



Coventry & Warwickshire Mental Health Act

Joint Agency Management Group

Operational Protocol for the Multi-Agency Management of Places of Safety under S135(1) and (2) and S136 Mental Health Act 1983 (Revised 2007)

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Version Control 6.3

1. Introduction

- 1.1 The health and social care community of Coventry and Warwickshire Clinical Commissioning Groups Arden Cluster, West Midlands Police, Warwickshire Police, West Mercia Police, British Transport Police, West Midlands Ambulance, University Hospital Coventry and Warwickshire (UHCW), Coventry & Warwickshire Partnership Trust, George Elliot Hospital, Warwick Hospital, Hospital of St Cross as part of UHCW, outlining hospital bed units, Coventry City Council and Warwickshire County Council are working together to improve provision to patients in contact with the criminal justice system. This document forms part of the wider plan to improve partnership arrangements between the health and social care community across Coventry and Warwickshire supporting the Governments' Mental Health Crisis Concordat.
- 1.2 This document provides an outline operational protocol for the application of the Mental Health Act under sections S135 & S136 of the Mental Health Act 1983 (MHA).
- 1.3 This protocol will support the provision of multi-agency services to individuals who are likely to be patients under (S135 / 6) MHA.
- 1.4 This protocol has been developed jointly by all partner agencies (as listed in signatures section) based upon a previous generic protocol developed by NHS West Midlands and West Midlands Police. Use of this protocol will ensure compliance with relevant legislation, national guidance and other sources of standards for the NHS and the Police, see [References - Appendix A].

2. Executive Summary of Intentions

- To ensure efficient, effective and dignified assessment arrangements for ALL detainees who need to be removed to a Place of Safety.
- To ensure effective assessment by police officers and / or the ambulance service to ensure removal to the most appropriate location.
- To ensure the use of a dedicated psychiatric Place of Safety on the majority of occasions, exemplifying best practice.
- Providing prompt assessment (including how soon the doctor and AMHP should attend) and, where appropriate, admission to hospital for further assessment or treatment.
- Securing the attendance of police officers at health-based places of safety, where appropriate, for the patient's health, safety or the protection of others.
- The safe, timely and appropriate transport of the person to and between places of safety (bearing in mind that hospital or ambulance transport will usually be preferable to police transport, which should only be used exceptionally, such as in cases of extreme urgency or where there is an immediate risk of violence).
- Deciding whether it is appropriate to transfer the person from the place of safety to which they have been taken to another place of safety.
- Ensuring that people who are intoxicated can be safely managed in any place of safety or an emergency department, and receive an assessment of both their physical and mental health needs. Intoxication should not be used as a basis for excluding people from particular places of safety, except in the circumstances outlined in the policy such as where the patient's current behaviour clearly indicates that there may be a risk to their own safety, or that of the staff, which cannot be safely managed in the health-based place of safety (MHA CoP 16:44).
- Ensuring that people who are behaving, or have behaved, violently can be safely managed in a place of safety taking into account the needs of the person and the safety of staff and others.
- Arranging access to a hospital emergency department for assessment for people who need it, and having an agreed list of circumstances when this will be necessary, such as where a person is self-harming, has a high body temperature or physical injury.
- To ensure the use of Police Stations only in exceptional circumstances and where it is medically safe to do so.
- Ensuring that a person under 18 **MUST NOT**, under S135/S136 be removed to, kept at or taken to a place of safety that is a police station.
- To ensure effective multi-agency oversight for Place of Safety arrangements within Coventry and Warwickshire

- To work across organisational boundaries in achieving these intentions

3. Equality Impact Assessment

- 3.1 This generic protocol is based on an agreement between those agencies listed above who will review standards set by commissioners in respect of current legislation, regulations and 'best practice evidence'.
- 3.2 The Equality Impact Assessment will be conducted with reference to the population of Coventry and Warwickshire for which the power of detention has been used. It includes the particular health provision made available at the Caludon Centre and other Places of Safety.

4. Oversight

- 4.1 This protocol relates to individuals who are detained by the police under s135 / 6 Mental Health Act (MHA) for removal to a Place of Safety (PoS).
- 4.2 All parties have agreed that those detained are a JOINT management responsibility from the first point of contact with the police to the completion of the assessment process (including admission if necessary). It is every organisation's responsibility to ensure support for the other(s), throughout the period of detention (including conveyance) in accordance with the legislation and guidance.
- 4.3 A senior professional in each agency will be responsible for the oversight, implementation and on-going strategic management of this protocol. A formal annual review of the operation of this protocol will occur involving those professionals from all partner organisations listed on page 21. This will be carried out under the auspices of the multi- agency steering group.
- 4.4 Each partner will designate a manager from each organisation (Police Inspector, Social Care and NHS equivalent) as responsible for on-going operational, day-to-day oversight of the protocol, as well as being the day to day point of contact to resolve challenges with operational implementation of this protocol. Problem solving, where it cannot occur at the time, will be managed in a regular and minute forum (at least bi-monthly). This will involve attendance by key staff including the designated PoS Manager, police inspector, senior AMHPs, ambulance representative and other representatives as required. It will be referred to in this protocol as the 'multi-agency group' or 'MAG'.
- 4.5 People who are intoxicated should be safely managed in any place of safety or an emergency department, and receive an assessment of both their physical and mental health needs. Intoxication should not be used as a basis for excluding people from particular places of safety (MHA CoP 16:44)
- 4.6 There will be joint consideration on the location of individuals who are detained whilst presenting with drug, alcohol or physical aggression. For those displaying physical aggression, they will not automatically be removed to a police station unless risk assessment evidences that the individual poses an 'unmanageably high risk' and it is considered medically safe to do so. The nurse in charge of the Place of Safety suite retains the decision as to whether to allow the detainee access to the suite.
- 4.7 Where a person 18 or over is removed to custody as a place of safety the custody sergeant will retain the decision around detention. If a 12-hour extension to the 24-hour detention period is required, and only in addition to the registered medical practitioner's approval, this extension must be approved by an officer of the rank of superintendent or above.
- 4.8 It is agreed that NHS staff will be robustly supported by police officers wherever a health-setting is used and where those individuals present a 'manageably high risk'. Risk is inherent in the joint operation of detentions under ss135 / 6 and must be managed. Police supervisors in particular should ensure this as the police are legally responsible for the prevention of crime. This includes risk of assault to NHS staff.
- 4.9 Where assessments occur on private premises without a S135 warrant issued by a Magistrate, there are no powers to remove an individual to a Place of Safety and this protocol does not apply.
- 4.10 Careful planning should be undertaken by any AMHP who is responsible for coordinating an assessment on private premises, especially where there is a possible risk of resistance or aggression. The number of professionals and agencies involved dictates that effective planning and communication is the key. For

further guidance please see the Joint Standing Operating Procedures for Searching for and Removing Patients from Private Premises under Section 135 Mental Health Act 1983.

5. Initial Action Following Detention under S135 / S136

- 5.1 Only police officers may detain someone under s135/6 MHA and then remove them to a Place of Safety. Following an initial decision to detain, an ambulance should be requested for conveyance to a PoS (it should have been organised in advance by the AMHP if detention is likely to arise following execution of a warrant under s135). This is not only important in terms of the patient's dignity, it is also important in terms of the skills of ambulance service staff in assessing whether other medical risks may be masked by mental ill-health and / or drugs and alcohol, requiring urgent medical assessment in an Emergency Department (ED).
- 5.2 Before deciding to remove a person to, or keep a person at, a place of safety under s136 (1), the constable must, if it is practicable to do so, consult –
- An approved mental health professional,
 - a registered nurse,
 - a registered medical practitioner,
 - an occupational therapist,
 - a paramedic

The police officer retains ultimate responsibility for the decision to use – or not use – their section 136(1) powers, having considered the advice given to them as part of the consultation. The police officer should ensure that consultation – including who was consulted and the advice they gave – is recorded. The officer's judgment as to whether it is practicable to consult is likely to be informed by a number of potential factors. These will include:

- the likely time taken to obtain the necessary consultation
- whether the person is likely to remain co-operative and present during the time taken to undertake a consultation
- whether it is safe to undertake a consultation or whether the behaviour of the person requires intervention in the interests of safety

For Coventry and Warwickshire NHS Trust the agreed point of contact will be the registered nurse at the Place of Safety: 024 7696 8080

NB New number for Place of Safety from 14 /12 /2017 024 7693 2600

Previous number will continue to work for 90 days after this a message will provide new number

In the service areas that have Street Triage operating, the police will be able to consult with the street triage clinician, if a decision is made to use 136 the police will need to notify POS following the consultation.

The information that a constable should receive when consulting prior to the potential use of 136 is as follows:

The police officer should seek to ascertain, and the healthcare professional being consulted should offer, where possible

- Information or advice regarding: an opinion on whether this appears to be a mental health issue based on professional observation and, if possible, questioning of the person;
- whether other physical health issues may be of concern or contributing to behaviour (e.g. substance misuse, signs of physical injury or illness).
- whether the person is known to local health service if so, whether it is possible to access medical records or any care plan to determine medical history and suggested strategies for appropriately managing a mental health crisis
- whether in the circumstances, the proposed use of section 136 powers is appropriate

- where it is determined that use of section 136 powers is appropriate - identification of a suitable health based place of safety, and facilitation of access to it;
- where it is determined that use of section 136 powers is not appropriate - identification and implementation of alternative arrangements (such as escorting the person home, to their own doctor, to hospital, or to a community place of calm/respice).
- Consultation with Health and/or social care professionals may be able to identify alternative options. (Including consideration of use of the Mental Capacity Act 2005)
- If the decision is for the person to be placed on s136 but they need to be taken to ED then PoS staff will inform ED staff

5.3 The new section 136C enables a police officer to search a person detained under section 135, 136(2) or 136(4) if the officer has reasonable grounds to believe that the person detained may be a danger to themselves or others and is concealing something on them which could be used to physically injure themselves or others. The new powers do not include any restrictions around age or any other characteristic of the person to be searched, although the extent of any search is limited. The purpose of using these powers is to enable a police officer to take the necessary steps to ensure the safety of the person detained and the safety of others. They remedy a gap in police search powers in some limited situations. These powers should be used to support policing and health agencies to effectively provide the care and support required by a person detained under section 135 or 136. They do not require a person to be searched.

