Freedom of Information Request

Reference Number: EPUT.FOI.19.1291
Date Received: 27 October 2019

Information Requested:

In relation to people detained under a section of the Mental Health Act, e.g. s135 and s136 and taken to Places of Safety we would be grateful if you would furnish us with the following information, for the Units listed on the attached sheet:

1) How many patients have been admitted to the Place of Safety since January 1st 2019?

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>BASILDON</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td></td>
<td>17</td>
</tr>
<tr>
<td>ROCHFORD</td>
<td>11</td>
<td>11</td>
<td>15</td>
<td>17</td>
<td>19</td>
<td>11</td>
<td>7</td>
<td>8</td>
<td>12</td>
<td>111</td>
</tr>
<tr>
<td>THE DERWENT CENTRE</td>
<td>22</td>
<td>16</td>
<td>19</td>
<td>11</td>
<td>9</td>
<td>11</td>
<td>13</td>
<td>12</td>
<td>13</td>
<td>126</td>
</tr>
<tr>
<td>THE LAKES</td>
<td>17</td>
<td>12</td>
<td>22</td>
<td>6</td>
<td>6</td>
<td>12</td>
<td>11</td>
<td>10</td>
<td>8</td>
<td>104</td>
</tr>
<tr>
<td>THE LINDEN CENTRE</td>
<td>11</td>
<td>9</td>
<td>13</td>
<td>8</td>
<td>5</td>
<td>13</td>
<td>12</td>
<td>12</td>
<td>10</td>
<td>93</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>63</td>
<td>50</td>
<td>71</td>
<td>44</td>
<td>41</td>
<td>48</td>
<td>44</td>
<td>45</td>
<td>45</td>
<td>451</td>
</tr>
</tbody>
</table>

2) How many patients have waited for entry to this Place of Safety for more than one hour since January 1st 2019?

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>BASILDON</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>ROCHFORD</td>
<td>10</td>
<td>11</td>
<td>12</td>
<td>14</td>
<td>17</td>
<td>11</td>
<td>6</td>
<td>8</td>
<td>12</td>
<td>101</td>
</tr>
<tr>
<td>THE DERWENT CENTRE</td>
<td>5</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>4</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>4</td>
<td>28</td>
</tr>
<tr>
<td>THE LAKES</td>
<td>10</td>
<td>8</td>
<td>10</td>
<td>6</td>
<td>4</td>
<td>9</td>
<td>9</td>
<td>3</td>
<td>4</td>
<td>63</td>
</tr>
<tr>
<td>THE LINDEN CENTRE</td>
<td>4</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>4</td>
<td>2</td>
<td>3</td>
<td>24</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>29</td>
<td>23</td>
<td>27</td>
<td>25</td>
<td>30</td>
<td>26</td>
<td>22</td>
<td>19</td>
<td>23</td>
<td>224</td>
</tr>
</tbody>
</table>

*PLEASE NOTE, WAIT TIME IS FROM DATE / TIME OF S136 TO ARRIVE DATE / TIME AT S136 SUITE*

3) Please supply a copy of your policy and protocol, for providing support and care for people detained under the Mental Health Act, who are required to queue outside this Place of Safety when the Place of Safety is full.
Places of Safety

1) The St Aubyn Centre, Severalls Hospital, Colchester. –**We no longer operate a 136 suite at St Aubyns**

2) The Christopher Unit, Linden Centre, Pudding Wood Drive, Broomfield, Chelmsford.

3) Harbour Suite, The Lakes MH Unit, The Lakes, Turner Road, Colchester.

4) Rochford Hospital, Union Lane, Rochford.

5) Basildon MH Unit, Nethermayne, Basildon.

6) Derwent Centre, Harlow (Opened January 2019)

---------------------------------------------

**Publication Scheme:**

As part of the Freedom of Information Act all public organisations are required to proactively publish certain classes of information on a Publication Scheme. A publication scheme is a guide to the information that is held by the organisation. EPUT’s Publication Scheme is located on its Website at the following link [https://eput.nhs.uk](https://eput.nhs.uk)
**HBPos (136) Suite Capacity Tracker**
Use the following link to access the tracker; [https://136suite.eput.nhs.uk/](https://136suite.eput.nhs.uk/)

Once on the tracker, add it to your favourites ->

If you get the message below, click on where it say ‘here’ to open an email with the information required to request access. It will already be addressed to the correct person who can give you access. Please include the suite you are responsible for in your email.

The front screen below gives you the current status of all suites. If the suite is green then there is capacity for a new patient. If you have sufficient access, your own or all the suite names will be underlined. This means you can click on it to go to the second screen with more details and the ability to edit the people listed as being currently on the suite.
The second screen shows a list of patients, if any, currently on the suite selected. If there is capacity for more patients there will be an ‘Add Patient’ button near the top of the screen. If there are patients listed and you have sufficient access rights, the patient name will be underlined. In this case you can click on the name to edit the patient details, including entering the discharge date.
Clicking on ‘Add Patient’ or the patient name opens the input box below. If it’s a current patient, do not enter an ‘Actual Discharge Date’. If it’s a discharged patient, enter the ‘Actual Discharge Date’ and when you click on ‘Save’ the patient will disappear from the current patient list.
The three buttons above have the following function; Cancel - Close box and do not save any changes. Save - Save your changes.
Delete - Delete a patient entered by mistake. Do not use to discharge a current patient.
Exceptional cases for Accident and Emergency as a place of safety for S136 MHA detentions

### Detention made under S136
- Criteria to use Police Custody not met and Central Management Hub identifies no HIPPOS available
- The detainee is identified as having a physical health need which requires treatment at A&E

### Central Management Hub to transfer the call from the Police to the A&E priority phone line.
- Police to inform A&E they are on route with a S136 detainee.
- A&E point of contact to make Nurse/Doctor in charge of A&E aware S136 detainee is on route.

### Nurse/Doctor in charge of A&E to review the detailed persons Mental Health First notes and make the AMHP service aware at the earliest opportunity.

### Nurse/Doctor in charge of A&E to provide detainee with their rights under the MHA

### Nurse/Doctor in charge of A&E to advise police does the detained person have a physical health need which requires treatment?
- No
  - Police to make contact with the Central Management Hub to determine availability/approximate length of time to a HIPPOS being available for transfer
    - Nurse/Doctor in charge of A&E to contact HIPPOS to ascertain time until they could attend A&E to commence a MHA assessment.
    - Will it an extended period of time before a HIPPOS or AMHP is available? (in excess of 3 hours)
      - Yes
        - Police and Nurse/Doctor in charge of A&E to complete the Joint Risk Assessment Transfer forms.
        - Does Nurse/Doctor in charge of A&E agree the detainee can be safely managed by AB staff?
          - Yes
            - Nurse/Doctor in charge of A&E to assume responsibility for the detained person as soon as is practicable to enable police to withdraw
          - No
            - Police to remain until HIPPOS available or MHA assessment completed.
            - Nurse/Doctor in charge of A&E to remain with the detained person.
      - No
        - Police to remain until HIPPOS available or MHA assessment completed.
        - Nurse/Doctor in charge of A&E to assume responsibility for the detained person as soon as is practicable to enable police to withdraw
    - No
      - Police to remain until HIPPOS available or MHA assessment completed.
      - Nurse/Doctor in charge of A&E to assume responsibility for the detained person as soon as is practicable to enable police to withdraw
- Yes
  - Nurse/Doctor in charge of A&E to arrange for the detained person to be assessed if they are medically fit to stand face to face to be provided with their rights under the MHA.

### Nurse/Doctor in charge of A&E to provide the detained person with their rights under the MHA as soon as they are in a state/condition they can be given

### Exploratory notes
- HIPPOS – Health Based Place of Safety, this is a dedicated mental health suite to receive S136 detainees. A&E is not included as such in any reference to a HIPPOS.
- Identification of which A&E to use – Officers will take the detained person to the nearest A&E department, unless:
  - The hospital has informed the Central Management Hub they are not able and advised which hospital to divert to.
  - There is already a person detained under S136 at the hospital, in which case the next nearest hospital will be used.
New Section 136 Process as of 08/05/2017 *** to be read by all operational officers***

The Policing and Crime Act 2017 (PACA) received Royal Assent on 31 January 2017. The legislation, which is expected to be enacted in July, will fundamentally change how we use our powers under the Mental Health Act. Several key details in relation to the amendments have yet to be clarified - and further comprehensive communications will be circulated as soon as we are able, however the following operational changes will come into effect ahead of this new legislation, taking effect from the 8th May:

1. Requirement to obtain advice from a mental health professional where practicable prior to any detention under S136.
2. New guidance on when custody can be used as a Place of Safety (POS) for anyone detained under S135 or S136.
3. New guidance on how to identify where to take someone when you have detained them under S136.
4. Clarity on The use of A&E Departments when there is no capacity at a Health Based Place of Safety (HBPOS).
5. A revision to the A287 form.
6. Further information concerning the justification to arrest for a criminal offence versus a detention under S136.

(1) **Requirement to obtain advice from a mental health professional where practicable prior to any detention under S136:**

As of Monday 8th May, and in line with the forthcoming legislation, officers are not to use S136 without first contacting a Mental Health Professional (MHP) for advice, if its practicable (safe) to do so and one is available to give advice within a reasonable timeframe. To be clear though, if someone needs to be detained to stop them hurting themselves or others before that advice can be sought, they can still be detained. **Also even though advice must be obtained you are not bound to follow that advice.** Please note once detained, unless unlawful (i.e. the person was in their home address) unlike with criminal offences you cannot reconsider the detention and release them, they require a Mental Health Act Assessment which Street Triage cannot do. You can obtain advice:

**Between 10:00 – 02:00 hours:** Request Street Triage via FCR to attend incident or provide telephone advice, for both adults and children.

**Between 02:00 – 10:00 hours Adult:** officer phones Mental Health Trust Central Management Hub on (01268) 739175 to get telephone advice from the nearest inpatient unit.

**Between 02:00 – 10:00 hours anyone under 18:** Officer phones Emotional Wellbeing and Mental Health Service (EWMHS new version of
CAMHS) on 0300 555 1201 for advice.

If telephone advice is sought, the recommended questions to ask of any mental health professional is as follows:

I’m at an incident with a person who seems to have mental health problems and I want to consult, as per the S136 requirement because of the potential that I may detain him. You outline the circumstances and ask - I’d like to know:

(a) Any information you have relating to risks to either them or me, including whether or not you have information that they may possess items which could be used to harm themselves or me.

(b) Whether they are prescribed psychiatric medication and whether you have any grounds to believe they are not taking it; and

(c) What mental health condition you believe they have.

(d) From the information I have relayed and the information you hold on them, is there any opinion you can offer about whether a detention under S136 might be appropriate or any other information which you believe is relevant?

It must be recognised that if telephone advice is sought it may be hard for someone to give an opinion as compared to the Street Triage direct engagement model.

(2) New guidance on when custody can be used as a Place of Safety (POS) for anyone detained under S135 or S136:

In line with the forthcoming legislation, a decision has been made by Chief Officers to restrict when custody can be used.

As of Monday 8th May anyone detained under Section 136 or following a warrant under Section 135, can only be taken into custody if it’s believed they present such an exceptional and unmanageably high risk they cannot be safely held at a Health Based Place of Safety (HBPOS). No one under 18 detained under S136 may be brought into custody regardless of the risk they pose. If there is no capacity in any of the HBPOS then the nearest available A&E department will be used as the default alternative.

These exceptional cases are subjective - but it is suggested that they will primarily relate to individuals who are extremely violent.

(3) New guidance on how to identify where to take someone when you have detained them under S136:

If someone requires medical treatment an ambulance is to be requested to take them to an A&E department as normal. The nearest available HBPOS in Essex
can be identified by contacting the Mental Health Trust Central Management Hub on (01268) 739175 from the 8th May. This will be done by the officer at the scene unless the circumstances require assistance from FCR.

