

Livewell Southwest

Adult Place of Safety Policy

Version No 5.2

Review: December 2018

Notice to staff using a paper copy of this guidance

The policies and procedures page of LSW intranet holds the most recent version of this document and staff must ensure that they are using the most recent guidance.

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Document review history

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3:2	Amendment	Dec 10	Author	Removal of 'alternative' from title
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4.1	Updated	July 2013	Modern Matron, Glenbourne Unit	Policy updated
5.0	Amendments	March 2015	Modern Matron, Glenbourne Unit	Changes to appendices and some key elements in line with Devon and Cornwall police protocol.
5.1	Amendments	October 2015	Modern Matron, Glenbourne Unit	Minor amendments. Following review by the CQC
5.2	Review	December 2016	Modern Matron, Glenbourne unit	Minor amendments following review of code of practice 2015

Contents		Page
1.	Introduction	6
2.	Purpose	6
3.	Definitions	7
4.	Duties and Responsibilities	8
5.	Procedure for Managing the 136 Suite:	9
5.1	Relevant provisions of the Mental Health Act 1983	9
5.2	General Procedural Guidelines	9
5.3	Police Officer's Responsibility	14
5.4	The Place of Safety Worker's Responsibilities	15
5.6	Admission to Hospital	17
5.7	Terminating Section 136	17
5.8	Arbitration	18
5.9	Complaints	18
5.10	Training	18
5.11	Formal Feedback to Police	18
6.	Medication	18
7.	Training Implications	19
8.	Monitoring Compliance and Effectiveness	19
Appendix A	Flow Chart – Multi Agency Process for Referral to the Place of Safety at Glenbourne	22
Appendix B	Local Procedure for use of Emergency Department, Derriford Hospital, Plymouth	23
Appendix C	Place of Safety - Record Form	26
Appendix D	Section 136 Information Leaflet - Admission of mentally disordered persons found in a public place	30
Appendix E	Section 135 Information Leaflet Admission of Patients removed by Police under a Court Warrant	33
Appendix F	Section 136 – Mental Health Detention Record (for Police use only)	36

Adult Place of Safety Policy

1. Introduction

- 1.1 The procedures in this document relate to Section 135 / 136 (S135 / S136) of the 1983 Mental Health Act (MHA). This policy applies to persons 18 years and over.
- 1.2 The provision of assessment within a health based place of safety, for young people under the age of 18, is located at Plym Bridge House. This is provided by Livewell Southwest.
- 1.3 This policy and the procedures contained within it, if followed will ensure that all persons detained brought to the Plymouth, Place of Safety at Glenbourne, will all be seen and assessed with the same degree of care, concern and urgency. This policy has taken into consideration the guidance contained within the Mental Health Act Code of Practice 2008, chapter 10 and the Operational Protocol for Devon, Cornwall and Isles of Scilly dated 1st April 2010.
- 1.4 This is a policy which has been developed in conjunction with the peninsular wide policy relating to S136 and Place of Safety and forms an addendum to the peninsular wide policy which has been agreed between Health, Social Services and Police, and has been in circulation since April 2015.

2. Purpose

- 2.1 The aims in producing up these guidelines are to ensure that:
 - (a) A person detained under Section 135 / 136 receives the most appropriate form of care and attention he / she needs while respecting his / her rights as an individual.
 - (b) The most appropriate place of safety is identified according to individual need, and the care is then provided at the most appropriate place, by the people best qualified to provide it; and
 - (c) The attention and care is provided as soon as possible with the minimum of disruption, stress and risk to the person concerned and others involved in the detention process.
 - (d) The most appropriate transport is to be used to convey an individual to a place of safety.
 - (e) Practices relating to the use of S135 / S136 are lawful and compliant with the Code of Practice guidance.

2.2 These guidelines take account of the provisions of the law and Home Office and Department of Health guidelines and reflect the commitment of all the agencies involved to work together to provide appropriate assistance to people with a mental disorder.

3. Definitions

AMHP

Approved Mental Health Professional ie. Social Worker or person qualified to undertake MHA related activities.

AOS

Assertive Outreach Service: Service for Service Users suffering from severe and enduring Mental Health problems they work with those with problems engaging with services.

CoP

Code of Practice: Department of Health guidance on the Mental Health Act 1983 (amended 2015)

CPA

Care Programme Approach (CPA) Policy and Standards: Local policy outlining National framework for Care Planning.

DPT

Devon Partnership Trust: Mental Health Trust covering Devon locality.

HTT

Home Treatment Team: Gate keeping service responsible for providing alternatives to Hospital admission.

JoP

Justice of the Peace

MCA

Mental Capacity Act 2005: Legislation to empower and protect Service Users to make decisions regarding their care and treatment. Provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they may lack capacity in the future.

MHA'83

Mental Health Act 1983 (amended 2008): Legislation around detained Service Users. Legislation for the purpose of care and treatment of mentally disordered patients who have been detained.

MHa/MHAA

Mental health assessment/Mental Health Act Assessment

PoS Worker

Place of Safety Worker - The member of staff in charge of Place of Safety Suite. Co-ordinates the admission and assessment process, provides the individual with their rights. Completes paperwork, including incident forms. Advise Unit Co-ordinator of any concerns.

S135

Section 135 – Allows the Police to enter a person's home who is thought to be mentally disordered on a warrant issued by a Magistrate in response to evidence provided by an AMHP and to remove them if necessary.

