AMHP Service

Section 136 Multi-Agency Practice Guidance

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Document Owner Signatories

Name	Title/Role	Signature	Organisation	Date
Natalie Oatham	Emergency Duty Team and Mental Health Service Manager. Lead AMHP Bedfordshire and Luton		Central Bedfordshire Council	18/09/2024

Contents

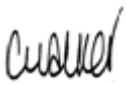
1. Glossary

Term	Definition
AMHP	Approved Mental Health Professional
Athena	Bedfordshire Police Recording System
BBC	Bedford Borough Council
BLMK ICB	Bedfordshire, Luton and Milton Keynes Integrated Care Board
CAMHS	Child Adolescent Mental Health Services
CBC	Central Bedfordshire Council
CoP	Mental Health Codes of Practice
DATIX	NHS application to report clinical incidents
DSN	Duty Senior Nurse (provided via ELFT)
EDT	Emergency Duty Team
EEAST	East of England Ambulance Service Trust
ELFT	East London Foundation Trust
LBC	Luton Borough Council
MCA	Mental Capacity Act 2005
MHA	Mental Health Act 1983
MHAA	Mental Health Act Assessment
PLS	Psychiatric Liaison Services (provided via ELFT)
RiO	ELFT Recording database
S	Section under the Mental Health Act

2. Signatories

Section 136 Practice Guidance Multi-agency decision statement –

We, the undersigned, multiagency crisis concordat partners within Bedfordshire and Luton have agreed the content, course of actions and procedures detailed within this S.136 Practice Guidance document.

Organisation	Name and role	Signature
CBC	Andy Sharp Director of Social Care, Health and Housing	
BBC	Kate Walker Director of Adult Services (DASS)	
LBC	Jill Britton, Director of Adult Social Services	
Bedfordshire Hospitals Trust	Rebecca Pheby General Manager Acute & Emergency Medicine	
Bedfordshire Police	Sharn Basra Detective Chief Superintendent	Approved via email (08.03.2023).
EEAST	Melissa Dowdeswell, Director of Nursing, Quality & Safety	
ELFT	Michelle Bradley Director Bedfordshire & Luton Mental Health and Wellbeing Service	

There are ongoing discussions and agreements needed relating to the number of S.136 suites in Bedfordshire and Luton and conveyance from acute trusts. It is recognised these agreements may take time to progress. Monthly reviews via the AMHP Operational Group will be undertaken to review progress.

3. Introduction

3.1 This practice guidance has been developed with the intention to provide multi-agency operational guidance regarding Police powers, the Daytime AMHP Service, Trust and the East of England Ambulance Service responsibilities under S.136 of the MHA.

3.2 This guidance has been developed to ensure people experiencing mental health crisis and their families receive support and intervention from mental health professionals and emergency services at the right time and in the right place.

3.3 This guidance aims to outline a consistent pathway of care and outline the minimum standard for care at the Health Based Place of Safety and 136 suites.

3.4 This guidance cannot anticipate every situation. Professionals should use their professional judgement to take any action that is deemed necessary to protect the safety of the individual and the public based on an assessment of risk for each individual.

3.5 This multi-agency practice has been jointly developed and agreed by the following:

- CBC, who host the EDT
- BBC
- LBC
- Bedfordshire Police
- ELFT
- EEAST
- Bedfordshire Hospitals NHS Trust
- CAMH

4. S.136 Definition and Police Powers

4.1 S.136 (1) enables a Constable to remove a person to a place of safety if it appears they are suffering from a mental disorder and appear to be in immediate need of care and control. The Constable must think it is necessary to use this power in the interests of that person or for the protection of other persons. If the person is already at a place of safety within the meaning of MHA S135, the Constable can keep the person at that place or remove the person to another place of safety.

4.2 S.136 (1A) states the power of a Constable under S.136 (1) may be exercised where the mentally disordered person is at any place, other than (a) any house, flat or room where that person, or any other person, is living; or (2) any yard, garden 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 houses, flats or rooms.

4.3 The Constable, under S.136 (1B), can use force to enter any place where the power may be exercised. Before deciding to remove a person to, or to keep a person at, a place of safety

the Constable must, if it is practicable, consult with a registered medical practitioner, registered nurse, AMHP, or person of a description specified in regulations made by the Secretary of State (S.136 (1C).

5. Definition of a Suitable Place of Safety

5.1 When using places of safety for S.136 the definition within the MHA under S135 will be utilised. The definition under the MHA states:

"A "place of safety" means residential accommodation provided by a local social services authority under Part 1 of the Care Act 2014 or Part 4 of the Social Services and Wellbeing (Wales) Act 2014, a hospital as defined by this Act, a police station, an independent hospital or care home for mentally disordered persons or any other suitable place."

