

Health Based Place of Safety (Section 136)

POLICY REFERENCE NUMBER	MHA20	
VERSION NUMBER	1.2	
KEY CHANGES FROM PREVIOUS VERSION	3 month extension (QC Aug 21)	
AUTHOR	[REDACTED]	
CONSULTATION		
IMPLEMENTATION DATE	1 April 2018	
AMENDMENT DATE(S)	n/a	
LAST REVIEW DATE	April 2018	
NEXT REVIEW DATE	April November 2021	
APPROVAL BY SMT:	March 2018	
RATIFIED BY FINANCE & PERFORMANCE COMMITTEE:	March 2018	
COPYRIGHT		
OPERATIONAL POLICY SUMMARY		
<p>The Trust monitors the implementation of and compliance with this operational policy in the following ways:</p>		
Services	Applicable	Comments
MH&LD	Yes	

**The Director responsible for monitoring and reviewing this policy is
Director of Mental Health**

**HEALTH BASED PLACE OF SAFETY
SECTION 136**

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

MHA20 - HEALTH BASED PLACE OF SAFETY (SECTION 136)

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:

Health Based Place of Safety South Essex	No. Beds	Health Based Place of Safety North Essex	No. Beds
Central Management of HBPOs Phone: ██████████		The Lakes Turner Road Colchester CO4 5JL Phone: Charge Nurse - ██████████	1

Basildon Mental Health Unit Basildon Hospital Nethermayne Basildon, SS16 5NL. Phone:	2	The Christopher Unit The Linden Centre Pudding wood Drive Broomfield Hospital Chelmsford CM1 7LF Phone: Bed Manager- [REDACTED] [REDACTED]	1
Rochford Hospital Union Lane Rochford SS4 1RB Phone:	2	The Derwent Centre Princess Alexandra Hospital Hamstel Road Harlow CM20 1QX Phone:	1

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 [REDACTED] 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 [REDACTED] 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

OPEL Status	In Hours	Out of Hours	Actions
OPEL 4 The Trust has limited capacity 0 out of 4 Suites Available	<pre> graph TD subgraph In_Hours [In Hours] ID[Inpatient Director] --> PS[Police Supervisors in FCR & Acute Trust] PS --> ED[Exec Dir On Call] end subgraph Out_of_Hours [Out of Hours] ED end HB[HBPoS] </pre>		Escalate to Inpatient Director/Exec Dir <ul style="list-style-type: none"> Contact S12/Consultant to encourage a quicker medic response Contact AMHP service to reprioritise route to secure assessment time Contact Bed Management to secure a bed where required
OPEL 3 The Trust has limited capacity 1 out of 4 Suites Available	<pre> graph TD SM[Service Manager] SOM[Senior On Call Manager] HB[HBPoS] </pre>		Escalate to Service Manager/ On Call Manager <ul style="list-style-type: none"> Contact on Call/S12 Doctor to advise of ETA Contact AMHP whilst patient on route to secure assessment time Contact Bed Management to secure a bed where required, if out of hours, source a bed, explore discharge and leave plans on the ward
OPEL 2 The Trust has limited capacity 2 out of 4 Suites Available	<pre> graph TD CM[Clinical Manager/Matron] OCM[1st On Call Manager] HB[HBPoS] </pre>		Escalate to Matron/Service Manager <ul style="list-style-type: none"> Follow normal procedure to ensure timely assessment takes place. Address and report delays
OPEL 1 The trust has capacity 3 out of 4 Suites Available	In Hours Out of Hours HBPoS Coordinator HBPoS CENTRAL MANAGEMENT		HBPoS Coordinator <ul style="list-style-type: none"> Follow normal procedure to ensure timely assessment takes place. Address and report delays Capacity email to be sent out every morning to all partners

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:

Organisation	Working Hours 0900 - 1700		Out of Hours 1700 - 0900	
	Contact	Contact Details	Contact	Contact Details
EPUT	Senior Nursing Officer [REDACTED]	Contact Centre 0300 123 0808	Senior Manager on Call – First Line	0300 123 0808 Contact Centre
	AD Inpatients Services [REDACTED]	Contact Centre 0300 123 0808	Director on Call Second Line	0300 123 0808 Contact Centre
	Dir of Mental Health [REDACTED]	Contact Centre 0300 123 0808		
	Executive Director [REDACTED]	Contact Centre 0300 123 0808		
	A. Circumstances Requiring Escalation within EPUT <ul style="list-style-type: none"> Limited capacity for HBPoS Patient remains in any A&E for more than 4 hours Disagreement with the police or any Emergency Department 			
Local Emergency Departments	Basildon and Thurrock Hospitals NHS FT	Site Manager A&E [REDACTED]	Senior Manager on Call	[REDACTED]
	Colchester Hospital University NHS Foundation Trust	Site Manager A&E [REDACTED]	Senior Manager on Call	[REDACTED]
	Mid Essex Hospital Services NHS Trust	Site Manager A&E [REDACTED]	Senior Manager on Call	[REDACTED]
	Princess Alexandra Hospital NHS Trust	Site Manager A&E [REDACTED]	Senior Manager on Call	[REDACTED]
	Southend University Hospital NHS Foundation Trust	Site Manager A&E [REDACTED]	Senior Manager on Call	[REDACTED]
	B. Circumstances Requiring Escalation within Emergency Departments <ul style="list-style-type: none"> 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 			
Essex County Council EDS	Duty Manager	XXXXX	Duty Manager First Line	[REDACTED]
			Adult Senior Manager Second Line	[REDACTED]
	C. Circumstances Requiring Escalation EDS <ul style="list-style-type: none"> Delay in AMHP assessment for patient in Emergency Department 			

