



Requesting conveyance for patients detained under the Mental Health Act

Guidance Document
*(Police Service, Local Authorities,
and Mental Health Providers)*

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1. Introduction

Mental Health Act (MHA) assessments are dynamic in nature and can present unpredictable risk which remains active throughout the assessment.

The ambulance response at times can escalate patient anxiety, and contribute to increasing risk to the patient, carer and professional staff.

*“Patients should always be transported in the manner which is most likely to preserve their dignity and privacy, consistent with managing risk to their health and safety or to other people”
MHA Code of Practice (2015).*

Best practice to ensure that patient safety, privacy, and dignity are upheld are for those detained under MHA to be conveyed in an appropriate ambulance vehicle by an ambulance service provider. For urgent and emergency conveyance from a community setting the Commissioned provider for this region is the East of England Ambulance NHS Trust (EEAST), this is dependent upon presenting environment, destination, and/or circumstances.

This document offers guidance around the level of response from EEAST based upon the patient’s presenting acuity. It is not a definitive document. The option of discussion/review with appropriate EEAST managers should be considered, along with identification of the appropriate pathway in order to overcome any barriers arising that directly or indirectly impact on patient care or service delivery.

If a level of response is not clearly defined herein, consideration should be given to informing EEAST through existing feedback channels to support future care delivery, and inter-professional working. This will help to identify need, and support discussion to improve care and outcomes for patients detained under the MHA.

2. Persons detained under Section 136 (S136) MHA

At the point of detention the officer on scene at the incident should contact (via 999) the EEAST to request the attendance of an ambulance to the place of detention. If the Officer on scene is unable to make contact, the Force Control Room (via 999) can do this on their behalf but must provide direct contact details for the officer on scene.

The following information should be provided:

- Confirm the patient is conscious and breathing
- Confirm if the patient is being restrained, in what position the patient is being restrained in and by how many officers
- The location of the incident (including postcode)
- The patients age
- Any identified physical health needs or disability?
- Is there an obvious need for clinical care?
- Are there any indicates that the patient may be suffering from Acute Behavioural Disturbance (ABD) or delirium?
- A contact number for the officer on scene to support further clinical triage.

The type of response provided will be determined by clinical need, restraint and patient positioning. A clinical assessment will be completed to identify any underlying medical/life or limb threatening conditions, it should be noted that this clinical assessment may be undertaken remotely.

EEAST will aim to respond to the location given within 30 minutes (dependent on operational demand). This is in line with the national guidance for Ambulance Trusts around Section 136 MHA conveyance [National Mental Health Act 1983 - Section 136 Protocol \(eastamb.nhs.uk\)](https://www.eeastamb.nhs.uk/national-mental-health-act-1983-section-136-protocol)

Where there are clinical concerns identified that would be suggestive of positional asphyxia or presenting symptoms of an Acute Behavioural Disorder. An escalation to a "C1" response will be instigated by EEAST (This is the highest priority response that EEAST can offer to respond to presenting need)

On occasions a rapid response vehicle (unable to provide patient conveyance) may be utilised for the initial face to face patient assessment.

The role of the Ambulance Clinician is to monitor and assess the physical health of the detained patient and they will, where appropriate, carry out a physical health assessment. This will ensure that the intended chosen destination is the most appropriate to meet the holistic needs of the patient. If they are present whilst active restraint is being applied to any patient, EEAST clinicians staff will assume a role of patient's advocate to help ensure the restraint is proportionate to the level of risk, undertaken for the minimal time and that the restrained patient's safety is monitored throughout.

The vehicle of conveyance will be agreed between the detaining Police Officer and the Senior Ambulance Clinician on scene following a joint risk assessment. It is anticipated that in most cases the individual will be conveyed to the agreed Place of Safety by ambulance. At least one officer must accompany the patient in the ambulance.

The primacy for conveyance, considering the above parameters, remains with EEAST staff, however, the patient may be transported in a police vehicle in exceptional circumstances. This should be following a joint dynamic risk assessment that is clearly documented with the patient care record/police record (Appendix A):

- i) **The degree of violence being displayed would expose all parties to an excessive level of risk within an ambulance environment.** With this option an EEAST clinician with the appropriate equipment to deal with immediate problems, should travel with the patient. This is to ensure that they oversee the patient's clinical care and wellbeing.
- ii) **When the risk assessment undertaken prior to leaving scene indicates the detained person may present a "flight" risk during conveyance.** Once again with this

option an EEAST clinician with the appropriate equipment to deal with immediate problems, should travel in the Police vehicle with the detained person to oversee the persons clinical care and wellbeing.