If there is a HBPOS available in Essex the Hub will:
- Tell you the nearest available HBPOS in Essex relevant to your location.
- Put the caller through to that HBPOS so the circumstances can be relayed and advise them that the detainee is on route to them.

If there is no HBPOS available in Essex the Hub will:
- Advise how long until one is available.
- Identify any A&E department which isn’t available due to them being on divert for all patients or where they already have a S136 detainee there.
- The caller will then advise the hub the nearest available A&E department they intend to use.
- Put the caller through to that A&E department priority phone line (red phone) so the circumstances can be relayed and advise them that the detainee is on route to them.

(4) Clarity on The use of A&E Departments when there is no capacity at a Health Based Place of Safety (HBPOS):

From the 8th May, if no HBPOS is available the detainee is to be conveyed via ambulance to the nearest A&E department. Attached is a process flowchart which outlines the process to be followed (which is also in the A287 form).

Key points to note are:
- On arrival make contact with the nurse or doctor in charge of A&E, who will direct you to a designated room for the person to be held.
- The central management hub will advise you how long until a HBPOS will become available.
- If the wait for a HBPOS will be over 3 hours and A&E staff advise a Mental Health Assessment team will not be able to attend within that time, it should be reviewed whether the person is safe to handover to A&E staff. For someone to be suitable they must be low risk and there is no indication that restraint will be required or they may attempt to abscond. It must be remembered that A&E is not a secure environment and staff are not trained in restraint like staff in working within a Mental Health Trust.
- If police believe they are suitable to be handed over, the A287 joint risk assessment form is to be completed. If there is disagreement between police and A&E staff there is guidance contained within the A287 form - including an escalation process. **Even if you disagree with staff refusal to accept someone you cannot leave until that person is accepted.**
- If police believe they are not suitable to be handed over, officers will have to remain until a HBPOS becomes available or the Mental Health Act Assessment can be completed in A&E.
• This is a new process for both police and staff at A&E so they will undoubtedly be emerging or unforeseen problems. Please be patient with staff and if there is any disagreement refer to the escalation process.

(5) A revision to the A287 form:
Attached is the new revised A287 form for use from the 8th May on which date it will be uploaded to Force Forms. It combines the Home Office Monitoring Form and the Joint Risk Assessment Form previously used. It is for use for any detention under Section 135 or Section 136. On first glance it does seem like a long form but this is because it is part aide memoire to support you and staff in health through the joint risk assessment process. It will also soon be replaced by an electronic form which is currently being developed.

The administration process for the A287 form is to:
• Have a copy made at the POS.
• Create an Athena Investigation for Section 136 (or Section 135)
• Upload the copy of the A287 form to the Athena record and e-mail a copy to the Mental Health Monitoring Inbox

(6) Further information concerning the justification to arrest for a criminal offence versus a detention under S136:
It has been identified that in some cases where a criminal offence has been committed but S136 used, the criminal offence is not recorded on Athena or investigated. If a crime is committed regardless of any detention under S136 a separate Athena record for that offence must be created and investigated accordingly. The Mental Health Trust can be contacted to find out the result of the persons assessment to ascertain if the detainee was:

• Detained under Section 2, so they are held for 28 days for assessment and you would need to await the result of the Section 2 assessment.
• Detained under Section 3, so they are held for treatment. A detention under Section 3 would indicate the person did not have capacity, so only serious or offences with significant risk attached to them would still be investigated.
• Released or informally admitted. This will mean the person had capacity and a prosecution could be commenced as normal.

If a crime has been committed and there is the justification to arrest, the starting point should be arrest (subject to necessity) for the criminal offence and seek a Mental Health Act assessment in custody unless:
• The offence is trivial, especially if it is victimless and there is no risk identified to anyone.
• The victim reporting the incident is not seeking a response through the criminal justice system but is seeking help for someone they know to be suffering from mental ill-health AND not arresting for the criminal offence will not potentially place the victim or any other person at greater risk or create safeguarding issues.
• That in the circumstances, the conduct is more likely than not attributable to mental health problems which should in the circumstances be prioritised.

Professional judgement will have to be applied in making this decision, especially in respect of not arresting someone because the victim just wants help for the person. In such a case it must be assessed regardless of the victims’ views what risk does the suspect pose to the victim, themselves or others. Advice from Street Triage or other MHP can help inform any such decisions, especially with accessing any Mental Health records the persons may have. Key information could be have they been detained under S136 before, if so how recently and what was the outcome i.e. were they detained recently and found not to have a mental disorder and released which would potentially indicate arresting for the criminal offence was the more appropriate option.

Further support and help

I appreciate this is a long e-mail with a significant amount of detail in it. Should you be unsure about anything, advice on the forthcoming changes can be sought through your supervisor who can contact DS Craig Wiggins (C&PP) on behalf of your team

Sent on behalf of:
A/Superintendent Tom Simons
Crime and Public Protection Command
### A287 - Section 136 and 135 Mental Health Act form

Section 1 Detention Monitoring and Joint Risk Assessment Handover Form

If you take the detained person to a POS outside of Essex you will need to complete their local handover form. This form must also be completed up to page 4 and the Athena process followed.

<table>
<thead>
<tr>
<th>Detention under:</th>
<th>Section 136 MHA</th>
<th>Section 135 (1) MHA Warrant</th>
<th>Section 135 (2) MHA Warrant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incident number:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date arrived at incident/executed warrant:</td>
<td></td>
<td>Time:</td>
<td></td>
</tr>
</tbody>
</table>

**Officer (1):**

- Rank/collar/name:
- Force/Station based at:
- Please ensure you add what Police Force you are from if you are not an officer from Essex Police.

**Officer (2):**

- Rank/collar/name:
- Force/Station based at:
- Please ensure you add what Police Force you are from if you are not an officer from Essex Police.

**Person detained under S136 or S135 personal details:**

- Name: ____________________________
- DOB: ____________
- POB: ____________
- PNCID: ____________
- Home address: ____________________________
- Postcode: ____________
- Ethnicity: ____________________________
- Gender: ____________________________

**At:**

- Date: ____________
- Time: ____________
- Address: ____________________________
- Postcode: ____________

**Detained person taken to (delete as appropriate):**

- Health based place of safety or custody suite (name): ____________________________
- Or

- Accident and Emergency Department (name): ____________________________

- Arrived at Date: ____________
- Time: ____________

**Only applicable to a S136 MHA detention**

The person was displaying behaviour which made me believe he/she was suffering from a mental disorder and in need of care and control for their own safety or the safety of others.

**Details of behaviour and specify concerns/risk to self or others:**

- ……………………………………………………………………………………………………………………………
- ……………………………………………………………………………………………………………………………
- ……………………………………………………………………………………………………………………………
- ……………………………………………………………………………………………………………………………
- ……………………………………………………………………………………………………………………………
- ……………………………………………………………………………………………………………………………
- ……………………………………………………………………………………………………………………………
- ……………………………………………………………………………………………………………………………
- ……………………………………………………………………………………………………………………………
- ……………………………………………………………………………………………………………………………
- ……………………………………………………………………………………………………………………………
- ……………………………………………………………………………………………………………………………
OFFICIAL

Detail any restraint including length of time restrained for: .................................................................
............................................................................................................................................................
............................................................................................................................................................
............................................................................................................................................................
............................................................................................................................................................
............................................................................................................................................................
............................................................................................................................................................
............................................................................................................................................................
............................................................................................................................................................
............................................................................................................................................................
............................................................................................................................................................
............................................................................................................................................................
............................................................................................................................................................
............................................................................................................................................................
............................................................................................................................................................
If restraint has been used PERS47 Use of Force Form must also be completed

Behaviour on arrival at Place of Safety: ................................................................................................
............................................................................................................................................................
............................................................................................................................................................
............................................................................................................................................................
............................................................................................................................................................
............................................................................................................................................................
............................................................................................................................................................
............................................................................................................................................................
............................................................................................................................................................
............................................................................................................................................................
............................................................................................................................................................
............................................................................................................................................................

Suspected to be under the influence of: ☐ Alcohol ☐ Drugs ☐ Unable to tell

Only applicable to a S136 MHA detention

The Police and Crime Act 2017 places a requirement in law on the police to consult a mental health professional where practicable prior to a detention under section 136. Advice and information on the person you are considering detaining can be obtained between 10:00 – 02:00 Street Triage operates every day and can also provide telephone advice, it can be contacted via FCR.

For adults outside of these hours telephone advice can be obtained from a mental health professional at the local inpatient unit by contacting them via the Central Management Hub on (01268) 739175

For anyone under 18 outside of these hours they are dealt with by a different Mental Health Trust than for adults. Their Emotional Wellbeing and Mental Health Service (EWMHS) formerly Children Adolescent Mental Health Service (CAMHS) can be contacted on:
- 09:00 – 17:00 hours Monday to Friday on 0300 300 1600
- For out of hours and weekend Crisis Support on 0300 555 1201

Was the detention in between 10:00 – 02:00 ☐ Yes ☐ No

Did you consult Street Triage ☐ Yes ☐ No

Did you consult any other mental health professional ☐ Yes ☐ No

Role and name of mental health professional: ______________________________________________________

Date advice obtained: __________________ Time advice obtained: __________________

What was the advice of the mental health professional: ........................................................................
............................................................................................................................................................
............................................................................................................................................................
............................................................................................................................................................
............................................................................................................................................................
............................................................................................................................................................
............................................................................................................................................................
............................................................................................................................................................
............................................................................................................................................................
............................................................................................................................................................
............................................................................................................................................................
............................................................................................................................................................
............................................................................................................................................................
............................................................................................................................................................
............................................................................................................................................................
............................................................................................................................................................
If you did not consult a mental health professional, especially during the operational hours of Street Triage what was your justification: ........................................................................
............................................................................................................................................................
............................................................................................................................................................
............................................................................................................................................................
............................................................................................................................................................
............................................................................................................................................................

A287 (25/04/17) OFFICIAL Page 2 of 15
## OFFICIAL

### Conveyance and medical assessment of detainee

#### TRIGGERS/RED FLAGS TO TAKE THE DETAINED PERSON TO A&E

<table>
<thead>
<tr>
<th>Dangerous Mechanisms:</th>
<th>Serious Physical Injuries:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blows to the body</td>
<td>Noisy Breathing</td>
</tr>
<tr>
<td>Falls &gt; 4 Feet</td>
<td>Not responsive to verbal command</td>
</tr>
<tr>
<td>Injury from edged weapon or projectile</td>
<td>Head Injuries:</td>
</tr>
<tr>
<td>Throttling / strangulation</td>
<td>• Loss of consciousness at any time</td>
</tr>
<tr>
<td>Hit by vehicle or occupant of vehicle in a collision</td>
<td>• Facial swelling</td>
</tr>
<tr>
<td>Ejected from a moving vehicle</td>
<td>• Bleeding from nose or ears</td>
</tr>
<tr>
<td>Evidence of drug ingestion or overdose</td>
<td>• Deep cuts</td>
</tr>
<tr>
<td>Use of Taser</td>
<td>• Suspected broken bones</td>
</tr>
</tbody>
</table>

#### Attempting self-harm:
- Head banging
- Use of edged weapon (to self-harm)
- Ligatures
- History of overdose or poisoning

#### Psychiatric Crisis
- Delusions / Hallucinations / Mania

#### Possible Excited Delirium:
- Two or more from:
  - Serious physical resistance / abnormal strength
  - High body temperature
  - Removal of clothing
  - Profuse sweating or hot skin
  - Behavioural confusion / coherence
  - Bizarre behaviour

Presenting with any other symptoms which give cause to suspect they require urgent medical attention.
Consider warning and information markers held on PNC.

---

Every person detained under s136 should have been conveyed to the place of safety by an ambulance. This is not only important for patient dignity, it is so ambulance staff can assess whether medical issues/risk are being masked by apparent mental ill-health and/or drug/alcohol and require further medical assessment. Where they have capacity the national ambulance response times are:
- Standard detention 30 minutes
- Detention where restraint is involved 8 minutes

If assessed by a paramedic they must give a handover to the Health Trust staff or custody sergeant of the results of their assessment. If not assessed by a paramedic it is the responsibility of the accepting place of safety to consider if they need further medical treatment or assessment.

