

AMHP Service

Bedfordshire and Luton S140 Policy & Guidance for admission in cases of Special Urgency

Organisations	Central Bedfordshire Council (CBC) Bedford Borough Council (BBC) Luton Borough Council (LBC) East London Foundation Trust (ELFT) Bedfordshire, Luton and Milton Keynes (BLMK) Bedfordshire Police East of England Ambulance Service (EEAST)		
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Right Care, Right Person Statement:

Right Care, Right Person (RCRP) (DoH, July 2023) sets out a collective national commitment from the Home Office, Department of Health & Social Care, the National Police Chiefs' Council, Association of Police and Crime Commissioners, and NHS England to work to end the inappropriate and avoidable involvement of police in responding to incidents involving people.

EDT and the AMHP Service will signpost and respond to contact's taking into consideration the RCRP principles. Meaning, where possible the right person with the rights skills, training and expertise will respond. Staff will use the escalation process in place if they feel this is required. The police have a legal duty to Keep the Kings peace, respond to imminent threat to life and respond where a crime has been committed. All documents will be reviewed and updated in 2025 to include specific details relating to RCRP.

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1. Introduction and Purpose

- 1.1 Under section 140 of the Mental Health Act 1983 (MHA, 1983), Integrated Care Boards (ICB) (previously known as clinical commissioning groups (CCGs)) have a duty to notify local authorities in their areas of arrangements which are in force for the reception of patients in cases of special urgency or the provision of appropriate accommodation or facilities specifically designed for patients under the age of 18.
- 1.2 ICBs are expected to provide a list of hospitals and their specialisms to local authorities which will help inform AMHPs as to where these hospitals are. This should in turn help inform AMHPs as to where beds are available in these circumstances if they are needed.
- 1.3 In addition, the Code of Practice to the Act states that “Local authorities, providers, NHS commissioners, police forces and ambulance services should ensure that they have in place a clear joint policy for the safe and appropriate admission of people in their local area” (CoP 14.80).
- 1.4 This Policy sets out where the ICB has identified to receive mentally disordered patients to hospital in special urgency, what the definition of special urgency is, the procedure for AMHPs to follow if they feel they are dealing with a case of special urgency and the procedure ELFT will apply when they are notified that a bed is required in special urgency.

2. Legislative Framework

- 2.1 While the obligation under the MHA (1983) is succinct and relatively high-level, the supporting detail in the MHA Code of Practice (paras 14.78-14.86) sets out the expectations under s140 in more detail.
- 2.2 Although the Code is not statutory guidance for ICB's, there is an expectation that ICBs will have regard to the Code.
- 2.3 The Code includes the requirements that:
 - ICBs should provide a list of hospitals where they commission mental health beds in the area, including specialist beds, to local authorities.
 - Local authorities, providers, NHS commissioners, police forces and ambulance services should have a clear joint policy and agreement (appendix 1), for the safe and appropriate admission of people in the local area. This should be agreed at board level and each party should appoint a named senior lead for oversight of the policy.
 - All parties should meet regularly to discuss its effectiveness, in the light of experience and review the policy, and to decide when information about specific cases should be shared between parties for the purposes of protecting the person or others.
 - People carrying out functions for all parties should understand the policies and their purpose, the roles and responsibilities of others involved, and follow the local policy and receive the necessary training to be able to fully carry out their functions.
 - Local recording and reporting mechanisms should be in place to make sure that the details of any delays in placing patients, and the effect on patients, their carers, provider staff and other professionals are reported to commissioning and local authority senior leads.

- All details of delays should feed into local demand planning – helping commissioners and providers to work together to identify issues with the beds, processes, or crisis provision locally.
- Commissioners should, in partnership with providers, make sure that alternative arrangements to meet the person's needs pending the availability of a bed are available, for example crisis houses, and should communicate those arrangements to the local authority.

3. Policy Context

3.1 The impact assessment published by DHSC when the revised Code of Practice was published, clarifies the practical policy intent behind s140, namely:

- to help to ensure that rapid, safe and appropriate care is provided by the right service for people of all ages in an emergency.
- staff do not have to spend excessive time making ad-hoc arrangements.
- timely care would minimise the likelihood of an individual's mental state declining which would reduce the need to use emergency powers, such as s136 of the MHA (1983).

3.2 This policy will only apply where:

- An Approved Mental Health Professional (AMHP) has been requested to undertake a mental health act assessment (MHAA) and the person has been assessed as requiring detention under the MHA (1983),
- The AMHP, assessing team, Duty Senior Nurse (DSN) and other attending emergency professionals identifies that admission under special urgency applies,
- There are no immediately available beds at the time outcome of the MHAA is concluded,

3.3 The term 'special urgency' is locally agreed as a situation where a mentally disordered person is so acutely unwell that failure to urgently admit the person to hospital under the MHA (1983) or an excessive wait for a bed could cause significant harm for the person who has been assessed, members of the public or those assessing the patient This includes where there is a significant risk identified, due to harm to self or others or potential absconding whilst being liable to be detained, that cannot be safely contained in the community.

