HPFT

Managing a Place of Safety detention under Section 136 of the Mental Health Act 1983

Policy and Procedure

HPFT

Version	**5.1**
Executive Lead	Director of Delivery and Service User Experience
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Target Audience	❖ Police officers, doctors, ward staff, AMHP, including AMHP out of hours service, bleep holders, community teams, Mental Health Act departments and CATT and C-CATT services ❖ All agencies involved in S136 Interagency Group ❖ All staff based in areas where there are S136 place of safety facilities

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Title of document	Managing a Place of Safety Detention under Section 136 of the Mental Health Act 1983		
Document Type	Policy and Procedure		
Ratifying Committee	S136 Interagency Group		
Version	**Issue Date**	**Review Date**	**Lead Author**
5.1	01/02/2019	18/12/2021	Directorate Manager (Mental Health Legislation)
Staff need to know about this policy because (complete in 50 words)	As this is a shared policy with the police, HCS and other agencies it will be widely circulated within each agency to ensure all those who need to be aware of the contents of this policy have access to it at all times.		
Staff are encouraged to read the whole policy but I (the Author) have chosen three key messages from the document to share:	The detention period of a S136 cannot be extended due to lack of beds. The police must, where possible, consult with a health care professional before deciding to remove a person to, or keep a person at, a place of safety. Police stations can only be used as a place of safety for those over the age of 18 in specific circumstances and can never be used for those under the age of 18.		
Summary of significant changes from previous version are:	This policy has been updated to reflect the implementation of the Policing and Crime Act 2017 (S80-83) effective from 11th December 2017. The main changes include: 1. Section 136 powers may be exercised anywhere other than in a private dwelling; 2. It is unlawful to use a police station as a place of safety for anyone under the age of 18 in any circumstances; 3. A police station can only be used as a place of safety for adults in specific circumstances, which are set out in regulations; 4. The previous maximum detention period of up to 72 hours will be reduced to 24 hours (unless a doctor certifies that an extension of up to 12 hours is necessary); 5. Before exercising a section 136 power police officers must, where practicable, consult a health professional; 6. Where a section 135 warrant has been executed, a person may be kept at their home for the purposes of an assessment rather than being removed to another place of safety; 7. A new search power will allow police officers to search persons subject to section 135 or 136 powers for protective purposes.		

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[1] Please also refer to S136 policy for more detail.

PART 1 – Preliminary Issues:

Police consult with street Triage Street Triage - undertake screening for 136. Street Triage will divert the Police to A&E or direct them to the appropriate available HPFT PoS

If 136 detention agreed: Police FCR contacts PoS Nurse to inform that they have detained a person under Section136 MHA. Out of hours the Force Communications Room (FCR) will inform OOHS as well.

On arrival: PoS Nurse completes screening tool (appendix 5) **updated to include involvement of street triage and reasons why not. To include source of 136 i.e. Herts police; BTP; Custody or out of area.** re: age, behaviour and physical health. After completion of the screening tool, PoS Nurse will either divert the Police to A&E or direct them to the appropriate available HPFT PoS (ensure PoS is aware of expected arrival). **Note: if person taken to A&E the 24 hours will begin to run from arrival at A&E.**
If no HPFT PoS available – follow escalation process (Appendix 7)
Datix to be completed

- Under the age of 18 Kingfisher Court PoS – cannot be taken to a police station
- Aggressive needing on-going restraint Oak-PICU/Police Station
- Person aged 18 or over requiring Mental Health assessment with no other serious health or behavioural problems – Kingfisher Court or Oak POS
- Evidence of injury, self-harm, physical ill health, severe intoxication. Nearest A&E, when medically cleared transfer back to MH PoS

PoS Nurse is responsible for co-ordinating the assessment, completing the S136 monitoring form and immediately contacts CAT Team, duty AMHP and Dr to make them aware of the potential need for an assessment. The times that these professionals were contacted must be recorded on the form. At the same time a **joint triage** assessment is arranged to include the Dr and PoS Nurse. The outcome of joint triage is to be recorded on PARIS.

Within 1 hour of arrival at PoS – PoS Nurse completes joint assessment using the assessment grid (appendix 3) with police officers as to the need for continued police presence. Departure time of police to be recorded on s136 monitoring form.

Where 1st on call Dr (non S12 approved) carries out initial triage, the Dr must discuss assessment with S12 approved Dr before deciding the outcome. During the day this will be the Consultant on call, out of hours this will be the doctor who is S12 approved. Following discussion with S12 Dr, if no mental disorder evident the person can be discharged. If Dr carrying out initial triage **is** S12 approved this Dr can discharge immediately from S136 if no evidence of mental disorder. PoS Nurse informs AMHP of outcome.

If evidence of mental disorder following joint triage, PoS Nurse contacts AMHP to inform them of outcome and AMHP will coordinate the MHA Assessment. Target time for full assessment is within 3 hours of patient's arrival at the place of safety.

Doctor letter to GP informing them of outcome

- Assessment Outcome – admission to hospital as a detained/informal patient. Conveyance arranged by AMHP. CATT must gatekeep the admission
- Assessment Outcome – CATT to f/up. CATT care plan given to service user. Conveyance arranged by PoS Nurse
- Assessment Outcome – CMHT/GP f/up indicated. AMHP makes referral to relevant agency. Conveyance arranged by PoS Nurse.

NOTE The designated PoS across the county will also be used when a warrant under S135(1) is executed. The AMHP and doctor will in these cases arrive with the service user.

This policy has been developed by Hertfordshire Partnership University NHS Foundation Trust, Hertfordshire Health and Community Services and Hertfordshire Police service. In addition this policy has been agreed by all agencies that form a part of the S136 Interagency Group meeting in Hertfordshire. The policy seeks to ensure all persons detained under the Mental Health Act 1983 at a place of safety (PoS) receive a competent and speedy assessment by a Doctor and Approved Mental Health Professional (AMHP), whilst maintaining the safety of the detained person, staff and the public. The policy has been amended to reflect the changes introduced by S44 of the Mental Health Act 2007, the Code of Practice 2015 and the changes following the introduction of the Policing and Crime Act 2017 (PACA).

3. Summary

The policy defines the responsibilities of the Police, Approved Mental Health Professional (AMHP), doctor and PoS Nurse of the unit and ensures there is a system in place to monitor the use of S136.

It is agreed between all parties that those detained are a JOINT management responsibility from the point of detention to the point of disposal or admission and it is every organisation's responsibility to ensure support for the other(s), throughout the period of detention (including conveyance) in accordance with the legislation and guidance. In addition the designated places of safety are listed across the county.

4. Objectives

The objective of this power is to enable a police officer to keep a person at, or remove them to a place of safety under S136 where a person appears to be suffering from a mental disorder and to be in immediate need of care or control. Previously, a person could only be removed to a place of safety if he or she was found in a place "to which the public have access". Following these changes, this power can now be exercised any place other than a "private dwelling" or its associated buildings or grounds.

Further detention under the Mental Health Act should not be the only outcome considered.

S136 does not provide for emergency admission to hospital or any other place. It enables a person who falls within its criteria to be detained for purposes of an assessment only.

Although S136 allows a period of detention for up to 24 hours it is agreed that these cases are dealt with appropriately in the shortest possible timescale. The standards on the use of S136[2] recommend that the joint MHA assessment should begin within 3 hours of arrival at the place of safety. Although this is the standard we will endeavour to ensure that this timescale is reduced.

It is important to differentiate between the Joint MHA assessment and the "joint assessment of need for police to remain". The joint assessment of need for police to remain is only for the purpose of determining the need for police presence. This should be completed by the police and the Trust (PoS Nurse). This must be completed within 1 hour of arrival at the Place of Safety so if the police are not required to stay (due to issues

[2] Standards on the use of Section 136 of the Mental Health Act 1983 (2007) September 2008 (Royal College of Psychiatrists)

of violence, aggression or absconsion risk) they may leave before the MHA assessment takes place. If the joint assessment of need, for police to remain, between the police and HPFT results in the police leaving the unit, the PoS Nurse is responsible for ensuring that the detained person is not left unobserved by HPFT staff. The PoS Nurse should consider what level of staff should observe the detained person based on their own assessment of the individuals mental health needs. If it is necessary for a staff member to leave the 136 Suite, (even for a short period), they must first call another member of staff to observe the detained person. **At no time can the detained person be left unobserved.**

The joint assessment of need for police to remain does not apply in A&E when someone is taken there as a PoS. The police must remain with the patient at all times when taken to A&E.

5. Scope

- To secure the competent and speedy assessment by a doctor and an Approved Mental Health Professional of the person detained under S136.
- To provide all agencies with an understanding of what is required to implement S136 appropriately.
- To provide guidance for staff when dealing with issues across agencies.
- To ensure that all professionals involved in its implementation understand the power and its purpose and apply the principles as set out within the Mental Health Act Code of Practice 2015.
- To outline the roles and responsibilities of the police officers, Approved Mental Health Professionals (AMHP), CATT staff, doctors and PoS Nurse where the place of safety is based.
- To ensure that all involved are aware of the person's rights under S136.
- To ensure there is an adequate monitoring system in place on the use of S136 particularly its use in relation to black and minority ethnic groups, gender, children and young people, and people with protected characteristics as defined under the Equality Act 2010.
- To ensure compliance by police/HPFT/HCS with Human Rights Act 1998 and Data Protection Act 1998 when dealing with issues under S136.
- To ensure that children and young people are taken to a nominated S136 facility within the County to ensure access to assessment by appropriately trained staff.

6. Definitions

- AMHP – Approved Mental Health Professional
- Doctor – A fully registered person within the meaning of the Medical Act 1983 (Interpretation Act 1978 s.5, Sch.1). (Registered Medical Practitioner - RMP)
- Section 12 doctor – A doctor with special experience in the diagnosis or treatment of mental disorder approved by the Secretary of State.
- PoS – Place of Safety
- PACA – Police and Crime Act 2017

7. Duties and Responsibilities

- Hertfordshire Partnership University NHS Foundation Trust, WHHT (West Herts Hospital Trust), ENHT (East and North Herts Hospital Trust), Hertfordshire Health and Community Services and Hertfordshire Police service are ensuring through this

document that all staff are aware of their role in relation to those subject to a detention under S136.

- It is the responsibility of each organisation's operational management to ensure policy distribution, implementation and compliance throughout their organisation.

- It is the responsibility of individual staff working with patients to ensure that they are aware of all requirements in respect of the MHA when treating patients subject to S136.

- It will be responsibility of the S136 Interagency group to review relevant standards in respect of the use of S136.

8. Legislative Framework and definitions:

S136 Mental Health Act 1983 (including amendments by PACA 2017)

8.1. Grounds for detention – where S136 can be used

A Police Officer has the power under Section 136(1)(a) to remove a person who appears to him/her to be suffering from mental disorder and to be in immediate need of care and control to a place of safety (or keep them at a place of safety).

S136 can be exercised in any place other than a "private dwelling" or its associated grounds or buildings.
The term "private dwelling" is used to describe:

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

Note: S136 would not normally apply if the person is located in a private room in a care or residential home where the person lives.

Locations in which S136 powers may be applied

There are a number of locations from which a person can now normally be removed to a place of safety under section 136(1) (a), where previously that was not the case or there was confusion as to whether the public had access to the place. These include for example:

- Railway lines
- Hospital wards
- Rooftops (of commercial or business buildings)
- Police stations
- Offices
- Schools
- Gardens and car parks associated with communal residential property
- Non-residential parts of residential buildings with restricted entry

New section 136(1B) enables a police officer to enter any place in which section 136(1) applies (if necessary by force) to remove a person.

Circumstances of the encounter

S136(1) no longer requires that the police officer "finds" the person concerned, so S136 can apply regardless of how the police officer comes into contact with the person. This includes circumstances where the officer had already been with the person for some time or where the officer has encountered the person following a call to respond to an incident.

Police duty to consult

A police officer is required by new S136(1c) to consult one of a list of specified healthcare professionals, where it is practicable to do so, before deciding whether or not to keep a person at, or remove a person to, a place of safety under S136.

The healthcare professionals with whom the officer can consult are:

- An Approved Mental Health Professional;
- a registered nurse;
- a registered medical practitioner;
- an occupational therapist;
- a paramedic

HPFT provide qualified Mental Health professionals, within the Street triage Team, who will undertake a check on the HPFT electronic patient record to determine previous history and risks if known and advise police officers at the scene accordingly. Street Triage will also attend with officers and conduct a brief Triage Assessment and provide advice to police officers to assist their decision whether or not to detain on a section 136.

8.2. Place of Safety (PoS) - Definition

A PoS is defined in the Act as:

- A hospital
- An independent hospital or care home for mentally disordered persons
- A police station
- Residential accommodation provided by a local social services authority
- Any other suitable place (with the consent of a person managing or residing at the place)

By virtue of new section 136A (1) a police station may not be used as a place of safety for a person under the age of 18 years under any circumstances.

A police station may only be used as a PoS for a person aged 18 and over in the specific circumstances set out in the MHA (Place of Safety) Regulations 2017, namely, and the authority of an officer of a least the rank of inspector must be given for the use of a police station in such circumstances unless the person making the decision is themselves of such a rank or higher.

A place that is not specifically named in the legislation as a place of safety can be a "suitable place" (and thus a place of safety) if it is suitable, and with the agreement of relevant parties. In the case of a private home this is the agreement of the person believed to be suffering from a mental disorder and, unless the detained person lives alone at the property, one person residing there. Where the place is not a private home, the agreement of the person who appears to manage that place is required. In Hertfordshire a decision has been made that a private home or another place that may be deemed suitable as a place of safety will not be used for this purpose. The purpose built places of safety designated in Hertfordshire will be used in all cases.

A person should be taken to or kept at a place of safety that best meets their needs. The expectation remains that, with limited exceptions, the person's needs will most appropriately be met by taking them to a "health based" place of safety – a dedicated 136 suite where they can be looked after by properly trained and qualified mental health and other medical professionals. There will however, be situations in which it is appropriate to use other suitable places, or where other suitable places can supplement the use of health based places of safety.

Children and young people aged under 18:

Section 136A (1) means that a police station may not be used as a place of safety for a person under 18 years of age in any circumstances. **There are no exceptions to this total ban.**

Adults – circumstances in which a police station can be used as a PoS:

Adults aged 18 or over can only be taken to a police station as a PoS in very limited circumstances[3]. The three conditions which must be satisfied before a police station can be used as a PoS are:

1. The behaviour of the person poses an imminent risk of serious injury or death to that person or others (regulation 2(1)(a)(i)) and;
2. Because of the risk posed, no place of safety other than a police station in the relevant police area can reasonably be expected to detain the person (regulation 2(1)(a)(ii)), and;
3. So far as is reasonably practicable, a healthcare professional is present and available to the detainee throughout the period in which he or she is detained at the police station (regulation 2(1)(a)(iii)).

A decision to use a police station as a PoS requires the authorisation of a police officer of the rank of at least inspector. If the decision maker is themselves a police officer of the rank of inspector or higher, no authorisation is required.

If a person is refused access to a health based place of safety and/or taken to a police station as a POS this will, in addition to normal internal investigations of incidents as above, be reviewed by the S136 Interagency group at their next meeting. Such occasions should also be recorded as an incident using the Hertfordshire Partnership University NHS Foundation Trust Learning from Adverse Events Policy.

[3] Mental Health Act 1983 (Places of Safety) Regulations 2017

The impact different types of place of safety (and the journey to it) may have on the person held and hence on the outcome of the assessment should be given due consideration. (Please see notes under role of the police.)