5.4 A search conducted by the officer under new section 136(C) is limited to actions reasonably required to discover an item that the officer believes that the person has or may be concealing. The officer may only remove outer clothing and they may search that person's mouth. The new power does not permit the officer to conduct an intimate search. The new section 136(C) powers do not alter the applicability of other existing powers – including powers under section 32 or section 54 of the Police and Criminal Evidence Act 1984, and the general powers of health professionals to search patients in hospitals – which may apply in some circumstances. The applicability of other such powers does not prevent the new search powers under section 136C from applying.

5.5 Identification of which PoS to be used should be reached in accordance with this policy and the Joint standing operating procedures on conveying mentally disordered patients. Police officers bear legal responsibility for the health and safety of their detainees until formal, agreed handover to NHS staff.

5.6 Where an ambulance is unavailable, police officers should still make their initial assessment in accordance with the West Midlands Ambulance Service conveyance policy. Under such circumstances, police officers may contact relevant health professionals for advice and information exchange.

5.7 Where police officers take a decision to expedite conveyance themselves, this should be in cases of extreme urgency or where it is necessary in order to safely manage a risk of violence. It will not normally be an exceptional circumstance to convey in a police car if the ambulance is delayed and there is no immediate threat to life) If a patient is presenting with a RED FLAG trigger condition (see Appendix C) an ambulance MUST be used.

5.8 The guiding principle of this protocol is that unless there are extreme circumstances and the risk is unmanageable, individuals will be removed to health-based, psychiatric Place of Safety. Health-based place of safety should ensure that they have arrangements in place to cope with periods of peak demand, for example using other suitable parts of a hospital, neighbouring health-based places of safety, or alternative places of safety. Unless they are detained whilst presenting with a RED FLAG, these are outlined in Appendix C and are agreed as criteria for removal to an ED.

5.9 In the event that none of the RED FLAG criteria are met and the health based PoS is not available other safe places can be considered and if unavailable the individual should only be removed to the police station in exceptional circumstances, which may include extreme violence. A police station should not be used as the automatic second choice if there is no local health based place of safety immediately available. Other safe places to be considered could include family home, relatives home, and residential placements with the agreement of the owner/manager. There is nothing that precludes other areas of a psychiatric hospital (such as a ward) being used as a temporary place of safety, provided that it is a suitable place and it is appropriate to use that place in the individual case.

A police station must not be used for a person under the age of 18 on s136/5.

- 5.10 A person is defined as 'arriving' at a Place of Safety when their care has been accepted by the NHS Staff managing that location or by the custody officer at a police station. Disputes into acceptance should be referred to the Local Multi Agency Group (MAG) if they cannot be resolved by operational supervisors at the time. Time of arrival at the first (and any subsequent) place of safety **MUST** be consistently and accurately recorded using the multi-agency S135 / S136 Monitoring Form.
- 5.11 The 24 hour time limit on detention under s136 commences at the point of arrival at the first Place of Safety, this includes first arrival at Accident & Emergency, if used. Arriving at the PoS will be when the member of staff accepts the individual. Police are required to inform PoS of the time of arrival at ED and/or when using an alternative place of safety so accurate record of the 24 time limit can be made.
- 5.12 Advance notification of an impending s135/6 arrival will be given to the Staff who manages the PoS from the Police Service or those professionals authorised by the police to do so as soon as it is possible to do so:
- For the Caludon Centre Coventry and Warwickshire, the advance number is **024 7696 8080**.
 - **NB New number for Place of Safety from 14 /12 /2017 024 7693 2600**
 - **Previous number will continue to work for 90 days after this a message will provide new number**
 - For the Emergency Department, University Hospitals Coventry & Warwickshire (UHCW) the advance number for the ED Navigator is 02476 966066
 - For the police station, advance notification will be given via Operations Centres
 - The direct telephone number for use by Social Care and NHS Staff of local custody offices are:
 - **West Midlands Police is 03451 135 000 or 101**
 - **Warwickshire Police is 01926 415 000 or 101**

6. Initial Conveyance

- 6.1 It will be the responsibility of police officers to request an ambulance for conveyance following detention under s136. It will be the responsibility of an AMHP to arrange an ambulance for assessments under s135(1) and the responsibility of any of people authorised by the Act for s135(2) Warrants. The ambulance service is the preferred method of transport to convey that individual from the location of detention to the PoS and to undertake any further conveyance requirements should the individual be subsequently transferred.
- 6.2 Conveyance following detention under s136 should be instigated by Police Officers via an emergency call to ambulance control.
- 6.3 It is the responsibility of the ambulance crews to consider the presentation of the patient detained by the police. Where paramedics or technicians believe that the patient has a RED FLAG presentation (see Appendix C), they should advise that the person is removed to an Emergency Department.
- 6.4 Where it is considered that the safety either of the patient, the ambulance staff or the police officers would be at risk during transfer, ambulance crews should give consideration to requesting an authorised medical practitioner to advise on the use of emergency pharmacological intervention. West Midlands Ambulance Service have available to them a number of 'Pre-assessment Drs' who can be called by paramedics to assess the need for Emergency Treatment including rapid tranquilisation. Such treatment may be given via a best interest decision if the qualifying criteria of the Mental Capacity Act are met. Please refer to the guidance on the use of the Mental Capacity Act 2005 in the Mental Capacity Act joint agency guidance (10.1).
- 6.5 Particular consideration should involve whether there is a need for on-going physical restraint by two or more police officers and therefore a risk of positional asphyxia or excited delirium. Whether or not pharmacological interventions are immediately appropriate, would depend on the advice of an authorised medical practitioner (for example anti-psychotics or lorazepam) ***The decision to use emergency***

medication for behavioural management can only be given in accordance with the Mental Capacity Act 2005 and is the responsibility of the person who is administering the medication.

- 6.6 Where an authorised medical practitioner has been deployed prior to conveyance, police officers and paramedics will act in consideration with the advice given.
- 6.7 Any problems in securing arrangements for conveyance should be escalated to appropriate managers for discussion with ambulance managers and referred to the MAG if not resolved. This will allow on-going monitoring of the frequency of ambulance or police conveyance. The Exception Circumstances Monitoring Form (see Appendix I) should be completed and forwarded to the relevant Operational Manager to aid discussion at the MAG.
- 6.8 People taken to a health-based place of safety should be transported there by an ambulance or other health transport arranged by the police who should, in the case of section 136, also escort them in order to facilitate hand-over to healthcare staff.
- 6.9 Where police officers take a decision to expedite conveyance themselves, this should be in cases of extreme urgency or where it is necessary in order to safely manage a risk of violence. It will not normally be an exceptional circumstance to convey in a police car if the ambulance is delayed and there is no immediate threat to life) If a patient is presenting with a RED FLAG trigger condition (see Appendix C) an ambulance **MUST** be used.

7. Removal or Transfer to an Emergency Department

- 7.1 It is not the intention of this protocol, to promote the use of Emergency Departments (ED) as a Place of Safety although it is a safe place.
- 7.2 However, a number of people detained by the police under ss135 / 136 MHA present with physical healthcare requirements in addition to their suspected mental disorder, which could only be addressed in an ED.
- 7.3 Individuals brought to the attention of the police because of disturbed or agitated behaviour may be at risk of coming to harm by virtue of undiagnosed or untreated medical or psychiatric emergencies.
- 7.4 Where such concerns exist or cannot be ruled out by police officers, the police officer is required to ensure that the person receives appropriate clinical attention, by calling an ambulance.

PACE CoP Code C; para 9.5 and Annex H.

- 7.5 Police officers will ensure staff are made aware of whether the person is detained under s136 or under arrest for a criminal offence, on arrival at ED. Either way, the police officer(s) will remain with the patient throughout the assessment process in ED, to a conclusion or until transfer to a PoS and they should commence the monitoring form (See Appendix E).
- 7.6 It is the responsibility of the duty sergeant to ensure sufficient officers are deployed to manage risk in support of ED staff, especially so where the RED FLAGS involved, include agitated or disturbed behaviour.
- 7.7 In addition, police officers will ensure the following information is supplied to ED staff:
 - Name and address of the individual detained;
 - Name and address of the individual's next of kin or nearest relative;
 - Detaining officers name, collar number, force and incident number;
 - Circumstances in which the individual was found and detained;
 - Whether restraint has been used on the individual detained
 - Whether the detainee has been to any other Place of Safety prior to arrival;
 - Confirmation that the individual has been searched by the police;
 - Whether any article or contraband has been retained by the police;
 - Whether they are also suspected of any criminal offence of which the police will consider taking action.

- Whether the police hold any information regarding the possibility that the individual presents a risk of violence or escape.

Subject to DPA, schedules 2 and 3.(Data Protection Act)

- 7.8 Ambulance staff will provide appropriate medical information on whether restraint has been used; drugs have been administered and any other observed symptomology which will subsequently need to be known.
- 7.9 This protocol ensures only detainees presenting with RED FLAG are transport to or removed to Emergency Departments for medical management. By necessity, this will involve initial consideration of capacity and consent issues by ED. This may involve liaison between ED Doctors and mental health services.
- 7.10 If, either following treatment or as a consequence of still undergoing treatment, it appears unlikely that the person will be able to be conveyed to the PoS for assessment within the 24 hours then the PoS staff must inform the AMHP in good time so an assessment can be convened at the general hospital.
- 7.11 The AMHP should liaise with ED to co-ordinate the timing of any Mental Health Act assessment, dependent on the overall circumstances. It may be that this occurs in ED, for example if the patient would need to remain there for some time, because of their medical or physical healthcare needs; or that it the Mental Health Act assessment delayed for a short-period because it is known that the person will be safely transferred to a PoS and the assessment can be better conducted there.
- 7.12 Anytime spent at ED needs to be included in the overall 24hrs maximum assessment period.

s136(2) MHA.

