Advanced Mental Health COMMUNITY OF PRACTICE (pilot)

COMMUNITY CHARTER

Version [0.4]

[06/01/22]

VERSION HISTORY

Version #	Implemented By	Revision Date	To be Approved By	Approval Date	Reason
0.1	Stephanie Tempest	16/11/21	AMHCOP steering group	23/11/21	Shared initial draft of Community Charter with steering group and uplifted
0.2	Kayleigh Abbott	24/11/21	APMH email network	22/12/21	First draft of Community Charter shared with APMH email network - uplifted
0.3	Stephanie Tempest	22/12/21	For sharing with HEE AP team	22/12/21	Shared with HEE AP Project Sponsor – uplifted
0.4	Stephanie Tempest	04/01/22	For use in pilot launch	04/01/22	To share via community platform and review at the end of the pilot in April '22

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INTRODUCTION

1.1 PURPOSE OF COMMUNITY CHARTER

The Advanced Mental Health Community of Practice (AMHCOP) Charter documents information required by the community and decision makers to approve and support the activities necessary for a successful launch, cultivation, and sustainability of the Community of Practice. The Community Charter includes the needs, scope, justification, and resource commitments.

The intended audiences for the Advanced Mental Health Community of Practice Charter are the community members and the community sponsor (Health Education England).

COMMUNITY OVERVIEW

A Community of Practice (CoP) represents a group of professionals, informally bound to one another through shared and common experiences, challenges and through a common pursuit to find solutions. Communities of Practice are a way of developing professional identity, social capital, nurturing new knowledge, stimulating innovation, and sharing knowledge. Communities of practice knit people together with their peers, and their outputs can include leading and sharing practices, informing guidelines, working papers and strategies, acting as knowledge repositories, and generating solutions to challenges.

The Advanced Mental Health Community of Practice has existed informally for several years, created by people working at the advanced level of practice who recognised the need for peer support in order to establish Advanced Practice roles within mental health settings. The Community subsequently approached HEE for support to formalise their network and funding was secured, from the national Health Education England (HEE) Advancing Practice team, to pilot a virtual community in the first instance. The pilot will run from January 2022 to April 2022 and participation is free. The aims are to:

- Build a multiprofessional community of aspiring, training or qualified advanced practitioners in mental health

- Provide a space to share examples of learning across the Four Pillars of Practice with each other

- Understand the current profile and demographics of the existing workforce within Advanced Practice in Mental Health

- Inform and contribute to development work undertaken by Health Education England in relation to Advanced Practice in Mental Health

- Provide evaluation data (including for publication) on the impact of the pilot AMHCOP to guide future development plans and business cases, including but not limited to, the impact of the AMHCOP on the individual practitioners, their organisations and the wider system

JUSTIFICATION

1.2 NEED FOR ADVANCED MENTAL HEALTH COMMUNITY OF PRACTICE
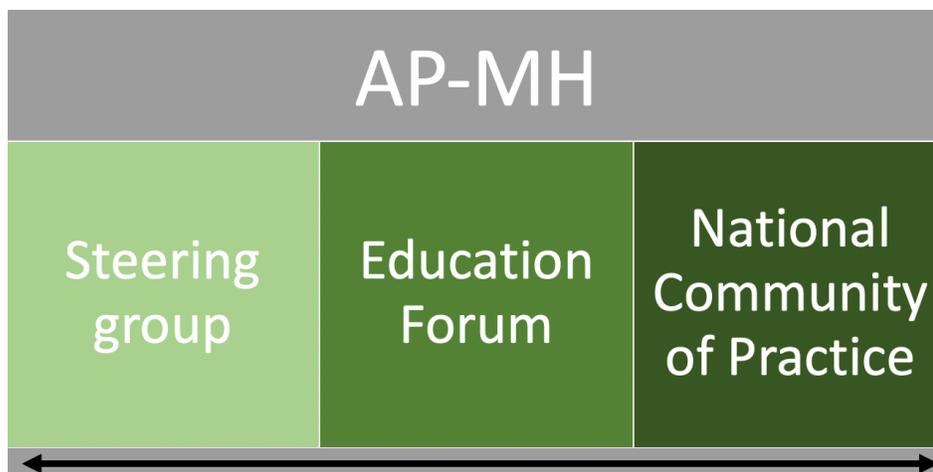
Advanced Practice in Mental Health has existed for many years. The focus was sharpened on this level of practice and the multiprofessional roles within it, with the co-creation and subsequent launch of the Advanced Practice Mental Health (AP-MH) Curriculum and Capabilities Framework in 2020. The Framework has subsequently been endorsed as a credential specification by The Centre for Advancing Practice.