The usual designated places of safety for the purpose of S136 within Hertfordshire Partnership University NHS Foundation Trust are as follows:

Kingfisher Court S136 Suite No.1 (all those under the age of 18 must be taken here)
Kingfisher Court S136 Suite No. 2, (adults over 18 years of age)
In addition, if the above units are in use Oak unit can be used as an overflow additional PoS where appropriate for adults.
Oak Unit (PICU), Kingsley Green (adults that require on-going restraint)

It is envisaged that NHS professionals will be robustly supported by police officers wherever a health-setting is used and where those individuals present a 'manageably high risk'. Risk is inherent in the joint operation of detentions under S136 and must be managed. Police supervisors in particular should ensure this as the police are legally responsible for the prevention of crime. This includes risk of assault to NHS professionals.

The police will remain with the detainee upon arrival at the PoS for at least the duration of the 'handover period', the joint assessment of need for police to remain must be completed and if the outcome indicates that police presence is not required then the police need to be able to leave as soon as possible. The standard within this policy is that this assessment will be completed within one hour of arrival at the Place of Safety. This period of time will include completion of the MH Monitoring Form (form 44), research by the officers of the individual's background and for sharing of information. If it is not necessary following the assessment to have the police present for the full MHA assessment that may happen later, the police may leave.

Following acceptance of the individual at the PoS, the subsequent legal detention will be maintained by health staff as well as by police officers in cases where the police presence is assessed as being required.

Police officers and the PoS Nurse will undertake an assessment (using appendix 3) to agree on whether the police officers may leave the patient with health staff or whether they remain until risks reduce or until the MHA assessment is concluded. The assessment does not require the presence or involvement of the detained person. In general police should only stay where, in their professional judgement, there is a medium to high risk of escape, violence or breach of the peace. Once the assessment is complete this must be signed off by those conducting it.

There should be identified, objective reasons based on risks and threats for police officers to remain after arrival in a PoS, utilising the assessment tool (appendix 3).

Disputes in the implementation of this protocol or assessment conclusions will be referred to duty Sergeant and Manager on call for HPFT. Where the disagreement CANNOT be resolved through further discussion or by the involvement of the duty Inspector or on-call manager, compromise will be reached in the following way:

- NHS Managers will have the right to insist upon police support and it will be given;

- Police supervising officers will have the right to determine the level of that support.

This assessment should be regularly subject to joint-review and the police should be released, recalled or reinforced, where the risk of harm alters.

8.3 Factors which need to be considered by police officers when determining the appropriate Place of Safety at the time the Section 136 authority initiated

It is important for the police officer who initiates the detention to make the right immediate decision as to whether someone needs to be in a place of safety in a health setting or indeed if they need to be in the police cells. If the patient is violent and he/she could present an unacceptable danger to the staff in the mental health unit then the police officer should consider taking this person to the police cells as the place of safety. This should only happen in **exceptional** circumstances.

If the patient appears to have a significant injury or a potentially life threatening condition, for example serious bleeding, physical injury or suspected overdose then the police should take the patient to the nearest A&E department. In HPFT area this will be East and North Herts NHS Trust or West Herts Hospitals NHS Trust A&E departments. **The police must remain with the person as they are detained under police powers when in A&E and they remain the responsibility of the police, until they are handed over to the mental health team at the mental health Place of Safety.** A&E is defined as a place of safety so on arrival at A&E the S136 24 hour period starts to run from time of arrival.

For the majority of patients the most appropriate place of safety is the designated health place of safety within a mental health setting.

The PoS Nurse when screening the call from the police with regard to the S136 should inform the police as to the appropriate place of safety following this policy. **Note:** A&E will not have dedicated staffing for dealing with S136 so police must remain with the patient until such time as they are cleared for transfer to the designated place of safety in the mental health unit.

8.4. Transfer or movement between Places of Safety

A person removed to a place of safety under Section 136 may be moved to a different place of safety before the end of the maximum 24 hour period for which they may be detained. If it is necessary to move someone from one place of safety to another then the principles outlined in the Code of Practice must be followed, please see appendix 16. For further guidance please refer to the Code of Practice.

The period of detention begins from the time of the person's arrival at the first place of safety. For example if they were transferred and arrived at the new place of safety two hours after the initial detention began there would only be authorisation for the remaining 22 hours at the new place of safety. This also includes any time spent in A&E prior to arrival at the mental health place of safety.

A person may be transferred before their assessment has begun, while it is in progress or after it is completed and they are waiting for the necessary arrangements for their care or treatment to be put in place. If it is unavoidable, or is in the person's best interests, an assessment begun by one AMHP or doctor may be taken over and completed by another, either in the same location or at another place of safety where the person is transferred.

The person may be taken to the second or subsequent places of safety by a police officer, an AMHP or a person authorised by either a police officer or an AMHP. The decision to move the person must in each case reflect the individual circumstances.

In circumstances where someone detained under Section 136 urgently requires medical attention for a non-psychiatric condition and there is no time for the assessment to take place prior to this treatment, it may be necessary for the patient to be moved under common law to a general hospital for treatment that cannot be provided in the place of safety.

Unless it is an emergency, a patient should not be transferred without the agreement of the AMHP, a doctor or another healthcare professional competent to assess whether the transfer would put the patients' health or safety (or that of other people) at risk. It is for those professionals to decide whether they first need to see the patient personally.

In addition when the police are taking someone to hospital under S136 and their physical condition deteriorates so that it is necessary for them to receive medical treatment for a non-psychiatric condition then the police may take this person to the A&E department before taking them to the mental health place of safety. The police must remain with the patient in these circumstances until such time as they can be moved to the mental health place of safety. The police must inform the place of safety nurse in charge at the mental health unit if this happens.

Patients should never be moved from one place of safety to another unless it has been confirmed that the new place of safety is vacant and the team can accept the transfer. Police must always ring through to the place of safety to complete screening and be directed to the appropriate place of safety.

8.5. Purpose and Duration of Section 136 once at the Place of Safety:

8.5.1 Purpose

A person removed to a place of safety under this section may be detained there for a period not exceeding 24 hours for the purpose of enabling the person:

a) to be examined by a registered medical practitioner (wherever possible approved under S12) Ref CoP 16.46

and

b) interviewed by an Approved Mental Health Professional

and

c) making any necessary arrangements for his/her treatment or care.

Once these have been completed, the authority to detain under Section 136 ceases.

8.5.2 Detention period of S136

The detention period begins:

(i) at the point when the person physically enters a place of safety. Time spent travelling to a place of safety or spent outside awaiting opening of the facility does not count;
(ii) where a person is kept at a place under S136 – at the point the police officer takes the decision to keep them at that place.

The clock continues to run during any transfer (if this is necessary) of a person from one place of safety to another including transfer from A&E to a mental health unit designated place of safety. As A&E is a place of safety, when someone is taken to A&E the period begins at the point when the person arrives at the A&E.

As the 24 hour period starts from the time when the person arrives at the place of safety, a record of the time of arrival there must be made immediately on the Section136 monitoring form by the PoS Nurse or in cases where someone is taken to A&E, the police must record the time of arrival at A&E.

It is very important to ensure that when a person is transferred between places of safety that the original time of detention (at the first PoS) and the time of the transfer are recorded clearly and that information is shared between the transferring and receiving place of safety. This will ensure that all staff are clear on what time the S136 began.

The maximum period for which a person can be detained at a place of safety under S135 or S136 is 24 hours, with the possibility of this period being extended by up to a further 12 hours in specific circumstances.

8.5.3 Extending the detention period

The maximum period of detention of 24 hours can be extended by up to a further 12 hours (to a maximum of 36 hours) but only in limited circumstances.

These are that, because of the person's condition (physical or mental), it is not practicable to complete a MHA Assessment within the 24 hour period. This might arise, for example, if the person is too mentally distressed, or is particularly intoxicated with alcohol or drugs and cannot co-operate with the assessment process. A delay in attendance by an AMHP or a medical practitioner is not a valid reason for extending detention, nor is lack of availability of beds.

A decision to extend the detention period can only be taken by the doctor who is responsible for the examination of the patient. If the person is being held at a police station, and it is intended for the assessment to take place at a police station, the authorisation to extend the maximum detention period must also be approved by a police officer of the rank of superintendent or higher (since it would be unusual for a person to continue to meet the criteria to be held at a police station for up to 36 hours).

The period of detention needs to be accurately calculated, recorded and communicated between agencies, particularly where they 'hand over' responsibility for the care of that person, since the clock continues to run during any transfer. A

dedicated form is available at appendix 9 to formally record any extension of the 136 period from 24 hours up to a maximum of 36 hours.

8.6. Who can use the Power?

Only a police officer may remove a person to a place of safety under this power.

However in relation to detention at the place of safety section 136(2) does not place the responsibility specifically on the police. There is no reason in law why hospital staff cannot detain a person removed to a place of safety using reasonable force if required under the powers given by section 136(2).

(see section 5.2. for guidance in relation to police remaining at the place of safety and the assessment process)

8.7. Treatment for Mental Disorder at Places of Safety under the Mental Health Act 1983:

Detaining a patient in a place of safety under section 135 or 136 does not confer any power under the Act to treat them without their consent. In other words, they are in exactly the same position in respect of consent to treatment as patients who are not detained under the Act.

8.8. Absence without Leave

A person who absconds while being taken to or detained in a place of safety under Section 136 shall not be retaken under this section after the expiration of the period of 24 hours beginning with the time when he escapes or of admission to the place of safety, whichever expires first.

If someone escapes from a place of safety and there is already an extension in place then they can be retaken up to the expiry of 24 hours plus the authorised extension period. Please note that although the extension can be up to 12 hours in some cases there may only be a 6 hour extension for example so this will impact on power to retake the patient as the duration will be less.

There is no automatic authority to enter premises where the patient is believed to be. An application to a magistrate under Section 135(2) should be made if such action is deemed to be necessary.

8.9. Section 132 Rights of those detained under Section 136

8.9.1. Person detained to a hospital as “place of safety”

It must be made clear from the outset that the person is not free to leave while detained under Section 136 and may be brought back following any attempt to do so. If possible, the detained person should be given an explanation of his/her rights under Section 132 immediately upon arrival. This should include:

- a verbal explanation of why she/he has been detained by police
- the possible duration of the section
- what happens next – a formal MHA assessment explained in a manner which the detained person can understand

- the detained person should be advised that, if no assessment has taken place within 24 hours and no extension granted, the section will cease to be valid although s/he may then decide to remain as a voluntary patient
- advice about how to complain to the Hospital Managers or Care Quality Commission
- a request for permission to contact the Nearest Relative or anyone else that the detained person would like informed of their situation
- giving the detained person a copy of Patient Information Leaflet (appendix 4), so that s/he has a written statement of rights for future reference.
- Access to legal advice must be facilitated by the PoS Nurse whenever it is requested.

If the person is not, upon first arriving, in a fit state to understand the rights conferred by the Mental Health Act, further attempts should be made (as appropriate) to ensure comprehension. When taken to A&E RAID (Rapid Assessment, Interface and Discharge Team) will provide rights to adults and C-CATT (Children's Crisis Assessment and Treatment Team) will provide rights to children.

8.9.2. Person detained to a police station as "place of safety"

It is generally acknowledged that a police cell is not ideal for use as a place of safety, but it is nonetheless sometimes unavoidable despite best efforts by all concerned. (Note: police stations should only be used in exceptional circumstances for adults and never used for children and young people under 18.)

- Where a police station is the eventual place of safety, the provisions of Section 132[4] are not relevant. The Police and Criminal Evidence Act 1984, Code of Practice C (Detention, Treatment and Questioning of Persons by Police Officers) will apply to persons detained under Section 136. This requires police to secure the presence of an "appropriate adult" in cases where a person detained by officers appears to be mentally disordered.

- The person has a right to have another person of his/her choice informed of his or her removal to the police station as the place of safety[5].

- The right to consult with a solicitor privately at any time is also given to those detained at the police station[6].

- Regulation 4(1)(b) of the MHA (Place of Safety) Regulations 2017 requires the custody officer to ensure that a healthcare professional is present and available to the detained person throughout the duration of their time at the police station, so far as is reasonably practicable.

- At all times the custody officer retains overarching responsibility to ensure the wellbeing of the person being detained and to make any arrangements they deemed necessary for their care, including transfer.

- Regulation 4(1)(a) requires the custody officer to ensure that a healthcare professional check the welfare of the detained person at least every half hour and that any appropriate action be taken for their treatment or care. The

[4] Mental Health Act 1983
[5] S56 Police and Criminal Evidence Act 1984
[6] S58 Police and Criminal Evidence Act 1984

details of these checks must be recorded. Please see custody process at appendix 14.

9. Patients Who May Need Involvement of Other Specialist Services

9.1. Patients with a Learning Disability

If it appears that the person detained has a learning disability then it is desirable that a consultant psychiatrist and an AMHP with experience of working with people with learning disabilities are available to make a joint assessment.

There is no designated place of safety located within the learning disability service so these patients will be taken to the local place of safety within the mental health service.

Any nursing support required from the learning disability service should be discussed with the clinical managers at the relevant Specialist Learning Disability Service.

9.2. Adolescents/children (under the age of 18)

If a child or an adolescent has to be detained under Section 136 then staff from the child and adolescent service should undertake the assessment where practical, otherwise staff with experience in child and adolescent psychiatry should carry out the assessment. C-CATT will lead on the assessment with support and observation from Forest House Adolescent Unit.

Children and adolescents should be taken to Kingfisher Court Suite 1 Place of Safety where the CAMHS (Child and Adolescent Mental Health Service) team are available at Forest House Adolescent Unit to carry out an assessment and are available to provide nursing support for observation.

10. Guidance on Alcohol and Substance Misuse

10.1. Police may come into contact with individuals for whom it is unclear as to whether their behaviour is a direct result of alcohol/drug use or due to a mental disorder. The police officer must establish sufficient evidence through observation of behaviour and interaction with the person that mental health problems are suspected and that the criteria outlined above are applicable for the use of Section 136. The police, must also seek the advice of a mental health professional before making any decision to use S136, unless there is an immediate risk to self and others.

10.2. It is not normally possible to accurately assess a person's mental state whilst they are under the influence of alcohol or drugs. A full Mental Health Act assessment may only be undertaken by the AMHP and doctor when the detained person is no longer under the influence of alcohol/drugs**. Police officers have no power to breathalyse people who are at a Place of Safety** so health staff need to assess this themselves. In cases where people are under the influence of alcohol or drugs the assessment start time may be delayed and our standard of aiming to conduct the MHA assessment within 3 hours may not be adhered to. **Intoxication should not be used as a basis for exclusion from places of safety** except in

circumstances where there may be too high a risk to the safety of the individual or staff which cannot be managed with police support.

10.3. In cases such as these, the assessment of need for police to remain between police and the PoS Nurse will determine whether the police will be required to remain at the place of safety.

11. Incidents in S136 Place Of Safety

11.1. All incidents occurring in the Place of Safety must be recorded on datix, in the same manner as any other incident, according to the Hertfordshire Partnership University NHS Foundation Trust Learning from Adverse Events Policy. Details of the incident should be recorded on the Monitoring Form along with the datix incident number.

12. Absent Without Leave (AWOL) When Subject To Section 136

12.1. Please see 8.8 above which outlines the legal position with regard to someone who goes AWOL when detained under S136. Please also refer to the Hertfordshire Partnership University NHS Foundation Trust policy on AWOL.