- iii) **In the instance that an excessive delay in an ambulance attending is deemed to be detrimental to the patient wellbeing.** The police officer detaining should contact EEAST and ask for a clinical review to support their decision making and rationale. This event should be reported to EEAST to allow review and follow up

It should be noted by all partner colleagues that the ambulance service has a 'no restraint' policy, except in exceptional circumstances under common law where the patient could not have been predicted to pose an immediate and significant unavoidable risk of harm to themselves or others. EEAST front-line ambulances also do not lock when in motion.

There is no formal handover of responsibility for the detained individual by the ambulance service. The detained person is still in the custody of the police, who must therefore accompany the patient throughout the journey and into the Health Based Place of Safety (HBPoS).

Partners are reminded that the transport between ED and an HBPoS and vice versa or any other secondary transfer for those who are awaiting assessment under S136 is outside of the current contractual remit of the East of England Ambulance Service NHS Trust (EEAST). As such, alternative health-based transport provision should be sourced for such journeys.

3. Persons detained following a community based Mental Health Act Assessment (MHAA).

Where a person has been detained following a Mental Health Act Assessment within the community, EEAST utilise a Traffic Light Risk Categorisation System (TLRCS) to enable the Approved Mental Health Professional (AMHP) to clearly advise EEAST of the current presenting risk. This allows an appropriate response time to be identified to achieve the safe and effective conveyance of the patient to the appropriate care setting.

Situations requiring a specialist/secure conveyance and/or journeys outside of the EEAST's geographical boundary, are outside the current scope of commissioning for EEAST. Primarily such requests will be made post a community Mental Health Act Assessment (MHAA), such requests will not be accepted by EEAST. EEAST would advise the Local Authority to ensure that more appropriate alternative specialist ambulance providers are specifically commissioned for this purpose.

The TLRCS is based on three levels of response times (See Appendix B):

Red – Up-to 30 minutes where patient is highly agitated, lacks insight and there is a potential risk of violence, self-harm or suicide. If the patient is being actively restrained, remember to highlight this as this may result in a further upgrade in response.

Amber – Up-to a two-hours where patient lacks insight and presents with changeability of agitation, anxiety, distress. The patient may also threaten self-harm and/or a potential risk to others is identified

Green – Up-to four-hours where patient is settled in presentation, has good insight into their position of informal admission, or is otherwise formal/compliant and minimal risk has been identified.

The TLRCS is flexible i.e. if an AMHP initially assesses the patient within the Green category, but the 'up-to four hour' potential wait causes the patient to become anxious, agitated and/or otherwise at risk, the AMHP may call EEAST back and request an upgrade to

either an Amber or Red request. In these situations the call handler will contact an EEAST Senior Clinician on Duty, who may contact the AMHP directly to discuss the reason for the upgrade.

It is paramount that the AMHP identifies the TLRCS category accurately, as our service is designed to respond to emergency situations and life-threatening conditions. If the presenting situation is non-urgent, the Red category must not be requested, as this may negatively impact EEAST's ability to respond to other patients presenting with life or limb threatening presentations.

Amber and Green response times are within a set time request, meaning the ambulance could arrive anytime within that window, resource availability / escalation pressures dependent.

It should be noted by all partner colleagues that the ambulance service has a 'no restraint' policy, except in exceptional circumstances under common law where the patient could not have been predicted to pose an immediate and significant unavoidable risk of harm to themselves or others. EEAST front-line ambulances also do not lock when in motion.

**Please ensure the patient is ready for conveyance once the
call/request
has been accepted by EEAST.**

3.1 Delegation of Authority:

To comply with the Mental Health Regulations (Amendment) 2020 ([The Mental Health \(Hospital, Guardianship and Treatment\) \(England\) \(Amendment\) Regulations 2020 \(legislation.gov.uk\)](#)) EEAST will request that a completed **EEAST Delegation of Authority to Convey form** (Appendix C) is with the patient prior to any conveyance being undertaken. AMHP's should ensure that any "Delegation of Authority to Convey" is jointly risk assessed and accepted by the attending EEAST clinicians.