CCG	Director on Call - Pager		Director on Call - Pager	
	Circumstances Requiring Escalation within CCG			
	<ul style="list-style-type: none"> Breaches in the Emergency Department as a result of A, B and C 			
Police Service	Duty Sergeant FCR on 101		Duty Inspector FCR on 101	
				Silver Commander FCR on 101
	Circumstances Requiring Escalation within Police Service			
	<ul style="list-style-type: none"> Emergency Department refusing to accept a patient Unnecessary delays 			

7.0 COMMUNICATION

Sitrep Email Addresses	
Organisation/Partner	Sit Rep Email address
Essex Partnership University Foundation Trust (Chair)	
Basildon and Thurrock Hospitals NHS FT	
Colchester Hospital University NHS Foundation Trust	
East London Ambulance Service NHS Trust	
Essex County Council	
Essex Police	
Mid Essex Hospital Services NHS Trust	
NHS Basildon and Brentwood CCG	
NHS Castle Point and Rochford	
NHS Mid Essex CCG	
NHS North East Essex CCG	
NHS Southend CCG	
NHS Thurrock CCG	
NHS West Essex CCG	
Princess Alexandra Hospital NHS Trust	
Southend University Hospital NHS Foundation Trust	
Southend-On-Sea Borough Council	
Thurrock Council	

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 detained 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 custody 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.

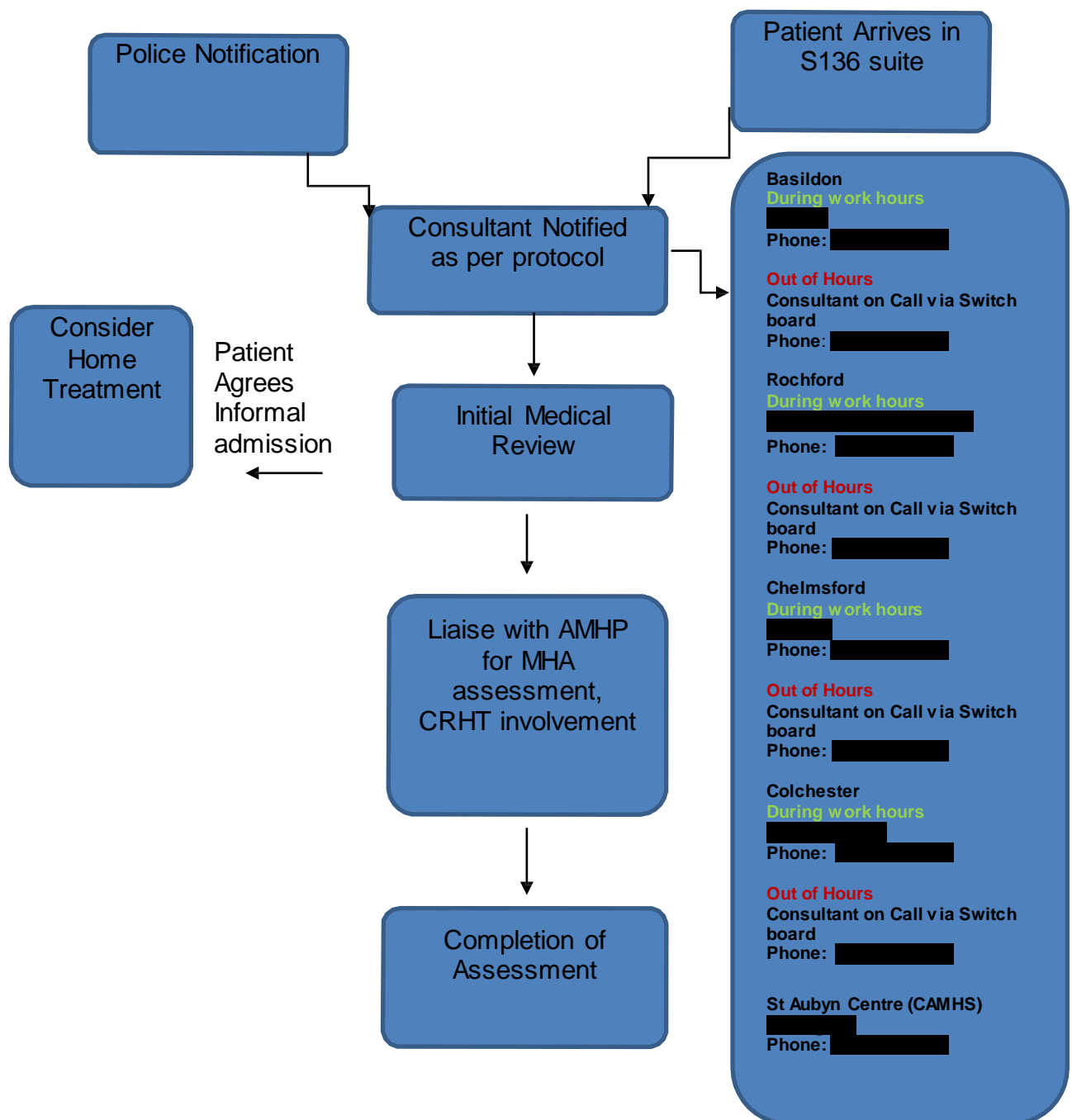
- 9.16 If the individual's presentation deteriorates and the level of violence becomes impossible to manage within the Health Based Place of Safety, Police will be called upon using Emergency 999 number and asked to attend as a matter of urgency.
- 9.17 Health Based Place of Safety staff must be able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



- 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 area is being organised.

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.