- 7.13 Anyone removed to ED and accepted there for assessment/treatment, should be informed of their rights whilst detained. This will be done verbally and by the provision of the 'rights leaflet' (see Appendix F) In accordance with local procedures

s132(1) MHA.

- 7.14 If it is possible for the ED staff to manage the physical healthcare requirements, rule out a medical emergency and confirm the person is considered 'fit for discharge' then the person may be considered for transfer to a Place of Safety for conclusion of the mental health assessment.

s136(3) MHA.

- 7.15 If the patient is transferred from ED back to PoS for completion of the MHAA, it will be the responsibility of the ED staff to ensure the transmission of relevant medical information which may be required by PoS staff, police custody officers or the Forensic Medical Examiner (FME) and the AMHP. This should not be done verbally, via the detaining officers.

8. Removal (or Transfer) to a place of Safety

- 8.1 The police will remain with the detainee upon arrival at the PoS for at least the duration of the 'handover period'. This period of time will include completion of the MHA monitoring form (See Appendix E), research by the officers of the individual's background, for sharing of information and for a joint risk assessment.
- 8.2 In the psychiatric setting, the 'handover period' should include a sufficient period of time for the PoS to coordinate their staff and for a police officer to provide a comprehensive briefing of relevant information. It should last no more than one hour.
- 8.3 The police service will be able to inform NHS staff of the information listed in para 7.7, where this information is known or easily able to be established:
- 8.4 Intoxication (whether through drugs or alcohol) should not be used as a basis for exclusion from places of safety, except in circumstances set out in the local policy, where there may be too high a risk to the safety of the individual or staff. Health based places of safety should not be conducting tests to determine intoxication as a reason for exclusion, and

- 8.5 Following acceptance of the individual at the PoS, the subsequent legal detention may be maintained by health/social care staff as well as by police officers. This will NOT occur in ED – the police will remain throughout and pending transfer to the PoS or to police custody. The police will remain throughout if an alternative place of safe in the community has been used.
s136(2) MHA.
- 8.6 Following acceptance at a health PoS, the rights of the detainee should be explained by hospital staff. The explanation of these rights should not be delayed where removal is to an Emergency Department.
s132(1) MHA and MHA CoP; para 16.69.
- 8.7 Healthcare staff, including ambulance staff, should take responsibility for the person as soon as possible, including preventing the person from absconding before the assessment can be carried out. The police officer(s) should not be expected to remain until the assessment is completed; the officer should be able to leave when the situation is agreed to be safe for the patient and healthcare staff. Police officers and PoS staff will undertake a risk assessment to agree on whether the police officers may leave the patient with PoS staff or whether they remain until risks reduce or until the MHA assessment is concluded.
- 8.8 There should be identified, objective reasons based on risks and threats for police officers to remain after arrival in psychiatric PoS, utilizing the risk assessment tool (Appendix D).
- 8.9 Disputes in the implementation of this protocol or risk assessment conclusions will be referred to duty Sergeant and the duty PoS Manager. Where the disagreement CANNOT be resolved through further discussion or by the involvement of the duty Inspector or on-call manager, compromise will be reached in the following way:
- NHS Managers will have the right to insist upon police support and it will be given;
 - Police supervising officers will have the right to decide on the degree and extent of that support
- 8.10 Risk assessment should be regularly subject to joint-review and the police should be released, recalled or reinforced, where risks alter.

The following escalation procedure should be followed to conclude the assessment or release of police officers in a timely fashion:

- 2hrs: contact the AMHP co-ordinating the assessment, review with place of safety manager and police sergeant (if police still present)
 - 4hrs: re-contact the AMHP co-ordinating the assessment, review with Duty inspector (if police still present) and place of safety manager
 - 8hrs: inform the duty FIM or LPY supt (only if police still present) / re-contact the AMHP/ contact NHS Manager/Social Care Manager
 - 2 hourly thereafter : have the duty FIM (if police still present) re-contact NHS Manager to oversee and conclude the process, if possible.
- 8.11 Operational staff will comply with this protocol. Should operational staff from any agency remain unsatisfied and resolution has not been agreed informally, the incident can be referred to the MAG, via the Exception Monitoring Form (Appendix I)
- 8.12 To maintain confidence in the support arrangements, the MAG will ensure effective communication and feedback to all operational staff regarding the difficulties that are referred to them.

9. Removal or Transfer to a Police Station

- 9.1 Detention at a police station should only be considered in exceptional circumstances.
The use of a police station as a place of safety for persons aged 18 and over is limited to specific circumstances set out in The Mental Health Act 1983 (Police Stations as Places of Safety) Regulations 2017. These specify that a police station may only be considered as a place of safety if:
- (i) the behaviour of the person poses an imminent risk of serious injury or death to themselves or another person;

- (ii) because of that risk, no other place of safety in the relevant police area can reasonably be expected to detain them, and
- (iii) so far as reasonably practicable, a healthcare professional will be present at the police station and available to them

The authority of an officer of at least the rank of inspector must be given for the use of a police station in such circumstances – unless the person making the decision is themselves of such a rank or higher. A police station should not be used as the automatic second choice if there is no local health based place of safety immediately available. Detention at a police station should only be accepted by the custody sergeant where it is considered medically safe to do so. Any conditions referred to or the 'RED FLAGS' in Appendix C, should lead to immediate transfer to an ED being ordered.

- 9.2 The health based place of safety should be used as the place of safety for those under 18. A person under 18 should not be removed to a police station as a place of safety.
- 9.3 If a person is excluded from a place of safety in a hospital and taken to a police station as a place of safety a record should be made of the decision, of who made the decision, and the reason it was made. Where an individual is removed to a police station as a PoS, the reason they cannot be accommodated at the main PoS should be recorded on the MHA monitoring form and the matter be referred to the local monitoring group. This will allow focus on the proportion of instances that each venue is utilised.
- 9.4 Where an individual's assessment is entirely managed in police custody, MHA assessment should occur, unless delayed on medical advice, within 3 hours. Assessment taking longer than 3 hours should be referred to the MOG.
- 9.5 The custody officer will adhere to the following escalation procedure to conclude the assessment or release in a timely fashion:

2hrs contact the AMHP co-ordinating the assessment.

4hrs: re-contact the AMHP co-ordinating the assessment.

6hrs: inform the duty inspector / re-contact the AMHP/contact NHS Manager/Social Care Manager

15hrs: inform the duty FIM/LPA Supt who will contact Senior NHS Manager and Social Care Manager

Every further 2hrs: have the inspector re-contact NHS Manager to oversee and conclude the process, if possible.

- 9.6 The above timescales should be adhered to if the person is detainable under the act but there are delays in obtaining a bed. It should be urgently considered whether a transfer to hospital based place of safety should be expedited.

10. Mental Health Act Assessment Considerations

10.1 Medical examination by doctors

10.1.1 In most circumstances, the assessment will involve 2 doctors, at least one of whom will be approved under Section 12 of the Act. The detained person will be seen by both the AMHP and doctor(s). Wherever possible this will be a joint assessment. There will be occasions when it is appropriate for the assessment to take place with one section 12 approved doctor and the AMHP.

10.1.2 Where practicable and where this does not contribute to any unreasonable delay, at least one of the medical recommendations should come from a doctor who has previous acquaintance with the patient, preferably who has treated the patient previously.

MHA CoP; para 14.73.

10.1.3 Although it is preferable for the MHA assessment to occur with the AMHP and relevant RMPs together, there will be occasions where this does not occur.

If one of the doctors identified to undertake the MHAA assesses the person and concludes that the person is not suffering from a mental disorder then the person must be discharged, even if not seen by an AMHP. This decision will never be made by a junior doctor who is only completing initial health checks / screening.

If the doctor sees the person first and concludes that they have a mental disorder and that compulsory admission to hospital is not necessary, but that they may still need treatment or care (whether in or out of hospital), the person should still be seen by an AMHP. The AMHP should consult the doctor about any arrangements that might need to be made for the person's treatment or care.

10.2 Is the person on Community Treatment Order or AWOL?

10.2.1 It should also be borne in mind that a person who is removed to a place of safety may already be on Community Treatment Order (CTO) or may be on leave of absence from detention in hospital and that their recall to hospital may need to be considered. If it becomes apparent that this is the case, the patient's responsible clinician (or on-call Consultant if out of hours) must be contacted as soon as possible.

10.3 The role of the AMHP includes:-

- To undertake a mental health act assessment when requested and in accordance with this protocol.
- Coordinating the Mental Health Act assessment
- Contacting the nearest relatives
- Interviewing the person in accordance with the MHA Code of Practice
- Ascertaining whether there is a psychiatric history
- Considering any possible alternatives to admission to hospital if appropriate
- Facilitating compulsory admission to hospital if appropriate
- With the doctor coordinating any other care or treatment if required where compulsory admission to hospital is not required
- Fully recording the process in accordance with their local authority policy and process.

10.4 Assessment requirements

10.4.1 The same care should be taken in examining and interviewing people in places of safety as in any other assessment. No assumptions should be made because a detention to a place of safety has taken place and the guidance in Chapter 4 of the MHA Code of Practice applies in these circumstances as in any others.