There is now a growing number of early adopter sites (universities) delivering the content within the AP-MH Framework, and the infrastructure within HEE continues to form in response to this work. There is an established Advanced Practice Mental Health Steering Group and an Education Forum. The final part of the tripartite infrastructure is an Advanced Mental Health Community of Practice (AMHCOP), to support the AP-MH workforce and ensure that forums exist for all voices to be represented as this work is embedded into the system (see Figure 1).

The Steering Group and the Education Forum are formal places embedded within the HEE Mental Health Team. The Community of Practice is different – the pilot has been funded by the HEE Advanced Practice Team to develop, launch and cultivate a formal and informal space primarily for aspiring, trainee and qualified Advanced Practitioners in Mental Health. Strategic decision makers and leaders can also join the group to learn and share knowledge and experience and can invite and request contributions from the AMHCOP to regional and national workstreams. They will also work with the Community to identify the key issues around AP-MH and ensure these are shared with the Advanced Practice Mental Health Steering Group and Education Forum.

As the demand for the AMHCOP remains anecdotal, funding has been secured for a pilot project in the first instance, with a view to evaluating the outcome before considering future plans.

Figure 1: Relationship between the HEE Steering Group, Education Forum and the AMHCOP

SCOPE

1.3 MISSION

To create a multiprofessional community of aspiring, training, or qualified advanced practitioners in mental health who:
- Connect, support, share and learn with and from each other across the four Pillars of Practice
- Inform and contribute to the work of the HEE National and Regional teams

Strategic leaders, decision-makers and other people supporting advanced practice in mental health e.g., consultant practitioners, can also join the group to share their knowledge and experiences.

1.4 GOALS

The goals of the AMHCOP are as follows:
- Bring people together to connect, support, share and learn
- Work toward solutions to issues identified as priorities within Advanced Practice in Mental Health Community
- Develop and support best practices including learning from successes and failures
- Share local, regional, and national work openly with each other
- Evaluate the impact of the AMHCOP on a regular basis

COMMUNITY PARTICIPATION

1.5 INDIVIDUAL AND ORGANISATIONAL BENEFITS

Through the sharing and creation of knowledge around advanced practice in mental health, the community enables individuals to:
- Continue to learn and develop
- Nurture peer support
- Network and access expertise
- Improve communication with peers
- Increase inspiration, productivity and quality of work
- Develop a sense of professional identity
- Enhance professional reputation

The community benefits their organisations and wider system by:
- Reducing time/cost to retrieve information
- Improving knowledge sharing and distribution
- Enhancing coordination, standardisation, and synergies across organisations
- Reducing rework and reinvention
- Enabling innovation
- Building alliances

1.6 COMMUNITY NORMS

The Advanced Mental Health Community of Practice will:
- operate with rules of engagement around the following governance principles: accessibility, accountability, confidentiality, consensus orientation, effectiveness and efficiency,

empowerment, equity and inclusiveness, evaluation, integrity, participation, responsiveness, and transparency

- be open to all with an interest and who abide by community norms
- encourage the ongoing learning and development of members and the deepening of expertise among members, including advanced leadership skills to support the growth and sustainability of the community