5.2 The MHA confirms that:

"a house, flat or room where a person is living may not be regarded as a suitable place unless:

i. the person believed to be suffering from a mental disorder is the sole occupier of the place, that person agrees to the use of the place as a place of safety.

ii. the person believed to be suffering from a mental disorder is an occupier of the place but not the sole occupier, both that person and one of the other occupiers agree to the use of the place as a place of safety.

iii. the person believed to be suffering from a mental disorder is not an occupier of the place, both that person and the occupier (or, if more than one, one of the occupiers) agree to the use of the place as a place of safety." [s135(7)(a) MHA]

6. Permitted Period of Detention under S.136

6.1 The MHA states that a person may be detained for the permitted period of detention. Under S.136(2A) the permitted period of detention means:

a) "The period of 24 hours beginning with:

i. in a case where the person is removed to a place of safety, the time when the person arrives at that place.

ii. in a case where the person is kept at a place of safety, the time when the constable decides to keep the person at that place; or

b) Where an authorisation is given [to extend the detention] …under S.136B, that period of 24 hours and such further period as is specified in the authorisation."

6.2 Detention can be extended by a further 12 hours on clinical grounds only and must be authorised by a Responsible Medical Practitioner (Doctor, this does not need to be a psychiatrist)."

7. Making the Decision to Detain under S.136

7.1 As per the MHA, Police Officers are required (where practicable) to consult with a registered medical practitioner, registered nurse, AMHP, or person of a description specified in regulations made by the Secretary of State. Appendix 1 provides the contact details for Police to utilise.

7.2 The final decision to detain under S.136 remains with the Police Officer.

7.3 Should the person be detained, and the police later decide to use S.136 powers, it is required that the person will be transferred to the S.136 suite. Please see Mental Health in Custody Practice Guidance for further details.

8. Police Responsibilities when Detaining a Person under S.136

8.1 When a person has been detained under S.136, the Police will contact the DSN on 07930 445215 to inform them of their impending arrival. Not calling ahead may delay entrance into the S.136 Suite and result in delay in the detained person being assessed. Police will be asked to give the following information, when calling ahead:

- Estimated of time of arrival;
- Reasons for detention;
- Name and date of birth (if known) of the detained person;
- Details of any suspected substance misuse;
- Details of any known physical health needs;
- Is the person under the influences of substances or requiring medical attention (fit for assessment);
- Current location of detained person;
- Details of known risks and any other care issues; See Appendix 2 for police flow chart.

8.2 Should a person detained under S.136 require medical assessment or treatment they need to be taken to A&E in the first instance. See details under section 11 for further information regarding the management of people detained under S.136 in A&E and acute hospital wards.

8.3 Assessment of the requirement to be transferred to the A & E department from the S.136 Suite needs to be informed by a current reading of the person's physical observations and based on a joint agreement by the DSN, attending Police Officer, Ambulance Clinician (if present) and the On-Call Doctor.

9. Conveyance

9.1 At the point of detention, the Police Officer on scene (if safe to do so) should contact EEAST to request an ambulance to convey the person to the S.136 suite for assessment. In situations where it is necessary for the Force Control Room to request the ambulance on behalf of the Officer at the scene, the Police Call Handler should ensure that they provide a

contact number for the Officer at the scene that can be used if a clinician within Ambulance Control is required to make contact prior to the ambulance arrival.

9.2 EEAST's category of emergency response will be based on presenting clinical need and dependant on operational demand, should result in the national target time of a 30-minute response (Category 2).

9.3 If officers are actively restraining a detained person, or the person displays traits that may indicate the presence of Acute Behavioural Disorder (ABD), Officers at the scene must inform the EEAST call handler to allow an enhanced remote clinical assessment that may (if necessary) increase the priority of the ambulance response (Category 1). This is in line with the Association of Ambulance Chief Executives national guidance for Ambulance Trusts relating to S.136 MHA response and conveyance.

9.4 Compliant handcuffing or securing the patient in a vehicle for the purposes of their welfare do not count as 'Active Restraint' for the purposes of this policy requiring a Category 1 response. Officers would be engaging in 'Active Restraint' if they were more than compliantly handcuffing the patient. I.e. the use of leg restraints, ground pins, UDT techniques/Strikes to detain the patient.

9.5 On arrival at the scene EEAST staff will undertake a physical health assessment (where appropriate and safe to do so). This will ensure that the chosen destination is the most suitable to meet the holistic needs of the detained person. If the detained person is being actively restrained, the EEAST clinician will act as the detained person's advocate. They will monitor the position and overall presentation of the detained person to ensure that the level of restraint is appropriate, proportionate and that any opportunities to de-escalate are taken.

9.6 If the detained person requires medical intervention in a hospital setting, the person will be conveyed to the nearest Emergency Department (ED) for treatment. At least one Police Officer should accompany the detained person in the ambulance vehicle during transit.

9.7 If no medical intervention is required, EEAST clinicians will convey to the nearest available Health Based Place of Safety, the location of which is to be advised by the detaining Police Officer. In Bedfordshire and Luton this will be the S.136 Suite at Calnwood Road, Luton, as detailed in Section 10.1 of the document.

9.8 The method of conveyance should be discussed and agreed between the detaining Police Officer and the senior Ambulance Clinician following a joint risk assessment. It is anticipated that in most cases the individual will be conveyed to the place of safety by ambulance.

9.9 Under some exceptional circumstances, it may be necessary for the safety of both the detained person, the Ambulance clinicians and the Police Officers involved, for the detained person to be transported in a Police vehicle (this will require Police Inspector authorisation). Such circumstances would include:

i. A degree of violence being displayed that exposes all parties to an excessive level of risk within an enclosed ambulance environment. 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 person'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, the EEAST clinician with the appropriate equipment to deal with immediate problems, should travel in the Police vehicle with the detained person to oversee the person's clinical care and wellbeing.

iii. Instances where an excessive delay in ambulance attendance is deemed detrimental to the detained persons wellbeing.

