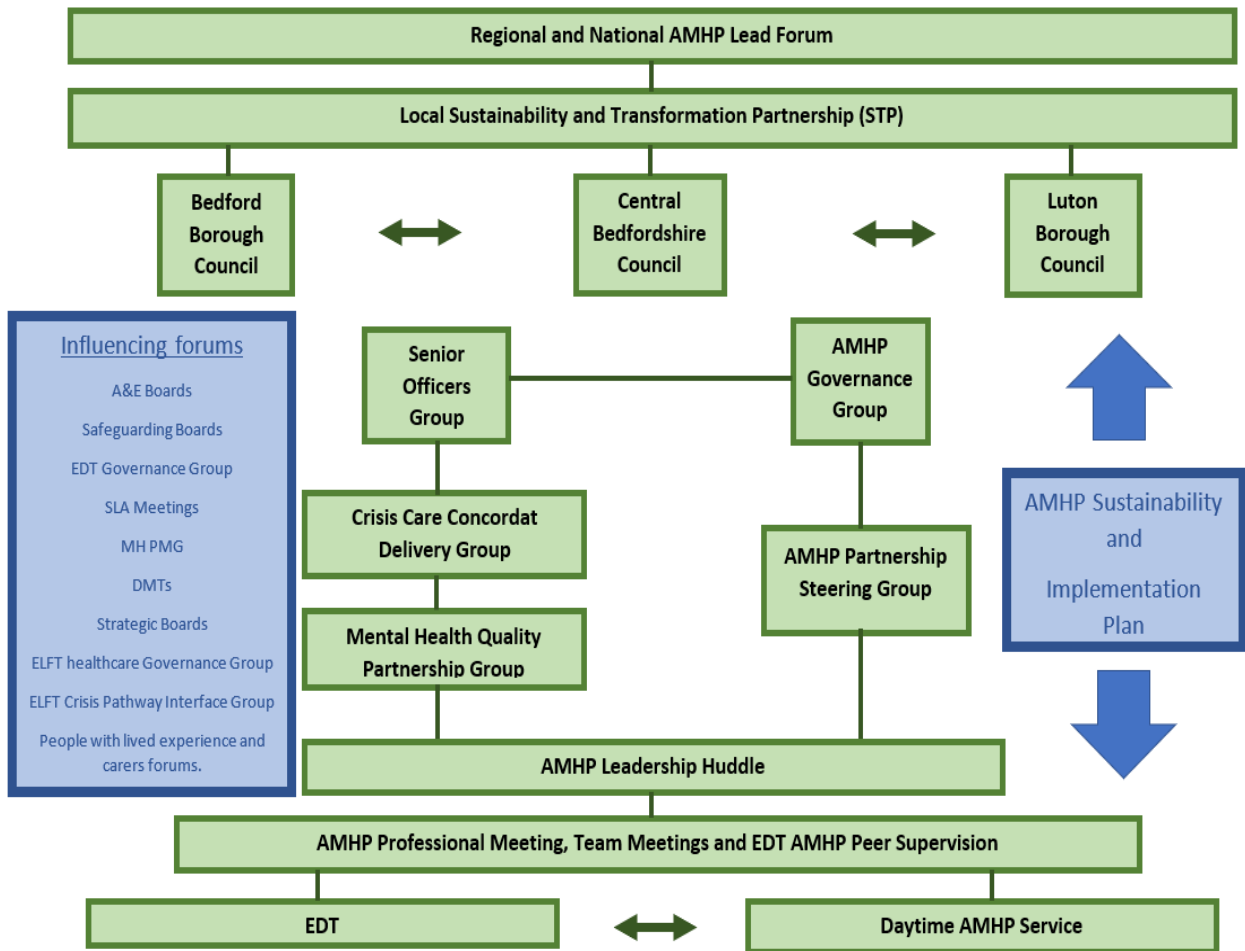
3.8. The EDT has and continues to undergoing transformational change, this is deemed necessary to meet the demands on the service and to continue with the improvements in service delivery within the limitations of the emergency. This includes improved means of collating

and monitoring performance, effective partnership working, improved outcomes for the people accessing services and improved staff wellbeing.