MHA CoP; para 16.45 and chapters 14 & 15

10.5 Communication and the need for interpreters

10.5.1 The doctor and AMHP will consider whether the services of an interpreter are required or whether the person has special needs due to sensory impairment or learning disability. Any interpreter will be arranged by the Place of Safety Staff. (If the place of safety is at the police station the custody officer will explore this when the individual is being booked into custody)

MHA CoP; para 4.5

10.6 Timescales

10.6.1 The AMHP should make contact with the place of safety manager/custody officer/ED nurse in charge within 1 hour of referral and the assessment should commence within 2 hours. The assessment will normally be completed and detention concluded within 4 hours of the individual being detained at the place of safety.

10.6.2 If the person detained is deemed to be unfit for assessment then regular reviews of the patient need to take place until the assessment can be carried out, in the event of the assessment not taking place within the 24 hours the registered medical practitioner responsible for the assessment may give authorisation for extension for an additional 12 hours

Review Periods for patient not fit for assessment

- 08hrs Responsible Dr to review
- 12hrs Responsible Dr to review

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- 16hrs Responsible Dr to review
- 20hrs Responsible Dr to review
- 23hrs Decision to extend made agree next review
- Incident form to be completed
- Following decision to extend the plan for extension should be recorded on the patients record
- For CWPT staff recording on Carenotes the following headings should be recorded:
- Contact type will be "Place of Safety"
- Contact summary will be "Extension of 135/136"
- Then list reasons and plan for extension and record the conclusion of the extension.

10.7 Completion of the assessment

10.7.1 Voluntary admission

If the person agrees to be admitted to hospital on a voluntary basis, and has been assessed as having the capacity to make this fully-informed decision, then the doctor will make all the necessary arrangements for admission. If conveyance to the hospital where the person is to be admitted is required this will be done in accordance with Conclusion of Assessment paragraph 15.4 in this document.

10.7.2 Formal / Compulsory admission

If a person is assessed to have a mental disorder requiring hospital admission and refuses voluntary admission, Section 2 or 3 of the Mental Health Act 1983 may be used to effect compulsory admission. It should not be necessary or appropriate to use Section 4.

The AMHP will not be able to complete the assessment until a bed has been identified; the Act requires admission to a specific hospital. It is the responsibility of the assessing doctor, in conjunction with the Clinical Co-ordination Centre, to locate an available bed where required. The AMHP cannot refuse to undertake / complete the assessment because a bed is unavailable. Please refer to CWPT Bed management Policy.

10.7.3 As soon as practicable after the assessment and interview, the person should be discharged, voluntarily admitted, further detained under the Act, or other arrangements made for the person's treatment or care in the community. The person may continue to be detained whilst these arrangements are being made provided that the maximum period of detention is not exceeded MHA COP 16.27.

11. Learning Disabilities Assessments

11.1 Where the detained person appears to have a learning disability, it is desirable for a consultant psychiatrist in learning disabilities and an AMHP with experience of working with people with learning disabilities to make a joint assessment. This should not be used to cause any significant delay in the assessment process.

MHA CoP; para 16.48

11.2 Where the person is detained at the Caludon Centre PoS staff will request an RMP who is s12(2) approved and a specialist in Learning Disabilities to undertake a mental health act assessment. PoS staff will also ascertain whether the individual is known to the Trust's Learning Disability service so that any relevant information is shared at the earliest possible point.

11.3 On referring to the AMHP services staff should advise that the person has learning disabilities.

11.4 The AMHP will seek specialist support and/or advice from their Council's Learning Disability Teams. This will ensure that if the person is known to their service that relevant information is shared at the earliest possible point. The AMHP may request for a specialist worker to be present at the point of assessment to enable a thorough holistic assessment of the persons circumstances.

11.5 Whether or not Learning Disabilities specialists are involved in the MHA assessment the same timescales for completing the assessment should be adhered to. It will be the Learning Disabilities clinicians' responsibility, in conjunction with the AMHP, to ensure that any arrangements for the person's on-going treatment and on-going care are concluded in a timely manner and must be concluded within the 24 hour legal time frame.

11.6 As in all cases the MHA-PoS monitoring form will be completed enabling the number of Learning Disability assessments undertaken to be monitored by the MAG with particular consideration given to the efficacy of the partnership working in each case and other learning outcomes.

12. CAMHS Assessments

12.1 The health based place of safety should be used as the place of safety for those under 18. A person under 18 CANNOT be removed to a police station as a place of safety.

12.2 This protocol applies equally to children and adolescents (under the age of 18) who may be detained under s136. If a child or adolescent is detained, the assessment should be undertaken, wherever possible, by a CAMHS consultant and / or an AMHP with knowledge and experience of caring for this age group.

MHA CoP; para 16.49

12.3 It is preferable that CAMHS assessments are undertaken by an RMP who is s12(2) approved and a specialist in that area of psychiatry. The Caludon Centre PoS staff will make the referral to the CAMHS service for such an RMP to undertake the medical assessment.

Prior to any assessment of a child or adolescent, staff should liaise with CAMHS or if out of hours, the on-call CAMHS Consultant.

12.4 Decisions to delay for a specialist or s12(2) RMP should be balanced against the delays in assessment which would result and any reason for proceeding without resort to a s12(2) RMP or a CAMHS specialist, should be documented.

12.5 Caludon Centre PoS staff will ascertain whether the individual is known to CAMHS so that any relevant information is shared at the earliest possible point and if a specialist doctor is not available request specialist support and guidance for the assessment process. This will include a request for a specialist worker to be present at the point of assessment to enable a thorough holistic assessment of the person's circumstances.

12.6 Whether or not CAMHS specialists are involved in the MHA assessment the same timescales for completing the assessment should be adhered to. It will be the CAMHS clinicians' responsibility, in conjunction with the AMHP, to ensure that any arrangements for the person's on-going treatment and on-going care are concluded in a timely manner and must be concluded within the 24 hour legal time frame.

12.7 When assessing a person under 18 consideration needs to be given to who will take responsibility for the young person in the event of them not being admitted to hospital following the assessment under the MHA COP 16.27

12.8 As in all cases the MHA PoS monitoring form will be completed enabling the number of CAMHS assessments undertaken to be monitored by the Multi Agency Group with particular consideration given to the efficacy of the partnership working in each case and other learning outcomes.

12.9 Following assessment, if it is decided that the individual should be detained in hospital, a bed in an appropriate health setting will be negotiated via the CAMHS service and NHS England.

12.10 In the event of a person under the age of 18 being brought to PoS, the PoS will not be able to take a second person in to PoS until the under 18 has been assessed and left PoS

12.11 The requirements of the Mental Health Act (1983) in relation to Age Appropriate Accommodation must be observed.

13. Escalation Process

13.1 The Royal College of Psychiatrists recommends a maximum period within which to conclude Mental Health Act assessments. Whilst the law allows 24 hrs to do so, assessment should occur and conclude in most cases within 4hrs / 6hrs wherever possible. This will be longer where individuals are detained whilst under the influence of drugs / alcohol or where physical healthcare issues prioritised in ED cause a delay in the commencement of MHA assessment.

13.2 An authorisation for an extension of the 24 hours may be given only if the registered medical practitioner considers that the extension is necessary because the condition of the person detained is such that it would not be practicable for the assessment of the person for the purpose of section 135 or (as the case may be) section 136 to be carried out before the end of the period of 24 hours (or, if the assessment began within that period, for it to be completed before the end).

13.3

13.3 For the purposes of this escalation process 'PoS Guardian' means –

Emergency Department	Senior ED nurse
Caludon PoS	PoS Clinician
Police Station	Custody sergeant

13.4 Clear communication between the AMHP and the PoS Guardian should ensure that progress being made towards conclusion of assessment is understood in the particular circumstances. Ensuring that the PoS Guardian understands any reasons for delay is also key to preventing difficulties across the organisations.

13.5 Where delays are caused beyond this recommended minimum period or where there is a lack of communication to the PoS Guardian, the following escalation process will apply:

NB: These are MINIMUM requirements – each PoS Guardian is entitled to make contact more frequently where needed.

2hrs: PoS Guardian to contact the AMHP for a situation update.

Further contact will be made with the AMHP at least **every 2hrs** in the absence of any other communication.

8hrs: The fact of an on-going s136 detention should be brought to the attention of the appropriate managers, below, who should then work together to conclude the assessment or arrangements:

ED	Senior ED Nurse
Caludon Pos	Caludon clinician who can escalate in hours to PoS Manager or out of hours bronze on call
Police	Duty Inspector
AMHP Manager Coventry	General Manager Social Care Governance
AMHP Manager Warwickshire	Operations Manager

Further contact will be made with the AMHP at least every 2hrs in the absence of any other communication.

12hrs: The fact of an on-going s136 detention should be brought to the attention of the appropriate senior managers, below, who should then work together to conclude the assessment or admission / referral arrangements:

ED	Senior ED Nurse
Caludon PoS	Caludon clinician who can escalate in hours to PoS Manager or out of hours bronze on call
Police	Duty Inspector
AMHP Manager Coventry	General Manager Social Care Governance
AMHP Manager Warwickshire	Operations Manager

Further contact will be made with the AMHP at least **every 2hrs** in the absence of any other communication.

13.5 Each signatory agency will always retain the right to refer a particular case to the MAG where they believe there were problems from which lessons should be learned, regardless of whether this escalation process resolved a particular difficulty.

13.6 All PoS detentions lasting longer than 24hrs will be referred to the MAG for review.

14. Transfer between Places of Safety

14.1 Initial management in an ED and / or Police Station should be for as short a period as possible and individuals should be transferred to the psychiatric PoS as soon as possible.

14.2 That stated, a transfer should not occur without the authority of an AMHP, a RMP or another health care professional who is competent to assess that the transfer will not put the individual's or others' health at risk.

14.3 Transfer can only be undertaken by a police officer or an AMHP or by someone authorised by either of them to do so. Even where authority is delegated, the police officer or AMHP retain responsibility for conveyance.

14.4 Neither should the transfer occur without the agreement of the receiving PoS that they are able to accept the individual.