9.10 See Appendix 3 for further guidance regarding conveyance.

10. Bedfordshire Place of Safety

10.1 The designated place of safety for people detained under a S.136 for people of all ages (refer to Appendix 5) for the pathway for under 18s in mental health crisis, for information) is:

S.136 Suite, Calnwood Road,

Luton, Bedfordshire, LU4 0FB.

Telephone: 07930 445215

10.2 It is the responsibility of the DSN to find an alternative place of safety for the person. This alternative place of safety will need to be appropriate for the persons needs and subject to a robust risk assessment.

10.3 Should a person be taken to their home or other identified place of safety in the community the police will take the lead in referring to the Daytime AMHP Service or EDT. It is recognised the police officers will not have the ability to complete electronic referrals therefore referrals on the phone will be accepted. The usual referral pathway for an assessment will be followed for a S.136 in the community. If a Police Officer is intending on using this pathway, they should first consult with the Duty Inspector for further discussions. It is anticipated this should not take place routinely and that this pathway should be used in exceptional circumstances only.

11. On Arrival at the S.136 Suite

11.1 If the S.136 Suite is already in use, the DSN will need to risk assess with the Police if the S.136 Suite 'step-down' room is available, the DSN would again risk assess and use this space based on the needs and risk of the detained person. If the S.136 suite and the 'step-down' room are both unavailable, it is the responsibility of the DSN to find an alternative place of safety for the person. This alternative place of safety will need to be appropriate for the persons needs and subject to a robust risk assessment.

11.2 The DSN will facilitate access to the S.136 Suite, making arrangements for someone to be with the detained person in order to facilitate a handover from the attending Police officer. As part of the handover process, the DSN is required to check the detained person is fit to be in the S.136 Suite and fit for assessment. The DSN is required to carry out basic physical

health checks, if there are any concerns about the detained person presenting with symptoms of acute behavioural disturbance immediate transfer to the A&E Department must be arranged as this is requires urgent medical attention.

11.3 It is the responsibility of the Police and the DSN to complete the joint S.136 Monitoring Form and jointly undertake the risk assessment tool. This will determine the current level of risk, and the need for the Police to remain or leave.

11.4 If it is jointly agreed that the Police are to remain, the DSN will provide Police Officers with a fob which will enable access to the S.136 suite. This is important to enable Police Officer to leave and return to the S.136 suite as needed.

11.5 If it is jointly agreed that the police are to leave, the DSN will provide a member of staff to remain with the detained person within 30 minutes.

11.6 It is the responsibility of the DSN to update Officers after 30 minutes regarding the estimated time of arrival for the on-all Doctor/designated Doctor and AMHP to conduct the initial assessment or interview/ assessment under the MHA.

11.7 If the Police remain, it is the joint responsibility of the DSN and the Police to review the joint risk assessment on an hourly basis (using the risk assessment tool) regarding the need for the Police to remain.

11.8 Any disputes regarding the need for the Police to remain should be escalated via the overarching Escalation Practice Guidance.

11.9 If it is agreed that the Police can leave and the risk increases, the DSN should contact the Police for further assistance and support.

12. The S.136 Suite

12.1 The S.136 room should not be locked by key or a fob.

12.2 Member of staff observing patient in the S.136 room MUST always have radio and an alarm with them (DSN has 2 radio)

12.3 The DSN is to inform response team each time a patient is brought on S.136. The DSN to get a member of the response team to support with extremely aggressive patient or other related behaviours e.g. disinhibition.

12.4 The DSN to complete the capacity assessment if seclusion is required to manage the risk of individual patient detained on under section S.136

12.5 The DSN should consider using of seclusion room as a last resort.

12.6 The duty/ on call doctor to be contacted immediately for further support if patient have been assessed for MHA.

12.7 The Police to be called if patient absconded from S.136 suite or becomes unmanageable.

13. S.136 Assessments; Roles and Responsibilities

13.1 It is the DSN's responsibility to co-ordinate S.136 Suite arrangements in support of AMHPs, whose responsibility it is to coordinate the assessment process (CoP 14.41). The DSN will undertake relevant checks on RiO to obtain relevant history and information to inform the assessment, prior to the detained person arriving at the S.136 suite. The DSN is responsible for ensuring the S.136 Suite is prepared and free for use.

13.2 If the S.136 Suite is already in use, the DSN will need to risk assess with the Police if the S.136 Suite 'step-down' room would be suitable for use based on the needs and risk of the detained person. If the S.136 suite and the 'step-down' room are both unavailable, it is the responsibility of the DSN to find an alternative place of safety for the person. This alternative place of safety will need to be appropriate for the persons needs and subject to a robust risk assessment.

13.3 If the person usually resides outside of Bedfordshire and requires admission, the DSN must contact the person's locality team to arrange for repatriation to their local area. The DSN may need to source a private bed should the assessment indicate admission is required and there is no bed in the person's locality, funding for this must be agreed by the person's locality team. Out of hours local admission may be necessary to avoid delays.

13.4 The Management and Allocation of AMHP Referral Practice Guidance should be followed in all situations, this document provides guidance regarding the referral process and management of MHAA referrals.