4. Who is covered by this Policy?

4.1 This Policy applies to BLMK ICB, Bedford Borough Council (BBC), Central Bedfordshire Council (CBC), Luton Borough Council (LBC), East London NHS Foundation Trust (ELFT), Bedfordshire Police, and the East of England Ambulance Service (EEAST).

5. Roles & Responsibilities

5.1 BLMK ICB will provide all local authorities and ELFT (or the current mental health services provider) with details of mental health bed provision in the relevant ICB areas, including details of:

- Core bed provision (adult and children)



- Contingency bed provision (adult and children)
 - Specialist bed provision
 - Available alternative arrangements to meet the person's needs pending the availability of a bed; and
 - The out of area contingency arrangements for the provision of mental health beds (adult and children).
- 5.2 Upon receipt of these details, the local authorities and ELFT will confer and confirm whether the provision appears adequate to ensure the safe, appropriate and timely admission of those requiring mental health assessment and/or treatment. Where it is felt – based upon local demographic and admission data – that it is not, the local authorities and ELFT will engage with the ICBs to escalate their concerns about the current provision.
- 5.3 AMHPs are required to obtain agreement from the assessing team, Duty Senior Nurse (DSN) and other attending emergency professionals that the situation meets the threshold for special urgency.
- 5.4 AMHPs are required to inform the DSN that a special urgency bed may be required as soon as it becomes known, so that timely arrangements for admissions can be made. The AMHP must share all relevant information re: person being assessed details, known risks, previous history, diagnosis, current presentation, physical health needs and location and time of assessment. This should include a copy of the completed referral form.
- 5.5 When AMHPs are conducting MHAs of special urgency in the community, consideration should be made regarding safe management of potential risks. This may include conducting the assessment with the referrer present and/ or other safety measures as deemed necessary by the AMHPs risk assessment. Police assistance should only be requested where other risk management options have already been explored and it is the responsibility of the AMHP to fully communicate both the nature of the risk and the reasons for the request to the Bedfordshire Police Force Contact Centre.
- 5.6 The DSN will be required to prioritise bed searches for cases of special urgency, so that the first available, appropriate bed can be identified. Any disagreement regarding the case being of special urgency will be managed via the escalation processes as detailed in the multi-agency escalation practice guidance (appendix 2). Once a bed has been identified the DSN will inform the AMHP as soon as possible so that conveyance can be arranged. The DSN is responsible for letting the AMHP know anticipated delays in bed identification, so that joint contingency plans can be initiated.
- 5.7 In cases of special urgency bed identification, the locally agreed expected timeframe for admission is within two hours of the DSN being notified that a special urgency admission is required.
- 5.8 Admissions in cases of special urgency where a bed cannot be found within two hours will be facilitated by accommodating the patient to a ward/S136 Step down Room on the Calnwood Court site in Luton. The specific receiving clinical area will be determined by DSN (under advisement from Borough Lead Nurse/Manager in charge) taking into account current admission protocols and clinical circumstances.

- 5.9 AMHP will be able to make their application to the Luton and Central Bedfordshire Mental Health Unit hospital site.
- 5.10 Special urgency admissions for people requiring specialist provision, such as children/ young people, people with a learning disability, autism or those who require a psychiatric intensive care unit (PICU) will be facilitated in the 'section 136 step down room' in Jade Ward. In these instances, the AMHP will also make their application to the Calnwood Court site. This separate arrangement is in place in recognition of the need to place the person in an area suitable for their needs, due to age (s.131A) or other protected characteristic. If this facility is not appropriate for use (e.g., already occupied/ length of time to find a suitable bed is prolonged), then the use of Coral Screening Hub on a 1:1 basis should be considered. This process is already in place for children and young people (appendix 3- admission of children and young people to adult mental health wards).
- 5.11 The DSN is responsible for sourcing additional staffing (capacity for which is already planned for) to facilitate special urgency admission. Provision for specialist support for children/ young people or those with learning disability or autism should be considered when sourcing additional staffing.
- 5.12 An electronic copy of the detention papers and brief AMHP report should be sent as soon as is practicable, for community assessments paper versions of this documentation are acceptable and ward staff will be asked to upload to RiO on the AMHPs behalf. Once a bed (holding or otherwise) has been identified the AMHP is responsible for arranging conveyance (and completing authority to convey form) with East of England Ambulance Service (EEAST) or other provider in line with the locally agreed conveyance policy.
- 5.13 If the person is admitted to Coral Ward Screening Hub or the s136 'step down room', once an appropriate bed has been identified it is expected that a transfer is completed, rather than the AMHP making a fresh application.

6. Governance

- 6.1 BLMK ICB has overall responsibility to ensure that the arrangements as set out in this policy are undertaken.
- 6.2 The AMHP Strategic Governance Group is responsible for providing data regarding challenges with adherence to this policy and reporting on bed delays. This will be reported on monthly via the AMHP Strategic Governance Group in a quarterly report to the ICB.
- 6.3 This policy will be reviewed every two years.

7. Appendices

- S140 Policy agreement
- Multiagency Escalation Practice Guidance
- Admission of children and young people to adult mental health wards