3.2 The Process:

- I. Once a MHAA has been completed in the community and the need for ambulance transportation is identified, the AMHP will immediately call 999 and ask for the ambulance service.
- II. The AMHP will identify themselves to the emergency call handler and request '**ambulance transportation because of a mental health act assessment outcome**'.
- III. The emergency call handler will ask specific questions that will assist EEAST to respond appropriately to the request. The AMHP should ensure that the following information is available prior to undertaking the call:
 - Confirm the patient is conscious and breathing
 - Confirm if the patient is being restrained.
 - The location of the incident (including postcode)
 - AMHP contact telephone number
 - Patient's name
 - Patient's age
 - Destination hospital and department
 - Escort details
 - Any other relevant information e.g. police attendance, identified risk, physical health concerns, etc.
- IV. The emergency call handler will ask the AMHP what level of response is required. It is the AMHPs responsibility as, the professional on scene, to determine the level of response needed, having undertaken a dynamic risk assessment and utilised the TRLCS (appendix 3), and if needed to arrange for a police response:
 - HCP: **AMHP RED** - 30 minute blue light response
 - HCP: **AMHP AMBER** - up to 2-hour response
 - HCP: **AMHP GREEN** - up to 4-hour response

- V. If the patient's condition changes, the AMHP can call and upgrade (or downgrade) to a different response, in line with TLRCS.
- VI. Please ensure you share details of any conveyance risk assessment undertaken with the EEAST crew on arrival. EEAST crews will need to dynamically risk assess the conveyance prior to departure. They may decline your delegation/request for conveyance if they don't feel that risks have been properly assessed/mitigated for the patient to be conveyed safely in an unlocked ambulance.

4. Persons requiring conveyance following the execution of a Section 135 (S135) warrant.

EEAST's response to such requests will only be post the execution of the warrant. The pre booking of an EEAST resource and/or requesting the attendance of an EEAST resource prior to the warrant being executed would indicate this to be a planned activity rather than an emergency response. As such this would sit outside of the current EEAST contractual obligation. EEAST would advise the Local Authority to ensure that appropriate alternative ambulance providers are specifically commissioned for this purpose.

For those where the request is following an unplanned event, the patient group and request primarily fall into 2 categories.

- I. Conveyed for the purpose of conducting a MHAA within a designated HBPOS. Response in line with the current EEAST S136 response.
- II. Conveyed patients where a mental health assessment MHA has been completed within a community setting post execution of the S135 warrant. Response in line with current EEAST Persons detained following a community based Mental Health Act Assessment (MHAA) response.

5 Secondary conveyances (Clinical Need/Capacity)

Once EEAST have conveyed a person to a HBPoS for the purpose of assessment under the MHA, the responsibility for any subsequent transport should only be made to EEAST if the patient requires medical treatment in an acute hospital setting.

Partners are reminded that the transport between ED and an HBPoS (and vice versa) or any other secondary transfer for those who are awaiting assessment under S136 is outside of the current contractual remit of EEAST. As such, alternative health-based transport provision should be sourced for such journeys.

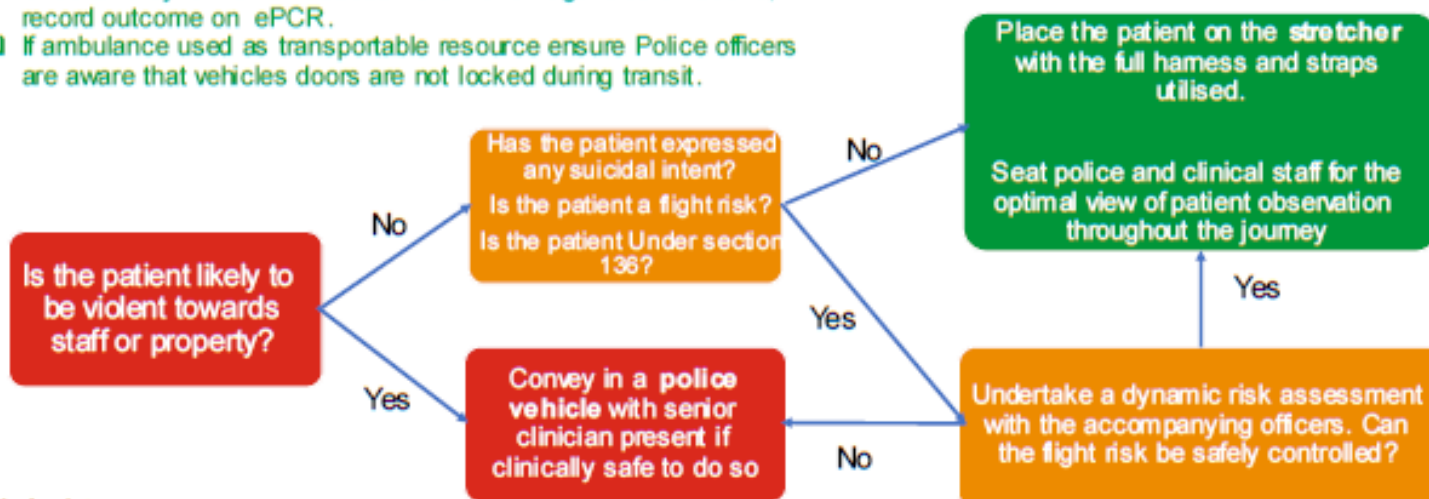
In exceptional circumstances, any such requests that are made to EEAST, will need to have relevant support from the on-call CCG director confirming funding is forthcoming, that allows the request to be recorded as an extra-contractual arrangement and the relevant CCG ensure payment is made for the conveyance.