13.5 The DSN will complete the MHAA referral to the relevant service and liaise with the allocated AMHP and On-Call Doctor (out of hours) to be available to undertake a joint examination and interview of the detained person. The purpose of this assessment is to determine if they have a mental disorder and meet the criteria for assessment under the MHA.

13.6 Section 136 (2) MHA 1983 says that "A person removed to or kept at a place of safety under this section may be detained there for a period not exceeding the permitted period of detention for the purpose of enabling him to be examined by a registered medical practitioner and to be interviewed by an approved mental health professional and of making any necessary arrangements for his treatment or care". CoP 16.47 states where possible, the assessment should be undertaken jointly by the Doctor and AMHP. Locally, it is agreed that all S.136 MHAA must be undertaken jointly, it is not permitted for a Doctor to assess a person without an AMHP.

13.7 If a person's presentation indicates that a MHAA is required, or the person is known to have a mental disorder the AMHP may decide to proceed with a full MHAA to reduce delays and prevent the person from having an initial and full MHAA.

13.8 There is a locally agreed expectation which requires all professionals to have regard to responsibilities arising under any other appropriate legislation (Children Act 1989, Care Act 2014 or MCA).

13.9 The DSN is responsible for liaising with the detained person (in the S.136 Suite) and advocating on their behalf if they wish to have a person of significance to be present during

their assessment under the act. Whilst the assessment process cannot be delayed for formal representation from Advocacy to be present, where possible and appropriate the detained person should be supported to have support during their assessment from a person of significance to them.

13.10 It is the AMHPs responsibility to offer the detained person the opportunity of speaking to the AMHP alone. If an AMHP has reason to fear physical harm, they should insist that another professional is present (CoP 14.54).

14. Use of Physical Restraint (ELFT Setting)

14.1 In the event where an individual is displaying arousal to a degree where there is a risk to self or staff the ELFT rapid response team will support the DSN. All efforts to verbally deescalate in line with Safety Intervention (SI) will be used. If verbal de-escalation in not effective, the team may make the decision to use physical restraint. This should be proportionate to the presenting situation and for the shortest time possible.

14.2 The use of physical restraint should follow NICE guidelines [NG10]: Violence and aggression: short-term management in mental health, health and community settings and the Safety Intervention (SI) training provided to staff. In the exceptional circumstance when police may be asked to help physically restrain an individual in HBPoS there should be sufficiently trained clinical staff that can take over the restraint as soon as it is safe to do so. During any period of restraint within a 136 suite, healthcare staff are responsible for the health and safety of that individual and should monitor the individual throughout the restraint. Police officers should not be restraining when sedation is administered.

14.3 In exceptional circumstances where the intervention needed to manage presenting risk exceeds the heath professional capabilities, Police may be asked to lead on managing the presenting situation. This should be proportionate and will need to be recorded in line with the Use of Force requirements. Health professionals will resume management of the individual's care and treatment needs as soon as it is safe to do so.

Use of prescribed treatment

14.4 There may be times when an individual is highly aroused and will need medication as a last resort. Section 136 does not authorise medical treatment.

14.5 Medical treatment may be given when the individual has capacity and consents or, if the individual lacks capacity in relation to treatment decisions, it may be given in line with the authority of the Mental Capacity Act 2005 and would have to be in the person's best interest.

14.6 Medication without consent is subject to the application of the Mental Capacity Act 2005; this means evidencing consideration of whether the proposed medication (including method of administration):

- is in the individual's best interests
- is necessary and proportionate in the circumstances, and
- that no less restrictive option is available than the one proposed

14.7 For individuals where prescribed treatment may be indicated the ward doctor for Coral ward will fulfil this role within working hours and Duty Doctor out of hours. These assessments must be recorded on RiO.

14.8 Medications that are prescribed should be for short term use and prescribed on the JAC system (please refer to ELFT Prescriber JAC EPMA User Guide v2018). Where individuals are referred for admission to the inpatient services within ELFT they JAC record should be transferred to the admitting ward (Appendix 4).

14.9 Consent to treatment or refusal to consent and capacity must be recorded in the case notes' where medications have been prescribed.

14.10 If rapid tranquilisation is administered whilst the individual is in the HBPoS, staff must adhere to the rapid tranquilisation policy guidelines for the monitoring of physical health (please refer to ELFT- Rapid Tranquilisation Policy (Adults & Older People)).

14.11 Where individual's present with their own supply of prescribed medication, staff in the HBPoS will need to make every effort to confirm their current prescription (including review of their shared care record, discussion with a pharmacist within hours and /or medical colleague, the individual, family/carer, GP practice).

Use of seclusion

14.12 There has been occasions where the need to seclusion a highly aroused or aggressive individual detained on section 136 for their safety and staff (please refer to the ELFT Seclusion Policy).

14.13 There may be occasions where the seclusion room is in use but the nature of imminent violence and aggression from the individual on a Sec 136 out weights the current occupier of the seclusion. An options appraisal shall be conducted by the on call doctor/consultant and the DSN based on the risk presentation of both patients. The team may decide to terminate the current seclusion (with an updated risk and management plan for the service user once seclusion is terminated) to create capacity for the individual on a Sec 136 to be secluded. This should only happen in exceptional circumstances.