#### Means of conveyance to the place of safety:
- Ambulance
- Police vehicle
- Other health vehicle
- None (e.g. already at POS)
- Other

#### If an ambulance was used:

- Ambulance CAD Number:
- Time called: ____________________  Time Arrived: ____________________
- Did police escort the ambulance:    Yes    No
- Were they assessed by a paramedic:    Yes    No
- If yes, name of Paramedic who assessed detainee: ____________________

#### If a police vehicle was used what was the reason why (select one):
- Ambulance not available within 30 minutes
- Crew refused to convey
- Ambulance not requested
- Ambulance re-tasked to a priority call
- Police/Ambulance risk assessment

#### If an ambulance was not requested, what was the reason why (select one):
- Assumed no ambulance would be available
- Near to place of safety
- Police risk assessment
- Did not think it necessary

#### If you did not request an ambulance explain your rationale: ____________________________________________

---

Page 3 of 15
OFFICIAL

Prior to arriving at the present POS, was the detained person taken to A&E:
☐ No  ☐ Yes, due to no capacity at any HPPOS, please complete below  ☐ Yes, for medical treatment, please complete below

Name of A&E department person taken to: ________________________________________________________________

Time arrived at A&E: ____________________  Time left A&E: ____________________

Only complete if person was taken to A&E for medical treatment and discharged:

Name of Doctor who authorised discharge: ________________________________________________________________

Copy of medical discharge summary from A&E must be attached to this form

Medical condition, injury or reason which required attendance at A&E: ............................................................
..............................................................................................................................................................................
..............................................................................................................................................................................

Treatment provided: .............................................................................................................................................
..............................................................................................................................................................................
..............................................................................................................................................................................

DO NOT COMPLETE FURTHER IF POLICE CUSTODY OR A PLACE OF SAFETY OUTSIDE OF ESSEX USED

Athena and administration process on page 13
Copy also must be given to Custody Sergeant

Searching of detained persons

A specific search powers have been added Policing and Crime Act 2017, detailed in section 3. Officers will search sufficiently to satisfy themselves that the detainee is not in possession of any implement that could harm them or nursing staff. If the search finds medication, officers should retain the medication and hand to nursing staff as soon as practicable.

Date: _________  Time: _________  Location searched: _________________________________________________________

Searching officers: Rank/collar/name: ____________________  Signature: ____________________

Rank/collar/name: ____________________  Signature: ____________________

Property Seized – List Items or outline if nothing found/seized

Tick if handed to staff at POS

Property handed to health trust staff:

Date: _________  Time: _________  Role/name: ____________________  Signature: ____________________
Legal responsibility of the Police

Officers cannot legally walk away from the detainee without risking a subsequent verdict of negligence, unless the following duty of care has been complied with:

1. Take reasonable steps to ensure that the detainee does not come to physical harm while in your custody;
2. To provide relevant information to those into whose care the detainee is going to be transferred;
3. Then take reasonable care only to release the detainee into a safe environment to an appropriate person who is willing to accept the detainee.

Information sharing

You must fully brief staff at the receiving place of safety including any known risks and they must agree to take responsibility for the person fully knowledgeable of any relevant risks that need to be managed. The detained person should be informed that the police and NHS have a duty to share information with each other to ensure their safety.

Organisations may share information where it is necessary to the statutory functions of other agencies. The police and the NHS in circumstances such as a s136 detention have to formally or dynamically risk assess the situation to determine our responses and risk assessment which is a statutory responsibility - under the Health & Safety At Work Act 1974. Information held by the police which is relevant to risk assessments being undertaken by the NHS is able to be shared, so that the NHS can make appropriate decisions in order to keep people safe.

Please consider if you were an NHS member of staff with no police appointments or equipment, taking over responsibility for the detainee, with no prior knowledge of them, what information would you need to know to help keep you and them safe.

Officers must ensure checks have been completed on the detainee and relevant information handed over to staff. This will include:

- Relevant convictions on PNC which would indicate the person presents a risk to harm persons or damage property
- Any information relating to them being an abseconder or any attempts to flee lawful custody.
- Relevant warning markers on PNC or Athena.
- Relevant intelligence held on Athena which has a handling code which allows it to be disseminated to partners i.e. a Police Information Report (PIR) that person has previously secreted razor blades on their person.
- Relevant physical health conditions especially those which are communicable i.e. hepatitis.
- Any safeguarding concerns which are relevant to the safety of the detainee at the POS i.e. victim of Domestic Abuse.

Police identified risk factors or relevant safeguarding issues, including information held on police systems

If in the course of dealing with this incident significant risks relevant to officer safety have been highlighted, PIR to be submitted

........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................

Health Trust Identified Risk Factors - To be completed by receiving staff at the place of safety

Including information held on health systems relevant to a risk assessment and if they have been detained before under the MHA

........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................

A287 (25/04/17) OFFICIAL Page 5 of 15
**Official**

### Police Support at A Place of Safety

<table>
<thead>
<tr>
<th>Low Risk</th>
<th>Medium Risk</th>
<th>High Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current/Recent Risk Indicators</td>
<td>Current/Recent Risk Indicators</td>
<td>Current/Recent Risk Indicators</td>
</tr>
<tr>
<td>No currently present behavioural indicators (other than very mild substance use) AND no recent criminal / medical indicators that the individual is violent OR poses an escape risk OR is a threat to their own or anyone else’s safety OR</td>
<td>Some currently presented behavioural indicators (including substance use) AND / OR 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 BUT</td>
<td>Currently presented behavioural indicators (including significant substance intoxication) OR 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</td>
</tr>
</tbody>
</table>

### Previous Indicators

<table>
<thead>
<tr>
<th>Low Risk</th>
<th>Medium Risk</th>
<th>High Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Which are few in number AND historic OR irrelevant; BUT Excluding violence greater than ABH and not involving weapons, sexual violence or violence towards NHS staff or vulnerable people</td>
<td>Limited in number OR historic OR irrelevant; including violence greater than ABH or involving weapons, sexual violence, violence towards NHS staff or vulnerable people OR LOW RISK patients who have disengaged from treatment and where there are MEDIUM RISKS threats when disengaged</td>
<td>Neither limited NOR historic NOR irrelevant; including violence greater than ABH or involving weapons, sexual violence, violence towards NHS staff or vulnerable people OR LOW RISK patients who have disengaged from treatment and where there are HIGH RISKS threats when disengaged</td>
</tr>
</tbody>
</table>

### Police Support

<table>
<thead>
<tr>
<th>Low Risk</th>
<th>Medium Risk</th>
<th>High Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Police support is NOT required</td>
<td>Police support MAY be required</td>
<td>Police support is VITAL</td>
</tr>
<tr>
<td>If police support is required decision to be reviewed every 30 minutes</td>
<td>If police support is required decision to be reviewed every 30 minutes</td>
<td></td>
</tr>
</tbody>
</table>

### Appearance and Behavioural Indicators

The following list of things may be perceived as indicators of general concern. This list is not exhaustive and is a general guide:

- Irrational conversation or behaviour
- Inappropriate, impulsive or bizarre behaviour
- Talking about seeing things or hearing voices which cannot be seen or heard by others
- Removing clothing for no apparent reason
- Confusion and disorientation
- Paranoid beliefs or delusions
- Self-neglect
- Hopelessness
- Obsessional thoughts or compulsive behaviour

### Handover at a Health Based Place of Safety

Officers must remain at the HBPOS until a handover has been completed and the detainee accepted by the receiving HBPOS.

The length of time officers remain with the detained person will depend on the circumstances and risks associated with the individual, however, the police should not normally be expected to stay longer than 30 minutes (Royal College of Psychiatrists Guidance). This handover period should enable the HBPOS to become appropriately staffed.

### Handover at Accident & Emergency

Officers must remain at A&E until a handover has been completed and the detainee accepted by the receiving A&E department.

A&E is an insecure environment unlike HBPOS especially if the person is being treated for a physical health matter. This must be considered as part of the joint risk assessment and the handover of some cases although would have been possible at a HBPOS will not be possible in A&E.

The process for how A&E will be used as a POS is detailed in the flowchart contained in section 3. Where on-going police support is not required the timescale for how long police will be expected to remain is to be determined by:

- Ascertaining the length of time for any medical treatment required, provided by the Nurse/Doctor in charge of A&E.
- Ascertaining the length of time An A&E nurse/doctor in charge of A&E will be available, provided by the Central Management Hub on (01268) 739175.
- Ascertaining the length of time until a MHA assessment can be commenced in A&E, provided by the Nurse/Doctor in charge of A&E which they will obtain from the PAT service.

In total if it is ascertained it will be an extended period of time (in excess of 3 hours) a joint assessment to be made with the Nurse/Doctor responsibility for the detained person can be transferred to them with them seeking support of additional NHS staff or security staff as required.

### Management Escalation for both HBPOS or A&E should there be a disagreement is detailed in section 3

Where the police feel that the NHS has insisted upon support inappropriately, or where the NHS feels the police have provided too much or too little support, this should be internally referred to the manager for that place of safety, or to the police SPoC to resolve with their counterpart.

A list of police SPoCs for HBPOS and A&E in Essex can be found on Connexon, Operational > Operational Guidance > Mental Health.
OFFICIAL

Detainee Jointly Agreed Risk Assessment

- **Low**: Current risk does not indicate likelihood of causing serious harm/damage to people/property.
- **Medium**: There are identifiable indicators of risk of serious harm/damage to people/property. The detainee has the potential to cause serious harm or damage, but is unlikely to do so unless there is a change in circumstances.
- **High**: There are identifiable indicators of risk of serious harm/damage to people/property. The potential event could happen at any time and the impact would be serious. Risk of serious harm to staff or serious damage to property.

---

Agreed Actions at Place of Safety
Include date and time of any entry

<table>
<thead>
<tr>
<th>Police Action</th>
<th>Timescale</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health Trust Action</th>
<th>Timescale</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

In the event of disagreement, audit trail of escalation process
Include date and time of any entry

<table>
<thead>
<tr>
<th>Police Escalation Name and Rank of officer</th>
<th>Health Trust Escalation Role and name of duty manager</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Agreed Decisions

---

Page 7 of 15
Dependants of the detained person

Health Trust Staff are required to complete safeguarding referrals for any dependants of the person detained. Below provide details of any dependants to enable health Trust Staff to make referrals. This does not replace the requirement for Police Officers to make safeguarding referrals (i.e. PP57 or SETSAF) for any dependants of the detained person in-line with current Force procedures.

Name: ___________________________ DOB: _______ Relationship to detainee: ___________________________
Address: ___________________________ Postcode: ________________
Specific concerns for safety of dependant: ............................................................................................................

Name: ___________________________ DOB: _______ Relationship to detainee: ___________________________
Address: ___________________________ Postcode: ________________
Specific concerns for safety of dependant: ............................................................................................................

Name: ___________________________ DOB: _______ Relationship to detainee: ___________________________
Address: ___________________________ Postcode: ________________
Specific concerns for safety of dependant: ............................................................................................................

Officer leaving the detained person at the place of safety:

I sign to say it is my reasonable belief I have provided and recorded on this form all relevant information concerning the circumstances of the detention and information held on the detainee.

Date: ________________ Time: ________________
Rank/collar/name: ___________________________ Signature: ___________________________

This form to be photocopied and the copy retained by the completing officer. To be uploaded to Athena as detailed below

If at the place of safety for longer than 30 minutes, state reason for the delay

☐ Place of safety not warned of arrival   ☐ Lack of staff at place of safety
☐ No delay   ☐ Risk assessment, PC remain
☐ Other, please detail: ___________________________

Member of health trust staff accepting the detained patient

I sign to say I have reviewed the information provided by the officer and recorded on this form and formally take over responsibility for the detainee.