Conveyance of patients who may be at risk of self harm



Consideration of conveyance vehicle:

- ❑ Undertake dynamic risk assessment with all agencies on scene, record outcome on ePCR.
- ❑ If ambulance used as transportable resource ensure Police officers are aware that vehicles doors are not locked during transit.



Critical point:

As the clinician and patient advocate remember the value of early engagement and reassurance to your patient, adapting your communication skills using both verbal and non verbal whilst continually observing the patient throughout the journey.

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Appendix B

Traffic Light Risk Categorisation System

Presentation/risk	Context	Ambulance Response
<ul style="list-style-type: none"> • Patient resistant to formal admission; verbally objecting and threatening harm to self/others • Greater delay under AMBER category is felt likely to result in a deterioration of the situation • Potential life-threatening situations or safety of the patient or staff is leading to immediate risk • High risk of potential active restraint leading to physical harm to patient or others • Potential alcohol and/or substance issue 	<ul style="list-style-type: none"> • Patient is highly agitated, has lack of insight, potential risk of violence, self-harm or suicide. Need Red category conveyance response time to keep patient, family, professionals safe. • Overall patient may or not have social support network; highly resistance to this support and/or professional advice • Probable police present for staff safety reasons 	<ul style="list-style-type: none"> • Up to 30 minutes (blue light response) • Patient must be ready for conveyance at time of request and confirmation of ambulance
<ul style="list-style-type: none"> • Where patient is agitated, anxious or distressed and a greater delay under GREEN category is felt likely to result in a deterioration of the situation • Patient may fluctuate between compliance and no compliance with admission process making situation unpredictable • Patient might be passively resistance 	<ul style="list-style-type: none"> • Patient lacks insight and fluctuation of agitation, anxiety, distress. Threatening self-harm and potential risk to others identified but risk assessed as manageable within Amber category. • Overall patient may or not have social support network and may fluctuate in terms of compliance with support network 	<ul style="list-style-type: none"> • Up to two hours' for ambulance response • Patient must be ready for conveyance at time of request and confirmation of ambulance. Time is up to two hours therefore could arrive anytime

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<p>towards admission process</p> <ul style="list-style-type: none"> • History of deliberate self-harm and/or risk to others. Agitation, anxiety, distress of current situation may increase risk of actual self-harm or potential risk to others actions • Potential alcohol and/or substance issue 	<p>(possibly passively resistance to this support and/or professional advice)</p> <ul style="list-style-type: none"> • Police assistance may be required at the stage of transport if ambulance staff can't persuade patient to safely leave the property 	
<ul style="list-style-type: none"> • Where patient is informal and compliant with admission process and not in any danger of harm from self or others, or; • Where patient is formal and compliant with admission process and not in any danger of harm from self or others 	<ul style="list-style-type: none"> • Patient settled in presentation and has good insight into their position of informal admission: or patient formal/compliant. Minimal risk identified. • Green category response time assessed as appropriate to maintain situation. • Overall patient has social network. relatives, and readily accepting of this support and/or professional advice 	<ul style="list-style-type: none"> • Up to four hours' for ambulance response (not blue light) • Patient must be ready for conveyance at time of request and confirmation of ambulance. Time is up to four hours therefore could arrive anytime

Appendix C

EEAST Delegation of Authority to Convey



Statement of Authority to convey a person detained under the Mental Health Act 1983 to Hospital

I, *(name of Approved Mental Health Professional)*

hereby authorise (please delete as appropriate)

the East of England Ambulance Service NHS Trust (EEAST)

EEAST Resource, *(insert vehicle Call sign, staff initials if known)*

to convey *(name of patient)*

who has been detained under Section _____ of the Mental Health Act, following completion of an assessment of all associated risks with conveyance in an unsecured open ambulance and having ensured that a clinical handover has been given to the conveying EEAST clinicians.

to *(insert destination ward and hospital)*

in accordance with Section 137 of the Mental Health Act 1983.

Signed:

Print Name:

AMHP Contact Number:

Date:

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