14.14 This decision-making process must be clearly documented and include:

- An outline of the current/presenting risk- identified triggers and mitigating factors
- Proposed plan for further enhanced care if seclusion is terminated (levels of observation, prescribed treatment, environmental factors)
- Contingency plan should risk change requiring seclusion again

14.15 Following this process, if the current occupier cannot be stepped down the DSN will escalate to the borough lead nurse during working hours. Out of hours the on call manager will be contacted to seek support in finding another 136 suite within the trust that can facilitate the use of their seclusion facility. Please also refer to section 19.0 of the seclusion policy.

15. Young People Detained under S.136 (under 18 years old)

15.1 Unless requiring or suspected to require medical attention/treatment, all young people detained under S.136 should be escorted to the S.136 Suite for an assessment where the same process of having an examination by the First on-call Doctor/designated Doctor and interview via MHAA should be followed as with adults detained under S.136.

15.2 Within working hours (09:00 – 17:00) the CAMHS Duty Consultant Psychiatrist or allocated Community Team Psychiatrist should make themselves available to participate in examination of the detained young person. A CAMHS Crisis Practitioner will also attend depending on workload capacity. Out of hours, Doctors with Young People specialism should be contacted to support the assessment however, this will depend on availability.

15.3 Once a young person arrives at the S.136 Suite, the relevant CAMHS team should be contacted immediately by the DSN (between the hours of 09:00-21:00) to enable completion of inpatient referral form to be started and potential inpatient bed to be provisionally identified.

15.4 Young people discharged from S.136 into the community will be followed up within 1 week by either the CAMHS Crisis Team or allocated CAMHS worker.

15.5 For Young people who require an admission (either informal or formal), the relevant CAMHS team should be contacted immediately and a copy of the initial AMHP report and documentation should be sent to the team to enable these to be forwarded to the identified Tier 4 inpatient provider. Transport to the inpatient provider will be arranged by the relevant CAMHS team.

15.6 If an inpatient bed has not been identified by the completion of the assessment, for young people aged 16-17, consideration should be given to admitting the young person temporarily to one of the local adult inpatient provisions. In such an event the relevant CAMHS Team Lead or nominated lead should discuss and gain approval from the CAMHS Associate Clinical Director and liaise with the DSN and Borough Lead Nurse before admission goes ahead. The CAMHS Crisis Practitioner and Adolescent Mental Health Team (01582 708140) will continue to prioritise identifying an adolescent bed to ensure the admission to the adult ward is as brief as possible. If a young person is admitted to an adult inpatient bed due to the risks being perceived to be too high to be managed on an acute ward in the hospital the following actions need to be undertaken – 1:1 observation to be put in place, CAMHS to inform the BLMK ICB of the admission, a DATIX to be completed by the DSN and CQC to be informed if the admission lasts longer than 48 hours.

Presenting under S.136 out of hours

15.7 From 17:00 – 21:00, a CAMHS Crisis Practitioner will be on duty and may be able to assist with completion of the inpatient referral form and identifying a potential inpatient bed.

15.8 If the CAMHS Crisis Practitioner is unavailable and from 21:00hrs onwards, the DSN will be required to complete the inpatient referral form and identify an inpatient bed.

15.9 If admission is required following the completion of the assessment, point 14.6 should be followed for 16-17-year-olds where an adolescent bed has not been identified, ensuring escalation has occurred by contacting the ELFT On-Call Manager for Bedfordshire and Luton.

Young People detained under S.136 to local Acute Hospitals

15.10 The same process for managing S.136 in A&E detailed in points 11 of this Practice Guidance is relevant for Young People. In addition to these points, the receiving nurse will need to contact the relevant CAMHS professionals to support the assessments.

15.11 Where A&E is not going to be used as the place of safety as medical treatment is being prioritised conveyance and treatment can only be authorised with the young person's consent, or the consent of someone with parental responsibility or under the MCA if the young person is 16 or 17 years of age and: (i) has been assessed to lack capacity under the MCA to make decisions about their conveyance and treatment and (ii) a decision has been made about what is in their best interests.

15.12 After 3 hours from arrival in the A&E department, if it appears medical treatment will be prolonged or likely on-going medical treatment is required, consideration should be given as to where the young person should appropriately be transferred to within the hospital for further parallel assessment to take place. The Police, Acute Hospital staff, CAMHS A&E Liaison practitioner and duty CAMHS Consultant Psychiatrist (or on-call CAMHS Consultant Psychiatrist) should contribute to the joint completion of the RAVE Risk assessment to determine whether police are required to stay with the young person.

15.13 If the young person is under the age of 16 and is discharged from the A&E Department, it is preferable for the young person to be transferred on to one of the Acute Hospital Wards to enable further psychiatric review/MHAA to take place. This is providing the presenting level of the young person's need and risk can be safely managed within the acute ward environment. In exceptional circumstances due to potential threat that the young person may pose to others, it may be necessary to consider transferring the young person to a local S.136 Suite for the MHAA to take place.

15.14 Following discharge from the A&E Department, if the young person is aged 16 or 17, they will normally be expected to be transferred to the Luton S.136 Suite for completion of the MHAA. Such decisions should be informed by potential risks posed to others and themselves if they were to remain in an acute general hospital environment, what is considered in best interests of the young person and the need to avoid delays in the MHAA process.