Date: ________________ Time: ________________
Role/name: ___________________________ Signature: ___________________________

ATHENA AND ADMINISTRATION PROCESS

Once completed a non-crime incident MUST be created on Athena for either:
Mental Health Investigation – Detention under S136 Mental Health Act 1983
Mental Health Investigation – Detention under S135 Mental Health Act 1983

This form must then be scanned and attached to the Athena record and a copy of the form emailed to: Mental Health Monitoring Essex inbox

If the detainee has committed any criminal offences the relevant offences must also be recorded as separate records on Athena
BTP and Forces other than Essex Police complete relevant forms and submit in line with your Forces own procedure
### Section 2 Place of Safety & Mental Health Act Assessment

Detention is valid until examination and interview by a medical practitioner and an approved mental health practitioner is completed and the making any necessary arrangements for the person's treatment or care have been arranged and completed.

#### FOR COMPLETION BY HEALTH TRUST AND NURSING STAFF AT RECEIVING POS

<table>
<thead>
<tr>
<th>Time Contact Attempted</th>
<th>Time Contact Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMHP</td>
<td>Date and time</td>
</tr>
<tr>
<td>Duty Doctor Psychiatrist</td>
<td>Date and time</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Comments:</th>
<th>Date and time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date and time of arrival and accepted into POS</th>
<th>Date and time 24 hours holding power expires</th>
</tr>
</thead>
<tbody>
<tr>
<td>Starts from time of arrival at the first POS detainee was accepted at (including if they went to A&amp;E for physical treatment)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Leaflet of rights given Y/N</th>
<th>Rights read Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Staff signature</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Informing relatives</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of relative</td>
<td>Relationship</td>
</tr>
<tr>
<td>Address</td>
<td>Telephone number</td>
</tr>
<tr>
<td>Patient consent for contact</td>
<td>Reason for not consenting to contact</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Comments of relative:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Attendance of relative</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature of patient</td>
<td>Date and time</td>
</tr>
<tr>
<td>Signature of site officer</td>
<td>Date and time</td>
</tr>
<tr>
<td>Clinical questions to be answered</td>
<td></td>
</tr>
<tr>
<td>-----------------------------------</td>
<td></td>
</tr>
<tr>
<td><strong>Staff must record S135/136 activity/information on the clinical information system</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Is the person known to Mental Health Services:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Detained under MHA before?</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Physical health issues does the person need any treatment for physical problems and action taken:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Drugs/Alcohol issues can the person be assessed under MHA? If not please explain why assessment delayed due to alcohol – drug issues:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Has the person any learning disabilities. If yes please provide information of learning disabilities and any special needs:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Does the person need an interpreter?</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Has the person given consent for their nearest relative, defined under S20 (1) MHA or other relative/person to be informed of their location:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Has the person got any dependants which require safeguarding referrals? Include confirmation and time/date referrals have been made:</strong></td>
<td></td>
</tr>
</tbody>
</table>
FOR COMPLETION BY DUTY CONSULTANT PSYCHIATRIST / DUTY DOCTOR / FME

Mental Health Act Assessment

Date and time of assessment

Name of Doctor(s)

Address

Assessment/Outcome: ..................................................................................................................................................................................
...........................................................................................................................................................................................................
...........................................................................................................................................................................................................
...........................................................................................................................................................................................................
...........................................................................................................................................................................................................
...........................................................................................................................................................................................................
...........................................................................................................................................................................................................
...........................................................................................................................................................................................................

If the detained person is released from detention without the involvement of an AMHP, the assessing Doctor must ensure this completed form is forwarded onto the local MHA Administrator

Extension of detention (by a maximum of 12 hours)

Doctor authorising | Date and time authority given

Grounds for extension: ..................................................................................................................................................................................
...........................................................................................................................................................................................................
...........................................................................................................................................................................................................
...........................................................................................................................................................................................................
...........................................................................................................................................................................................................
...........................................................................................................................................................................................................
...........................................................................................................................................................................................................
...........................................................................................................................................................................................................

Amount of time extended by | Time extended holding power now expires

<table>
<thead>
<tr>
<th>Service group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Impairment</td>
</tr>
</tbody>
</table>

Date and time completed | Date and time patient left place of safety

Signature
OFFICIAL
FOR COMPLETION BY APPROVED MENTAL HEALTH PROFESSIONAL

<table>
<thead>
<tr>
<th>Mental Health Act Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date and time of arrival</td>
</tr>
<tr>
<td>Name of AMHP</td>
</tr>
<tr>
<td>Service/Trust:</td>
</tr>
<tr>
<td>EPT</td>
</tr>
<tr>
<td>Assessment outcome:</td>
</tr>
</tbody>
</table>

Date and time completed | Signature |

Informing nearest or other relative

<table>
<thead>
<tr>
<th>Name of nearest or other relative</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>Phone Number</td>
</tr>
<tr>
<td>Contacted Yes/No</td>
<td>Result</td>
</tr>
</tbody>
</table>

If nearest relative not contacted:
- Reason why nearest relative or other not contacted, and
- Did AMHP sufficiently gather information relevant to MHA assessment s13(1A) (b)

FORMS TO BE FORWARDED TO LOCAL MENTAL HEALTH ACT ADMINISTRATOR BY:
- Site Officer – If assessed at a HSPOS
- AMHP – If assessed in A&E, a Police Station or any other POS

FOR COMPLETION BY MENTAL HEALTH ACT ADMINISTRATOR

Date entered onto section register | Signature | Date MHA assessment report/social circumstances report received

Signature
## Section 3 Reference Material

Health Based Places of Safety in Essex – Contact via the Central Management Hub on (01268) 739175

<table>
<thead>
<tr>
<th>The St Aubyn Centre (under 18’s only)</th>
<th>The Lakes</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 Boxted Rd, Mile End, Colchester</td>
<td>Colchester District General Hospital, Turner Road, Colchester, Essex, CO4 5JL</td>
</tr>
<tr>
<td>CO4 5HG</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The Linden Centre</th>
<th>Shannon House</th>
</tr>
</thead>
<tbody>
<tr>
<td>Woodlands Way, Broomfield, Chelmsford CM1 7LF</td>
<td>Dervent Centre, Princess Alexandra Hospital, Hamstel Road, Harlow, CM20 1QX</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rochford Mental Health Unit</th>
<th>Basildon Mental Health Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Union Lane, Rochford, SS4 1RB</td>
<td>Nethermayne, Basildon Essex SS16 5NL</td>
</tr>
</tbody>
</table>

### General Hospitals In Essex

<table>
<thead>
<tr>
<th>Colchester University Hospital</th>
<th>Broomfield Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turner Road, Colchester</td>
<td>Court Rd, Broomfield, Chelmsford, CM1 7ET</td>
</tr>
<tr>
<td>CO4 5JL</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Princess Alexandra University Hospital</th>
<th>Southend Hospital University Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hamstel Rd, Harlow</td>
<td>Prittlewell Chase, Southend-on-Sea, Westcliff-on-Sea</td>
</tr>
<tr>
<td>CM20 1QX</td>
<td>SS0 0RY</td>
</tr>
</tbody>
</table>

| Basildon and Thurrock University Hospital | |
|-------------------------------------------| |
| Nethermayne, Basildon | SS16 5NL |
Exceptional cases for Accident and Emergency as a place of safety for S136 MHA detentions

Explanatory notes
HBPPOS - Health Based Place of Safety, this is a dedicated mental health suite to receive S136 detainees. A&E is not included as such in any reference to a HBPOS.
Identification of which A&E to use – Officers will take the detained person to the nearest A&E department, unless:
- The hospital has informed the Central Management Hub they are on divert and advised which hospital to divert to.
- There is already a person detained under S136 at the hospital, in which case the next nearest hospital will be used.

Detection made under S136
Criteria to use Police Custody not met and Central Management Hub identifies no HBPOS available.
Or
The detainee is identified as having a physical health need which requires treatment at A&E.

Central Management Hub to transfer the call from the Police to the A&E priority phone line.
Police to inform A&E they are on route with a S136 detainee.
A&E point of contact to make Nurse/Doctor in charge of A&E aware S136 detainee is on route.

Police to notify the Nurse/Doctor in charge of A&E on arrival.
Procedural to pass clinical handover to Nurse/Doctor in charge of A&E if transferred by ambulance.
Nurse/Doctor in charge of A&E to review the detained person's Mental Health Trust notes and make the AHP service aware of the earliest opportunity.

Nurse/Doctor in charge of A&E to arrange for the detained person to be assessed if they are medically fit and have the capacity to be provided with their rights under the MHA?
Yes

Nurse/Doctor in charge of A&E to provide detainees with their rights under the MHA.

Nurse/Doctor in charge of A&E to advise police: the detainee does not have a physical health need which requires treatment?
Yes

Police to make contact with the Central Management Hub to determine availability/approximate length of time to a HBPOS being available for transfer.
Nurse/Doctor in charge of A&E to contact AHP to ascertain time until they could attend A&E to commence an AHP assessment.

Will it be an extended period of time before a HBPOS or AHP is available? (in excess of 3 hours)
No

Police to remain until HBPOS available or MHA assessment completed.

Police and Nurse/Doctor in charge of A&E to complete the joint risk assessment handover form.
Does Nurse/Doctor in charge of A&E agree the detainee can be safely managed by A&E staff?
Yes

Nurse/Doctor in charge of A&E to remain responsibility for the detained person as soon as it is practicable to enable police to withdraw.

Nurse/Doctor in charge of A&E to remain until decision?
Yes

Police to initiate escalation process.

Police to remain until HBPOS available or MHA assessment completed.
Decision to be re-assessed every 30 minutes.

No
## Escalation process

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 and escalate only where required.

### HBPOS – Mental Health Trust

**Daytime hours between 09:00 – 17:00**

<table>
<thead>
<tr>
<th>Role</th>
<th>Contact Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duty Sergeant</td>
<td>To liaise with counterpart</td>
</tr>
<tr>
<td>Duty Inspector</td>
<td>To liaise with counterpart</td>
</tr>
<tr>
<td>Silver Commander</td>
<td>To liaise with counterpart</td>
</tr>
<tr>
<td>Clinical Manager/Matron</td>
<td>Telephone number (01268) 739175</td>
</tr>
<tr>
<td>Service Manager</td>
<td>Inpatient Director</td>
</tr>
</tbody>
</table>

**Out of telephone hours between 17:00 – 09:00**

<table>
<thead>
<tr>
<th>Role</th>
<th>Contact Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duty Sergeant</td>
<td>1st on call Manager</td>
</tr>
<tr>
<td>Duty Inspector</td>
<td>Senior on call Manager</td>
</tr>
<tr>
<td>Silver Commander</td>
<td>Executive Director on call</td>
</tr>
<tr>
<td>HBPOS – Mental Health Trust</td>
<td>Telephone number (01268) 739175</td>
</tr>
</tbody>
</table>

### A&E both in/out of hours

<table>
<thead>
<tr>
<th>Role</th>
<th>Contact Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duty Sergeant</td>
<td>To liaise with counterpart</td>
</tr>
<tr>
<td>Duty Inspector</td>
<td>To liaise with counterpart</td>
</tr>
<tr>
<td>Silver Commander</td>
<td>To liaise with counterpart</td>
</tr>
<tr>
<td>Duty/On-call site Management</td>
<td>Telephone number (01268) 739175</td>
</tr>
<tr>
<td>On-call Manager</td>
<td>On-call Clinical Executive</td>
</tr>
</tbody>
</table>

### General Hospital Trust switchboard contact telephone numbers

<table>
<thead>
<tr>
<th>Location</th>
<th>Contact Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colchester</td>
<td>(01206) 747474</td>
</tr>
<tr>
<td>Princess Alexandra</td>
<td>(01279) 444455</td>
</tr>
<tr>
<td>Broomfield</td>
<td>(01245) 362000</td>
</tr>
<tr>
<td>Basildon</td>
<td>(01268) 524600</td>
</tr>
<tr>
<td>Southend</td>
<td>(01702) 435555</td>
</tr>
</tbody>
</table>

Where the police feel that the NHS has insisted upon support inappropriately, or where the NHS feels the police have provided too much or too little support, this should be internally referred to the manager for that place of safety, or to the police SPOC to resolve with their counterpart.