13. Outcomes of Assessment

13.1. Hospitalisation is only one of the possible outcomes of the assessment. If a doctor finds that someone **has a mental disorder** but does not satisfy the grounds for compulsory admission to hospital the detention will not necessarily end. It is the responsibility of both the doctor and AMHP to consider if any necessary arrangements for the person's treatment and care need to be made[7].

14. Discharge From S136

14.1. Both a doctor (preferably Section 12 approved – if the doctor is not Section 12 approved the reasons for this must be recorded) and an AMHP should see the patient prior to any decision being taken to apply for admission under Section 2 or 3, or to arrange informal admission or to release the patient.

14.2. However, where a doctor, upon examination of the patient, concludes that the person **does not have a mental disorder** within the meaning of the Act, the authority to detain ends immediately. This is because if there is no mental disorder there is no legal justification for prolonging the detention[8]. If this doctor is not S12 approved he/she should seek advice from a S12 approved doctor before discharging. The patient should be informed that they are no longer subject to detention and must be discharged even if not seen by an AMHP.

14.3. It is the responsibility of the PoS nurse, AMHP, the police and the doctor to return the patient to the community when applicable. Please refer to Flowchart in Part 1 of this policy for assessment outcomes and conveyance responsibilities. Sufficient money should be available on the ward attached to the Place of Safety should taxis or other forms of transport be appropriate to return the person home.

15. Standards for Section 136 Designated Places of Safety

15.1. The designated mental health place of safety is the preferred choice within the Trust for all patients detained under Section 136.

15.2. The place of safety should not usually be within an A&E department or a local police station[9] although PACA has meant that they are in fact PoS.

15.3. The Trust strives to achieve the standards laid out by the Royal College of Psychiatrists in "Standards of Places of Safety under Section 136 of the Mental Health Act 1983". The standards were updated in 2013 and are available on the Trust intranet.

[7] Mental Health Act Manual
[8] Further detention of a patient in these circumstances would breach Art. 5(1)(e) of the European Convention of Human Rights (See also COP)
[9] Standards of Places of Safety Under S136 of the Mental Health Act 1983

16. Target Response Times

There are key points in the Section 136 detention process which need to be separately monitored. These are:

16.1. Police Detention and Transfer to an Appropriate Place of Safety

This will be as soon as possible, once the decision to detain is made. Police should immediately inform the Force Communications Room (FCR) that they have invoked Section 136 so they can be directed to the appropriate place of safety for the area. FCR will contact PoS Nurse to determine which place of safety is appropriate and available and inform police where to take the person. People taken to a health based place of safety should be transported there by an ambulance or other health transport arranged by the police who should, in the case of Section 136, also escort them in order to facilitate hand over to healthcare staff.

16.2 Arrival of Doctor and AMHP

The MHA assessment needs to be initiated within 3 hours of the initial detention, unless the person is recovering from substance misuse intoxication. (Please refer to section 7.0. of this policy.) The person co-ordinating the arrival of the AMHP and doctor (either a nurse when in a health setting or the custody officer at a police station) should try to agree a time when both professionals can arrive together

16.3. Joint Assessment of need for police to remain

The joint assessment of need for police to remain between police and the PoS Nurse must take place within one hour of arrival at the Place of Safety. This will determine whether it is necessary or not for the police to remain there until the MHA assessment takes place.

17. Roles and Responsibilities

17.1 Role of the Police Officer(S)

a) Section 136 empowers a police officer to remove a person who appears to be suffering from a mental disorder and to be in need of immediate care or control to a place of safety (or keep them at that place of safety). Previously, a person could only be removed to a place of safety if he or she was found in a place “to which the public had access”. Following the changes, this power can now be exercised where the person is in any place other than, broadly, a “private dwelling” or its associated buildings or grounds.

A new Section 136(1B) enables a police officer to enter any place in which Section 136(1) applies (if necessary by force) to remove a person.

A police officer no longer has to “find” the person concerned. S136 can now apply regardless of how the police officer comes into contact with the person, including in circumstances where the officer had already been with the person for some time or where the officer has encountered the person following a call to respond to an incident.

b) Duty to Consult before using S136

A police officer is now required to consult one of a list of specified healthcare professionals, where it is practicable to do so, before deciding whether or not to keep a person at, or remove a person to, a place of safety under S136.

The legislation sets out the healthcare professionals that the officer can consult and in Hertfordshire for Adults and young people 16 and over this consultation for people in the community will be via Street Triage between the hours of 8am through to 4am, out of these hours consultation will be via the adult Crisis Assessment and Treatment Team based at Kingfisher Court between the hours of 4am and 9am. During these hours, any consultation in custody will be from the Forensic Criminal Justice Team, Monday to Friday 9am to 5pm; and then the above contacts out of office hours,
For those under the age of 16, consultation will be via Forest House Adolescent Unit at all times.

The Purpose and nature of the consultation

The purpose of the consultation is for the police officer – who is considering using their powers under S136 – to obtain timely and relevant mental health information and advice that will support them to decide a course of action that is in the best interests of the person concerned.

The legislation does not require the consultation to take any particular form. The precise nature of the consultation, and how it may inform the decisions made by the police officer, will vary depending on the individual circumstances of each case. These will include, for example, whether the healthcare professional is on site and able to interact with the person or providing advice remotely, and whether the person is known to local health services and appropriate medical records can be accessed.

The police officer should seek to ascertain, and the healthcare professional being consulted should offer, where possible, information or advice regarding:

- An opinion on whether this appears to be a mental health issue based on professional observation and, if possible, questioning the person;
- Whether other physical health issues may be of concern or contributing to behaviour (e.g. Substance misuse, signs of physical injury or illness.)
- Whether the person is known to local health service providers;
- If so, whether it is possible to access medical records or any care plan to determine medical history and suggested strategies for appropriately managing a mental health crisis;
- Whether in the circumstances, the proposed use of S136 powers is appropriate;
- Where it is determined that use of S136 powers is appropriate – support police in identification of health based PoS as outlined in the policy and procedure;
- Where it is determined that the use of S136 is not appropriate – identification and implementation of alternative arrangements (such as escorting the person home, to their own doctor, to hospital, or to a community place of calm/respite).

The police officer retains ultimate responsibility for the decision to use their S136 powers, having considered the advice given to them as part of any consultation. The police officer should ensure that any consultation is recorded – including who was consulted and the advice they gave. If a police officer has not consulted with a healthcare professional due to it not being practical the reasons for this must also be recorded on the police form 44.

Deciding whether it is practicable to consult

It is for the police officer considering using S136 to determine whether or not it is practicable in the specific circumstances to consult a health professional. The officer's judgement as to whether it is practicable to consult is likely to be informed by a number of potential factors. These will include:

- Whether there are established local arrangements for undertaking such consultation (for example street triage);
- The time it is likely to take to carry out the consultation;
- Whether the person appearing to suffer from a mental disorder is likely to remain co-operative and present during the time taken to undertake the consultation; and
- Whether it is safe to undertake a consultation or whether the behaviour of the person requires immediate action in the interests of safety.

In cases where a consultation has begun, it may be terminated without conclusion if, for example, the behaviour of the individual concerned changes requiring an immediate decision, or the response to a request for advice is significantly delayed or interrupted for some reason.

The police officer should ensure that any decision in these circumstances or any decision not to consult before using S136 powers and the reasons are recorded, and communicated to PoS staff.

There is no statutory form for Section 136, however, Hertfordshire Constabulary have agreed a local Form 44. The police officer must complete this form for each detention under Section 136. All police officers complete a Form 44 when detaining under S136. This is completed electronically and emailed to the SAFA team at HQ WGC. The data within is returned annually to the Home Office under the ADR process and is a requirement of all forces. A copy of this form should also be e-mailed to hpn-tr.S136hpft@nhs.net.
In addition HPFT have forms that must be completed by HPFT staff, the "screening tool" and the S136 monitoring form.–

c) The police must submit the forms to the local Harm Reduction Unit and the bottom copy to Protecting Vulnerable People, Crime and Operational Support HCSU, HQ.

d) The general rule is that patients who are detained under Section 136 will be detained in a hospital setting. Where a person subject to detention under Section 136 is violent or a threat to the safety of others the police must make a decision as to whether or not it is appropriate to take them to a hospital and where violent behaviour is a real possibility, it may be more appropriate for this person to be detained at the police station. This can only happen in exceptional circumstances and the person must be over the age of 18.

e) If a person subject to detention under Section 136 is in need of urgent medical attention then the police should take them directly to the Accident and Emergency Department prior to taking them to the mental health place of safety. Please see the list of units outlined in this document at paragraph 5.2. When the patient is at the A&E department, the police officers' responsibilities under Section 136 are still in force and they must not leave until they can arrange to have the assessment or move them to the mental health PoS. The police should inform PoS Nurse if they have taken someone to A&E en route to the mental health Place of Safety and they must record the time they arrive at A&E as the 24 hours will now run from this time.

f) Patients under influence of drugs or alcohol. (Please see paragraph 7.0. of this document.)

g) When the police make the decision to detain under Section 136 the police officer will inform the Force Communications Room (FCR). The police officer will tell FCR where the patient was picked up and FCR will direct the police officer to the relevant place of safety following contact with the PoS Nurse which will include completion of the screening process regarding correct PoS. FCR will then:

a) notify the PoS Nurse of the expected arrival of the patient or if the patient will be required to go to A&E first.
b) Pass on to the unit any relevant information with regard to the identity of the person, the circumstance leading to their removal under Section 136 and any indication that they may present a risk of harm to themselves or others.

h) Persons arrested under Section 136 are deemed to be in legal custody. Section 32 of the Police and Criminal Evidence Act creates powers of search upon arrest of a person before they are conveyed to a police station. For a detained person to be searched using these powers the officer must have reasonable grounds to believe that the arrested person may present a danger to himself or others. An officer shall also have power in any such cases to search the arrested person for anything which may assist escape from lawful custody or evidence relating to an offence. In addition there are protective search powers for police for those detained under S135 or S136. There are no restrictions on age or any other characteristic of the person to be searched. Any search conducted by the officer under S136C is limited to actions reasonably required to discover an item that the officer believes that the person has or may be concealing. The officer may only remove outer clothing and may search a person's mouth but the new power does not permit the offer to conduct an intimate search.

i) The police officers must remain in attendance where the patient's health or safety or the protection of others is required, when the patient is taken to a place of safety other than a police station. However, there must be a continued dialogue between the assessing professionals and the police regarding the need for police presence and it is expected that they will be released at the earliest opportunity. Where police are released prior to the MHA assessment being complete it must be on the understanding that should the need arise for police to be re-called this should be treated as a matter of priority by the Force Communications Room.
(See section 5.2. for further guidance in relation to police remaining at the place of safety and the assessment process)

j) The police will remain with the detainee upon arrival at the PoS for at least the duration of the 'handover period'. This period of time will include completion of the MHA monitoring form (appendix 1), research by the officers of the individual's background, for sharing of information and for an assessment of need for police to remain. In the psychiatric setting, the 'handover period' should include a sufficient period of time for the PoS to coordinate their staff and for a police officer to provide a comprehensive briefing of relevant information. It should last no more than one hour.

k) Where the police station is to be used as the place of safety the police must make immediate contact with the AMHP Duty Desk Practitioner at the centralised AMHP Duty Desk who will allocate the assessment to the most appropriate AMHP. Outside of normal office hours the police must contact the Safeguarding out of Hours Service (SOOHS) and ask them to make the necessary arrangements for the assessment to take place at the police station.

l) A person detained under Section 136 in a police station is given certain rights under PACE. They can have another person of their choice informed of his or her removal and can consult a solicitor privately at any time. These rights will be explained to the person by the custody officer and the person should receive a copy of the notice of rights and entitlements from the police.

m) If it is necessary to move the detained person from one place of safety to another, the duty Inspector must be liaised with so an informed decision can be made as to who performs this task and what mode of transport should be used.

17.2 Role of the Approved Mental Health Professional In Relation To Section 136

The AMHP

- Should be familiar with the relevant chapter in the Code of Practice and with the policy and procedure agreed which applies in their locality between the Hertfordshire Police, Hertfordshire Health and Community Services and the Hertfordshire Partnership University NHS Foundation Trust.

- Should endeavour to ensure that persons detained under this power are offered a competent and speedy assessment by a doctor and an AMHP whose attendance at the Place of Safety should be as soon as practicable. The aim should be to secure an AMHP response to the Place of Safety within 1 hour of being notified that attendance is required.

- During office hours the responsible AMHP is allocated via the AMHP Duty Desk who will identify the most appropriate AMHP on duty to complete the MHA assessment.

- Should examine the report by the Police of the circumstances to which police officers responded by invoking powers under Section 136. This report is usually made on Form 44 (Hertfordshire Constabulary) recognising that this is not a statutory form under the Mental Health Act.

- The AMHP should confer with the duty psychiatrist on the arrangements to be made in order to work jointly with the doctor concerned in assessing the needs of the detained person. In circumstances when the AMHP's response will be delayed the AMHP should ensure that the doctor concerned is aware of this and is able to consider whether the patient is suffering from a mental disorder and should remain

at the Place of Safety to await the AMHP's arrival when the AMHP is delayed. If prior to the arrival of the AMHP the doctor concerned concludes that the detained person is not suffering from a mental disorder within the meaning of the Mental Health Act the use of Section 136 further to detain the person concerned should cease.

- In determining the priority of response the AMHP should have regard to the statutory limit of time within which a detained person may be held at the Place of Safety under Section 136 and also endeavour when possible to avoid medical and nursing staff having to rely on the Common Law when the detained person does not consent to receive urgent medical intervention relating to a mental disorder.

The Role of the AMHP is to:

- Interview the detained person in a suitable manner
- Contact any relevant relatives/friends
- Ascertain whether there is a psychiatric history
- Consider any possible alternatives to admission to hospital
- Consider making any other necessary arrangements including the need for the detained person to be formally assessed under Section 2 or Section 3 of the Mental Health Act. When a formal assessment under Section 2 or Section 3 is necessary the AMHP is responsible for coordinating the process of the assessment.
- Recognise any needs which arise by reason of other disability, physical health, r age, language and other problems of communication, gender, religion or culture and for those factors, in so far as is possible, to inform the arrangements for the assessment of the detained person.
- To complete an AMHP assessment report in all cases and ensure this is placed on PARIS.

17.3 Role of the Doctor (See Appendix 6)

a) The Mental Health Act Code of Practice[10] states that the doctor examining the patient should wherever possible be approved under Section 12 of the Act. Where the examination has to be conducted by a doctor who is not approved, the reasons for this should be recorded. In addition this doctor must have ready access to a Section 12 approved psychiatrist for supervision or further assessment[11]. HPFT have implemented an initial triage process with the first on call doctor and PoS Nurse as it is not always possible to have a S12 doctor available at short notice.

b) Section 12 Doctors and AMHPs may rely on the advice of the first on call doctor or place of safety staff to determine whether the patient is fit for the assessment to be carried out.

c) If the initial triage determines that a mental health disorder is not present the first on call doctor will have available to them a S12 approved doctor for advice and guidance. If a full MHA assessment is indicated then the assessment by both the S12 doctor and the AMHP should begin as soon as possible after the initial triage.