15.15 Where a young person is assessed under the MHA in the A&E department and requires admission to hospital under the MHA or voluntary admission and a psychiatric adolescent inpatient bed has not been identified, consideration should be given for the young person to be admitted on to an appropriate inpatient ward at the L&D or Bedford Hospitals until a bed has been secured. The RAVE risk assessment should be jointly undertaken with the police, Duty AMHP, CAMHS Crisis Practitioner, acute hospital staff, CAMHS Duty consultant, or CAMHS On-Call Consultant after 17:00hrs to agree appropriateness of this or other course of action as necessary. For young people aged 16-17 consideration should be given to admitting to one of the local adult inpatient provisions pending an adolescent bed being

secured. If agreed appropriate, within working CAMHS hours this will be coordinated by CAMHS.

Emergency Inpatient Referral Process following assessment and detention under the MHA

15.16 All inpatient providers will request an inpatient referral form (a Form1) to be completed before considering and agreeing to an inpatient admission. However, in emergency situations, such as detention under the MHA, inpatient providers should accept admissions without a completed detailed form providing they have sufficient information sent to them regarding the young person's presentation, risk history and current risks.

15.17 In all cases, attempts should be made by the assessing practitioner (First On-call Doctor or PLS) to complete the Form 1 as soon as possible to support the inpatient admission.

15.18 For 16-17-year-olds requiring admission, PLS should take the lead in contacting inpatient providers to agree a bed with support from DSN if required.

15.19 For under 16 years of age, the First On-Call Doctor should request the DSN supports in contacting potential inpatient providers. In exceptional circumstances the PLS may be required to support this process depending on availability of the DSN.

CAMHS Escalation Process

15.20 If difficulties are encountered with the S.136 process within the hours of 9-5, the following people should be contacted within CAMHS:

Bedfordshire CAMHS:

Clinical Team Lead, 01234 310952

Professional Lead, 01234 310952

Luton CAMHS:

Clinical Team Lead, 01582 708146

Lead Nurse, 01582 708146

If unable to resolve by contacting the CAMHS A&E Liaison Practitioner, the DSN should be contacted on 07930445215. Pathway difficulties out of hours will also be escalated to the DSN and ELFT On-call Manager.

16. Recording

16.1 The DSN and/ or A & E receiving Nurse and the police are responsible for completing the S.136 Monitoring Form (this can be obtained from the locality PLS team). Please refer to Appendix 6 for the S.136 Monitoring Form.

16.2 All S.136 activity must be recorded on the S.136 Monitoring Form and uploaded to RIO by the DSN, the information uploaded on RiO is used to report on S.136 activity to all three local authorities and the BLMK ICB.

16.3 The AMHP must ensure the brief report is uploaded to RiO, if the AMHP does not have access the DSN will take responsibility in ensuring all information and reports are uploaded on RiO. AMHPs are required to provide a copy of their brief AMHP report and ensure that their application, scrutinised medical recommendations and authority to convey are all completed at the time of MHAA. The AMHP long report needs to be completed and uploaded to RIO within 7 days.

16.4 When the assessment is complete the DSN should complete the S.136 monitoring form which indicates the outcome of the assessment.

16.5 The completed S.136 monitoring form should be placed in the red Mental Health Law box on Jade Ward available for the MHA Department to collect.

16.6 Bedfordshire Police must complete a non-crime Mental Health Investigation - Detention Under S.136 Mental Health Act 1983 investigation on Athena. The 'Mental Health Monitoring' question set must be completed on the investigation. Once this investigation has been quality assured an interest will be registered for the Mental Health Hub for monitoring purposes.

17. People Detained under S.136 in A&E and Acute Hospital Ward

17.1 If the detained person requires medical assessment and / or treatment, they need to be taken to A&E in the first instance. The Royal College of Emergency Medicine S.136 Guidance (2017) details 'S.136 Red Flag criteria' to support Police, DSN, AMHP and Paramedic decision making for conditions requiring treatment or assessment in A&E (Appendix 6). On arrival to A&E, the Police Officer should make the receiving nurse aware that the person is in the custody of police under S.136.

17.2 The receiving nurse, as well as making arrangements for care of the person's physical health needs, is responsible for contacting PLS to support the review of actions required for the person who is detained under S.136. It is noted that each person should be reviewed on a case-by-case basis to ensure the most appropriate outcomes.

17.3 If the person is taken to A&E by the police whilst under S.136 for the sole reason of addressing physical health needs (in the first instance) and A&E is not going to be used as the place of safety; the conveyance and treatment can only be authorised via the person's consent or if the person lacks capacity when a decision has been made under the MCA that conveyance is in their best interest. In these scenarios the time of detention does not start until treatment has been provided and the person has been transferred to the Place of Safety.

17.4 If, during the course of the person needing physical health treatment there is still a necessity for the examination; interview and other arrangements under S.136 to be completed consideration of a parallel assessment (where examination/ interview under S.136 can be done, whilst the person is receiving treatment for their physical health) should be considered. Parallel assessment will only be progressed if the presenting level of risks can be safely managed within the environment and the interview can be conducted within the locally agreed timeframe (3 hours).