A list of police SPOCs for health-based places of safety (HBPOS) and A&E in Essex can be found on Connexion, Operational > Operational Guidance > Mental Health.
Health Based Place of Safety
(Section 136)

<table>
<thead>
<tr>
<th>POLICY REFERENCE NUMBER</th>
<th>MHA20</th>
</tr>
</thead>
<tbody>
<tr>
<td>VERSION NUMBER</td>
<td>1.0</td>
</tr>
<tr>
<td>REPLACES SEPT DOCUMENT</td>
<td>MHA20</td>
</tr>
<tr>
<td>REPLACES NEP DOCUMENT</td>
<td>Section 136</td>
</tr>
<tr>
<td>KEY CHANGES FROM PREVIOUS VERSION</td>
<td></td>
</tr>
<tr>
<td>AUTHOR</td>
<td>Elizabeth Wells</td>
</tr>
<tr>
<td>CONSULTATION</td>
<td></td>
</tr>
<tr>
<td>IMPLEMENTATION DATE</td>
<td>1 April 2018</td>
</tr>
<tr>
<td>AMENDMENT DATE(S)</td>
<td>n/a</td>
</tr>
<tr>
<td>LAST REVIEW DATE</td>
<td>April 2018</td>
</tr>
<tr>
<td>NEXT REVIEW DATE</td>
<td>April 2021</td>
</tr>
<tr>
<td>APPROVAL BY SMT:</td>
<td>March 2018</td>
</tr>
<tr>
<td>RATIFIED BY FINANCE &amp; PERFORMANCE COMMITTEE:</td>
<td>March 2018</td>
</tr>
<tr>
<td>COPYRIGHT</td>
<td></td>
</tr>
</tbody>
</table>

OPERATIONAL POLICY SUMMARY

The Trust monitors the implementation of and compliance with this operational policy in the following ways:

<table>
<thead>
<tr>
<th>Services</th>
<th>Applicable</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>MH&amp;LD</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

The Director responsible for monitoring and reviewing this policy is

Director of Mental Health
<table>
<thead>
<tr>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Purpose</td>
</tr>
<tr>
<td>2. Designated Places of Safety</td>
</tr>
<tr>
<td>3. Guiding Principles</td>
</tr>
<tr>
<td>4. Initial Detention and access to Health Based Place of Safety</td>
</tr>
<tr>
<td>5. Central Management and Escalation Process</td>
</tr>
<tr>
<td>6. Conflict Resolution Escalation</td>
</tr>
<tr>
<td>7. Communication</td>
</tr>
<tr>
<td>8. Conveyance and Handover</td>
</tr>
<tr>
<td>9. Admission to the Place of Safety</td>
</tr>
<tr>
<td>10. Role and responsibilities</td>
</tr>
<tr>
<td>11. Mental Health Assessment Process</td>
</tr>
<tr>
<td>12. Discharge Pathway</td>
</tr>
<tr>
<td>13. Documentation</td>
</tr>
<tr>
<td>14. Supervision of the Person</td>
</tr>
<tr>
<td>15. Staffing of the Health Based Place of Safety</td>
</tr>
<tr>
<td>16. Safeguarding</td>
</tr>
<tr>
<td>17. Risk Assessments and Risk Management</td>
</tr>
<tr>
<td>18. Mobile Phones</td>
</tr>
<tr>
<td>19. Liaison</td>
</tr>
<tr>
<td>20. Data Collection</td>
</tr>
<tr>
<td>21. Safety of Environment</td>
</tr>
</tbody>
</table>

Appendix 1 – HBPoS (136) Suite Capacity Tracker

Appendix 2 – Exceptional cases for Accident & Emergency as a place of safety for S136 MHA detentions

Appendix 3 - New Section 136 process as of 8.5.2017

Appendix 4 – Section 136 and 135 MH Act Forms and Escalation Process
1.0 PURPOSE

The Health Based Places of Safety will provide:

A “place of safety” whilst potential mental health needs are assessed under the Mental Health Act and any necessary arrangements should be made for their on-going care. The suite will accept referrals from all age groups.

The purpose of this guidance is to ensure that care of the service users placed on Section 136 MHA (1983 as amended 2007) and taken to Health Based Place of Safety’s are cared for in a safe and appropriate manner. This guidance also ensures that as far as possible uses of Section 136 MHA (1983 as amended 2007) is managed within the legal and good practice framework by ensuring that;

1.1. All agencies that are party to this protocol are aware of their roles and responsibilities and work in collaboration with to ensure that any member of the public placed on Section 136 MHA 1983 (as amended 2007) is taken to the most appropriate place of safety based on their presenting needs.

1.2. Persons detained under Section 136 MHA (1983 as amended 2007) are treated with respect, without discrimination and are assessed as quickly practicable and have their needs assessed from a mental health perspective and further management determined either on an informal basis or subject to further Mental Health Act Legislation

1.3. Persons with mental health issues detained for criminal offences, are processed with due regard to the law. A mental disorder whilst correctly taken into consideration is not an automatic bar to due criminal process.

1.4. All agencies focus on providing the best possible support for the detained person to enable a quick recovery and return to their place in the community.

2.0 DESIGNATED PLACE OF SAFETY

Essex Partnership University Foundation Trust has 5 Health Based Places of Safety for Adults:

<table>
<thead>
<tr>
<th>Health Based Place of Safety South Essex</th>
<th>No. Beds</th>
<th>Health Based Place of Safety North Essex</th>
<th>No. Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Management of HBPoS</td>
<td></td>
<td>The Lakes</td>
<td>1</td>
</tr>
<tr>
<td>Phone: 01268 739175</td>
<td></td>
<td>Turner Road</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Colchester</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>CO4 5JL</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Phone: Charge Nurse - 01206 228715</td>
<td></td>
</tr>
</tbody>
</table>
3.0 GUIDING PRINCIPLES

3.1 If there is no capacity at the local Health Based Place of Safety when the police officer makes initial contact agreed escalation protocols put in place should be triggered in order to find alternative arrangements, whether the individual is from that area or not. When the Health Based Place of Safety states that it has capacity, this means it is able to receive the detained individual as soon as they arrive on site.

Under exceptional circumstances an individual under s136 with no physical health needs can be taken to local Emergency Departments (due to limited Health Based Place of Safety capacity). In such circumstances, the Emergency Department (A&E) Handover protocol should be:

3.2 If someone appears to be drunk and showing any ‘aspect’ of incapability (e.g. walking unaided or standing unaided) which is perceived to result from that drunkenness, then that person must be treated as drunk and incapable. A person found to be drunk and incapable by the police should be treated as being in need of medical assistance at an A&E department or other alcohol recovery services (where available).

3.3 An A&E department can itself be a Place of Safety within the meaning of the Mental Health Act. Therefore, if protracted physical health treatment or care is required, where appropriate the Acute Trust should accept the s136 papers and take legal responsibility for custody of the individual for the purpose of the Mental Health assessment being carried out.

3.4 Every Health Based Place of Safety should have a designated s136 coordinator available 24/7 who is assigned to the Health Based Place of Safety at all times. Adequate, dedicated clinical staff must be available 24/7 to ensure staff members do not come off inpatient wards.

3.5 Health Based Place of Safety staff (including both nursing and medical staff) should have adequate physical health competencies to prevent unnecessary A&E referrals.
Health Based Place of Safety and local Acute Trusts should have clear pathways and protocols and the relationships to deliver these for those with physical health problems but for whom urgent transfer to an A&E is not the optimum course of action. These should include triage, advice and where possible outreach systems to support appropriate responsive and timely physical health care to those in a Health Based Place of Safety.

3.6 While a police officer or an AMHP has the legal responsibility for authorising the transfer of the detained individual, coordinating the conveyance of individuals between Health Based Places of Safety and A&E departments and vice versa should be undertaken by the Mental Health Trusts and Acute Trusts respectively, led by the s136 coordinator. Coordinating and arranging transport is not the police’s role unless there is mutual agreement between parties that it is in the best interest of the individual and there is resource to provide support.

3.7 If the s12 doctor (or in exceptional circumstances another doctor with adequate mental health experience) sees the individual before the AMHP and is satisfied that there is no evidence of underlying mental disorder of any kind, the person can no longer be detained and must be immediately released, even if not seen by an AMHP.

3.8 When a Mental Health Assessment is required the legal duty to assess falls upon the AMHP service for the area where the person is at the point when the assessment is needed, in this case the borough in which they are currently being detained under s136

3.9 The mental health assessment should be completed within 4 hours of the individual arriving at the Health Based Place of Safety unless there are clinical grounds for delay.

4.0 INITIAL DETENTION AND ACCESS TO A HEALTH BASED PLACE OF SAFETY

4.1 Local arrangements must be in place to ensure there is always a suitable mental health professional for the police officer to consult with prior to detaining the person under s136. Where it is practicable, this consultation may provide support to officers in terms of providing further information on the individual or signposting to alternative services. In Essex, this will be done through the Street Triage Service to ensure an alternative option to detention may be explored.

4.2 Outside the normal hours of Street Triage, the police are to contact the central management hub to be put through to the site coordinator who would be able to have a discussion with officers. Officers should, where it is possible, have as much detail as they can about the individual and area they are from. This will allow them to be diverted to the most appropriate site coordinator

4.3 If there is a co-produced crisis care plan in place the instructions in the crisis care plan for managing a mental health crisis should be followed wherever possible to avoid detention under s136. The crisis care plan should be accessible through the suitable health professional when first contact is made, however if the person clearly needs ‘care or control’ (as expressed in the Mental Health Act 1983) the s136 pathway should be followed. The responsibility for that decision rests with the Police

4.4 On each occasion when the s136 power is used, the police officer involved is expected to phone ahead to the central management hub to inform them of the individual’s imminent arrival and to confirm that the site is able to receive them. If the Health Based Place of Safety is notified in advance but does not have the capacity to receive the
person, the central management hub should advise of an alternative Health Based Place of Safety and/or escalate the matter as required (see 4.9 below). However, failure by the police officer to ring ahead may result in the person being unable to be accepted upon arrival, resulting in avoidable delay.

4.5 Information communicated to the Health Based Place of Safety by the Police or ambulance service must include:

- The reason for detaining the individual under s136 and events leading up to it;
- Detail of behaviours since being detained under s136;
- Any suspicion of drugs and alcohol and the degree of intoxication if present;
- Any use of weapons or crime;
- The involvement of the ambulance service and the medical assessment performed;
- Any suspicion of co-morbid physical health condition or concurrent injuries and any other risks to the individual or others.

4.6 It is essential that the Approved Mental Health Professional (AMHP) service for the area where the Health Based Place of Safety is located is notified as soon as is practicable of the individual's imminent arrival there. It has been agreed that this contact should be made by staff at the Health Based Place of Safety themselves (or by the A&E department if the person is being taken straight to A&E), rather than by the Police. The police officer or ambulance crew who are bringing the individual to the relevant place of safety must always check that the staff there are aware that it is their responsibility to do this.

4.7 The Ambulance service or other service transporting the individual will go to the Health Based Place of Safety closest to where the individual was detained as advised by the central management hub. However crisis care plans which may include a preferred place of assessment based on the individual's needs should always be taken into account where feasible.

4.8 If there is no capacity at the local Health Based Place of Safety when the police officer makes initial contact it is the police’s responsibility to contact the nearest agreed Emergency Department as a suitable place of safety. A Health Based Place of Safety has no legal power to transfer the individual of their own volition; this needs to be done by or on behalf of a police officer or AMHP (see s136(3) MHA)

4.9 When the Health Based Place of Safety states that it has capacity, this means it is able to receive the detained individual as soon as they arrive on site.