[10] Paragraph 1646
[11] Standards of Places of Safety under Section 136 of the Mental Health Act 1983 (Royal College of Psychiatrists)

d) If a physical disorder is suspected then appropriate referral has to be made to the required specialist physician or if treatment for a physical condition is required as a matter of urgency then the patient should be taken to the A&E department.

e) If the patient appears to have a mental disorder then the examining doctor has to decide whether the degree of mental disorder warrants treatment and if so, whether this has to be as an inpatient, as an outpatient or in the community.

f) Ordinarily, neither a hospital nor the police should discharge an individual detained under Section 136 before the end of the 24 hour period without assessments having been made by a doctor and AMHP within that period. However, where the first on call doctor, having examined the individual concludes that he or she is not mentally disordered within the meaning of the Act then the individual can no longer be detained and should immediately be discharged from detention. First on call doctor will seek advice from a S12 doctor prior to discharging the 136. (Please also see section on discharge in this policy.) The patient is still entitled to see the AMHP if they so wish for the purpose of receiving help regarding any necessary arrangements for their care.

g) The responsible medical practitioner can in limited circumstances extend the period of the S136 for up to 12 hours. This can happen where due to the person's physical/mental condition it is not practicable to complete a mental health act assessment within the 24 hour period. A dedicated form is available for this purpose.

17.4 Role of the PoS Nurse

a) The PoS Nurse (Kingfisher Court and Oak) receives a call from the police reporting that a service user on a S136 needs a place of safety. The PoS Nurse will carry out initial telephone screening of detained person (See attached screening tool appendix 5 and flowchart).

b) The PoS Nurse is responsible for co-ordinating the S136, ensuring that the place of safety is adequately supported by staff and ensuring that all legal requirements in relation to legal documents are completed. The PoS Nurse should prioritise the section 136 process.

c) Once notified of the section 136 by police and initial screening completed, the PoS Nurse will contact the relevant AMHP, CATT or C-CATT and doctor (or delegate the responsibility to an appropriate professional) having agreed the area for the police to take the detained person to. They will conduct an initial triage jointly with the first on call doctor (if S12 doctor not available) and inform AMHP, CATT or C-CATT and other professionals of the outcome.

d) The PoS Nurse will carry out the joint assessment with the police with regard to whether or not the police will need to remain at the place of safety. This is determined by whether the risk is low (Police leave), medium (police stay) or high (police stay to support staff and detained person). There is no requirement to involve the detained person in this process.

e) The PoS Nurse will stay to support and continuously assess/supportively observe the detained person following the joint assessment or delegate this function to another nurse.

f) If the assessment of need for police to remain with the police concludes that the detained person's risk of violence, aggression or disruption is low, the police would leave the detained person/service user under the supervision of the HPFT staff and leave the area. The police can be called back if the situation changes regarding violence, aggression or disruption.

g) The PoS Nurse can only decline admission to place of safety in exceptional circumstances (e.g. not due to area being busy, too many supportive observations, patient intoxicated etc.). If admission is declined, this must be immediately escalated to the Service Line Lead during the day, and the on-call Manager out of hours and a Datix Electronic incident form completed, should this happen. Any refusal of admission will be subject to a joint multiagency incident review.

h) The allocated nurse observing the patient should be a registered mental health professional in the initial first hour whose role would be to continuously assess, support and therapeutically intervene where necessary (e.g. in situations of medical emergency etc.). In some cases the Registered Nurse may delegate this but retain supervision depending on the risk assessment.

i) The PoS Nurse will retain overall co-ordination and responsibility for the duration of the 136 with regard to ensuring adequate levels of staff are present. At no time can the patient be left unobserved when in the S136 suite.

j) The arrival of the AMHP and doctor to assess the detained person either with the police present (assessed as medium or high risk), or without the police presence (assessed as low risk) should be co-ordinated by the PoS Nurse.

k) Dependent on the outcome of the formal assessment, the detained person could be admitted on section or informally to an inpatient area, referred for support from CATT or C-CATT, discharged from S136 or discharged to CMHT (all discharges to community mental health services should be followed with letter to GP and CMHT). **This should include an email update to any HPFT team who is part of the care plan for a person discharged from a S136. If CMHT action is part of the care plan, PoS nurse to send email to CMHT Duty Email (on global addresses) notifying team that person has been released from S136 and the recommended next steps of care plan**

l) PoS Nurse responsibilities include:

- arranging the services of an interpreter if needed
- advising a detained person of his/her rights under Section 132 MHA 83
- monitoring for signs of physical illness, intoxication with alcohol or drugs
- providing emotional support to detained person
- chaperone and support police officers
- advise police of any potential delays in process of assessment
- completing the monitoring form to record the entire process from the moment of notification
- record time of arrival and check with police if they have already been to A&E with the patient (Code of Practice)
- completing incident forms if necessary
- receipt of Section 136 form and to keep safe any eventual forms relating to a detention under Section 2 or Section 3 until the patient is conveyed to the hospital named on the AMHP application negotiation with police officers about the stage at which they may safely leave the detained person and

return to other duties (generally after discussion with person in charge or person delegated responsibility, using the “Police Support within the place of safety” Risk Matrix included in policy as guide)

- completion of joint assessment with the police to determine whether it is appropriate for the police to leave.
- discussing with the police how they can be called back should circumstances change.
- ensure that pertinent information is shared between and amongst all professionals involved in the S136 process.
- record end of detention under S136 (Code of Practice)
- The escalation under appendix 7 must be followed at all times when all 3 PoS are in use.
- Update MiDOS system

m) The PoS Nurse will ensure that all paperwork relevant to the detention under Section 136 (fully completed) and any subsequent section documents resulting from the assessment are sent to the local MHA office.

n) The PoS Nurse must open an episode on the HPFT EPR system, on all cases irrespective of out of county patients or the outcome of the assessment so that the AMHP report can be completed ASAP. Closure of the event should only take place after the AMHP report is completed. The AMHP notifies HPFT when the case can be closed.

o) The Number to contact the PoS Nurse for the areas are;

Kingfisher Court: Swift Ward – 01923 633788 or alternatively 07107210982 to contact the PoS nurse.

Oak Unit (PICU) (used only in specific circumstances as outlined in the policy)
Reception: 01923 850501
Forest House – 01923 289940

18. Training and Awareness

Multi-agency training will be provided on a regular basis for all staff involved in Section 136 issues with additional training for particular teams as requested.

Course	For	Renewal Period	Delivery Mode	Contact Information
Mental Health Act Mandatory Training	Medical Staff Nursing staff Police Approved Clinicians and AMHP to receive training as part of their development and approval	Every 3 years	E-Learning	For subject specific MHA training courses please contact your local MHA Office,

19. Process for monitoring compliance with this document

Use of Section 136 will be monitored by the Hertfordshire Partnership University NHS Foundation Trust monitoring form and Hertfordshire Constabulary using a standard form for all areas of service (appendix 1 and 2). This form will be completed in full by the Police Officers and the PoS Nurse of the unit where the place of safety is in a health setting. This completed form must be forwarded to the local Mental Health Act Office.

Local multi-agency groups that include the police and HCS staff will also monitor compliance with the legislation and any issues of concern with regards to practice will be discussed locally. These groups may recommend changes to this policy.

The S136 interagency group will continue to monitor compliance with this policy and look at trends in practice around S136.

S136 is subject to audit and quality monitoring by the Mental Health act Quality and Policy Group.

Action:	Lead	Method	Frequency	Report to:
Monitor compliance with policy in relation to area where patient picked up under S136	Directorate Manager (MH Legislation)	All S136 monitoring forms to be checked to ensure the initiated S136 was from a lawful place - S136 Audit	Ongoing by MHA Legal departments as S136 happen	Any areas of non - compliance to MHA Quality and Policy Group
Check compliance with legal duration of S136	MHA Operational Manager	All cases are monitored for speed of arrival of police, AMHP and doctors to ensure assessments happen in a timely manner	Ongoing	Any areas of concern reported to MHAA meeting

20. Embedding a culture of equality and respect

The Trust promotes fairness and RESPECT in relation to the treatment, care & support of service users, carers and staff.

RESPECT means ensuring that the particular needs of 'protected groups' are upheld at all times and individually assessed on entry to the service. This includes the needs of people based on their age, disability, ethnicity, gender, gender reassignment status, relationship status, religion or belief, sexual orientation and in some instances, pregnancy and maternity.

Working in this way builds a culture where service users can flourish and be fully involved in their care and where staff and carers receive appropriate support. Where discrimination, inappropriate behaviour or some other barrier occurs, the Trust expects the full cooperation of staff in addressing and recording these issues through appropriate Trust processes.

Access to and provision of services must therefore take full account of needs relating to all protected groups listed above and care and support for service users, carers and staff should be planned that takes into account individual needs. Where staff need further information regarding these groups, they should speak to their manager or a member of the Trust Inclusion & Engagement team.

Where service users and carers experience barriers to accessing services, the Trust is required to take appropriate remedial action.

The following table reflects – specifically for this policy – how the design of the service and processes involved has given consideration to all protected groups so ensuring equality and dignity for everyone.

<u>NB</u> this information MUST reflect how staff will act in accordance with the Equality Act 2010 in meeting the needs of all protected groups. All policy authors are required to replace the red text with very specific information on how the policy/service/process takes full account of these issues. Where information is too generalised it will not be accepted by the Policy Panel.

Service user, carer and/or staff access needs (including disability)	The Section 136 is initiated by the police and may apply to any person found in a place to which the public have access that they believe may have a mental disorder. All Places of Safety have disabled access via its own entrance avoiding going through receptions.
Involvement	There is a rights leaflet for patients taken to a place of safety under S136, should people subsequently be further detained under the MHA then the safeguards around the MHA are implemented.
Relationships & Sexual Orientation	The MHA has a statutory requirement to consult with specific people called Nearest Relatives with regard to issues around detention. This is a legal system and does not always take account of the person's relationship.
Culture & Ethnicity	Nationally there are a high number of people detained under S136 from Black ethnic groups. This is monitored though the monitoring system and issues of concern are raised with the police.
Spirituality	As S136 is for the purpose of an assessment within 24 hours people are not generally held in custody for more than an average of 6 hours. During this time they are near towards where issues of spirituality can be addressed through the ward processes.

Age	The policy on S136 takes account of different age groups, in particular there is a designated Place of Safety for those under 18 years of age and the policy provides for age appropriate assessments including older people assessments.
Gender & Gender Reassignment	During a S136 there is only one person detained in the Place of Safety so single accommodation is available.
Advancing equality of opportunity	The new build at Kingfisher Court has two dedicated Places of Safety suites which includes own garden, en suite and bedroom. These meet all the standards that are required nationally as outlined by the Royal College of Psychiatrists.

Part 3 – Document Control & Standards Information

21.Version Control

Version	Date of Issue	Author	Status	Comment
V1	November 2008	Directorate Manager Mental Health Legislation	Superseded	Joint Policy
V2	October 2011	Directorate Manager Mental Health Legislation	Superseded	Archived
V3	January 2013	Directorate Manager Mental Health Legislation	Superseded	Has been out for comments and comments added. Now placed on Trust policy format
V4	11th November 2014	Directorate Manager Mental Health Legislation	Superseded	Amendments following opening of new S136 Suite and update of forms and flowcharts agreed by interagency group meeting on 8th September
V4.1	1st April 2015	Directorate Manager Mental Health Legislation	Superseded	Revised following publication of new MHA Code of Practice
V4.2	1st April 2015	Directorate Manager Mental Health Legislation	Superseded	Amendments due to change of process and policy
V5	11th Dec 2017	Directorate Manager Mental Health Legislation	Current Working document	Updated in line with PACA changes to MHA
V5.1	1ST February 2019	Directorate Manager Mental Health Legislation	Current	

22. Relevant Standards

All policy documents when no longer in use must be retained for a period of 10 years from the date the document is superseded as set out in the Trust Business and Corporate (Non-Health) Records Retention Schedule available on the Trust Intranet

A database of archived policies is kept as an electronic archive administered by the Compliance and Risk Facilitator. This archive is held on a central server and copies of these archived documents can be obtained from the Compliance and Risk Facilitator on request.

23. Associated Documents

This policy should be read in conjunction with the following HPFT policies:

- Hertfordshire Partnership NHS Foundation Trust Absent Without Leave Policy
- Hertfordshire Partnership NHS Foundation Trust Learning from Adverse Events Policy
- Hertfordshire Partnership NHS Foundation Trust Joint Protocol on the Management of Young People Aged 16 and 17 years Old Requiring Admission for their Mental Health Needs
- S135 Policy Hertfordshire Partnership NHS Foundation Trust
- Kingfisher Court Operational Policy on S136

24. Supporting References

- Human Rights Act 1998
- Mental Health Act 1983 as amended by Mental Health Act 2007
- Mental Health Act 1983 Code of Practice 2015
- Mental Health Act Manual, Richard Jones
- Mental Health Law, A Practical Guide 2005
- Police and Criminal Evidence Act 1984
- Mental Capacity Act 2005
- Standards of Places of Safety under Section 136 of the Mental Health Act 1983 (Royal College of Psychiatrists, London 2008)
- Care Act 2014
- Policing and Crime Act 2017
- Mental Health Act 1983 (Place of Safety) Regulations 2017
- Department of Health Guidance for the implementation of changes to police powers and places of safety provisions in the MHA 1983

25. Consultation

In the case of the Procedural Document Management System, the following have been consulted so far.