17.5 If a parallel assessment is to be conducted within the A&E department the PLS will facilitate the S.136 Monitoring Form (Appendix 6) being completed jointly with the accompanying Police Officers. This must include the time of arrival at A&E (as this will be the time the detention starts) and personal details and reason for detention. The PLS are responsible for also ensuring the S.136 rights are read to the person whilst in A&E.

17.6 Following the examination/interview under the MHA, if it is concluded the person is liable to be detained under the MHA or requires an informal admission, the acute hospital retains duty of care and responsibility for the person whilst they are in the department. Appropriate arrangements for support should be made by the acute hospital until arrangements for conveyance are made.

17.7 Under S137(1) a person who is liable to be detained and conveyed is deemed to be in legal custody. Under S137(2), A&E department is authorised to keep the person liable to be detained and have the powers, authorities, protection and privileges to do so. If the person who is liable to be detained attempts to leave, the police can prevent the person from leaving and ensure they are conveyed to the identified ward. If the police have left the department, support can be sought from the security staff or other professionals who can act in the person's best interest to ensure their immediate safety. The A&E department are deemed to have legal custody of the person until they have left the department and can keep the person until conveyance has been facilitated.

17.8 If the person has been offered informal admission to a mental health unit but leaves the acute hospital prior to conveyance to the mental health unit, a review of the situation and associated risks will be undertaken by the professionals involved. If assessing professionals leave the A&E department prior to conveyance they need, wherever possible, to indicate in writing what level of concern/course of action would be appropriate should an anticipated informal admission not take place.

17.9 If there are concerns regarding the level of risk the person poses to themselves or others, a local search should be done immediately, and the Police will be contacted to report the person as missing. In this scenario if the person is found in the hospital, security staff will apply the MCA by undertaking a capacity assessment and if the person is assessed to lack capacity a decision will be made about whether it is in the persons best interests to be returned to A&E for their own safety and follow up assessment by the PLS. Outside this, intervention would only be justified if the criteria in common law or other legal powers are met.

17.10 If a parallel assessment is not suitable the PLS and/or attending Police officer should make the DSN aware of the detained person under S.136 as soon as possible. The DSN will need to be informed that the person is being treated in A&E, but the intention is to support a transfer to the S.136 Suite for the purpose of examination/interview under the act. In this scenario the time of detention will not commence until arrival at the S.136 Suite. Police are to remain in the A&E department with people who are detained under S.136.

17.11 Once the person is discharged from A&E, there is currently no commissioned health-based provision to convey the person to the S.136 suite.

17.12 Acknowledging that this is outside of the MHA CoP, Bedfordshire Police have implemented the following temporary solution to ensure the person is assessed and supported in a timely manner:

The officers on scene must contact the duty Police Inspector who will confirm:

- There are no concerns of Acute Behavioural Disturbance (ABD)/ positional asphyxia (if there are concerns of this then the patient must remain in A&E as a medical emergency)
- The A&E have provided a discharge note
- The patient can then be conveyed to the S.136 suite in a police vehicle.

17.13 If the person detained under S.136 is to be admitted to an acute hospital ward for treatment, the PLS can provide advice and consultation to Acute Hospital staff regarding supporting the mental health needs and managing the risks of the person.

17.14 In the event the person detained is admitted into an acute bed or ward, the police, acute hospital and the PLS (if available) will complete the joint risk assessment within the S.136 Monitoring Form to determine whether the Police need to remain. This should be a risk-based decision and not a resourcing-based decision.

17.15 If the person is to remain without Police presence, the Acute Hospital Trust needs to make arrangements for one-to-one mental health nursing support for the person whilst in the Acute Hospital Ward as this cannot be provided by the PLS. The Police need to remain with the detained person until one-to-one mental health nursing support arrives, this needs to be arranged in a timely manner in order to release Police colleagues to resume their usual duties as soon as possible.

17.16 Where a dispute occurs, this should be escalated via the overarching Escalation Practice Guidance.

17.17 If a detained person is to remain on the acute ward beyond 24 hours from the initial time of arrival at A&E, a further 12-hour extension to the period of detention can be granted only on clinical grounds to enable the assessment to be completed. This can be authorised by a Registered Medical Practitioner (Doctor). This can be an Acute Hospital or a PLS Doctor, the Doctor does not need to have experience in psychiatry to make this clinical decision.

17.18 Whether the person is in A&E or on the Acute Hospital Ward assessment under the MHA, assessments should not be delayed and opportunities for parallel assessment of physical and mental health should be optimised if the person is fit for assessment. If a parallel assessment is agreed within A&E this needs to commence as soon as possible from the point of referral to prevent delay in assessment under the MHA and prevent the potential for breaches. The Emergency Medicine Physician responsible for the detained persons care whilst they are in A&E needs to be involved in the decision to request for a parallel assessment.

17.19 Once the assessment has been concluded, if there is a need for admission to a mental health bed, any delays regarding bed allocation should be escalated via the overarching Escalation Process.

17.20 If assessment under S.136 is arranged to take place in the S.136 Suite, the Acute Hospital Trust is required to arrange conveyance and needs to make arrangements with the DSN to ensure the S.136 Suite is available for use. The S.136 Monitoring Form needs to travel with the detained person so that movement from one place of safety to another place of safety is clearly documented.