1.7 OPERATING PRACTISES FOR BEING A MEMBER

As part of the registration process, members will be expected to agree to abide by the following ground rules to create a safe and productive learning space for everyone:

1. Members are willing to share successes and challenges and the lessons learned from both
2. Members strive to create an environment of trust and to foster insightful, non-threatening discussion of ideas and experiences
3. Members distribute leadership responsibilities and collectively share in the management of the community
4. Membership and topics reflect advanced practice in mental health issues
5. Members advance their personal and professional goals through participation in the community
6. Members are practitioners, contributing to the community through their experiences, skills, and time
7. Members will share resources and information freely ensuring relevant permissions are obtained where required, including but not limited to intellectual property, copyright, anonymised with redacted detail if elements contain sensitive or confidential information
8. Members agree to be respectful and use appropriate language in group discussions and to listen and respond to each other with open and constructive minds
9. Members will not be afraid to respectfully challenge one another by asking questions, but will refrain from personal attacks and focus on ideas and finding solutions
10. Members will participate to the fullest extent possible, understanding that community growth depends on the inclusion of every individual voice
11. Members commit to search for opportunities for consensus or compromise and for creative solutions
12. Members will contribute to an atmosphere of problem solving rather than stating positions
13. Members agree to speak from their own experiences instead of generalising ("I" instead of "they," "we," and "you")
14. Members will attempt to build on each member's strengths, and help each other improve areas in need of further development

ASSUMPTIONS, CONSTRAINTS, AND RISKS

1.8 ASSUMPTIONS

The following assumptions were taken into consideration in the development of this Community. If any of these assumptions prove to be invalid then the Community could face a possible risk.

1. There is an interest among aspiring, training and qualified advanced practitioners in forming informal and formal connections to support, share and learn together.
2. There will be AMHCOP members who take increasing responsibility for stewarding the success of the Community in the event the pilot evaluation shows it is successful and future funding can be secured.

3. Sponsor (Health Education England) will invite and request for support from AMHCOP members to contribute to national and regional developments but will not expect or demand it.

1.9 CONSTRAINTS

The following constraints were taken into consideration in the development of this community.

1. Funding – secured until the end of the financial year 21/22
2. The availability of members to participate collectively may limit the number of participants.
3. The availability of Community steering group members to support the cultivation of the group.

1.10 RISKS

The table below lists the risks for this community, along with a proposed mitigation strategy, in order to ensure proportionate boundaries are in place to create a safe space for learning and connections.

Risk	Mitigation
Community does not receive sponsorship	Secured for a pilot but, in the event the pilot is successful, the risk remains that the AMHCOP will not be funded for the financial year 22/23 Mitigation: collect evaluation data to present to Health Education England in the event the pilot is considered a success by its members
Community does not draw interest	It is unclear at present if members will be able to invest the time and focus to support the development and growth of the Community. Mitigation: run as pilot in the first instance to determine level of interest and engagement. Host events alongside a Community platform accessible 24/7 to enable people to join and connect as and when they are able.
Community leaders do not emerge	A steering group has been formed to support the pilot through to the end of the financial year. Membership of the steering group will be reviewed if the pilot indicates the Community is successful. If the AMHCOP members want the Community to continue and further funding is secured, a plan will be agreed for a staged handover with a view to it becoming self-sustaining. Regular review of the functioning and need for the Community will be needed, recognising that an end date if often the outcome when a Community has met its aims.
Communities of Practice need proportionate levels of moderation that do not impact on the trust building, especially within a new Community	Members will co-create and sign up to a Community Charter outlining expectations from members, including responsibility for the content they post. Members are also bound by their own professional codes of conduct and ethics. The steering group will ask for a small number of members to volunteer as peer moderators and any concerns will be escalated to the AMHCOP steering group to agree intervention if required.
There is a potential albeit minimal risk that some members may choose to express their views in a manner that may not be well received by others or share resources without the relevant permissions.	When sharing resources, members will be prompted on the upload page, to confirm they have permission from the original owner of the resource to share it and / or the resource is anonymised where necessary. Peer moderators will also review content and report any posts or resources of concern to the steering group. Members are mostly registered health and care professionals who are bound by their own code of conducts, professional standards and regulatory bodies. The

Risk	Mitigation
	Steering Group will continue to meet regularly during the pilot to review the use of the platform and respond to any queries.