4.10 If the police officer has been informed that a Health Based Place of Safety has capacity to accept an individual, action should be taken to ensure this capacity remains available up until the individual arrives on site. If, in exceptional circumstances, the Health Based Place of Safety becomes unable to accept the individual during the time taken to convey, all efforts should be made to inform the conveying officers and an alternative Health Based Place of Safety should be identified by Health Based Place of Safety staff.

4.11 If no alternative site has been identified by the time the person arrives at the original Health Based Place of Safety, the police officer will notify staff there of their arrival, at which point the s136 period is deemed to have started, and the person will be kept in
custody by the police officer, supported by the ambulance crew where appropriate, until an alternative place of safety has been identified. A record must be kept of any such occurrences.

4.12 All escalation processes with regard to bed capacity should be initiated and carried out by the Health Based Place of Safety s136 coordinator in liaison with the hospital bed manager. Where necessary, escalation processes should be initiated immediately with the on call service manager. If there are issues relating to the clinical picture, advice could also be sought through an on call senior doctor e.g. Higher Specialty Trainee (SpR), Associate Specialist (staff grade) or on call Consultant. Direct contact with both should always be available through the Trust’s switchboard.

5.0 CENTRAL MANAGEMENT AND ESCALATION PROCESS

5.1 A capacity management tool will be available to support the process of identifying a Health Based Place of Safety by indicating each site’s real-time capacity. The central management of the Suites will be coordinated through a central line. The central management hub will keep a record of available and unavailable suites

Central Management Hub
The police must call the central management hub on 01268 739175 to find out the availability of a Health Based Place of Safety.
- Police to advise where they are so the nearest suite can be identified for them
- Where a suite has been identified, the police will be put through to that suite
- The Police should give the individuals details and circumstances, name, d.o.b. etc.
- An estimated time of arrival should be given to the Site Coordinator

Site Coordinators
Site Coordinator’s must call the central management hub on 01268 739175 to advise the availability of a suite
- Advise admission and time of admission
- Advise of estimated time of disposal i.e. discharged to the ward/community
- Advise discharge and time of discharge
- Advise of any issues which would stop the suite from admitting i.e. lack of staff, environmental failure

5.2 HBPoS Escalation Process is underpinned by the System Flow & Capacity Policy & the OPEL Framework, to improve patient flow and prevent unnecessary delays for people detained on Sec 136 MHA; and supports communication between Mental Health, Police & Acute Trusts. This flow chart is to be followed if HBPoS central management is unable to find capacity across the Essex HBPoS (as per 5.3)
### 5.3 Escalation Process and Actions

<table>
<thead>
<tr>
<th>OPEL Status</th>
<th>In Hours</th>
<th>Out of Hours</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OPEL 4</strong></td>
<td>Inpatient Director</td>
<td>Police Supervisors in FCR &amp; Acute Trust</td>
<td>Escalate to Inpatient Director/Exec Dir</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Exec Dir On Call</td>
<td>- Contact S12/Consultant to encourage a quicker medic response</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Contact AMHP service to reprioritise route to secure assessment time</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Contact Bed Management to secure a bed where required</td>
</tr>
<tr>
<td><strong>OPEL 3</strong></td>
<td>Service Manager</td>
<td>Senior On Call Manager</td>
<td>Escalate to Service Manager/On Call Manager</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Contact on Call/S12 Doctor to advise of ETA</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Contact AMHP whilst patient on route to secure assessment time</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Contact Bed Management to secure a bed where required, if out of hours, source a bed, explore discharge and leave plans on the ward</td>
</tr>
<tr>
<td><strong>OPEL 2</strong></td>
<td>Clinical Manager/ Matron</td>
<td>1st On Call Manager</td>
<td>Escalate to Matron/Service Manager</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Follow normal procedure to ensure timely assessment takes place. Address and report delays</td>
</tr>
<tr>
<td><strong>OPEL 1</strong></td>
<td>In Hours</td>
<td>Out of Hours</td>
<td>HBPoS Coordinator</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Follow normal procedure to ensure timely assessment takes place. Address and report delays</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Capacity email to be sent out every morning to all partners</td>
</tr>
</tbody>
</table>
### 6.0 Conflict Resolution Escalation

Where partners and agencies do not agree in relation to a patient(s) placed on S.136. The below process should be followed and applied:

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Working Hours 0900 - 1700</th>
<th>Out of Hours 1700 - 0900</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Contact</strong></td>
<td><strong>Contact Details</strong></td>
<td><strong>Contact</strong></td>
</tr>
<tr>
<td>Senior Nursing Officer Lynn McGhee</td>
<td>Contact Centre 0300 123 0808</td>
<td>Senior Manager on Call – First Line 0300 123 0808</td>
</tr>
<tr>
<td>AD Inpatients Services Lizzy Wells</td>
<td>Contact Centre 0300 123 0808</td>
<td>Director on Call Second Line 0300 123 0808</td>
</tr>
<tr>
<td>Dir of Mental Health Sue Waterhouse</td>
<td>Contact Centre 0300 123 0808</td>
<td></td>
</tr>
<tr>
<td>Executive Director Andy Brogan</td>
<td>Contact Centre 0300 123 0808</td>
<td></td>
</tr>
</tbody>
</table>

**A. Circumstances Requiring Escalation within EPUT**
- Limited capacity for HBPoS
- Patient remains in any A&E for more than 4 hours
- Disagreement with the police or any Emergency Department

<table>
<thead>
<tr>
<th>Local Emergency Departments</th>
<th>Contact</th>
<th>Contact Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basildon and Thurrock Hospitals NHS FT</td>
<td>Site Manager A&amp;E 01268 593800</td>
<td>Senior Manager on Call 01268 524900</td>
</tr>
<tr>
<td>Colchester Hospital University NHS Foundation Trust</td>
<td>Site Manager A&amp;E 01206 851619</td>
<td>Senior Manager on Call 01206 747474</td>
</tr>
<tr>
<td>Mid Essex Hospital Services NHS Trust</td>
<td>Site Manager A&amp;E 01245 442577</td>
<td>Senior Manager on Call 01245 362000</td>
</tr>
<tr>
<td>Princess Alexandra Hospital NHS Trust</td>
<td>Site Manager A&amp;E 01992 561177</td>
<td>Senior Manager on Call 01279 444455</td>
</tr>
<tr>
<td>Southend University Hospital NHS Foundation Trust</td>
<td>Site Manager A&amp;E 01702 331406</td>
<td>Senior Manager on Call 01702 43555</td>
</tr>
</tbody>
</table>

**B. Circumstances Requiring Escalation within Emergency Departments**
- Police intend to leave without agreement of handover
- Patient appears to be inappropriate for Emergency Department
- Patient has remained in Emergency Department for longer than 4 hours

<table>
<thead>
<tr>
<th>Essex County Council EDS</th>
<th>Contact</th>
<th>Contact Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duty Manager XXXXX</td>
<td>Duty Manager First Line 0300 123 0778.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Adult Senior Manager Second Line 0300 123 0778.</td>
<td></td>
</tr>
</tbody>
</table>

**C. Circumstances Requiring Escalation EDS**
- Delay in AMHP assessment for patient in Emergency Department
### 7.0 COMMUNICATION

<table>
<thead>
<tr>
<th>Organisation/Partner</th>
<th>Sit Rep Email address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Essex Partnership University Foundation Trust (Chair)</td>
<td></td>
</tr>
<tr>
<td>Basildon and Thurrock Hospitals NHS FT</td>
<td></td>
</tr>
<tr>
<td>Colchester Hospital University NHS Foundation Trust</td>
<td></td>
</tr>
<tr>
<td>East London Ambulance Service NHS Trust</td>
<td></td>
</tr>
<tr>
<td>Essex County Council</td>
<td></td>
</tr>
<tr>
<td>Essex Police</td>
<td><a href="mailto:firsupervisors@essex.pnn.police.uk">firsupervisors@essex.pnn.police.uk</a></td>
</tr>
<tr>
<td>Mid Essex Hospital Services NHS Trust</td>
<td></td>
</tr>
<tr>
<td>NHS Basildon and Brentwood CCG</td>
<td></td>
</tr>
<tr>
<td>NHS Castle Point and Rochford</td>
<td></td>
</tr>
<tr>
<td>NHS Mid Essex CCG</td>
<td></td>
</tr>
<tr>
<td>NHS North East Essex CCG</td>
<td></td>
</tr>
<tr>
<td>NHS Southend CCG</td>
<td></td>
</tr>
<tr>
<td>NHS Thurrock CCG</td>
<td></td>
</tr>
<tr>
<td>NHS West Essex CCG</td>
<td></td>
</tr>
<tr>
<td>Princess Alexandra Hospital NHS Trust</td>
<td></td>
</tr>
<tr>
<td>Southend University Hospital NHS Foundation Trust</td>
<td></td>
</tr>
<tr>
<td>Southend-on-Sea Borough Council</td>
<td></td>
</tr>
<tr>
<td>Thurrock Council</td>
<td></td>
</tr>
</tbody>
</table>
8.0 CONVEYANCE AND HANDOVER

8.1 An ambulance should be used to convey the individual with police support where appropriate. The ambulance must arrive at the location in which the police detained the individual within 30 minutes of request or 8 minutes for physically restrained patients when they are notified that there may be a risk of positional asphyxia (when someone’s position prevents the person from breathing adequately) or where the clinical information provided is of concern.

8.2 The use of ambulance services should always be considered first in order to convey the individual to the Health Based Place of Safety, however it is not unlawful to use police transport as a last resort. If the individual is violent this can provide an appropriate rationale for the use of police conveyance, but when this occurs it must be properly documented.

8.3 Where the ambulance service have identified that there is likely to be a significant delay (over 60 minutes) this should be communicated to the police. In these circumstances, the police officer may consider transporting the patient in a police vehicle. If this is the case, the police officer should notify the Duty Officer or if they are unavailable a supervisor as soon as practicable and must inform the ambulance service of their decision. The rationale for using a police vehicle should be recorded by the officer responsible for detaining the person under the MHA and should stipulate which supervising officer was informed.

8.4 Where it is necessary to use a police vehicle because of the risk involved, it may be necessary for the highest qualified member of an ambulance crew to ride in the same vehicle with the patient, with the appropriate equipment to deal with immediate problems. In such cases, the ambulance should follow directly behind to provide any further support that is required.

8.5 When the police officer makes contact with the ambulance service to carry out the conveyance of s136 detainees, officers must be explicit in using the terms ‘section 136’ and/or ‘restraint’ to help ensure the appropriate triage category is applied and the timeframes above are met.

8.6 The ambulance is being used for conveyance on behalf of the police for the purposes of medically screening individuals detained under s136; this includes assessing vital signs like breathing, temperature, blood pressure etc. There is no formal handover of responsibility for the detached individual to the ambulance service. The individual subject to s136 is still in the custody of the police, who must therefore accompany them to the Health Based Place of Safety.

8.7 While the police still retain overall responsibility for the individual during the initial transfer, clinical judgements during conveyance regarding the detained individual must be made by paramedic staff with support from (if necessary) mental health nurses in the ambulance clinical ‘hub’ or local mental health triage lines.
9.0 ADMISSION TO THE PLACE OF SAFETY

9.1 The time of arrival at and admission to the Health Based Place of Safety must be clearly recorded at the Health Based Place of Safety and also by the police officer. The information must also be passed on to any further site if the individual is transferred. The time of arrival is the start of the 24 hour detention period under s136.

9.2 Paperwork must be completed for every patient conveyed under s136. To accept the individual under s136 there must be a formal handover of the completed Section 136 detention form with the associated risk assessment. The form should be signed by both parties and used as a record of handover from the Police to the Health Based Place of Safety. (Appendix 4)

9.3 If the individual is taken to an Emergency Department (A&E) first under s136, the 24 hour detention period commences on arrival at A&E, not when they subsequently arrive at the Health Based Place of Safety. When the individual arrives it is important that the status of the individual (whether they are detained under s136 or not) is communicated to A&E staff straight away.