14.5 Transfer of an individual should be undertaken by the Ambulance Service, organised via the Urgent Care Desk, 01785 270 320 although the person remains in the legal custody of the police officer or AMHP

MHA CoP; para 16.32

15. Conclusion of Assessment

15.1 Where the assessment concludes that the individual requires admission to hospital as a voluntary or detained MHA patient, the police should remain involved in assisting any necessary conveyance if they have remained involved thus far.

15.2 Where it has been agreed that the police should resume other duties, they should not become re-involved in supporting any conveyance unless the risk assessment has altered. Securing arrangements for admission to hospital remains the responsibility of the AMHP and should be obtained via the Ambulance Service (01785 270 320)

15.3 Once an individual is subject to an application for compulsory admission under the MHA, they are in legal custody of the AMHP (or the applicant). Where the Ambulance Service or the Police Service are requested to convey, authority to do so must be delegated to them by the AMHP and should be done in writing (see Appendix G).

s137(1) MHA.

15.4 Where the Police are unable to attend to assist with the conveyance of a resisting patient from the Place of Safety to an off-site psychiatric ward or hospital the AMHP or PoS staff will contact the Clinical-on-Call Manager to authorise the use of Private Transport - see *Joint standing operating procedures on conveying mentally disordered patients* Policy para 13.2

15.4 There is no clearly prescribed process by which to determine which organisation bears responsibility for the repatriation of those individuals who are not subject to formal admission under the MHA. In recognition of the principle that the operation of s136 is a joint responsibility, the following compromise is outlined:

- The police service will bear responsibility for the repatriation or the costs of repatriation for all those individuals with whom they have remained involved during the assessment process (including those wholly assessed in the ED); AND those who are not deemed by the assessing RMPs as mentally

disordered within the meaning of the MHA;

- The NHS will bear responsibility for the repatriation or the costs of repatriation for all those persons who are deemed by the assessing RMPs to be mentally disordered within the meaning of the MHA but with whom the police have not remained.

15.5 This compromise ensures that police officers repatriate and manage all those who pose risks and those in relation to whom the power was used in good faith but without utility.

15.6 It ensures that the NHS takes responsibility for those low risk individuals who are mentally disordered, albeit not subject to hospital admission following their s136 assessment and ensures that their conveyance for repatriation is in the most appropriate way.

15.7 This should represent a roughly equitable division of responsibility between agencies. Frequency of conveyance upon conclusions should be monitored.

16. Criminal Offences / s136 Mental Health Act

16.1 Where an individual is detained by the police in circumstances where they could *either* have been arrested for a criminal offence *or* detained under s136 MHA, they should be arrested and removed to a police station unless the offence is so trivial as to be safely set aside for the purposes of prioritising a mental health assessment. This might well occur where the offending was very low-level, possibly 'victimless' and / or where the behaviour is most likely to be related to their mental health condition.

16.2 It is ultimately up to the discretion of the arresting officer as to whether to prioritise the offence or s136, where both options exist.

16.3 For offences which are not trivial, including offences of violence against Social Care or NHS staff prior to or after arrival at the PoS, immediate consideration of the criminal justice process should be made. The individual may be arrested for the offence and transferred to custody to facilitate the investigation of the offence. Any mental health assessment must be considered alongside the criminal investigation in police custody and the assessment should not be delayed solely due to the transfer to police custody

16.4 Patients who assault Social Care or NHS staff, by definition may pose an 'unmanageably high risk' and violence towards Social Care or NHS staff is always unacceptable.

16.5 However, following any arrest for an offence, an ambulance should still be called where the individual is presenting with any of the conditions outlined in Appendix C .

16.6 They should then be considered for removal to an ED prior to detention in police custody, subject to any advice given by the ambulance service.

16.7 There should be NO assumption by police officers or anyone else, that because someone was detained under s136 MHA at the point where they have offended, that they are automatically unable to be prosecuted because of their mental health condition. A thorough criminal investigation of the incident should occur on each occasion without prejudice or presumption and police supervisors should always be directly involved in overseeing this investigation.

16.8 All incidents of violence or damage towards within the Place of Safety staff or property should be referred to the MAG.

17. AWOL under ss135/6

17.1 Where a patient absents themselves from detention under either s135 or s136, the police and the AMHP will ensure a co-ordinated approach to recovering the patient.

17.2 Local procedures on patients going AWOL under the MHA should be referred to and initiated.

17.3 If an individual escapes detention under ss135/6 prior to arrival at the PoS, they may be retaken into custody in the subsequent 24hrs period. If they absent themselves after arrival at a PoS, they may be retaken with a 24hrs period after their arrival at the first PoS to which they were taken.

s138(3) MHA.

EXAMPLES:

- Detained at 3pm on DAY 1
- Escapes at 3:15pm on DAY 1, prior to arrival at a PoS
- They may be retaken into custody up until 3:15pm on DAY 2

- Detained at 10am on DAY 1
- Arrives at A&E at 10:15am because of physical injuries
- Escapes from A&E at 12:30pm on DAY 1
- They may be retaken into custody up until 10:15 on DAY 2

17.4 There is NO power to force entry to premises in order to secure the re-detention of someone who is missing under the MHA and this extends to a person AWOL from detention under ss135 / 6. Where entry needs to be forced in order to re-detain a patient, this must be done under the terms of a warrant issued under s135(2) MHA see Joint Standing Operating Procedures for Searching for and Removing Patients from Private Premises under Section 135 Mental Health Act 1983.

17.5 Where a person is re-detained, police officers should then recommence the process of this protocol from Section 3, 'INITIAL DETENTION', calling an ambulance and re-risk assessing the appropriate place to which the patient should be removed. This may or may not be the same location to which they were previously heading or from which they have absconded.

17.6 The fact of the escape should be strongly considered when risk assessment decisions are then made about the appropriate PoS to be used and / or whether the police remain at that location pending assessment.

17.7 The overall time for assessment and conclusion of Place of Safety operations, including absences, is 24hrs from the point of arrival at the first place of safety.

18. Using the most appropriate place of safety

18.1 The legislation continues to provide for a range of locations to be used as a place of safety, which allows for local flexibility to respond to different situations. A person in mental health crisis should be taken to or kept at a place of safety that best meets their needs. The expectation remains that, with limited exceptions, the person's needs will most appropriately be met by taking them to a 'health-based' place of safety – a dedicated section 136 suite where they can be looked after by properly trained and qualified mental health and other medical professionals. There will however, there will be situations in which it is appropriate to use other suitable places, or where other suitable places can supplement the use of health-based places of safety.

18.2 A place that is not specifically named in the legislation as a place of safety can be a "suitable place" (and thus a place of safety) if it is suitable, and with the agreement of relevant parties. In the case of a private home this is the agreement of the person believed to be suffering from a mental disorder and, unless the detained person lives alone at the property, one person residing there. Where the place is not a private home, the agreement of the person who appears to manage that place is required.

19 Monitoring

19.1 The Police will ensure provision of the MHA PoS Monitoring form and the Caludon POS manager will ensure collation of completed MHA PoS monitoring forms and ensure that they are sent to the Lead Professionals for each agency (see 13.4 above). These will ensure the basis of overseeing the use of s135/6 powers in the area. They are legally required and of critical importance. They will be analysed on behalf of both the Joint Agency Steering and Liaison Group for Mental Health Act Policies and Procedures and its Warwickshire and Coventry sub-committees in accordance with its terms of reference and to the PoS Multi Agency Group which has specific oversight of the commission and operation of place of safety provision in Coventry and Warwickshire.

MHA CoP; para 16.63

19.2 Data should be prepared and circulated on a bi-monthly basis for consideration to MAG and the Joint Agency Steering and Liaison Group for MHA Policies and Procedures. It should be further analysed and examined during the annual review.

19.3 Particular attention should be paid to demographic factors, such as:

- Age
- Gender
- Ethnicity

But also to:

- CAMHS / LD issues
- Average length of time from arrival at PoS to discharge or application for admission
- Examination of assessment times significantly above the average.

19.4 Analysis should include:

- How many were 'mentally disordered within the meaning of the MHA'?
- How many under the influence of drugs / alcohol?
- How many were physically aggressive on detention?
- How many and percentage of removals to A&E?
- How many and percentage of removals to Police Stations?
- How was conveyance to the PoS undertaken?
- How was conveyance upon conclusion undertaken?
- How many criminal offences were committed towards PoS staff / property or other agencies' professionals?
- What was the outcome of those criminal investigations?
- Any correlation between demographic factors and the above points?

20. Signatures

		Date	
CWPT Urgent Care General Manager			

		Date	
UHCW ED Lead			

		Date	
George Eliot ED Lead			

		Date	
SWFT ED Lead			

		Date	
CCC AMHP Lead			

		Date	
WCC AMHP Lead			

		Date	
CWPT CAMHS General Manager			

		Date	
WMAS MH Lead			

		Date	
West Midlands Police Lead			

		Date	
Warwickshire Police Lead			

References

This protocol is developed in compliance with the following legislation:

- Mental Health Act 1983 (MHA) updated 2017
- Code of Practice (CoP) to the MHA, revised 2015
- Police and Criminal Evidence Act 1984 (PACE).
- Code of Practice, Code C, to PACE, revised 2008
- Human Rights Act 1998
- Data Protection Act 1998
- Policing and Crime Act 2017

Due regard has been further given to the following guidance, case law and other specialist literature, relevant to the operation of MHA Places of Safety (PoS):

- Royal College of Psychiatry Standards on s136 (2008)
- Independent Police Complaints Commission of the use of police cells for detentions under s136 (2008)
- Academy of Medical Royal Colleges Report on Managing Urgent Mental Health Needs in the Acute Trust (2008)
- NICE Guidelines on the Short-term Management of disturbed / violent behaviour (2005).
- NPIA Safer Detention Guidance, NPIA (2006)
- NPIA Guidance on Police Responses to People with Mental Ill Health or learning disabilities (forthcoming, 2010)
- Home Office Circular 17/2004
- Home Office Circular 66/1990
- R v Ashworth Hospital Authority (2005), House of Lords.