COMMUNITY ORGANISATION

1.11 ROLES AND RESPONSIBILITIES

This section describes the key roles supporting the community for the pilot phase of the project:

Name & Organisation	Community Role	Community Responsibilities
Advanced Practice Team – Health Education England. Project Manager: Elouise Greenwood	Community Sponsor	Person or Persons responsible for acting as the community's champion / funder
AMHCOP steering group: Kayleigh Abbott Rebecca Burgess-Dawson Gemma Ford Jane Moses Veryan Richards Stephanie Tempest	Community Coordinators (for the pilot)	Person or persons who perform the day-to-day running of the community and has specific accountability for managing the logistics within community including the approved constraints of scope, quality, time, and cost, to deliver the specified requirements, deliverables and customer satisfaction. Adopts facilitatory and collaborative approach rather than managerial.
Veryan Richards	Critical friend	Person who interacts within the steering group and the Community to act as a critical friend and overseer. Ensures focus is maintained on the deliverables and offers alternative perspectives and gentle challenge.
Kayleigh Abbott	Member support	Person-centred role concerned with maintaining relationships, providing key information and welcoming existing and new members. Promotes aspects of the community, works on behalf of the community but does not control or manage members
Jane Moses and Gemma Ford	Information Resource Administrator	A person who can identify and organise resources of benefit to the community, also able to identify useful resources for the community
Outsourced Events	Website Administrators and Events coordinators	Planning of community platform website, organising events including registration and reporting, pre-event organisation, speaker liaison, management of meet-ups, delegate management and technical production
Members of the steering group and the community	Event Facilitators	Each event will require a facilitator to ensure the smooth running of the event, keeping it to time, welcoming participants and speakers and closing events.
Volunteers from within the AMHCOP	Peer moderators (between 5-10 people)	Responsible for reviewing and accepting content from members to share within the community platform, instilling in people the Charter values if required and escalating anything of concern to the steering group. Provide ideas on any

Name & Organisation	Community Role	Community Responsibilities
		structural changes to the layout of the website based on intelligence gathered during moderation process.
Stephanie Tempest	Evaluation coordinator	Responsible for identifying, collating, and analysing evaluation data to understand the impact of the AMHCOP on the individuals, their organisations and the wider system

1.12 STAKEHOLDERS (INTERNAL AND EXTERNAL)

A stakeholder is a person or organisation – such as sponsors and the public – that is actively involved in the community, and/or that could positively or negatively impact the achievement of the community's objectives, and/or whose interests may be positively or negatively affected by the execution or completion of the community. The table below shows the stakeholders currently identified.

STAKEHOLDER	REPRESENTATIVE(s)
Advanced Practitioners in Mental Health – informal email network	Kayleigh Abbott and Gemma Ford
Public (including taxpayers)	Veryan Richards
Health Education England – National Advanced Practice team	Stephanie Tempest
Health Education England – Mental Health team	Rebecca Burgess-Dawson
Health Education England – Regional Advancing Practice Faculties	Jane Moses and Gemma Ford

1.13 COMMUNITY CHARTER APPROVAL

The Community Charter has been developed with the Community (see Version History on page 2) and the Steering Group who have reviewed and commented on iterative versions. Version 0.4 is considered suitable for use to launch the pilot AMHCOP but it is not considered the final version. Changes to this Community Charter will be coordinated with and approved by the AMHCOP and the Steering Group as part of the evaluation of the pilot work.