Managing Directors in SBU	Lead Nurses
Clinical Directors	Modern Matrons
Hertfordshire Police	Practice Governance Leads
HCS	Directorate Manager MH Legislation
MHA Quality and Policy Group	SOOHS
Service Line Leads	CAT Teams
PoS Nurse	Medical leads

Part 4 Appendices

Appendix 1

SECTION 136 MONITORING FORM
To be completed by PoS Nurse (ON PARIS)
PRINT DETAILS IN FULL AND COMPLETE ALL SECTIONS

Patient Forename		**Patient Surname**		**Date of Birth**	
Patient Address					
If patient attended A&E prior to arrival, S136 detention period begins at the time the person arrived at A&E **Date and time of arrival at A&E:**					
Name of PoS		**Date of arrival**		**Time of arrival**	
Conveyance to PoS	**Ambulance** ☐ **Police Vehicle** ☐ **Other** ☐ **(please state)**				
Police URN		**Police Departure Time**			
Full name of receiving PoS Nurse (print):					
Rights leaflet given/rights read at:	**Date:**		**Time:**		
Has the person been searched?	**Yes** ☐ **No** ☐	**Outcome of search:**			
Has PAVA Spray been used?	**Yes** ☐ **No** ☐	**Police Support/Assessment of Need Completed by Police & PoS Nurse: Yes** ☐ **No** ☐			
Is the patient on medication: Yes ☐ **No** ☐ **Unknown** ☐ **Comments:**					
Name of Relative/Friend:		**Contact Telephone No:**			
JOINT TRIAGE by PoS Nurse and first on call doctor:					
Name of 1st on call Dr		**Time 1st on call Dr contacted**		**Time Triage Started**	
Date Joint Triage Completed		**Time Joint Triage Completed**			
OUTCOME OF TRIAGE: **Evidence of Mental disorder Yes** ☐ **No** ☐ **Outcome Must be Recorded on Paris** **If NO evidence of mental disorder name of S12 Dr consulted:……..**					
If triage not started within 1 hr of arrival at PoS state reasons for any delay, *i.e. intoxicated, aggression level, refusal to engage, etc.*					
CATT Assessment :		**Name of CATT person contacted**			
Date contacted		**Time contacted**		**Time arrived**	
Time CATT assessment started		**Time CATT assessment ended**			
ASSESSMENT (print details)					
Full Name of 1st Doctor	**Full Name of 2nd Doctor**	**Full Name of AMHP**			
Section 12 Approved? Y / N	**Section 12 Approved? Y / N**				
If 1st Doctor not Section 12 Approved state reasons why: (also record discussion with S.12 if one took place)					
Contacted at: **Time:** **Date:**	**Contacted at:** **Time:** **Date:**	**Contacted at – check screening tool:** **Time:** **Date:**			
Assessment commenced at: **Time:** **Date:**	**Assessment commenced at:** **Time:** **Date:**	**Assessment commenced at:** **Time:** **Date:**			
Assessment completed at: **Time:** **Date:**	**Assessment completed at:** **Time:** **Date:**	**Assessment completed at:** **Time:** **Date:**			
Departure: **Time:**	**Departure:** **Time:**	**Departure:** **Time:**			

Date:	Date:	Date:

Reason assessment not completed within 24 hours of time of arrival at PoS (Complete additional Extension Monitoring Form and Datix

If patient not seen by AMHP indicate why: (if patient refused indicate this here)

If AMHP assessment does not take place within 3 hrs of arrival at PoS give reasons for delay:

(Complete Datix report)

Datix required: Not fit for assessment due to alcohol/drug use ☐ Breach of 24 hour detention ☐
Self-harm requiring medical attention ☐ Minor self-harm ☐ AMHP delay ☐
Absconsion ☐ Assault ☐ Other ☐
Details: _____

_____

_____ **Datix Incident Number:** ……...

ARRANGEMENTS MADE AFTER ASSESSMENT

No evidence of mental disorder ☐ Specify arrangements:

There was evidence of mental disorder and was discharged but: **a) no follow up was required ☐ b) follow up was arranged ☐**	**Specify arrangements:**
Was admitted or transferred on an informal basis ☐	**To: Ward/Hospital**
Was admitted or transferred under MHA **Section: 2 ☐ 3 ☐ 4 ☐** **Other: ☐** (please state)	**To: Ward/Hospital**

State reasons for any delay, *i.e. bed availability, awaiting CATT/Spectrum assessment, placement issues etc.*

DEPARTURE FROM SECTION 136 SUITE

Transport type: Ambulance ☐ Police Vehicle ☐ Other ☐ (specify) _____

Transport Requested at: Date: _____ **Time:** _____

Patient Departed: Date: _____ **Time:** _____

Any delay – give reason: _____

Transfers between Place of Safety: **Yes ☐ No ☐**	**Name of Unit:**

Arrival at 2nd place of safety:	**Date:**		**Time:**	
Reason for transfer:				

PoS Nurse Change/ Handover (if applicable)	**From (print name)** **Time:** **Date:**	**To (print name)** **Time:** **Date:**
PoS Nurse Change/ Handover (if applicable)	**From (print name)** **Time:** **Date:**	**To (print name)** **Time:** **Date:**

Signed: (PoS Nurse completing) _____

Print name: _____ **Date:** _____ **Time:** _____

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11/2017

HERTFORDSHIRE CONSTABULARY

POLICE MENTAL HEALTH MONITORING FORM

1. Incident details

Police force area

Date of encounter

Time of arrival at incident

Time of detention

Police reference

Any other details disclosed:

2. Personal Details

Name

DoB

Gender Male ☐ Female ☐ Other ☐

Ethnicity
- ☐ White European
- ☐ Dark European
- ☐ Black
- ☐ Asian
- ☐ Chinese/Japanese/ SE Asian
- ☐ Other
- ☐ Not known

3. Initial Police Encounter:

a. Incident address/postcode:

b. In what circumstances did the person come to the attention of the police?

☐ Suspect ☐ Victim/Witness of crime ☐ S135 Warrant ☐ Missing person ☐ Other

c. What were the behavioural issues that triggered concern (select all that apply)?

☐ Harm to self ☐ Harm to others ☐ Physical violence ☐ Other aggression ☐ Unusual behaviour

d. Is the person suffering from the effects of alcohol or drugs: ☐ Yes ☐ No ☐ Not known

If Yes: ☐ Alcohol ☐ Drugs ☐ Both alcohol and drugs ☐ Not Known

4. Action Taken:

a. Did you request advice from a Healthcare Professional? ☐ Yes ☐ No

If yes, time of request

If yes, time advice given

Name of HCP providing advice

☐ Street Triage scheme ☐ G4S Custody ☐ Other HCP

Summary of the advice given *(E.g. Physical health issues / Substance Misuse issues / Known to local health providers and if S136 not appropriate what alternative arrangements were recommended?)*

If no advice sought please give rationale as to why *(E.g. Time likely to carry out consultation / Person unlikely to remain cooperative and present and Behaviour of the person requires immediate action in the interests of safety e.g. threat to self or others.)*

b. Reason for A&E attendance *(E.g. self harm injuries / overdose)*

Time of arrival at A&E

Time left A&E

c. What action was taken by the police?

☐ s136 detention ☐ s135 Warrant ☐ Mental Capacity Act ☐ Voluntary referral to mental health services

d. Has the client been detained under s136 previously? ☐ Yes ☐ No ☐ Not known

Complete the rest of the form ONLY if client is detained under s136 or s135 warrant

5. Method of transport and first place of safety

5a. Transport

Method of conveyance to the place of safety:

☐ Ambulance
☐ Police vehicle
☐ Other health vehicle
☐ Other
☐ N/A
☐ Not known

Time ambulance called

Time officer requested ambulance (if different)

Time ambulance arrived

Did the police escort the ambulance? ☐ Yes ☐ No

If a police vehicle was used what was the reason why? (select one)

☐ Ambulance not available within 30 minutes
☐ Ambulance not available within 60 minutes
☐ Police or police/ambulance risk assessment (behaviour)
☐ Not requested (no reason given)
☐ Crew refused to convey
☐ Ambulance re-tasked to priority call
☐ Already at a place of safety
☐ Not known

5b. First Place of safety Note: Health based place of safety (HBPOS) should be used in all but the most exceptional circumstances

Type of Place of Safety ☐ HBPOS ☐ Police custody ☐ Private home ☐ Other ☐ Not known

Time of arrival at the place of safety

Time officers leave the place of safety

If longer than 60 minutes, reason for delay in police leaving POS

☐ POS not warned of arrival
☐ Risk assessment, PC remain
☐ Lack of staff at POS
☐ Bed/cell watch
☐ No Delay
☐ Other

If Police custody was used

Authorising Inspector or above

Name

Warrant Number

Rationale for police custody as a place of safety *(E.g. Imminent risk of serious injury or death to the person or others to a level likely to require urgent medical treatment)*

6. Method of transport and second place of safety (if applicable)

6a. Transport

Method of conveyance to the place of safety:

☐ Ambulance
☐ Police vehicle
☐ Other health vehicle
☐ Other
☐ N/A
☐ Not known

Time ambulance called

Time officer requested ambulance (if different)

Time ambulance arrived

Did the police escort the ambulance? ☐ Yes ☐ No

If a police vehicle was used what was the reason why? (select one)

☐ Ambulance not available within 30 minutes
☐ Ambulance not available within 60 minutes
☐ Police or police/ambulance risk assessment (behaviour)
☐ Not requested (no reason given)
☐ Crew refused to convey
☐ Ambulance re-tasked to priority call
☐ Already at a place of safety
☐ Not known

6b. Second place of safety **Note: Health based place of safety (HBPOS) should be used in all but the most exceptional circumstances**

Type of Place of Safety ☐ HBPOS ☐ Police custody ☐ Private home ☐ Other ☐ Not known

Time of arrival at the place of safety

Time officers leave the place of safety

If longer than 60 minutes, reason for delay in police leaving POS

☐ POS not warned of arrival
☐ Risk assessment, PC remain
☐ Lack of staff at POS
☐ Bed/cell watch
☐ No Delay
☐ Other

If Police custody was used, what was the reason? (select one)

☐ Joint risk assessment - violent
☐ HBPOS no capacity
☐ HBPOS refused admission
☐ Arrested for a substantive offence
☐ Other
☐ Not Known

7. Restraint

Was physical restraint used during the initial encounter?

☐Yes ☐ No ☐ Not known Details:

Was physical restraint used during transport?

☐Yes ☐ No ☐ Not known Details:

Was physical restraint used at the place of safety?

☐Yes ☐ No ☐ Not known Details:

8. Risk Assessment

What Risk factors are there that the place of safety or assessment staff should be aware of?
(consider self- harm, suicide, physical aggression, impaired judgment, self -neglect, absconding etc)

Joint Risk Assessment: Agreed Risk Level: Low ☐ Medium ☐ High ☐

Safeguarding

Details of any associated persons who may be at risk should the person detained be released and why e.g. if the person detained has made any threats to any other persons or detained in circumstances which involved any risk to other persons or any other concerns necessary to help safeguard an individual. IS THERE A NECESSITY FOR THE NURSING STAFF TO CONTACT HERTS POLICE ON 101 PRIOR TO THE DETAINED PERSON BEING RELEASED SO THAT SAFEGUARDING MEASURES CAN BE PUT IN PLACE TO PROTECT POTENTIALLY VULNERABLE PEOPLE.

Any other details:

5

Joint Assessment of need for police to remain S136 (2) MHA

POLICE SUPPORT WITHIN THE PLACE OF SAFETY		
LOW RISK	**MEDIUM RISK**	**HIGH RISK**
Current / recent indicators of risk	**Current / recent indicators of risk**	**Current / recent indicators of risk**
No currently present behavioural indicators (other than very mild substance use) **AND** no recent criminal / medical indicators that the individual is violent OR poses and escape risk OR is a threat to their own or anyone else's safety **OR**	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**	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
Previous indicators	**Previous indicators**	**Previous indicators**
Which are few in number AND historic OR irrelevant; **BUT** Excluding violence graver than ABH and not involving weapons, sexual violence or violence towards NHS staff or vulnerable people	Limited in number OR historic OR irrelevant; including violence graver 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.	Neither limited NOR historic NOR irrelevant; including violence graver than ABH or involving weapons, sexual violence, violence towards NHS staff or vulnerable people **OR** LOW or MEDIUM RISK patients who have disengaged from treatment and where there are MEDIUM RISKS threats when disengaged.
Police support is NOT required	**Police support MAY be required**	**Police support is VITAL**

- Consideration to the environment MUST be given in all cases
- Where there is dispute within this framework, NHS professionals will have the **right to insist** upon police support where they believe they require it – police supervisors will have the **right to insist** on what that support should be. **Each agency will accommodate the other, through this compromise.**
- Where the police feel that the NHS have insisted upon support inappropriately or where the NHS feel the police have provided too much or too little support, this should be referred to the S136 multi-agency group for resolution and feedback should be provided by managers to ALL professionals involved.

S132 RIGHTS - ADMISSION OF MENTALLY DISORDERED PERSONS FOUND IN A PUBLIC PLACE
(Section 136 of the Mental Health Act 1983)

1. Patient's name	
2. Name of hospital and ward	

Why am I in hospital?

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

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

How long will I be here?

You can be kept here (or in another place where you will be safe) for up to 24 hours so that you can be seen by a doctor and an approved mental health professional. In certain circumstances the length of detention may be extended by up to 12 hours.

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

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

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

If the doctors and the approved mental health professional have not seen you by the end of the 24 hours, you will be free to leave. You may decide to stay on as a voluntary patient. But if you do want to leave, please talk to a member of staff first.

In your case the 24 hours end at:

Date	Time

If the S136 is extended beyond 24 hours you will be advised how long the extension will last.

What happens next?

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

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

Can I appeal?

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

Will I be given treatment?

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

Letting your nearest relative know

A copy of this leaflet will be given to the person the Mental Health Act says is your nearest relative.

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

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

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

Changing your nearest relative

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

Your letters

All letters sent to you while you are in hospital will be given to you. You can send letters to anyone except someone who has said they do not want to get letters from you. Letters to these people can be stopped by the hospital staff.

Code of Practice

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

How do I complain?

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

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

Further help and information

If there is anything you do not understand about your care and treatment, a member of staff will try to help you. Please ask a member of staff to explain if there is anything in this leaflet you do not understand or if you have other questions that this leaflet has not answered.

Please ask if you would like another copy of this leaflet for someone else.

Place of Safety Nurse (PoS Nurse) Screening tool for receiving initial police notification of a detention under Section 136 MHA 1983.

Background

Under Section 136(1)(a) of the MHA a police officer has the power to remove a person who appears to him/her to be suffering from mental disorder and to be in immediate need of care and control to a place of safety (or keep them at a place of safety).

S136 can be exercised in any place other than a "private dwelling" or its associated grounds or buildings.

Hertfordshire police (via the Force Communications Room) under such circumstances will contact the PoS Nurse to advise them that they have detained a person under Section 136. The PoS Nurse will be responsible for advising the police as to the most appropriate place of safety that is available at the time of referral.

The screening sheet below is intended to help the PoS Nurse in gathering the information that will inform their decision as to the most appropriate place of safety. Please also refer to the S136 flowchart attached to this document to help determine the most appropriate place of safety.

Hertfordshire Partnership NHS
University NHS Foundation Trust

S136 Screening tool – PoS Nurse to complete on receipt of initial contact with police (keep this form as part of the S136 paperwork)

Service user's Name:
Service user's Date of Birth (is the service user under the age of 18)
Service user's address
Are there any contact details for a next of kin?
Where was the service user detained? **136 detention by: Herts police ☐ BTP ☐ Custody ☐ out of area ☐**
Has the service user taken an overdose of medication?
Has the service user suffered any injury or self-harmed? If so what is the nature of the injury?
Is there anything about the service user's presentation that gives the officer any concerns regarding the service user's physical health?
Is the service user intoxicated as a result of drug and alcohol use? If so how severely intoxicated are they?
Has the service user exhibited any aggressive behaviour or had to be restrained for any period of time? If so what is the nature of that behaviour?
Has the service user resisted detention under S136?(what is the absconsion risk)
Are there any other concerns that should be noted by health care staff?

Completed by: _____ **date:** _____ **time:** _____
(*print name*)

Directed to: · **Kingfisher Court POS 1 or 2** ☐ **Oak POS** ☐
A&E ☐ **Other (specify)** _____

NOTE: If you have diverted the police to another place of safety please send this over to the new place of safety by email in advance of the police arrival there.