DETENTION UNDER s136 MENTAL HEALTH ACT 1983

1. INITIAL POLICE RISK ASSESSMENT & CALL '999' AMBULANCE

'RED FLAGS'? – is a pre-hospital medical practitioner required?

See Appendix C for RED FLAG criteria – utilise BASICS Doctor if necessary (Paramedic / Technician decision only).

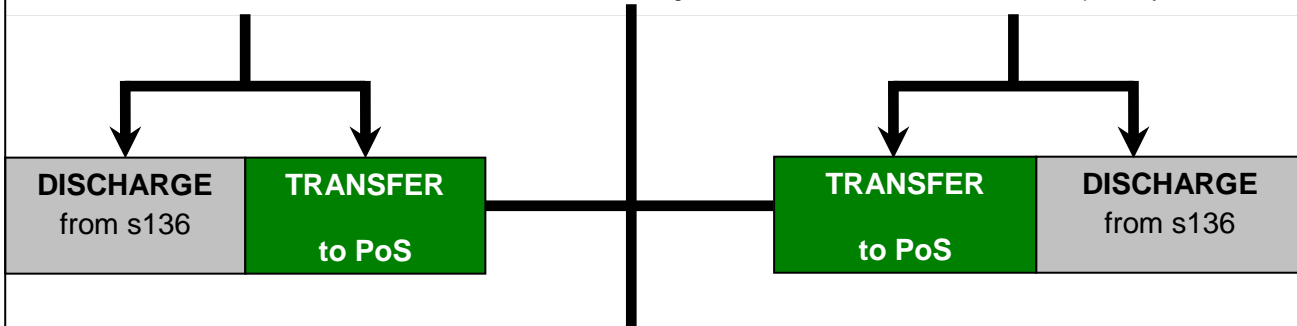
2. CONFIRM RED FLAG RISK ASSESSMENT AND CONVEY TO:

1 st Resort PoS for	1 st Resort PoS	Last Resort PoS
s136 requiring URGENT hospital treatment or assessment arising from one or more RED FLAG criteria Transferred on, only when medically fit for discharge.	NO RED FLAG criteria Transferred to ED if RED FLAG criteria develop whilst in the PoS	NO RED FLAG criteria Where they pose an unmanageably high risk (inc assault of PoS or ED staff)
2 nd choice PoS?	Identified Alternatives	Exceptional use ONLY

EMERGENCY DEPARTMENT	PLACE OF SAFETY	POLICE STATION DEPARTMENT
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COMPREHENSIVE HANDOVER BY THE POLICE TO THE NHS

Circumstances of detention, nominal details, risk- based intelligence, other relevant information from Computer Systems



REPEAT INFORMATION SHARING UPON TRANSFER

RISK ASSESSMENT OF WHETHER THE POLICE REMAIN

s136(2) MHA - see Appendix D for risk assessment criteria

WHEN UNRESOLVED: POLICE REMAIN & DISPUTE REFERRED

keep reassessing



keep reassessing

Red Flag Criteria

RED FLAG CRITERIA <i>Police Officer / Paramedic triggers for conditions requiring Treatment or Assessment in an Emergency Department</i>	
<p>Dangerous Mechanisms:</p> <p>Blows to the body Falls > 4 Feet Injury from edged weapon or projectile Throttling / strangulation Hit by vehicle Occupant of vehicle in a collision Ejected from a moving vehicle Evidence of drug ingestion or overdose</p>	<p>Serious Physical Injuries:</p> <p>Noisy Breathing Not rousable to verbal command Head Injuries: Loss of consciousness at any time Facial swelling Bleeding from nose or ears Deep cuts Suspected broken bones</p>
<p>Attempting self-harm:</p> <p>Head banging Use of edged weapon (to self-harm) Ligatures History of overdose or poisoning</p> <p>Psychiatric Crisis</p> <p>Delusions / Hallucinations / Mania</p>	<p>Possible Excited Delirium:</p> <p>Two or more from:</p> <ul style="list-style-type: none"> • Serious physical resistance / abnormal strength • High body temperature • Removal of clothing • Profuse sweating or hot skin • Behavioural confusion / coherence • Bizarre behaviour
<p>BASICS Doctors:</p> <p>ONLY AT THE REQUEST OF PARAMEDICS / TECHNICIANS – ACCESSED VIA EOC</p> <p>Where immediate management of RED FLAG conditions necessitates the intervention or skills of a Doctor or where without medical oversight the journey would involve too much risk, either to the patient, the paramedics or the police officers.</p> <p>This should include situations where rapid tranquilisation is considered necessary, in accordance with NICHE GUIDELINES 2005.</p>	<p>Conveyance to the nearest ED:</p> <p>Should NOT be undertaken in a police vehicle UNDER ANY CIRCUMSTANCES where a RED FLAG trigger is involved.</p> <p>This includes remaining in ED until the person is medically fit for discharge to PoS, to Police Station or from s136 detention.</p> <p>It is the responsibility of the Police to outline to ED the LEGAL ASPECTS of detention; it is the responsibility of the Ambulance Service to outline the MEDICAL ASPECTS.</p>

Risk Assessment Tool, s136(2) MHA

POLICE SUPPORT WITHIN THE PLACE OF SAFETY		
LOW RISK	MEDIUM RISK	HIGH RISK
Current / recent indicators of risk	Current / recent indicators of risk	Current / recent indicators of risk
<p>No currently present behavioural indicators (other than very mild substance use)</p> <p>AND</p> <p>no recent criminal / medical indicators that the individual is violent OR poses and escape risk OR is a threat to their own or anyone else's safety</p> <p>OR</p>	<p>Some currently presented behavioural indicators (including substance use)</p> <p>AND / OR</p> <p>some recent criminal / medical indicators that the individual may be violent OR poses an escape risk OR is a threat to their own or anyone else's safety</p> <p>BUT</p>	<p>Currently presented behavioural indicators (including significant substance intoxication)</p> <p>OR</p> <p>significant recent criminal or medical indicators that an individual is violent AND poses an escape risk OR is an imminent threat to their own or anyone else's safety OR</p>
Previous indicators	Previous indicators	Previous indicators
<p>Which are few in number AND historic OR irrelevant;</p> <p>BUT</p> <p>Excluding violence graver than ABH and not involving weapons, sexual violence or violence towards NHS staff or vulnerable people</p>	<p>Limited in number OR historic OR irrelevant; including violence graver than ABH or involving weapons, sexual violence, violence towards NHS staff or vulnerable people</p> <p>OR</p> <p>LOW RISK patients who have disengaged from treatment and where there are MEDIUM RISKS threats when disengaged.</p>	<p>Neither limited NOR historic NOR irrelevant; including violence graver than ABH or involving weapons, sexual violence, violence towards NHS staff or vulnerable people</p> <p>OR</p> <p>LOW or MEDIUM RISK patients who have disengaged from treatment and where there are MEDIUM RISKS threats when disengaged.</p>
Police support is NOT required	Police support MAY be required	Police support is VITAL
<ul style="list-style-type: none"> Where there is dispute within this framework, NHS professionals will have the right to insist upon police support where they believe they require it – police supervisors will have the right to insist on what that support should be. Each agency will accommodate the other, through this compromise. Where the police feel that the NHS have insisted upon support inappropriately or where the NHS feel the police have provided too much or too little support, this should be referred to the MAG for resolution and feedback should be provided by managers to ALL professionals involved. 		

Section 135/136 Place of Safety Monitoring Form

This form is to be completed in the first Place of Safety (PoS) and should go with the detainee should they need to be moved to another more appropriate PoS. The 24 hour detention starts at the first PoS.

Section A - Individual's personal details - Detaining officer to complete										
Section used (please circle):				Section 135 / Section 136				Ethnicity:		
Detainee's full name:						Language:				
Date of birth:				Under 18?		Yes / No		Gender:		
Address:										
Tel no:										
Next of kin (NoK):						Relationship:				
NoK address:										
NoK tel no:										
Section B - Circumstances of detention - Detaining officer to complete										
Time/date of detention:				Location (when detained):						
Circumstances leading to detention:										
Consulted MHP?		Yes / No		Time:						
Restrain?		Yes / No		Details:						
Detaining officer name:				Collar no:		Force:				
Incident no:				Time AMHP contacted by police:						
PNC warning markers (GENIE/ FLINTS should also be checked):										
Section C - Transfer to place of safety - Detaining officer to complete										
Method of transport:		<input type="checkbox"/> Ambulance				Ambulance call sign:				
		<input type="checkbox"/> Other health vehicle				<input type="checkbox"/> Police vehicle				
		<input type="checkbox"/> Other (please state):								
Time ambulance called:				Time ambulance arrived:						
Restraint used in transport?		Yes / No		Type:						
If ambulance not used, why?		<input type="checkbox"/> Amb not available within 30 mins				<input type="checkbox"/> Amb redirected to higher priority call				
		<input type="checkbox"/> Amb not available within 60 mins				<input type="checkbox"/> Amb crew refuse to convey				
		<input type="checkbox"/> Police/Amb risk Assessment (Behaviour)				<input type="checkbox"/> Ambulance not requested				
		<input type="checkbox"/> Already at PoS				<input type="checkbox"/> Other				
Initial screening:				Drugs: Yes / No / Unknown				Alcohol: Yes / No / Unknown		
Section D - Place of safety used - Detaining officer to complete										
Initial PoS used:		<input type="checkbox"/> PoS (s.135/6) Suite - Go to Section G				<input type="checkbox"/> Police Custody - Go to Section E				
		<input type="checkbox"/> A&E - Go to Section F				<input type="checkbox"/> Other (please specify):				
		<input type="checkbox"/> Private Home								
Time/date of arrival:										
Restraint used?		Yes / No		Type:						
If Police custody used reason for using:		<input type="checkbox"/> PoS no capacity				<input type="checkbox"/> PoS - refused admission (Other than capacity)				
		<input type="checkbox"/> Arrested for substantive offence				<input type="checkbox"/> Too violent for PoS				
		<input type="checkbox"/> Other (state reason):								
Section E - To be completed if police station used as PoS - by detaining officer										
Rationale:										
Police station:				Time/date of arrival:						
Custody record no:										
Transfer to:				Time/date of transfer:						
Transfer authorised by:										
Ambulance transfer?		Yes / No				Ambulance call sign:				
If transfer not used, why?										