9.4 In instances where the individual is first taken to Emergency Department (A&E) but legal responsibility is not transferred, the Police and Emergency Department (A&E) staff must liaise and decide on the most appropriate support required when the individual is conveyed on to the Health Based Place of Safety, this may be an appropriately equipped transport provider

9.5 If the s136 coordinator and Health Based Place of Safety team feel unable to meet the physical needs of the individual and they need to go to the A&E department, staff at the Health Based Place of Safety has the right of refusal to the site. However concerns should always be escalated to an on call doctor e.g. on call Higher Specialty Trainee (SpR), Core Trainee (SHO) or Associate Specialist. The on call Consultant could be approached for mediation or consultation if an agreement has not been reached but the final clinical decision as to whether the individual requires medical assistance at the A&E department lies with the doctor at the Health Based Place of Safety. Conversations will involve discussions regarding the specific concerns of staff and what additional assessment or intervention is required.

9.6 If the individual has had a mental health assessment and it is decided that they have a mental disorder but that this does not require a psychiatric hospital admission, they remain subject to s136 and may continue to be held for their own safety for as long as is necessary for any care arrangements to be put in place, including transfer to another Place of Safety if this is appropriate. The individual should be discharged from the s136 by the AMHP as soon as any necessary care arrangements are in place. The maximum period of detention cannot be extended if the person is transferred to another place of safety or to any other hospital site.

9.7 Clinical staff should be present to meet the individual on arrival at the Health Based Place of Safety and receive a verbal handover from the ambulance staff or the Police.
9.8 Handover should include physical health findings, clear detail of mental health presenting circumstances and evolution of patient presentation over time with ambulance staff or the Police.

9.9 On arrival at a site the police must remain with the detainee until Health Based Place of Safety staff have accepted responsibility for the individual's custodty and there has been a handover of the s136 papers between the police and the individual who is responsible for keeping the person safe pending the Mental Health Act assessment (this should be the s136 coordinator).

9.10 This initial handover process where Health Based Place of Safety staff take responsibility for the individual (including preventing the person from absconding before the assessment can be carried out) must occur within 30 minutes of arrival, however the Police and Ambulance service should not have to wait longer than 15 minutes to gain access to the Health Based Place of Safety facility.

9.11 The initial medical screening and physical health assessment should occur as soon as a person arrives, no later than 1 hour after the individual arrives at the Health Based Place of Safety.

9.12 The initial medical screening and physical health assessment should include the collection of collateral information from the individual's locality mental health services as well as from family and/or carers. This assessment should be proportionate and should not cause unnecessary delay to the mental health assessment process.

9.13 On arrival, sufficient documentation should be provided to Health Based Place of Safety staff. If the individual has been transferred from the A&E department this must include the appropriate clinical documentation. In any case, if insufficient or incomplete written documentation has been provided, this should not obstruct the patient's care. A serious incident form should be logged which should be fed back and reviewed by the local multi-agency group.

9.14 Brief drug and alcohol interventions should be embedded as standard practice if it is identified that substance misuse is apparent. Once these individuals are identified a brief intervention with the individual's consent should be embedded in the initial assessment process and if appropriate signposting or onward referral to substance misuse service should be supported.

9.15 If requested by staff, Police will remain at the Health Based Place of Safety up to a maximum of an hour, but in most cases the Police should be free to leave within 30 minutes of the handover. If the person represents a significant risk of violence, the safety of the individual and staff should be explicitly assessed. A longer time period may be negotiated if there is mutual agreement between parties that it is in the best interests of the individual and permission is granted by the Police supervising officer that there is the resource to provide further support. If in complex cases it is proving difficult to reach a consensus, senior management from the provider Trust and the police should liaise to
resolve the situation.

9.16 If the individual’s presentation deteriorates and the level of violence becomes impossible to manage within the Health Based Place of Safety, Police will be called upon using Emergency 999 number and asked to attend as a matter of urgency.

9.17 Health Based Place of Safety staff must be able to summon extra help at short notice from the Trust’s emergency team.

9.18 On the rare occasion when the person may require medication prior to the assessment being completed or for a pre-existing medical condition. The trust should facilitate the prescribing and administration of appropriate medication.

9.19 Staff in the Health Based Place of Safety are empowered by the MHA 1983 (as amended 2007) to stop and restrain, (using reasonable force) anyone who is attempting to leave if they have been detained under S136 MHA 1983 (as amended 2007).

9.20 The detained individual will be read their rights under S.136 and given their rights leaflet. Further attempts will be made to explain their rights if the person does not understand

10.0 ROLES AND RESPONSIBILITIES

10.1 The role of the AMHP is to Interview the person with clear information on their rights, taking account of language, learning disability or cultural issues;

• Contact any relatives and friends as appropriate and with permission

• Consider any possible alternatives to admission to hospital

• Consider the need to make any other “necessary” arrangements, particularly if the person is assessed as not requiring hospital admission

• Consider whether the person should be transferred to another place of safety

• To complete the necessary legal documentation and to arrange for any further assessments needed to complete the Detention in the event of a decision to pursue further detention under a Section of the Mental Health Act

10.2 The role of the S12 Approved Doctor/on Call Doctor is to

• Examine the person’s physical health

• Examine the person’s mental state

• Determine whether the person is suffering from a mental disorder
• Determine whether the person requires regular medication that has been part of person’s regime before being detained

• To establish their capacity and willingness to agree to any proposed treatment

• To request a hospital bed, if admission is required

• To consider whether the person should be transferred to another place of safety. Should the person be required to be transferred to another place of safety, discussion and agreements should be had with the AMHP and the Police.

10.3 Section 12/On Call Doctor Assessment Process

<table>
<thead>
<tr>
<th>Police Notification</th>
<th>Patient Arrives in S136 suite</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultant Notified as per protocol</td>
<td></td>
</tr>
<tr>
<td>Initial Medical Review</td>
<td></td>
</tr>
<tr>
<td>Liaise with AMHP for MHA assessment, CRHT involvement</td>
<td></td>
</tr>
<tr>
<td>Completion of Assessment</td>
<td></td>
</tr>
</tbody>
</table>

- **Basildon**
  - **During work hours**
  - Dr Carr
  - Phone: 01268 568073
  - **Out of Hours**
  - Consultant on Call via Switch board
  - Phone: 01268 524900

- **Rochford**
  - **During work hours**
  - Dr Karin Thies-Flechtner
  - Phone: 01702 538029
  - **Out of Hours**
  - Consultant on Call via Switch board
  - Phone: 01702 538000

- **Chelmsford**
  - **During work hours**
  - Dr Otun
  - Phone: 01245 315802
  - **Out of Hours**
  - Consultant on Call via Switch board
  - Phone: 01245 362000

- **Colchester**
  - **During work hours**
  - Dr Hemraj Pal
  - Phone: 01206 228712
  - **Out of Hours**
  - Consultant on Call via Switch board
  - Phone: 01206 747474

- **St Aubyn Centre (CAMHS)**
  - Dr Hughes
  - Phone: 01206 334600
10.4 The Consultant may elect to delegate this responsibility to a doctor of suitable seniority and/or experience within their team or use the existing three tier on-call rota in the most effective manner where a detention occur out-of-hours.

10.5 Although Section 136 MHA 1983 (as amended 2007) allows for a period of detention of up to 24 hours this should be regarded as a maximum. The assessment should be completed as quickly as possible and without use of an overnight stay unless essential.

10.6 If a person subject to S136 leaves the place of safety or goes missing they should be regarded as absent without leave (AWOL) and can be brought back by the Police as long as this is within the 72-hour period of detention.

11.0 MENTAL HEALTH ASSESSMENT PROCESS

11.1 Mental health assessments must not be delayed due to uncertainty regarding the availability of a suitable bed.

11.2 The mental health assessment should be completed within 4 hours of the individual arriving at the Health Based Place of Safety unless there are clinical grounds for delay, such as the person being significantly intoxicated, acutely unwell following self-harm and in need of care and treatment at the A&E department or, after being clinically assessed by the team, being deemed to require more time for their mental state to settle.

11.3 Medical staff at the Health Based Place of Safety must have contact information for the AMHP serving the local area, particularly out of hours. It is the AMHP service’s responsibility to ensure this number is available to all Health Based Place of Safety staff.

11.4 Where possible the mental health assessment should be conducted jointly by the s12 doctor and the AMHP, however the need to coordinate a joint assessment should not be a reason for delaying the overall process. Unless it is clear that the person will not require a hospital admission the AMHP should arrange for a second doctor to examine the individual. The second doctor should either have had previous acquaintance with the person under assessment, or also be a S12 approved doctor (see below).

11.5 If hospital admission is likely one of the s12 doctors undertaking the assessment should normally be employed by the Trust responsible for providing care for the geographical area in which the patient is being assessed. If this would cause unreasonable delay it is not unlawful to proceed on the basis of two doctors not from the geographical area, however if both s12 doctors are employed by a different NHS Trust or organisation then at least one of the doctor’s assessments should be recorded either as a paper record or on the local electronic patient record system.
11.6 The first doctor carrying out the assessment should normally be approved under section 12(2) of the Mental Health Act. In exceptional circumstances where mental health assessments are undertaken by core psychiatry trainees who are not approved under s12, a discussion with the senior s12 doctor must occur and their name and advice must be recorded in the notes. However, it should be noted that a hospital admission under s2 or s3 MHA 1983 can only take place if recommendations are received from two doctors, and if one of the medical recommendations is completed and signed by a s12 approved doctor. The Mental Health Act Code of Practice states that, if neither doctor has previous acquaintance with the person, both doctors giving the medical recommendations should be s12 approved.

11.7 When the person is already known to mental health services in a different area from where they have been detained it is good practice for an AMHP from their home area to consider attending to carry out the assessment; see the MHA Code of Practice para 16.28. However, this should not be a reason for unduly delaying the assessment. It should be noted that (in the absence of local agreements to the contrary) the legal duty to assess falls upon the AMHP service for the area where the person is at the point when the assessment is needed - in this case, the borough in which they are currently being detained under s136.

11.8 If the s12 doctor, or other doctor with mental health training/experience (for example a liaison psychiatrist), sees the individual before the AMHP and is satisfied that there is no evidence of underlying mental disorder of any kind, the person can no longer be detained and must be immediately released, even if not seen by an AMHP. If this occurs the AMHP should be notified by the doctor concerned without delay, and the individual must be told that they are free to leave when they want. Where appropriate they should be referred on to other, non-mental health teams in the local authority, for example under the Care Act.

11.9 If the s12 doctor sees the person first and concludes that they do have a mental disorder and that compulsory admission to hospital is not necessary, the person should still be seen by an AMHP, to consider what arrangements are necessary to support the person’s mental health, for example an informal hospital admission or support in the community. Even if a hospital admission is not required, the AMHP might still decide that the person needs to be held at the Health Based Place of Safety for a period while community arrangements are made, for their own safety or exceptionally to protect someone else. This should only happen if the AMHP believes that the risks are too great for such arrangements to be made after the person has returned home.

11.10 Decisions to immediately release the individual should not be made lightly. Whilst many people assessed under s136 of the Mental Health Act may not have mental disorder of the severity or nature to warrant further detention under the Act, the majority of people placed on a s136 are likely to have some form of mental disorder or to be vulnerable. Hospital staff should not take it upon themselves to discharge the s136 without reference to the AMHP, as once this has been done there is no power to prevent the person from leaving even if necessary arrangements for the person’s treatment or care have not yet been made.
11.11 Exceptionally, if it is unavoidable, or it is in the person’s interests, an assessment begun by one AMHP or s12 doctor may be taken over and completed by another, either in the same location or at another place to which the person is transferred (which may be in a different borough and so come under a different AMHP team). A local policy should be in place to ensure that a replacement AMHP or s12 doctor has been identified and formally confirmed to take over the assessment before the first professional departs. Where this occurs, the AMHP taking over the process is legally responsible for making any MHA application, which may therefore require re-interviewing the individual and family members where appropriate.