Short Guide to individuals' roles in the S136 process[12]
For S136 Detentions at Oak and Kingfisher Court PoS

Role of the PoS Nurse

They are the S136 co-ordinator and make all arrangements as outlined in the s136 policy. They must:

- Carry out initial telephone screening of detained patient and complete Screening Checklist.
- Direct the Police to the most appropriate 136 Suite (e.g. Oak ward when the patient is extremely aggressive, or a vacant suite if the local one is already occupied).
- Ensure continuous safe and supportive observation of the patient in the place of safety.
- Check that the police have searched the patient.
- Undertake an initial nursing triage to consider factors posing an immediate risk to the patient's physical health such as recent self-harm, overdose, head injury, vomiting, intoxication with alcohol or drugs. Perform an alcohol reading and/or urine drug screen if required.
- Contact the first on call doctor to request their input to the triage process. If unable to make contact with or secure agreement to attend in a timely way, to contact the 2nd on call (out of hours) or the consultant on call (daytime) for further advice.
- Record on PARIS the details of the 136 and the initial triage assessment.
- Inform CATT or C-CATT & AMHP of S136 detention as soon as possible. This is just to make them aware of potential need for assessment depending on outcome of initial triage.
- Undertake a joint triage with 1st on call doctor and inform the AMHP and CATT if a MHA assessment is required.
- Assess risks and address matters arising. Complete Datix if necessary.
- Arrange transfer to A&E (if urgent medical assessment or treatment needed). In an emergency, this does not need to wait for the first on call doctor to be present.
- Within an hour of arrival at 136 suite complete joint assessment with police colleagues to determine if ongoing police presence is required.
- If there is evidence of mental disorder, liaise with the AMHP and CATT or C-CATT as to further assessment as determined by whether the patient is likely to accept voluntary admission, may be suitable for community follow up or is likely to require detaining, as informed by discussion with the 1st on call doctor.
- Record details on forms accurately and fully and ensure screening tool, monitoring form and joint risk assessment with regard to police presence are completed.
- Inform patient of their rights orally and in writing and complete form 132.
- Receive any subsequent forms in relation to detention under Section 2, 3 (or, rarely, 4) MHA and complete nursing staff scrutiny checklist.
- Update MiDOS system.
- Follow escalation process when all suites are full.

Role of doctor:

When not S12 Approved

[12] Please also refer to S136 policy for more detail.

- Review the screening tool completed by the PoS Nurse.
- Look at history on PARIS/ Care notes and history given by the police.
- Perform psychiatric triage assessment jointly with the PoS nurse.
- Record on PARIS the outcome of the joint triage assessment.
- See the patient:
    - Obtain history of presenting complaint including the reason for the S136.
    - Ensure the patient is not due any medication or treatment, for example insulin, in the time that they are waiting in the S136 suite and if necessary prescribe any treatments required for that period.
    - Alcohol/drug use and intoxication level. Assess risk of withdrawal from any substances. Consider urine drug testing and breathalysing for alcohol levels.
    - Rule out overdose/other self-harm/medical problems requiring urgent treatment (transfer to A&E if appropriate).
    - Risk assessment
    - Mental state examination.
- Liaise with a S12 approved doctor. *The Code of Practice states that wherever possible, the doctor assessing the patient should be S12 approved and the assessment should be joint with the AMHP. Where the first on-call doctor carries out the initial triage psychiatric assessment, the doctor must discuss the assessment with the S12 doctor before deciding on the outcome.*

  The S12 doctor for this purpose will be

  DAYTIME the consultant on call

  OUT OF HOURS S12 on call doctor
- If there is no evidence of mental disorder, more information on risk or background history may be required to ensure that it is safe to discharge. A letter to the GP should be completed and sent with a copy to the community team if appropriate.
- If there is evidence of mental disorder requiring a MHA assessment, consider whether the patient requires a full MHA assessment, may either agree to informal admission or require community follow up, in which case one S12 doctor with an AMHP may be more appropriate.
- Liaise with the PoS Nurse about this and ensure that they liaise appropriately with the AMHP etc.
- Ensure that the above information and outcome is recorded on PARIS.
- Receive feedback from the AMHP, S12 Doctor(s) and CATT and document it on PARIS (unless one of the S12 doctors volunteers to do this).
- If the patient is to be admitted, handover relevant information to the receiving doctor (unless one of the S12 doctors volunteers to do this).
- If the patient is not admitted, ensure that any referrals to other treating teams are completed and write to the GP.

When S12 Approved

TheS12 doctor, will be contacted for advice by the 1st on call doctor. They should:

- Act as a S12 doctor in a subsequent MHA assessment if appropriate
- If necessary, document their discussion with the 1st on call doctor on PARIS
- Liaise with the AMHP and other S12 Doctor and, as necessary, the 1st on call doctor, Nurse, CATT, Police.
- Undertake the assessment of the patient.
- Discuss the case with the AMHP and other S12 Doctor and agree a course of action.
- If necessary, complete a single or joint medical recommendation for detention.

- EITHER make a suitable entry on PARIS AND/OR give sufficient feedback to the 1st on call doctor or Nurse to allow them to make a suitable entry on PARIS.

(Daytime) - Role of the on call Consultant

As there is no 2nd on call service during the daytime, the consultant on call (S12 approved) will be contacted for advice by the first on call doctor. The role of the on call Consultant is to:

- Support the 1st on call doctor and discuss cases where the 1st on call feels that there is no mental disorder evident.
- Guide the 1st on call as to what steps should be taken in these cases.
- Support the 1st on call doctor in determining whether the patient needs a full MHA assessment or whether assessment by one S12 approved doctor and AMHP is sufficient.
- If necessary, document their discussion with the 1st on call doctor on PARIS.
- If they wish to act as one of the S12 doctors in a subsequent MHA assessment, they should advise the AMHP of this or, alternatively, that they will not be involved in the actual assessment. (The AMHP will decide who the most appropriate doctors are, taking into account such factors as prior knowledge, language skills, gender and availability or not of alternative S12 doctors.)

Role of the AMHP

The AMHP co-ordinates the process of assessment, to interview service users, and to consider medical views, to establish if there is evidence of mental disorder, and whether the legal criteria for compulsion are met.

- Discuss with the 1st or 2nd on call doctor (out of hours) or on call consultant (daytime) whether they know the patient and would be available/willing to do the assessment. Arrange additional/alternative S12 doctors as necessary.
- Conduct the MHA assessment as per the Mental Health Act and Code of Practice
- Consider any possible alternatives to admission to hospital
- If application for detention is made then AMHP makes arrangements for service user to be conveyed to identified bed. (assistance may be needed from PoS Nurse/Police in certain circumstances).
- If any follow up is required in the event of no admission the AMHP should consult the doctor about any arrangements that might need to be made for the service user's treatment or care (referral to CATT, ADTU or community team).
- Complete an AMHP report on PARIS in all cases and arrange for a copy to be sent to the GP. Wherever possible, the report should be completed before the patient is moved on to the ward, etc. If it is not possible to complete the full report immediately, a brief entry should be made on PARIS and the full report completed in a timely manner.

Role of CATT or C-CATT

- To join the full assessment of the patient, regardless of where the patient resides/which team they might be under.
- Consider alternatives to admission
- Gate keep admission

Escalation and Action process to support capacity in Hertfordshire S136 Places of Safety

This process is written to guide HPFT clinical and operational staff in working to ensure that every effort is taken to support capacity within the S136 Places of Safety for Hertfordshire (PoS). It is also written to ensure relevant actions and escalation, to senior members of the organisation, takes place when there are concerns regarding capacity.
There are currently three Hertfordshire PoS; two in the Kingfisher Court building and one in the Psychiatric Intensive care Unit (PICU), Oak ward. Typically the PoS in Kingfisher Court will be used for routine admissions under S136 powers, including children and adolescents. Those who may present as a risk to others will be admitted to the PICU S136 suite.
NB; It should be noted that when both suites are in use at Kingfisher Court the suite at PICU should be used even when the individual does not meet the criteria of presenting a risk to others.

1. As a general rule all nursing staff members supporting the S136 PoS must be familiar with the ' Managing a Place of Safety detention under Section 136 of the Mental Health Act 1983' policy

2. The 'Section 136 flow chart' within the above policy clearly outlines responsibilities of the nurse supporting the S136 process and these must be adhered to at all times.

3. The emphasis for the nurse must be to support the service user through the S136 process in a timely and safe manner, liaising with others to ensure that the assessment process is not delayed.

On occasions where all three PoS are in use the following escalation actions must apply.
NB; The Kingfisher Court PoS are responsible for co-ordination and will be expected to liaise with Oak S136 Suite to clarify the information required for onwards escalation

In hours	Out of hours
1. The PoS nurse should inform the Matron Lead for S136 2. The PoS nurse must ensure the MiDOS system is updated 3. The PoS nurse will confirm for the Matron • Time of arrival in each suite • Position in assessment process • Expected arrival time of necessary professionals • Barriers to timely assessment/move on • Potential for admission to acute inpatient bed • Expected time of first available suite 4. Matron and PoS nurse will agree actions, based on barriers to timely assessment/move on, to expedite the S136 process including; • Escalation to Trust AMHP lead • Escalation to Psychiatry lead for Drs	1. The PoS nurse should inform the Clinical Lead Out of Hours CL OOH 2. The PoS nurse must ensure the MiDOS system is updated 3. The PoS nurse will confirm for the CL OOH • Time of arrival in each suite • Position in assessment process • Expected arrival time of necessary professionals • Barriers to timely assessment/move on • Potential for admission to acute inpatient bed • Expected time of first available suite 4. CL OOH and PoS nurse will agree actions, based on barriers to timely assessment/move on, to expedite the S136 process including; • Escalation to OOH AMHP service

covering PoS • Discussion with Trust Bed Manager in cases where admission is required • Consider alternative transport arrangements for those waiting for discharge/ transfer • Increase liaison with family members 5. The Matron Lead for S136 will escalate to Acute Service Line Lead/ Deputy (S/DLL) passing on above information who will review information and actions taken 6. S/DLL to provide advice on further actions required 7. S/DLL will inform the West SBU Managing Director 8. If a 4th S136 PoS is required West SBU Managing Director to escalate to executive level. 9. MD to consider system wide escalation to alert to capacity issues 10. PoS nurse to contact FCR to provide update on first available suite 11. PoS nurse to provide regular updates to police, on actions being taken to expedite access to the suite, and timescales 12. PoS Nurse will complete a datix form which will document lack of capacity and reasons why* 13. Review of actions taken to take place and agree if outstanding actions can be identified	• Escalation to Consultant On call West • Discussion with Trust Bed Manager in cases where admission is required (to 9pm Mon-Fri and 9-5pm Sat & Sun). West 1st on call outside of these hours. • Consider alternative transport arrangements for those waiting for discharge/ transfer • Increase liaison with family members 5. The CL OOH will escalate to West 1st on call manager 6. West 1st on call manager will inform the Trust 2nd on call manager who will review information and actions taken 7. Trust 2nd on call manager to provide advice on further actions required 8. If a 4th S136 PoS is required Trust 2nd on call manager to escalate to executive team on call. 9. PoS nurse to contact FCR to provide update on first available suite 10. 2nd on call manager to agree system wide escalation, to alert to capacity issues, with executive team member on call 11. PoS nurse to provide regular updates to police, on actions being taken to expedite access to the suite, and timescales 12. PoS Nurse will complete a datix form which will document lack of capacity and reasons why * 13. Review of actions taken to take place and agree if outstanding actions can be identified

*** Datix forms and incidents of lack of capacity will be reviewed by the Section 136 Interagency Meeting**

S136 Discharge Guidance Note

Is it the AMHP that discharges a S136 detention?

A patient detained under S136 can be discharged in one of three ways.

1 No Evidence of Mental Disorder

Following assessment by first on call doctor (if not S12 approved assessment must be discussed with a S12 approved doctor). The section ends immediately as S136 criteria are not met.

2 Evidence of Mental Disorder – Compulsory Admission Not Thought To Be Required

The patient is either willing to stay as an informal inpatient and has been assessed as having capacity to consent to admission or is well enough to be discharged. Although they should be interviewed by an AMHP, good practice would suggest that if there will be a considerable delay for the AMHP to attend the suite, the S136 can be discharged if all necessary arrangements in respect of the patients treatment or care have been made. The medical examiner and AMHP could discuss aftercare arrangements by telephone. AMHPs **cannot** discharge the detention under S136.

3 There Is Evidence of Mental Disorder and a Full MHA Assessment Is Required

The AMHP will coordinate the assessment. If the AMHP does not believe that the criteria for on-going detention under S2 or S3 are met, then the S136 will continue until all necessary arrangements have been made for any ongoing treatment or care that is required.
For more information in relation to S136 please refer to the policy which can be found here or on the policy page of Trust space. Any advice required in relation to S136 detentions should be referred to the Mental Health Law Department.

Mental Health Law Department

Appendix 9

Mental Health Act 1983

Extension of Section 135 or Section 136

I am (*PRINT full name*)

and I am the registered medical practitioner who is responsible for the examination of

(PRINT full name of patient)

currently detained under section 135/136 at

(*PRINT full address of place of safety)*

which is a:-

(a) Health Based Place of Safety

(b) Accident and Emergency department

(c) Police station and it is intended for the assessment to take place at the police station

(d) Private Dwelling

(delete as appropriate)

It appears to me that a Mental Health Act assessment cannot be completed within 24 hours due to the following reason(s):-
(*The full reason(s) why the patient's physical or mental condition prevents an assessment must be given; A delay in attendance by an Approved Mental Health Professional or medical practitioner is not a valid reason for extending detention.)*

(If you need to continue on a separate sheet please indicate here ( ) and attach that sheet to this form)

Continue overleaf

Name of patient:……..

The detention under S135/6 began at [:] on [/ /]

(Date and time of the initial admission to a Place of Safety)

I authorise the extension for a period of [ ] hours *(maximum extension 12 hours)*

The extension period will expire at [:] on [/ /]

Signed: _____ Date: _____ Time: _____

Registered Medical Practitioner

The following <u>MUST</u> also be completed if the patient is detained at a police station and an extension is required:

I am *(PRINT full name)*

[ ]

and I am a police officer of the rank of superintendent or higher and I approve this extension.

Signed: _____ Date: _____ Time: _____
Police Officer *(if applicable)*

IF RESPONSIBILITY OF CARE IS TRANSFERRED BETWEEN AGENCIES DURING THE PERIOD OF DETENTION A COPY OF THIS FORM MUST BE "HANDED OVER" WITH THE PATIENT

A COPY OF THIS FORM MUST BE E-MAILED TO THE HPFT MHA OFFICE (if completed at a police station) at hpn-tr.S136hpft@nhs.net

OUR VALUES
Commitment
Care Quality

NHS
West Hertfordshire Hospitals
NHS Trust

WHHT Process/Flowchart Re: 136

Patient arrives in ED
- Notify Nurse in Charge patient on 136
- Under 16years to CED

Confirmation from Police that patient is on 136
a) Ensure that a search has been completed by the police to remove items that the patient could harm themselves or others including medication and ligatures.
b) The police to remain with patient at all times

Initial assessment of patient plan within 15 minutes. re care treatment and the estimated time of discharge is made.

Phone RAID Bleep 1158
Phone CCAT
State patient on 136 and arrival time

Place patient into their appropriate environment. Mental health risk assessment to be completed by RAID doctor. RAID to consider the 12 hour extension. If patient going to be medically fit for a mental health assessment to be completed within 24 hours.

If Patient critically unwell and is not fit to be assessed for mental illness. RAID to review and consider to remove 136. There will be a further review when physical condition of patient changes. Agree review time

If patient requires an acute hospital admission, the ward is to be informed patient is on 136
a) Environment check + risk assessment completed.
b) Level of observations to be a MDT discussion and decision
c) Start behaviour chart

If patient medically fit arrange for patient under 136 to be transferred to Kingfisher Court or Forest House. Contact RAID / CAMHS to arrange

If discharged off 136 discuss with RAID what would be the triggers for consultant to consider use of section 5(2) on the Wards

NB If a patient under a 136 absconds.
Then the Trust Policy on missing person to be followed

East and North Hertfordshire NHS Trust

E&NHT Process/Flowchart Re: S136

Patient arrives at the ED in the company of the Police
NIC and CIC to be made aware of arrival and time (24 hour power of detention)

Triage Nurse will triage within 15 minutes of arrival in the ED.