Section F - To be completed if A&E used as PoS - by detaining officer			
Emergency dept:			Time/date of arrival:
If A and E used reason for using:	<input type="checkbox"/> Medical reason		<input type="checkbox"/> Intoxication
	<input type="checkbox"/> PoS no capacity		<input type="checkbox"/> Child and Young Person
	<input type="checkbox"/> PoS - refused admission (other than capacity - state reason):		<input type="checkbox"/> Other (state reason):
Transfer to:			Time/date of transfer:
Transfer authorised by:			Yes / No
Ambulance transfer?	Yes / No		Ambulance call sign:
If transfer not used, why?			
If A&E used as an initial PoS police are to remain throughout (until detainee transferred to PoS suite)			
Section G - Joint risk assessment (at PoS suite) - To be completed by detaining officer and PoS staff/AMHP			
Police PNC/FLINTS/GENIE checks completed?	Yes / No		Already known to MH Services? Yes / No
Details:			Details:
Warning review to take place			
Police Risk Assessment (RA):	Low / Medium / High		AMHP/PoS RA: Low / Medium / High
Police to remain beyond handover (please <input checked="" type="checkbox"/>):	<input type="checkbox"/> Yes - police to remain / <input type="checkbox"/> No - police can leave		
Reason for police to remain (if applicable):			
Time/date police left:			Individual assuming responsibility for detainee:
Any other risks identified to be shared at handover:			
Please bring any police concerns to the attention of the Police Mental Health SPOC for your area.			
Section H - Legal matters at PoS - to be completed by PoS staff/S12 doctor/AMHP			
24 hours starts (same as arrival time at first PoS - section D):			
Name of AMHP:			
Time/date AMHP arrival:			Time taken to arrive:
Rights explained?	Yes / No	By:	
Rights Leaflet given?	Yes / No	By:	
Any criminal investigation?	Yes / No	Police contact no:	
Section I - MHA assessment - To be completed by S12 doctor/AMHP			
Name of 1st RMP (S12 doctor):			Time/date assessment commenced:
AMHP and 1st RMP present together?	Yes / No	If not, why?	
Mentally disordered within MHA?	Yes / No		
Does the person have a learning disability?	Yes / No		
Name of 2nd RMP (S12 doctor):			Time/date assessment commenced:
AMHP and 2nd RMP present together?	Yes / No	If not, why?	
Admission to hospital required?	Yes / No	If yes, hospital name:	
If yes, state section of MHA/voluntary:	<input type="checkbox"/> Voluntary <input type="checkbox"/> Section 2 <input type="checkbox"/> Section 3		
If no, time/date of release from s.135/136 and alternative management plan:			
Time/date MHA assessment concluded:			
Time from arrival at first PoS, until release/section:			
Section J - Criminal offences at PoS/issues for s.135/136 monitoring group - To be completed by PoS staff			
Any criminal offence during detention at PoS?	Yes / No	Police recalled to PoS?	Yes / No
Police incident no:			Trust incident form no:
Incident in brief:			
Any other issues for monitoring group?			

**This form should go with police to all PoS settings involved in patient care.
The PoS/lead AMHP should collate all completed forms and forward to the local Harm Assessment Unit
as agreed by local protocols for monitoring purposes**

Legal Rights Leaflet – s136 MHA

PATIENT INFORMATION	s136 Mental Health Act
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ADMISSION OF MENTALLY DISORDERED PERSONS FOUND IN A PLACE TO WHICH THE PUBLIC HAVE ACCESS

1. Patient's Name	
2. Name of Place of Safety	

WHY AM I IN HOSPITAL?

You have been brought to this hospital by a police officer because they are concerned that you may have a mental disorder and should be seen by a mental health professional.

You are being kept here under section 136 of the Mental Health Act 1983 so that you can be assessed to see if you need treatment.

HOW LONG WILL I BE HERE?

You can be kept here (or in another place where you will be safe) for up to 24 hrs so that you can be seen by a doctor and an approved mental health professional.

An approved mental health professional is someone who has been specifically trained to help decide whether people need to be admitted to hospital.

If the doctor and the approved mental health professional agree that you need to remain in hospital, a second doctor may be asked to see you to confirm their decision.

During this time you must not leave unless you are told that you may. If you try to go, the staff can stop you, and if you leave you can be brought back.

If the doctors and the approved mental health professional have not seen you by the end of the 24 hours, the responsible Dr may authorise your detention for a further 12 hours in exceptional circumstances. You may decide you want to discuss staying on as a voluntary patient or discuss other health or social care assistances that may be available. But if you do want to leave, please talk to a member of staff first.

WHAT HAPPENS NEXT?

When the doctors and an approved mental health professional have seen you, they may say that you need to stay in hospital for longer. They will tell you why and for how long this is likely to be. You will be given another leaflet that explains what will happen.

If they decide that you do not have to stay, someone will talk to you about what other help you should have.

CAN I APPEAL?

No. Even if you do not agree that you need to be in hospital, you cannot appeal against the decision to keep you here under section 136.

WILL I BE GIVEN TREATMENT?

The hospital staff will tell you about any treatment they think you need. You have the right to refuse any treatment you do not want. Only in special circumstances, which would be explained to you, can you be given treatment you do not agree to.

LETTING YOUR NEAREST RELATIVE KNOW

A copy of this leaflet will be given to the person the Mental Health Act says is your nearest relative. There is a list of people in the Mental Health Act who are treated as your relatives. Normally, the person who comes highest in that list is your nearest relative. The hospital staff can give you a leaflet which explains this and what rights your nearest relative has in connection with your care and treatment.

In your case, we have been told that your nearest relative is:

If you do not want this person to receive a copy of the leaflet, please tell your nurse or another member of staff.

CHANGING YOUR NEAREST RELATIVE

If you do not think this person is suitable to be your nearest relative, you can apply to the County Court for someone else to be treated as your nearest relative instead. The hospital staff can give you a leaflet that explains this.

CODE OF PRACTICE

There is a Code of Practice that gives advice to the staff in the hospital about the Mental Health Act and treating people for mental disorder. The staff have to consider what the Code says when they take decisions about your care. You can ask to see a copy of the Code, if you want.

HOW DO I COMPLAIN?

If you want to complain about anything to do with your care and treatment in hospital, please speak to a member of staff. They may be able to sort the matter out. They can also give you information about the hospital's complaints procedure, which you can use to try to sort out your complaint locally. They can also tell you about any other people who can help you make a complaint, for example an independent mental health advocate (see below).

If you do not feel that the hospital complaints procedure can help you, you may complain to an independent Commission. This is called the **Care Quality Commission** and it monitors how the Mental Health Act is used, to make sure it is used correctly and that patients are cared for properly while they are in hospital. The hospital; staff can give you a leaflet explaining how to contact the Commission.

They can also contact the police on your behalf or provide you with a leaflet from the **Independent Police Complaints Commission** if you have any concerns about the police involvement in your detention under the Mental Health Act.

PLEASE ASK HOSPITAL STAFF FOR ANY OTHER INFORMATION.

AUTHORITY TO CONVEY

SS6 AND 137 Mental Health Act

I (name of AMHP / Police Officer):

.....

**BEING AN APPROVED MENTAL HEALTH PROFESSIONAL / POLICE OFFICER,
BASED AT** (professional address):

.....

AUTHORISE THE FOLLOWING PERSON:

.....

TO DETAIN / CONVEY THE FOLLOWING PERSON:

INDIVIDUAL'S PERSONAL DETAILS			
Surname		First name	
Date of birth		Custody Number	
Address		Application under s2, 3 or 4 MHA	Yes / No
		Arrested under s136 MHA?	Yes / No
		Arrested under s135 MHA?	Yes / No

TO (name of hospital):

.....

**THIS PATIENT HAVING BEEN DETAINED UNDER THE MENTAL HEALTH ACT 1983 AND BEING
LIABLE BY VIRTUE OF s6 or s137, TO BEING DETAINED & CONVEYED.**

Signature: **Time / Date:**

Telephone Numbers

LOCATION	TELEPHONE NUMBER
EMERGENCY DEPARTMENTS	
University Hospitals Coventry & Warwickshire NHS Trust	024 7696 4000
George Eliot Hospital NHS Trust	024 7635 1351
South Warwickshire NHS Foundation Trust, Warwick Hospital	01926 495 321
PLACE OF SAFETY	
Caludon Centre	024 7696 8080
NB New number for Place of Safety from 14 /12 /2017	024 7693 2600
Previous number will continue to work for 90 days, after this a message will provide new number	
POLICE STATION	
Coventry Central PS Custody	02476 539101
Leamington PS Custody	01926 684124
Nuneaton PS Custody	02476 483126
COVENTRY CITY COUNCIL APPROVED MENTAL HEALTH PROFESSIONALS	
Office Hours	02476 967900
Out of Office Hours	02476 967900
WARWICKSHIRE COUNTY COUNCIL APPROVED MENTAL HEALTH PROFESSIONALS	
Warwickshire (Office Hours)	01926 413956
(Out of Hours)	01926 406789
WEST MIDLANDS AMBULANCE	
Ambulance Conveyance	01785 270320
LEARNING DISABILITIES	
Tel: (office hours) Coventry	024 7678 5950
Tel (out of hours) Coventry	024 7683 2222
(office hours) Warwickshire	01926 410 410
(out of hours) Warwickshire	01926 886 922
CAMHS	
Coventry	02476 961489
Warwickshire	01926 410 410



Coventry and Warwickshire
Partnership Trust



REQUEST FOR INTER-AGENCY ASSISTANCE EXCEPTION MONITORING FORM

This form is designed to help monitor the request for inter-agency assistance relative to the management of Mentally Disordered Persons in the community. Partner agencies may wish to use this as their record of requesting assistance if they have no other pro forma or agreed mechanism for doing so. It should always be completed when a partner agency feels that the process is not working as designed in order that the Joint Agency Steering and Liaison Group for Mental Health Act Policies and Procedures can monitor the success of inter-agency working and make improvements where necessary.