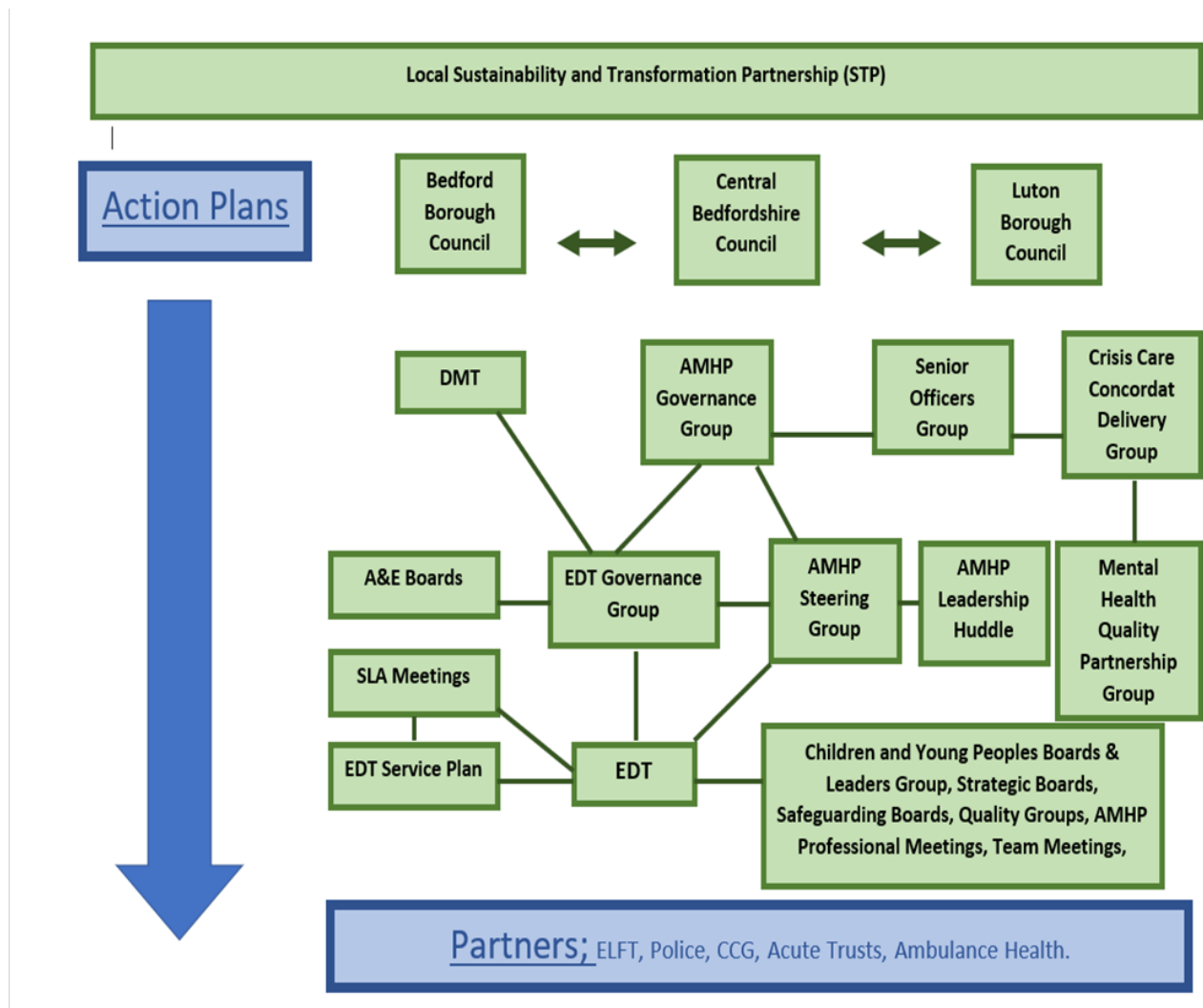
Daytime AMHP Service (working hours);

- 3.9. Under Section 75 agreement of the NHS Act 2006 this function has been delegated to the NHS provider in Bedfordshire and Luton. Following a collaborative commissioning process in 2015, which saw the section 75 funding being included in the overall contract managed by the Clinical Commissioning Groups, East London NHS Foundation Trust (ELFT) was awarded the contract. ELFT manages the day time Daytime AMHP Service on behalf of all three LSSAs in Bedfordshire and Luton - Luton Borough Council (LBC), Bedford Borough Council (BBC) and Central Bedfordshire Council (CBC).
- 3.10. The Daytime AMHP Service is a centralised countywide service providing services in Bedfordshire and Luton. The service operates from 9am-5pm. The Daytime AMHP Service responds to MHAA referrals from other mental health teams, GPs, Police and family members (nearest relative). Part of the assessment process is to look at all the information provided and consider if a full MHAA is required. If this is the case, the AMHP will coordinate and carry out a MHAA and, amongst many other things, assess the extent to which a person needs to be in hospital for assessment and/or treatment.
- 3.11. Locally the Daytime AMHP Service is provided and delivered by a countywide service that is coterminous with Crisis Resolution / Home Treatment Team (CRHT) boundaries and effectively divides Central Bedfordshire. The current Daytime AMHP Service provision co-ordinates and administers all requests for MHAAs under part two of the MHA (1983) during office hours, 0900-1700pm from Monday to Friday. The Daytime AMHP Service has a consist to Core team members and substantive members from local mental health and social care teams across the county to cover the rota depending on their banding, on either 1-4 shifts per month.
- 3.12. Daytime AMHP service has undertaken Quality improvements (QI) initiatives/projects have been implemented in collaboration with service users and carers to obtain feedback and ensure feedback is embedded in service delivery.