18. Discharging the S.136

18.1 CoP 16.17 highlights the person should receive a mental health assessment, and any necessary arrangements should be made for their on-going care. As soon as practical after the assessment the person should be discharged, informally admitted, further detained under the Act or other arrangements for the persons treatment or care in the community should be made (CoP 16.27).

18.2 Where at all practicable, EDT and the Daytime AMHP services have agreed to ensure that the AMHP arrives to progress the assessment within 3 hours as per CoP (16.47). S.136 interviews are to be prioritised by AMHPs to ensure timely responses.

18.3 AMHPs and Doctor(s) should decide how to pursue any actions which their assessment indicates are necessary to meet the needs of the person. This will include any referrals to social care, health or other services, the CoP is clear that decisions and rationales should be recorded clearly (CoP 14.104).

18.4 Arrangements should be made to ensure that information about assessments and their outcome is passed to professional colleagues, this needs to be provided in a timely manner (CoP 14.107). The DSN will ensure the S.136 monitoring form is updated and uploaded to RiO, this will include discharge reasons and after-care arrangements.

18.5 The AMHP must complete any agreed referrals and confirm receipt. Should the referral be completed out of hours the EDT Admin will ensure information is forwarded to single points of contacts during working hours.

18.6 If an admission to a psychiatric ward is necessary, two beds have been allocated by ELFT for admissions resulting from a S.136. This applies to out of hours; if admission is within working hours a bed aligned to their locality of residence will be secured.

18.7 The following actions can be undertaken to discharge the S.136;

Discharge S.136 with no mental disorder.

18.8 As detailed in section 8 of this guidance, all assessments must be undertaken jointly with the AMHP and Doctor. The assessing team may discharge the S.136 where the person has been assessed as not suffering from a mental disorder. Both professionals will ensure a holistic assessment has been undertaken and any aftercare arrangements have been progressed.

18.9 As a matter of good practice, in all cases of discharge where the person has been assessed as having no mental disorder, the DSN will offer the person the opportunity to discuss a follow up assessment of potential needs with the relevant professional. Safety plan advice should be revised.

Discharge with Community Treatment.

18.10 The AMHP and Doctor(s) will agree who is responsible for co-ordinating the aftercare arrangements, including sharing of information, referrals to other services or actions to support discharge. These actions will be clearly recorded in the AMHP report and on RiO.

18.11 All actions agreed to support the community treatment or follow up must be completed in a timely manner to ensure appropriate after-care following the S.136 is provided. Once all professionals are confident arrangements have been completed the S.136 can be discharged, and the person can be supported to leave the place of safety.

Informal admission to psychiatric ward.

18.12 Should the Doctor(s) and AMHP agree an informal admission is appropriate and required this will be facilitated by the DSN and the S.136 will be discharged.

18.13 The AMHP is required to complete their brief report and ensure all appropriate information is available to support the admission.

Admission under the MHA to psychiatric ward.

18.14 If the Doctor concludes an admission under the MHA is required a medical recommendation will be completed. If two Doctors completed the assessment a joint medical recommendation may be completed and will be scrutinised by the AMHP.

18.15 If one Doctor completed the assessment the allocated AMHP will co-ordinate another Doctor to support the assessment, in hours this will be via the on-call S12 rota or S12 Solutions App. EDT will secure a Doctor via the S12 Solution App or via the ELFT second on-call (obtained via the DSN).

18.16 AMHPs will secure the most appropriate Doctor taking the persons individual needs and any specialism which may be required (CoP 14.38). If any difficulties are experienced obtaining S12 Doctors this will be escalated to the relevant AMHP Lead or EDT on-call manager.

18.17 If both Doctors have completed the medical recommendations and the AMHP confirms an admission under the MHA is required, an application for the detention can be completed. This completed application will discharge the S.136.

19. Green Light

19.1 ELFT are committed to the mainstreaming agenda for people who have learning disabilities (Greenlight 2017) and, therefore, anyone who has a learning disability who is detained under S.136 should be supported in the same way as any other individual.

19.2 Should the person who has a learning disability require reasonable adjustments to be made whilst detained and awaiting assessment, the Intensive Support Team can be contacted for advice, guidance and support with joint assessment (if appropriate) on 01234 310538.

19.3 ELFT also has a wide range of Easy Read documents available to support people detained under S.136 with accessible information needs, these are available upon request and can be accessed via the DSN.

20. Monitoring and review of Section 136 performance

20.1 S.136 AMHP performance data is to be reviewed and monitored monthly via the AMHP Governance Group.

20.2 Police S.136 performance data will be collated monthly in accordance with home office reporting standards and shared with relevant crisis concordat partners accordingly.

21. Appendices

- **Appendix 1 -** Telephone numbers for Police to contact for advice & consultation re: Detention under S.136
- **Appendix 2 -** S.136 MHA - Joint Protocol Flow Chart: Bedfordshire Police and East London Foundation NHS Trust
- **Appendix 3 -** Requesting Conveyance for Patients Detailed under the MHA Requesting conveyance for patients detained under the Mental Health Act (eastamb.nhs.uk)
- **Appendix 4 -** Under 18 CAMHS Pathway
- **Appendix 5 -** Royal College of Emergency Medicine S.136 Guidance (2017)
- **Appendix 6 -** S.136 Monitoring Form