11.12 If the individual is under 18 years old or has recently been referred to adult services they should, where this is available, be taken to an appropriate Health Based Place of Safety where there is a s12 approved CAMHS specialist doctor, a consultant with experience in CAMHS or an AMHP with knowledge and experience of caring for this age group available to undertake the mental health assessment.

11.13 The Trust commissioned to provide the Health Based Place of Safety should ensure assessing doctors and AMHPs have up to date knowledge and readily available information about alternatives to admission via the local Directory of Services, which should be considered as part of the assessment.

11.14 The AMHP and assessing doctors must also have prompt access to interpreting and signing services if required.

11.15 Occasionally the AMHP may decide that they need to return to re-interview the person in order to decide upon an appropriate course of action for example, if at the first interview the person is under the influence of drugs or is ‘selectively mute’. In these circumstances the s136 detention continues in the usual way until the final decision is taken.

11.16 The person may continue to be detained while all these arrangements are being made, provided that the maximum period of detention under s136 (24 hours) is not exceeded. The 24 hour period begins at the time of arrival at the first place of safety (including if the individual needs to be transferred between places of safety). It should be noted that A&E is itself a Place of Safety within the meaning of the MHA, so if the person subject to s136 is first taken to Emergency Department (A&E) the detention period starts at the time of their arrival at Emergency Department (A&E), and not at their arrival at any subsequent Acute Trust.

11.17 The detention under s136 comes to an end 24 hours after the individual’s arrival at the Health Based Place of Safety (or arrival at the first Place of Safety they have been transferred to including A&E). The period may be extended to 36 hours by a doctor, but only on clinical grounds. Once the detention period has come to an end the individual cannot continue to be detained under s136 and should be told that they are free to leave. The ‘holding powers’ under section 5(2) and 5(4) of the Mental Health Act 1983 cannot be used to extend the detention period.
11.18 Exceptionally, if the individual represents a clear and immediate risk to themselves or to someone else, Health Based Place of Safety staff may be able to justify a further, very brief, period of restraint while appropriate arrangements are being made, but it should be noted that this would be under common law, not the Mental Health Act, and the necessity for it might be challenged. Likewise restraint may be justified for a brief period under the Mental Capacity Act if the person lacks capacity to make decisions about their own safety and it is clearly necessary to restrain them in their own interests. In this case there would need to be a formal record that the person’s capacity was appropriately assessed, and other arrangements must be put in place as quickly as possible to prevent this turning into an unauthorised deprivation of liberty. A decision to restrain in this way is made by the senior staff member at the relevant Place of Safety, who should take internal advice where appropriate.

11.19 After the outcome is agreed, the person should be discharged or transferred to hospital as quickly as possible, failure to discharge promptly compromises the individual’s care. The AMHP is responsible for arranging the individual to be conveyed to the admitting hospital, however, they will require assistance from the sending hospital in coordinating suitable transport and may request police support where needed.

11.20 The Trust responsible for arranging inpatient psychiatric beds needs to be aware that detention in the Health Based Place of Safety cannot be extended beyond the maximum time permitted (24 hours) simply because of an inpatient bed shortage. The Mental Health Trust has a duty of care (within what is permitted in law) to the individual requiring admission so each Trust is expected to make provision to address the situation.

11.21 If an application for detention under section 2 or section 3 has already been completed at the time when the s136 detention period expires, the individual may continue to be appropriately restrained for a short time by the AMHP responsible for conveying them to hospital, or someone authorised by them, while waiting for suitable transport (see sections 6(1) & 137 MHA).

11.22 When an inpatient admission is required following detention under s136, this should be treated as an emergency admission, with the decision on where to admit the individual determined by what is judged to be clinically safest and in the individual's best interest. This may mean admitting the individual at the site where the Health Based Place of Safety is located, even if they are usually resident in a geographical area served by a different Trust. The underlying principle is that there should be no gaps in responsibility and no treatment should be refused or delayed due to uncertainty or ambiguity as to which CCG is responsible for funding an individual’s healthcare provision.

11.23 It should be noted that, while Wales is covered by the MHA 1983, Scotland, Northern Ireland, the Channel Islands and the Isle of Man have different mental health legislation. Any hospital transfer of patients who are usually resident in these areas can give rise to both funding and legal issues. Sections 80-92 of the MHA 1983 outline the legal processes required. However, if the person clearly needs a hospital admission this should be arranged locally in the usual way and not delayed while a transfer to the home
12.0 DISCHARGE PATHWAY

12.1 The mental health assessment may result in one of six outcomes:

- S12 doctor or other doctor with mental health expertise concludes that there is no mental disorder at all, and the person is immediately discharged.
- S12 doctor and AMHP conclude that the person’s mental disorder does not require a hospital admission, but that arrangements need to be made for support from community-based services. The AMHP has responsibility for ensuring that these arrangements are put in place. In this case the person should normally be discharged home, unless the AMHP is satisfied that the risks in doing so justify keeping them in the HBPoS while these arrangements are being made.

Responsibility for discharge of the person from S136 following assessment, if the person is to be discharged home the Site Coordinator in collaboration with the AMHP should endeavour to a reasonable level, to arrange appropriate transport to ensure the person reaches a safe place. This includes organising taxi service, Travel Warrant or informing significant other to pick up the person. All logged property will be returned and signed for. During this process the individual should be made aware of support available if their situation deteriorates in between treatment.

- S12 doctor and AMHP conclude that a hospital admission is required, and the patient with capacity to do so consents to it (s.131 of the Act). It is the AMHP’s judgement as to whether the patient has the relevant capacity and whether it is safe to rely upon their consent.
- S12 doctor and AMHP conclude that a hospital admission is required and the AMHP is satisfied that the person lacks the capacity to give a valid consent to this but is not likely to resist admission or medical treatment once in hospital. In this case the person could be admitted under the Mental Capacity Act, but the hospital is responsible for making any deprivation of liberty lawful, by applying for a DOLS authorisation or, where appropriate, going to the Court of Protection. It is the AMHP’s judgement as to when a MCA admission is appropriate.
- S12 doctor and AMHP conclude that a hospital admission is required but that the person is resisting admission or any necessary inpatient medical treatment, or is likely to do so. This includes where the person is known to have made an ‘advance decision’ refusing the treatment which they are judged likely to need. In this case the AMHP should normally apply for admission under the MHA 1983, though they have the discretion to delay making the application for up to 14 days following the second medical recommendation being made.
• S12 doctor and AMHP conclude that the person needs a hospital admission but is currently subject to a Community Treatment Order. In these circumstances the patient’s Responsible Clinician (consultant legally responsible for their mental health treatment in the community, or their authorised deputy) should be notified as soon as possible and invited to provide a signed Notice of Recall (Form CTO3), which requires the person to be taken to the hospital specified in the Notice. If the responsible Clinician cannot be contacted in time, or if they do not provide a signed Notice of Recall within the necessary timescale, the patient may be admitted to hospital voluntarily, under the MCA or under s.2 MHA 1983 and the Notice of Recall can if required be served on them at that stage.

12.2 If the person requires a hospital admission the Nurse in charge of Health Based Place of Safety will liaise with the Bed management Office during office hours to identify an appropriate bed, and ensure timely and safe transfer, deploying resources as appropriate. Out of hours site officer will take responsibility to identify bed and seek appropriate approval from on call manager if Out of Area bed will be required.

12.3 Where an admission is deemed appropriate the assessment of risk information must be handed over to the ward to ensure that inpatient team are fully aware of the risks and to ensure that the necessary risk management measures can be put in place by the inpatient team

13.0 DOCUMENTATION

13.1 The Site Coordinator uses the electronic record system Mobius to document the episode for known persons. Unknown person who are not on the system will initially have a paper record. The paper record will include

• Trust Section 136 Mental Health Act Monitoring Form as per the Joint Policy relating to Section 136 MHA 1983 that includes the joint risk assessment, property recording list. (Appendix 4)
• Continuation Sheets for contemporaneous recording
• All persons should be logged in log file kept in the Suite including the individual leaves

14.0 SUPERVISION OF THE PERSON

14.1 Whilst awaiting assessment - All persons in the Health Based Place of Safety should never be left unmonitored. Level of observation should be determined by the risk presented. Staff will remain with the person within the S136 area in appropriate numbers to manage any presenting risk.
14.2 All persons should be searched on entry to the suite. It should not be presumed that the Police have conducted the search. Search to be conducted in line with Trust policy. The nurse and police officer will search the detained person and remove all items of risk and any valuables the person has brought with them for safe keeping. The items will be listed and signed for by the nurse and police officer. All items will be kept in a secure area by nursing staff.

15.0 STAFFING OF THE HEALTH BASED PLACE OF SAFETY

15.1 Basildon Mental Health Unit - The Site Coordinator is the designated lead 24 hours a day for the Health Based Place of Safety.

15.2 Rochford Hospital - The Site Coordinator is the designated lead 24 hours a day for the Health Based Place of Safety.

15.3 The Lakes - The Site Coordinator is the designated lead 24 hours a day for the Health Based Place of Safety.

15.4 Christopher Unit - The Site Coordinator is the designated lead 24 hours a day for the Health Based Place of Safety.

15.5 Derwent Centre - The Site Coordinator is the designated lead 24 hours a day for the Health Based Place of Safety.

15.6 Staff must not work alone in the Health Based Place of Safety if they have any concerns about their safety. The Trust has implemented a “buddy system” within the Health Based Place of Safety whereby there is a dedicated support worker allocated to support the Site Coordinator in the suite.

16.0 SAFEGUARDING

16.1 The suite will follow the Trust Policy and procedures when dealing with any Safeguarding issues in relation to children or to adults

17.0 RISK ASSESSMENTS AND RISK MANAGEMENT

17.1 Risk Assessment and contingency planning are a routine part of the daily work of S136 Coordinator. The team will use the standard Trust policies on assessing risk in relation to service users and to the environment

18.0 MOBILE PHONES

18.1 Persons detained under Section 136 of the MHA are “cared for” within the hospital environment. They will usually retain their mobile phones for the duration of their stay in the Health Based Place of Safety unless this could pose a risk to themselves or to staff.
19.0 LIAISON

19.1 The Health Based Place of Safety will interface closely with the Police, AMHP's, acute hospitals and Primary Care. They will interface internally with CRHTs, Integrated Community Mental Health Teams and all mental health community services including Street Triage Nurse.

19.2 Good communication is essential for the safe operation of the Health Based Place of Safety. To facilitate this a number of regular meetings will take place:
- Police Liaison meetings
- Departmental and Service meetings
- Ad hoc meetings regarding individual service users

20.0 DATA COLLECTION

20.1 Performance information in relation to S136 detentions and incidents at mental health establishments should be made available to the Essex Police & Trust Liaison Committee enable collaborative working and monitoring. Data to be collected:
- Use of S136
- Demographics of Individual's detained
- Outcomes

21.0 SAFETY OF ENVIRONMENT

21.1 It is crucial that the Health Based Place of Safety is maintained in good order and is ready for use. All faults and defects must be reported immediately to minimize any possible closure of the suite. If it is necessary for environmental safety to close the suite this must be done formally and the Director of Mental Health Services (or nominated deputy) must be informed. The facility must be locked, spacious and airy. The person should be able to lie down and have access to snacks, drinks and toilet facilities. The exits from the interview room must be unobstructed and the furniture should not be able to cause injury. All staff at Health Based Place of Safety should be equipped in an alarm system to summon extra staff. Resuscitation equipment and emergency medication should be available and checked on daily bases.

21.2 The place of safety must is designed to assist the assessment process and enable a disturbed person to be safely managed. In Emergency Departments (A&E), an identified area appropriate to meet the needs and mitigate the risk of the individual should be identified and agreed at handover.