- check documentation and that police have searched the patient for medications and anything that could cause harm
- Inform the police that they are to remain with the patient
- Check that patient understands their rights under Section 136
- Risk assess with NIC and CIC to find safest place for detention in the department
- Phone RAID on Bleep 1508 and alert them of the arrival of a patient on a section 136 and the arrival time

Decision to be made regarding care, treatment and estimated time of discharge – CIC and NIC
Patient to be made safe in an environment including risk assessments as required
Level of observations identified by RAID – special to be arranged by RAID if possible

<u>Medically unwell:</u>
MDT (RAID, CIC, NIC) to decide if removal of 136 until physical condition changes.

<u>Patient requires medical admission:</u>

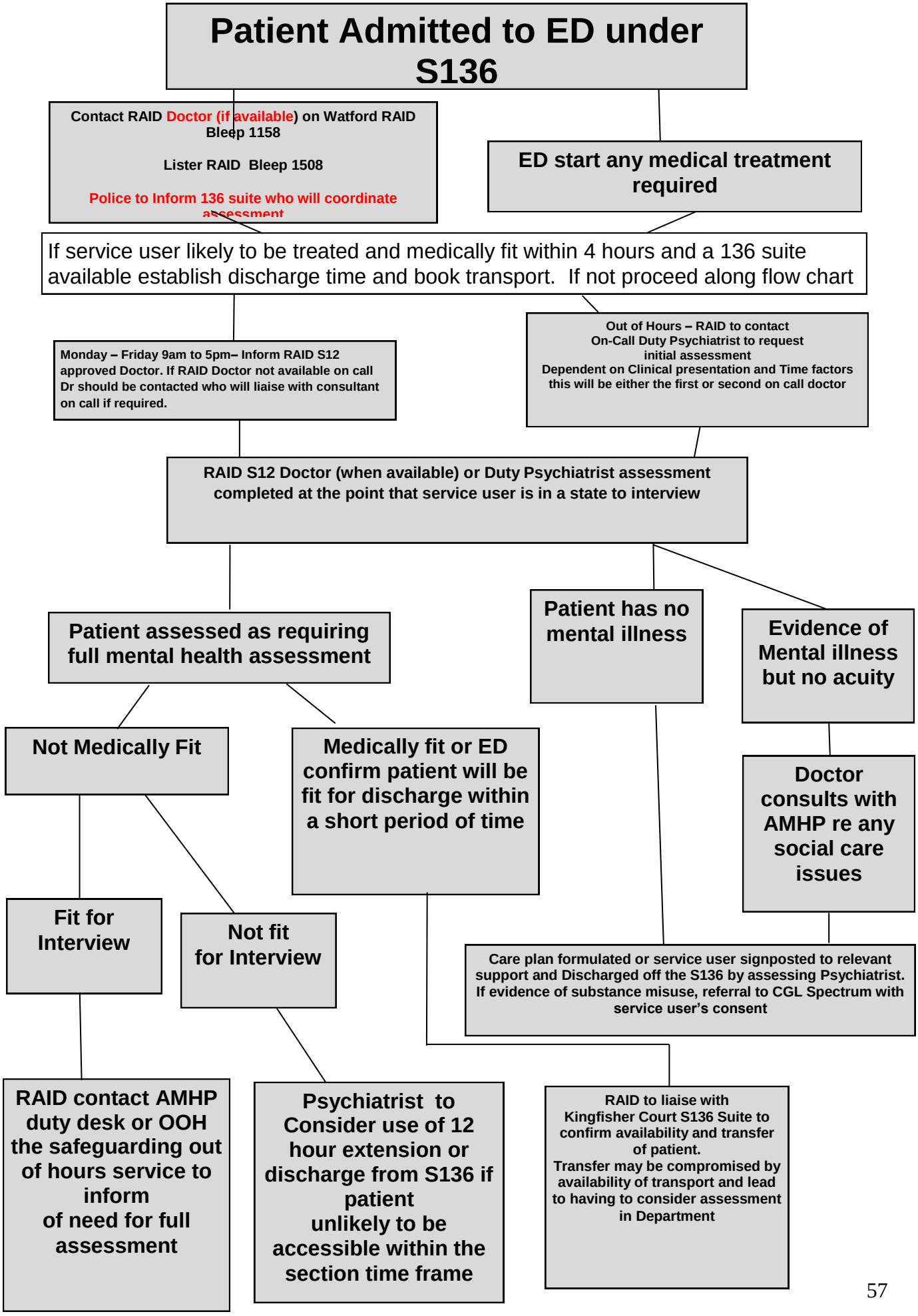
- Admit to AMUW
- Level of observation agreed
- Special as required (RAID/Specials team)

<u>Medically Fit:</u>

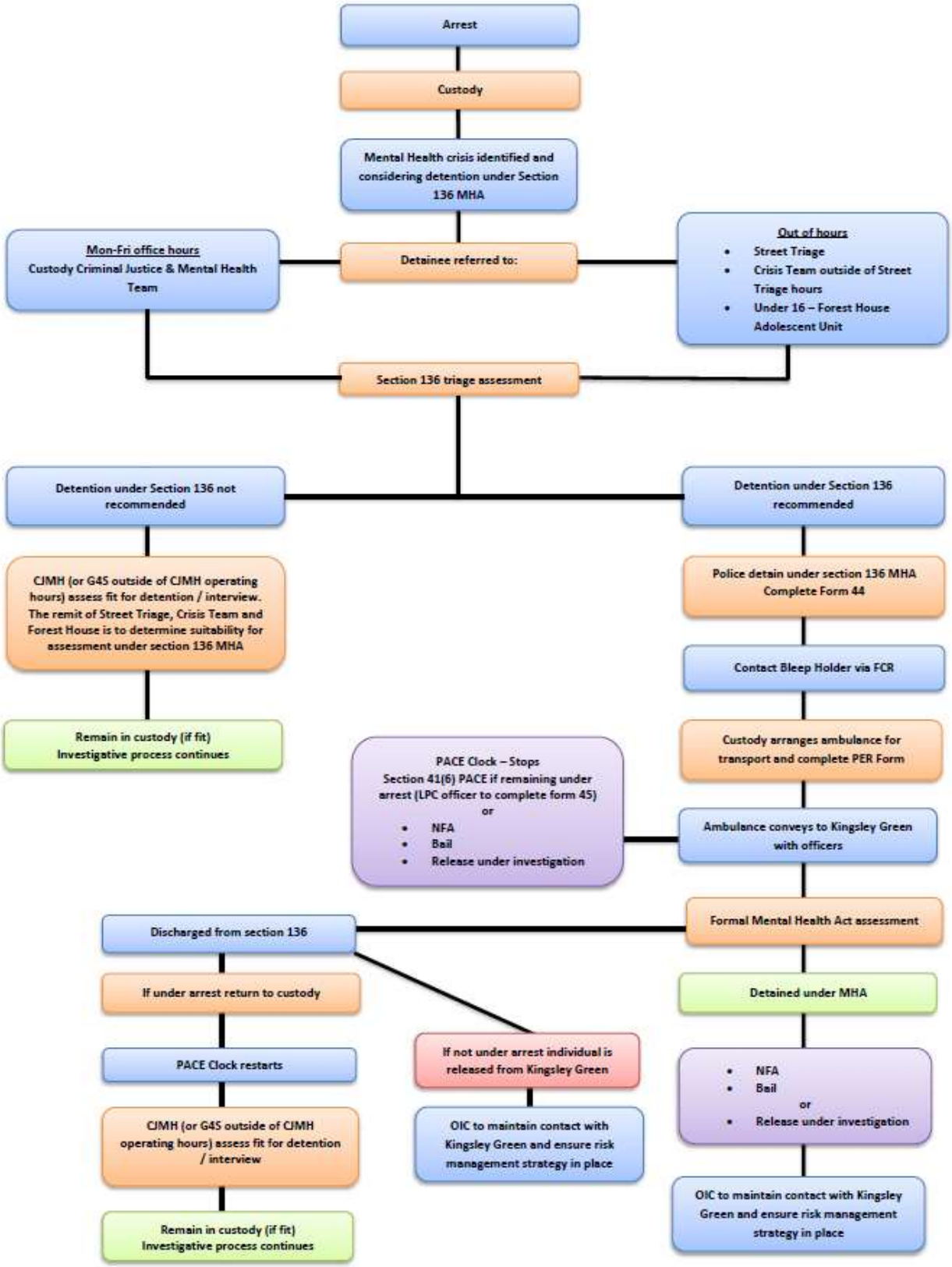
- Transfer to Kingfisher court if bed available
- Transfer to MH inpatient bed if available
- Discharge from detention by RAID with referral/sign posting

Extension to 36 hours agreed by MDT only due to specific rationale (see protocol).
Consider use of section 5.2 if required and consider level of observation (is 1:1 required?)

RAID S136 Flowchart



Custody Mental Health Assessment Procedure Flowchart



Custody Mental Health Assessment Procedure

TABLE OF CONTENTS

1. PROCEDURE AIM

1.1 To provide guidance to Hertfordshire Constabulary staff for detainees in custody who *subsequently* appear to be suffering a mental disorder, requiring assessment under the Mental Health Act 1983. In partnership with Hertfordshire Partnership NHS Foundation Trust (HPFT), this procedure will ensure those in mental health crisis receive timely mental health assessments in an appropriate HPFT place of safety.

1.2 **The position remains unchanged for individuals not in custody** who appear to be suffering from a mental disorder and to be in need of immediate care or control. In these circumstances; **officers are to follow the current street triage policy and procedure.**

2. APPLICABILITY

2.1 This procedure applies to all that engage with people detained in **police custody** who appears to be suffering from mental disorder and to be in immediate need of care or control. This includes Police Officers, Detention officers, Force Communication Room (FCR) Operators, G4S Health Care Professionals, Criminal Justice and Mental Health Professionals, Street Triage Mental Health Clinicians, Bleep Holders, Doctors, Ward Staff, AMPH, including AMPH out of hours service and CATT Services.

3. PROCEDURE DETAIL

3.1 Where a detainee appears to be suffering from a mental health disorder, the Custody Officer must be notified immediately.

3.2 All staff will have regard to the College of Policing Authorised Professional Practice (APP) when discharging their responsibilities. The Custody Officer will ensure detainee care plans reflect new identified risks.

3.3 The detainee will be referred to:

- Criminal Justice Mental Health Team (CJMH), embedded in custody within office hours, Monday to Friday
- The duty Street Triage Mental Health Clinician, when CJMH team not on duty – via the FCR
- The Crisis Team, outside Street Triage operating hours - LPC1 07920 086841 / LPC2 07919 228705
- **For those under 16 – Consultation via Forest House Adolescent Unit 01923 289940**

3.4 Following Section 136 triage assessment, a decision whether detention under 136 / formal mental health assessment is required will be made and communicated to the Custody Officer.

3.5 If detention under 136 / no formal assessment is required, CJMH (or G4S HCP outside of CJMH operating hours) will advise the Custody Officer on fitness for detention / interview, and the investigative process continues. The remit of Street Triage, Crisis Team and Forest House is to determine suitability for assessment under section 136 MHA, not to determine fitness to detain / interview.

3.6 If assessment is required, the Custody Officer will liaise with the FCR / Local Policing Command for Intervention officers to attend custody.

3.7 Following liaison, the Intervention officer will, in the interests of the detainee or the protection of others detain the individual under section 136 Mental Health Act 1983 and remove the person to an appropriate Hertfordshire place of safety, usually Kingfisher Court. The officer will complete form 44 (available on Word server and Hertfordshire Constabulary MH Intranet site).

3.8 Where it is determined that use of section 136 powers is not appropriate - identification and implementation of alternative arrangements will be determined.

3.9 A person in mental health crisis should be taken to or kept at a place of safety that best meets their needs. The expectation remains that, with limited exceptions, the person's needs will most appropriately be met by taking them to a 'health-based' place of safety - a dedicated section 136 suite where they can be looked after by properly trained and qualified mental health and other medical professionals.

3.10 New section 136A(1) means that **a police station may now not be used as a place of safety for a person under 18 years of age under any circumstances. There are no exceptions to this total ban.**

3.11 Custody Officer to liaise with the officer in the case to determine whether the detainee will be:

- Released no further action (NFA)
- Released on Bail
- Released Under Investigation (RUI)
- Remain under arrest

3.12 Risk Assessment / PER form to be completed.

3.13 If released on Bail or RUI - an officer in the case must be identified. The officer in the case will maintain contact with the place of safety to determine outcome of assessment and ensure safeguarding risk management plans are in place.

3.14 If the detainee remains under arrest, upon removal to the place of safety, section 41(6) PACE applies and the PACE clock will stop. Any time whilst at the place of safety, or on his/her way there or back shall not form part of their PACE relevant time.

3.15 The agreed protocol will be for the Custody Officer, via FCR Communications Operators to contact the Bleep Holder / nurse in charge at the appropriate unit or Kingfisher Court. The FCR is to complete the screening tool after which direction will be given as to which Place of Safety the person needs to be taken to. Officers must not take someone to a place of safety until the FCR have completed this process.

3.16 Note; There will be a requirement for FCR staff to provide the nurse in charge / bleep holder with some essential relevant screening details with regard to the circumstances leading to the detention; these include the detained person's Name / DOB and any indications that may identify a risk of harm to themselves or others, details of drug or alcohol abuse, aggressive behaviour/resistance to detention. It will not be protocol to simply advise of the attendance without providing 'screening details', as the nurse in charge / bleep holder will require relevant information in able to accept or direct officers to the correct place of safety for assessment.

3.17 An ambulance is to be requested by Custody Staff to convey the person to the place of safety. Police officers must remain with the person as it is a police power that is being used to detain them but police vehicles, especially caged vehicles, should NOT be used.

3.18 Police should ONLY transport the person in cases of extreme urgency or where there is an immediate risk of violence and in this scenario an ambulance crew member will travel in the police vehicle, with appropriate equipment **and the ambulance will follow behind**. It is not appropriate for someone who is violent to travel in a traditional ambulance due to the equipment and sharps that they carry.

3.19 Staff should refer to S.136 Ambulance Conveyance Guidance on the Hertfordshire Constabulary Mental Health Intranet for further guidance.

3.20 Detainee is conveyed to place of safety with Intervention officers.

3.21 If the detainee remains under arrest – police officers will remain at the place of safety.

3.22 If the detainee is not under arrest and solely detained under section 136 MHA 1983, the usual joint agency risk assessment will take place upon arrival as detailed in the Managing A Place Of Safety S136

Policy and Procedure (Hertfordshire Constabulary Mental Health Intranet) to determine whether officers are required to remain.

3.23 Formal mental health assessment conducted.

3.24 If following assessment, the individual is detained under the MHA and no longer under arrest, place of safety staff to update the officer in the case by telephone / email.

3.25 If following assessment, the individual is detained under the MHA and under arrest, officers present will inform the Custody Officer. The Custody Officer will liaise with the officer in the case to determine whether the detainee will be:

- Released no further action (NFA)
- Released on Bail
- Released Under Investigation (RUI)

3.26 The officer in the case must maintain contact with the place of safety and ensure safeguarding risk management plans are in place.

3.27 If following assessment, the individual is discharged from the place of safety and not under arrest, the individual is released.

3.28 If following assessment, the individual is discharged from the place of safety and still under arrest, officers convey the detainee back to custody and PACE clock recommences.

3.29 Upon arrival, CJMH (or G4S HCP outside of CJMH operating hours) will assess the detainee and determine fitness to detain / interview. If fit for detention/ interview – investigative process continues.