4. AMHP – Governance Structure



5. EDT – Governance Structure



6. Mechanisms for Dissemination of Information:

Activity	How
Attendance at key meetings:	<ul style="list-style-type: none"> • EDT Governance Group • EDT Service Level Agreement Meetings • Children and Young People Boards or Leaders Groups • Crisis Care Concordate Meetings • AMHP Operational Partnership Group • Practitioner Team Meetings • Management Team Meetings • Quality Groups • AMHP Governance Group (AGG) – Lead BBC • Practitioner forum • Practitioner Team Meetings • Performance Board • Practice Governance Board • Management Team Meetings • ELFT AMHP Quality assurance meetings • Healthcare Governance Group Meetings
Leaflets / Flyers	<p>For people:</p> <ul style="list-style-type: none"> • Overview of activities, include easy read so accessible for all audiences • Available in libraries, surgeries, noticeboards, offer at in-person visits. <p>For staff:</p> <ul style="list-style-type: none"> • Background information, reasons behind the review. Get staff 'buy in'.
Articles;	<p>For people:</p> <ul style="list-style-type: none"> • Newsletters /magazines etc. • E-bulletins • Email alerts <p>For staff</p> <ul style="list-style-type: none"> • Internal bulletin boards /newsletters etc. • Internal digital outlets • Email alerts
Other activities	<p>For people:</p> <ul style="list-style-type: none"> • Drop in sessions at public venue e.g. library • Attendance at events across the organisations • Forums/Partnership Board presentations <p>For staff:</p> <ul style="list-style-type: none"> • Virtual drop in sessions that covers Organisational Service Areas. • Workshops for all services – understanding of how services link together.

7. Communications and Engagement Delivery Plan

Key Priorities	Intended outcomes	Actions required
Continue to implement and promote the EDT and AMHP Operational Policy and Practice Guidance.	<ul style="list-style-type: none"> For EDT Officers and AMHPs to practice in line with guidance and be clear regarding expectations. Partners to be appraised of developments within the services and the wider role of AMHPs and EDT Officers. Implement consistent pathways and procedures for AMHP and EDT Service. 	<p><u>Ongoing:</u></p> <ul style="list-style-type: none"> EDT and AMHP away days. Face to face or virtual discussions. Team Meetings. Supervisions. AMHP professional meetings. <p><u>To be started:</u></p> <ul style="list-style-type: none"> Review information contained in internet page. Liaise with relevant communication departments. Articles and newsletters. Development of EDT Induction Video to be shared with new staff and partners. EDT Virtual Webinar events, open invite to all and held on a quarterly basis. Identify AMHP champion for each services/partners Daytime AMHP service, service user and carer news letters and articles
Promote the EDT and Daytime AMHP Services.	<ul style="list-style-type: none"> For all to be clear regarding; <ul style="list-style-type: none"> - key priorities of the service, - key functions, - roles and responsibilities, - expected responses and quality of the service. Enhance partnership working. 	<p><u>Ongoing:</u></p> <ul style="list-style-type: none"> Engagement with partners within forums. Attendance at team meetings. <p><u>To be started:</u></p> <ul style="list-style-type: none"> Development of EDT and AMHP Induction Video to be shared with new staff and partners.

	<ul style="list-style-type: none"> • Improve the experiences of people who come into contact with the service. • Improve EDT Officers experiences. 	<ul style="list-style-type: none"> • EDT and Daytime AMHP Service Virtual Webinar events, open invite to all and held on a quarterly basis. • Service leaflet to be regularly distributed with partners. • Development of an EDT/AMHP article, including one focused on people with lived experience and carers. • Review information contained in internet page. • Development of AMHP QI Forum. • AMHP people with lived experience and carer engagement group.
Inductions	<ul style="list-style-type: none"> • To ensure new EDT Officers/AMHPs within EDT have knowledge of partner agencies. • To support new staff joining partner agencies to develop an understanding of EDT. • AMHPs have knowledge and understanding of partner agencies and their priorities • AMHPs are aware of stakeholders priorities and locations. 	<p><u>Ongoing:</u></p> <ul style="list-style-type: none"> • EDT/AMHP induction plans to include visits to partner agencies. • EDT/AMHP to offer shadowing experiences within services for new staff joining other agencies. Partners to be reminded of offer regularly. <p><u>To be started:</u></p> <ul style="list-style-type: none"> • Development of EDT/AMHP Induction Video to be shared with new staff and partners. • EDT/AMHP Induction to have robust information regarding partner agencies. • Virtual introductions to partner agencies and induction around partner priorities and resources
Feedback from people who come in contact with the EDT and Daytime AMHP Service.	<ul style="list-style-type: none"> • To obtain feedback from people who come into contact with services in order to support ongoing developments within the service. 	<p><u>Ongoing:</u></p> <ul style="list-style-type: none"> • Services to continue learning from escalations and compliments to inform ongoing service developments. <p><u>To be started:</u></p> <ul style="list-style-type: none"> • Services to obtain feedback from people who come into contact with services (professionals and members of the public), including AMHP QI project. <p>To embed learning into practice</p>

Luton