Agency Requesting Assistance:

Assistance required of:

Reason and Nature of Request:

Request Granted/Denied - (Record Reason for denial)

Outcome - Result of inter-agency co-operation:

Print Name

Date 21 December 2015

If this Exception Report is as a result of a Police Incident please include the Incident Reference Number within the text. If the report is compiled by a member of staff within Warwickshire Police when completed email to HAU [gvp@warwickshire.pnn.police.uk]
If the report is completed by any other partnership member please email to Jeanette Sutton [jeanettesutton@warwickshire.gcsx.gov.uk]



Out of Hours Process Notes CAMHS**Covering Note**

This Out of Hours Emergency referring process is only in operation between the hours of 5pm to 9am Monday to Thursday, Weekends and Bank Holidays. At **ALL** other time the usual processes of referral are to be following through the standard admission protocols.

- **Referring Agent to contact their appropriate Tier 4 NHS CAMHS Unit**

To ask for the Nurse in Charge at the appropriate Unit.

Parkview Clinic Telephone Number 0121 243 2020

PCT's

Dudley Walsall Sandwell Solihull Heart of Birmingham

Birmingham East and North South Birmingham Wolverhampton

Coventry Warwickshire Hereford Worcester

Darwin Unit Telephone Number 01782 427665 or 427666

PCT's

South Staffordshire North Staffordshire Stoke-on-Trent

Shropshire County Telford and Wrekin

CAMHS T4 Emergency Out of Hours Referral Process from 6/10/09

Community services contact CAMHS Tier 4 NHS Unit (Darwin Unit/Parkview Clinic)

The nurse in charge will have information about whether there is capacity to admit to tier 4.

NO

YES

NHS Unit to provide feedback to the referrer highlighting the reasons for this and any management advice that may be appropriate

Referral Gateway Pro-forma completed by the Nurse In Charge at the designated unit

Nurse In Charge to email Pro-forma to SCT only

NO

Does Pro-forma indicate whether admission is appropriate?

YES

NHS unit able to admit?

YES

Admit and inform Care Pathway Advisor next working day

YES

Email Pro-forma to SCT

NO

Can Huntercombe Stafford admit?

Pro-forma emailed to Huntercombe Stafford with accompanying phone-call. Pro-forma also emailed to SCT. Details given to referrer of Huntercombe Hospitals Stafford contact information

NO

Huntercombe Stafford must advise the referrer and share the reason for none admission

YES

Huntercombe Stafford to contact referrer and arrange admission.
NOTE: Transport is the responsibility of the originating referrer

Notification of admission will be sent to the co-ordinating commissioner on the next working day of the admission and include date and time of admission, initial care plan and treatment plan

Notification of an inability to admit will be sent to the co-ordinating commissioner (SCT) on the next working day. This is to include a rationale for not admitting

Reviewed by Care Pathway Advisor on next working day

Important Note: Transport: It is the responsibility of the originating referrer to arrange transport to the receiving Unit and to ensure that that this transport remains present until the formal admission process is complete.

Process Details

- The Nurse in Charge (NHS) at the appropriate Unit will have information as to whether there is capacity within the designated Units to admit a young person through this Out of Hours Protocol. If there is **NO** capacity within the designated Tier 4 inpatient Units, the referrer will be informed. (**Important Note:** At this point, it is the **originating referrer's responsibility** to make other arrangements for the care and management of the young person they have referred by contacting their local on-call arrangements. The Nurse in Charge (NHS) may be in a position to offer advice at this time, however does not take responsibility for the further management of this case. Information on the referral (basic details) and outcome will then be forwarded to the SCT via the Referral Gateway Pro-forma. (It is recognised that this pro-forma will not be completed fully, however information on general demographics, referring PCT and reason for inability to admit will be supplied)
- When capacity is known to be available, the Nurse in Charge (NHS) will complete the designated Referral Gateway Pro-forma document to evaluate the suitability for a Tier 4 mental health placement.
- If the referral is **NOT** suitable for Tier 4 Mental Health Services following completion of the Referral Gateway Pro-forma, the Nurse in Charge (NHS) will inform the referrer of this outcome. (**Important Note:** At this point, it is the **originating referrer's responsibility** to make other arrangements for the care and management of the young person they have referred by contacting their local on-call arrangements. The Nurse in Charge (NHS) may be in a position to offer advice at this time, however does not take responsibility for the further management of this case). A completed Referral Gateway Pro-forma will be emailed to the SCT (camhs.wmsc@nhs.net) by the Nurse in Charge (NHS).
- If admission is deemed appropriate for Tier 4 inpatient services, the Nurse in Charge (NHS) makes an assessment as to whether their **OWN** NHS Unit is in a position to offer admission. If the answer is **yes**, arrangements can then be made to facilitate this as per the usual NHS internal process. The NHS unit will then email the Referral Gateway Pro-forma to SCT (camhs.wmsc@nhs.net) .
- If admission cannot be facilitated by the NHS Unit concerned and is appropriate, it is the Nurse in Charge's (NHS) responsibility to email the completed and signed Referral Gateway Pro-forma to the Huntercombe Stafford, (oohreferralsstafford@fshc.co.uk) **with an accompanying telephone call** to prepare and confirm receipt.

(**Important Note:** The Referral Gateway Pro-forma **must** be signed by the Nurse in Charge at the NHS Unit, any failure to do will render the Huntercombe Stafford unable to proceed with the referral as this signature acts as the authorisation on behalf of the SCT (WM) for them to do so)

Once the Referral Gateway Pro-forma has been emailed and received by the Huntercombe Stafford the Nurse in Charge (NHS) can provide information re contact details to the originating referrer to enable liaison between the originating referrer and the Huntercombe Stafford team. (**Important Note:** *The Nurse in Charge (NHS) following this referral being deemed appropriate and faxed to the Huntercombe Stafford, has **no** further role in the management process of the referral.*

- On receipt of the Referral Gateway Pro-forma, the Huntercombe Stafford will liaise with the referrer and complete their own assessment on the suitability of the referral for the Services offered at the Huntercombe Stafford site. If the referral is deemed appropriate, admission will be arranged. An initial care plan will be emailed with notification of the admission to the SCT (WM) by the next working day.

- If the Huntercombe Stafford is unable to admit, it is the responsibility of the Huntercombe Stafford to feed this information back to the originating referrer. (***Important Note:*** At this point, it is the ***originating referrer's responsibility*** to make other arrangements for the care and management of the young person they have referred by contacting their local on-call arrangements. The Huntercombe Stafford may be in a position to offer advice at this time, however do not take responsibility for the further management of this case).
- The Huntercombe Stafford will feedback to the SCT(WM) on the next working day the reasons for their inability to admit. Via Secure E-mail.

Additional information for Nurse in Charge (NHS)

Ethic monitoring reference guide.

Section	Group	Code
White	British	A
	Irish	B
	Other White Background	C
Mixed	White & Black Caribbean	D
	White & Black African	E
	White & Asian	F
	Any other mixed background	G
Asian /Asian British	Indian	H
	Pakistani	J
	Bangladeshi	K
	Any other Asian background	L
Black/Black British	Caribbean	M
	African	N
	Any other Black background	P
Other Ethnic Group	Chinese	R
	Any other Ethnic group	S
Not Stated	Not given/Refused	Z

Version Control

Version	Circulation Date	Circulation Method	Brief Summary of Change
2.1	05.08.2015	Alliance & Website	Para 8.3, paragraph link amended
			Para 8.6, new code reference added
			Para 9.10, paragraph link amended
			Para 9.14, new code reference added
			Para 10.1.2, new code reference added
			Para 10.4.1, new code reference added
			Para 10.5.1, new code reference added
			Para 10.6.1, new code reference added
			Para 11.1, new code reference added
			Para 12.2, new code reference added
			Para 14.5, new code reference added
			Para 18.1, new code reference added
2.2	21.12.2015	Alliance & Website	Para 10.2, 10.2.1, Supervised Community Treatments amended to Community Treatment Order
			Para 10.5.1 Sentence added
			New paragraph inserted 15.3

Appendix K Process for Detention under 135 / 136

Process for detention of mentally disordered people under s135 / s136 of the Mental Health Act 1983 (in response to the changes brought about by the Policing and Crime Act 2017)

Section 136 of the Mental Health Act 1983

"If a person appears to a constable to be suffering from mental disorder and to be in immediate need of care or control, the constable may, if he thinks it necessary to do so in the interests of that person or for the protection of other persons"—

(a) remove the person to a place of safety or (b) if the person is already at a place of safety, keep the person at that place or remove the person to another place of safety.

A person taken to a place of safety (or kept at a place of safety if already there) may be detained there for the purpose of assessment and making any necessary arrangements for his treatment or care for up to 24 hours (a further 12 hour extension can be made in certain cases).

The power of a constable may be exercised where the mentally disordered person is at any place, other than—

(a) any house, flat or room where that person, or any other person, is living, or (b) any yard, garden, garage or outhouse that is used in connection with the house, flat or room, other than one that is also used in connection with one or more other houses, flats or rooms.

For the purpose of exercising the power a constable may enter any place where the power may be exercised, if need be by force.