4. ADULTS – CIRCUMSTANCES IN WHICH A POLICE STATION CAN BE USED

4.1 A person in mental health crisis should be taken to or kept at a place of safety **that best meets their needs**. The expectation remains that, with limited exceptions, the person's needs will most appropriately be met **by taking them to a 'health-based' place of safety** - a dedicated section 136 suite where they can be looked after by properly trained and qualified mental health and other medical professionals.

4.2 A police station can now only be used as a place of safety for a person **aged 18 years or over in very limited circumstances.** The Mental Health Act 1983 (Places of Safety) Regulations 2017 specify the conditions which must be satisfied before a police station can be used as a place of safety and the safeguards that need to be applied in such cases.

4.3 The three conditions which must be satisfied before a police station can be used as a place of safety are:

(1) the behaviour of the person poses an imminent risk of serious injury or death to that person or others (regulation 2(1)(a)(i))
(2) because of the risk posed, no place of safety other than a police station in the relevant police area can reasonably be expected to detain the person (regulation 2(1)(a)(ii))
(3) so far as is reasonably practicable, a healthcare professional is present and available to the detainee throughout the period in which he or she is detained at the police station (regulation 2(1)(a)(iii)).

4.4 The decision to use a police station as a place of safety requires authorisation of a police officer of the rank of at least inspector (senior officer).

4.5 Where a decision-maker is a police officer, he or she is required under regulation 2(2) to consult one of the healthcare professionals specified in legislation – where reasonably practicable – on the use of a police station as a place of safety.

4.6 The authorisation of a senior officer must be given before the detained person arrives at the police station (or if the person is already at a police station, before a decision to keep him/her there is implemented).

4.7 In deciding whether to authorise the use of a police station, the senior officer will need to assess the available information as to whether the conditions appear to be met. In respect of the second and third conditions, it is expected that they will use their knowledge of the capabilities of local health-based places of safety, and whether the intended police station can comply with the requirement for an on-site healthcare professional. In respect of the level of risk posed by the detained person, it is unlikely that the authorising officer will have direct contact with the detainee and be able to form their own assessment. Their decision will therefore, of necessity, rely on their judgement of the assessment of the decision-maker proposing to use a police station and whether they believe in the round that the officer's assessment is reasonable in the described circumstances – including with any input from a health professional that has been consulted.

4.8 If a police station is used as a place of safety – the officer must ensure that:

- the person's welfare is checked by a healthcare professional at least once every thirty minutes, and any appropriate action is taken for their treatment and care;

- and so far as is reasonably practicable, a healthcare professional is present and available to the person throughout the period in which they are detained at the police station;

4.9 If either of these conditions cannot be met arrangements must be made for the person to be taken to another place of safety.

4.10 The custody officer must review at least hourly whether the circumstances which warranted the use of a police station still exist. If they do not, the person must be taken to another place of safety that is not a police station.

5. ASSOCIATED DOCUMENTATION

Please list any documentation here:

5.1 College of Policing Authorised Professional Practice

Home Office Guidance for the implementation of changes to police powers and places of safety provisions in the mental health act 1983

Guidance_on_Police_ Powers (3).pdf

5.2 Custody Operating Procedure

5.3 MH Managing a Place of Safety, section 136 Policy and Procedure

5.4 Hertfordshire 136 Ambulance Conveyance Guidance

Procedure Flowchart

Custody Mental Health Assessment F

5.5 Form 44, Mental Health Monitoring Form
Form 45, Prisoner/S136 Guard Handover

Form45Handover.docx

6. TRAINING

6.1 No specific training or accreditation is required to implement this procedure. All staff across agencies will be fully briefed. Procedure and flow chart will be published.

7. WHO TO CONTACT ABOUT THIS PROCEDURE

Hertfordshire Head of Custody.

8. EQUALITY IMPACT ASSESSMENT (EIA)

EQUALITY IMPACT ASSESSMENT

Name of Sponsor Name of Author Description of proposal being analysed	Detective Chief Superintendent Nathan Briant T/ Chief Inspector Mike Todd Custody Mental Health Assessment Procedure
Date EIA started Date EIA finished	
This Equality Impact Assessment is being undertaken as a result of: *Delete as appropriate* • A new or updated policy or procedure. • Any business process including operational and managerial decisions • A result of organisational change • Part of a project proposal • Procurement • Other (please state) **Note** – For ease of use of this document , we will refer to all of the above as “proposal”	

STEP 1 – Relevance

The general duty is set out in section 149 of the Equality Act 2010. In summary, those subject to the Equality Duty must have **DUE REGARD** to the need to:

- eliminate unlawful discrimination, harassment and victimisation;
- advance equality of opportunity between different groups; and
- foster good relations between different groups.

Authors have a statutory requirement to have **DUE REGARD** to the relevant protected characteristics shown below, whilst taking a common sense approach

- age
- disability
- gender reassignment
- marriage & civil partnership*****
- pregnancy and maternity
- race
- religion or belief
- sex

- sexual orientation

*****marriage and civil partnership – the analysis applies only to the elimination of unlawful discrimination, harassment and victimisation.
Additional guidance can be found by accessing the EHRC website:
https://www.equalityhumanrights.com/en/publication-download/meeting-equality-duty-policy-and-decision-making-england-and-non-devolved

Does this proposal have a direct impact on people who:	a) are any part of the Police workforce (including volunteers)?	YES
	b) reside in any part of England and Wales	YES
If **NO** to both questions	*Explain why and give rational*	No Further Action and Return to Sponsor for Authorisation
If **Yes** to either question	Continue through to Step 2	

STEP 2 – Consultation / Engagement

You should engage with those people who have an interest in how you carry out your work generally, or in a particular proposal. This may include former, current and potential service users, staff, staff equality groups, trade unions, equality organisations and the wider community. In deciding who to engage, you should consider the nature of the proposal and the groups who are most likely to be affected by it.

The proposal owner (Sponsor/Author) must be satisfied that consultation / engagement will take place with the relevant business lead and stakeholders.

This **MUST** include engagement with the following relevant groups:

Equality and Diversity Specialist
Staff Associations
Staff Support Groups
Relevant community groups and members of the public

In addition, consider who else should you consult with internally and externally?

Who might be affected?

Does what you are considering further the aims of the general duty, to

- eliminate unlawful discrimination, harassment and victimisation;
- advance equality of opportunity between different groups; and
- foster good relations between different groups.

Identify the risks and benefits where applicable, according to the different characteristics.

	Positive Impact or Benefits	**Negative Impact or Risks**
Age (*Consider elderly or young people)*	The procedure reinforces changes in legislation that a child may not, be removed to, kept at or taken to a place of safety that is a police station.	No impact
Disability Groups (*Consider physical, sensory, cognitive, mental health issues or learning difficulties)*	Ensures individuals are conveyed to an appropriate HPFT place of safety, conducive to those in mental health crisis, expediting formal assessment under the MHA 1983.	No impact
Gender Reassignment	No impact	No impact

(*Consider transgender, Transsexual, Intersex)*		
Marriage & Civil Partnership	No impact	No impact
Pregnancy and Maternity	No impact	No impact
Race and Ethnic origin – includes gypsies and travellers.(*Consider language and cultural factors)*	No impact	No impact
Religious / Faith groups or Philosophical belief (*Consider practices of worship, religious or cultural observance including non belief)*	No impact	No impact
Sex (M*ale, Female)*	No impact	No impact
Sexual orientation (*Consider known or perceived orientation, lesbian, gay or bisexual)*	No impact	No impact

	Positive Impact or Benefits	**Negative Impact or Risks**
Have you considered how this decision might affect work life balance? (*Consider caring issues re: childcare & disability, safeguarding issues, environmental issues, socio economic disadvantage, and low income families.)*	No impact	No impact

STEP 3 – Assessment

Complete the EIA by analysing the effect of your proposal and detail the outcomes.
What were the main findings from any consultation carried out?
What feedback has been received?

Using the information you have gathered and consultation that you have undertaken answer the following questions. This will help you to understand the effect on equality your proposal might have.	
Has the feedback indicated any problems that need to be addressed?	No
Describe and evidence any part of the proposal which could discriminate	Not applicable.
Can the adverse impact identified be justified as being appropriate and necessary? If so, state what the business case is:	There are no known adverse impacts
Where impact and feedback identified, what, if anything can be done?	There are no known adverse impacts
What outcome will be achieved that demonstrates a positive impact on people?	Those in mental health crisis receive timely mental health assessments in an appropriate HPFT place of safety.

STEP 4 - Monitoring and Review

Equality analysis is an ongoing process that does not end once a document has been produced.

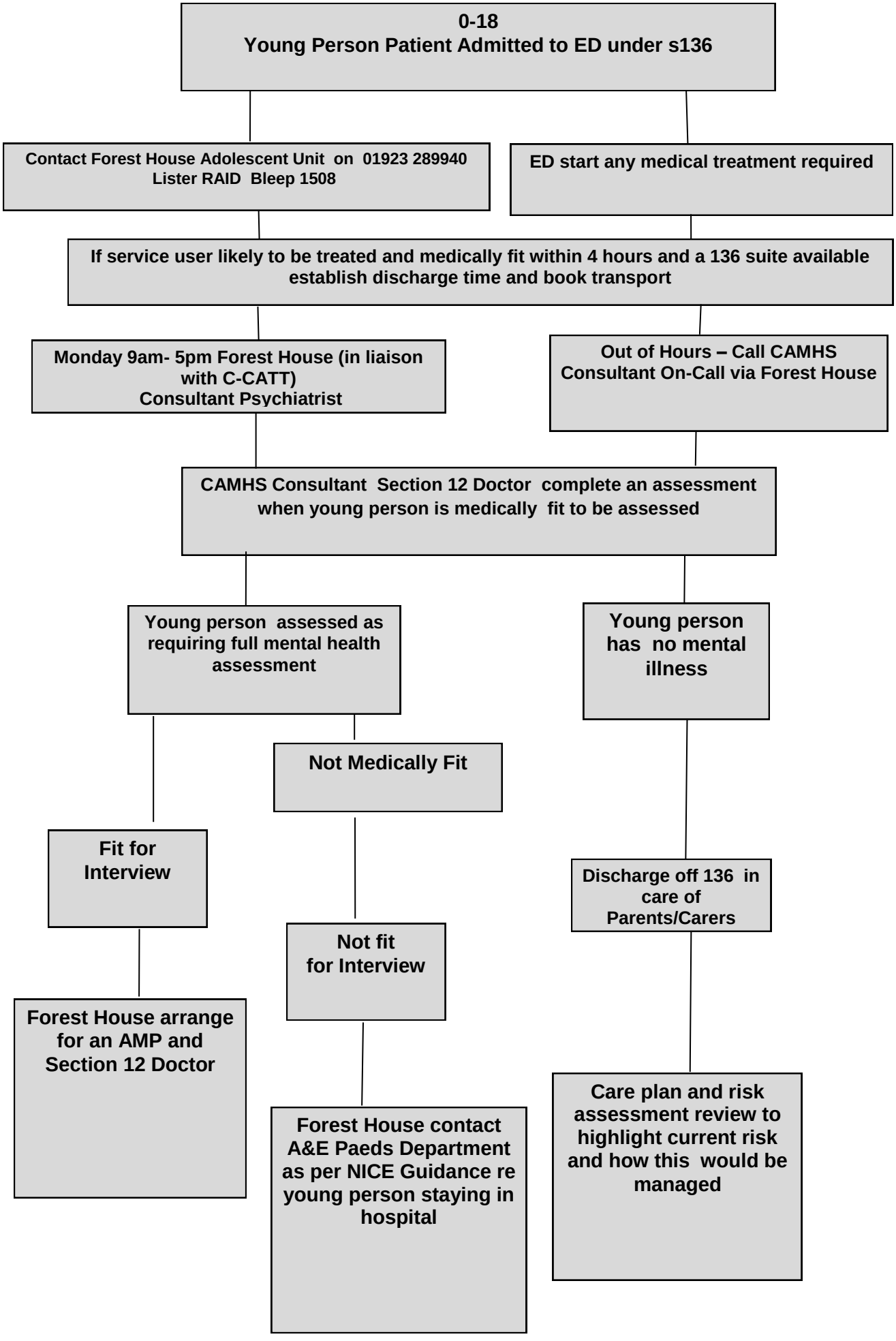
What monitoring mechanisms do you have in place to assess the actual impact of your proposal?	Initially, the procedure will be subject to scrutiny by the Custody Policy and Performance Team, in conjunction with Hertfordshire Constabulary safeguarding Command and Hertfordshire Partnership Trust Foundation. The procedure will be formally reviewed by the Custody Policy and Performance Team on an annual basis. The policy may be subject to scrutiny by Her Majesty's Inspectorate of Constabulary.
Review Date:	

First review must be no later than one year.	

STEP 5 - Sign Off

Once the Equality Impact Assessment is complete it should be signed off by the Proposal Sponsor. This sign off is confirmation that the analysis is accurate, proportionate and relevant and actions will be delivered as required.	
Approved by Senior Officer / Proposal lead	Having considered the potential or actual effect of this proposal on equality, our assessment demonstrates that the proposal is robust and the evidence of our screening shows no potential for unlawful discrimination. We have taken all appropriate opportunities to advance equality and foster good relations between groups. Date: Name:

CAMHS S136 Flowchart



Guiding Principles – MHA Code of Practice, Chapter 1

It is essential that all those undertaking functions under the Act understand the five sets of overarching principles which should always be considered when making decisions in relation to care, support or treatment provided under the Act.

The MHA Code of Practice stresses that the principles should be considered when making decisions under the Act. Although all are of equal importance the weight given to each principle in reaching a particular decision will depend on context and the nature of the decision being made.

The five overarching principles are:

- ***Least restrictive option and maximising independence***
  Where it is possible to treat a patient safely and lawfully without detaining them under the Act, the patient should not be detained. Wherever possible a patient's independence should be encouraged and supported with a focus on promoting recovery wherever possible.

- ***Empowerment and involvement***
  Patients should be fully involved in decisions about care, support and treatment. The views of families, carers and others, if appropriate, should be fully considered when taking decisions. Where decisions are taken which are contradictory to views expressed, professionals should explain the reasons for this.

- ***Respect and dignity***
  Patients, their families and carers should be treated with respect and dignity and listened to by professionals.

- ***Purpose and effectiveness***
  Decisions about care and treatment should be appropriate to the patient, with clear therapeutic aims, promote recovery and should be performed to current national guidelines and/or current, available best practice guidelines.

- ***Efficiency and equity***

Providers, commissioners and other relevant organisations should work together to ensure that the quality of commissioning and provision of mental healthcare services are of high quality and are given equal priority to physical health and social care services. All relevant services should work together to facilitate timely, safe and supportive discharge from detention.

Terminology	How it is to be understood	Exceptions
Must	Reflects legal obligations which it is essential to follow	No exceptions
Should	For those to whom this is statutory guidance see paragraphs II – V For those to whom it is not statutory guidance VI – VII	See paragraphs II – VII. Any exceptions should be documented and recorded including the reason for this. Patients, their families and carers, regulators, commissioners and other professionals may ask to see this
May/could/can	Reflects guidance to be followed wherever possible	Good practice but exceptions permissible


we are...
you feel...
Our Values
Welcoming
Valued as an individual
Kind
Cared for
Positive
Supported and included
Respectful
Listened to and heard
Professional
Safe and confident


Our Values
Welcoming Kind Positive Respectful Professional