S136

Section 136 – Allows for the removal to a place of safety of any person found in a place to which the public have access who appears to a Police Officer to be suffering from a mental disorder and in immediate need of care or control.

Unit Co-ordinator

The senior member of staff at Glenbourne. This person has responsibility for ensuring that the Unit is running efficiently and that the acceptance of a 136 does not compromise the general running of the Unit.

4. Duties and Responsibilities

4.1 This Policy was devised by the Senior Management Team of the Acute Care Pathway, Devon and Cornwall Police and Social Care staff.

4.2 The **Chief Executive** is ultimately responsible for the content of all policies and their implementation.

4.3 **Locality Managers/Deputies** are responsible for identifying, producing and implementing Livewell Southwest Policies relevant to their area.

- 4.4 The **Assistant Directors** will support and enable operational Clinical Leads and Managers to fulfil their responsibilities and ensure the effective implementation of this Policy within their speciality.
- 4.5 The **Modern Matron** is responsible for ensuring that the development of local procedures / documentation does not duplicate work and that implementation is achievable. The Modern Matron is responsible for the production of paperwork to record S136 detentions and for monitoring and audit of practice against policy.
- 4.6 **Clinical Staff** have a responsibility for ensuring they have read, understood and adhere to local Protocols and Policies. All staff working with persons detained under S136 have a duty to be aware of and follow the guidance contained in the Mental Health Act 1983 Code of Practice (MHA CoP). Chapter 10 Police Powers and Places of safety is of particular importance to this policy.

5. Procedure for Managing the 136 Suite

5.1 Relevant Provisions of 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. They are in exactly the same position in respect of consent to treatment as patients who are not detained under the Act.

Section 136 of the Mental Health Act states:

- (1) If a constable finds in a place to which the public have access a person who appears to him to be suffering from a mental disorder and to be in immediate need of care or control, the constable may, if he thinks it necessary to do so in the interests of that person or for the protection of other persons, remove that person to a place of safety within the meaning of Section 136 above.
- (2) The code of practice 16.25 states that a person removed to a place of safety under this section may be detained there for a period not exceeding 72 hours for the purpose of enabling him / her 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.

This constitutes a need for an assessment of a person's mental health to take place and does require a full Mental Health Act Assessment (MHAA) 1983.

Section 135 of MHA 1983 Part 1 states: If it appears to a JOP (Justice of the Peace) on information on oath laid by an AMHP, (Approved Mental Health Professional) that there is reasonable cause to suspect that a person believed to be suffering from a mental disorder. (a) has been, or is being, ill treated, neglected or kept otherwise than under proper control at any place within the jurisdiction of the justice: or (b) being unable to care for himself is living alone in any such place. The Justice may issue a warrant authorising a constable to enter, if need be by force, any premises specified in the warrant in which that person is believed to be, and if thought fit, to remove him to a place of safety with a view to the making of an application in respect of him under part II of this act, or of other arrangements for his treatment and care.

5.2 General Procedural Guidelines

5.2.1 In respect of these procedures, the term “place of safety” under the Act includes the Plymouth Place of Safety Suite within the Glenbourne Unit for over 18 year old detainees.

5.2.2 However, only in the circumstances outlined below, Police Stations can continue to be used as a “place of safety”:

- Where the person concerned is displaying behaviours which are considered unmanageable, or where the arresting officer, and unit staff are concerned that the person may become unmanageable, it is the case that the constant presence of police officers may safely reduce risks, and will be requested to do so. Health workers have the right under the April 2015 joint protocol to insist. This should always be considered as a more positive option than transfer to custody.
- Alcohol and drug use may prohibit the timely completion of assessment but should not prohibit acceptance to a health based place of safety. The person’s acceptance must be considered in relation to the manageability of their risks, and the need for a person to be assessed in a suitable health-based environment wherever possible. This is outlined in the Code of Practice
- When there is already one person being held under Section 136 at Glenbourne, then Charles Cross Custody Centre will be used for any further detainees requiring assessment. However, consideration should be given to the time required to wait for the place of safety to be vacated, and if transfer to custody would cause unnecessary distress or delay to assessment.

- To encompass situations when the most appropriate action would be to take to Charles Cross ie. when the Place of Safety Suite at Glenbourne is closed in exceptional circumstances (following discussion with Modern Matron, Director or out of hours On Call Director). If this situation should arise then the Police Liaison Officer / Control Room will be advised.

5.2.3 In the instances outlined above, the accepted Police Station procedures outlined in the current multi agency procedures for Section 136 should be followed.

5.2.4 Where it appears to the Police Officer that the person's physical health is such that he / she may require medical treatment he / she will be conveyed directly to the nearest Emergency Department (ED) before being transferred to the Glenbourne Unit PoS. Only once the detainee's medical treatment is complete will they be transferred to Glenbourne PoS. However, where a person is considered medically unfit but mentally able to be assessed, the assessment will be coordinated by the place of safety staff as if the detainee were already present within the suite.

5.2.5 If the patient needs admission to Derriford Hospital for on-going medical treatment then the Police are to remain until a Mental Health assessment has been completed and the patient removed from a Section 136. It is important that the record made on receipt of the detainee at Glenbourne records any detention time the person was detained at ED. The Police Officer will remain with the person until a full handover or MHA assessment has occurred.

5.2.6 Where a person's first language does not appear to be English the Police Officer will take steps to ensure that arrangements are in place to facilitate communication in accordance with current Devon and Cornwall Police protocol. Once the individual is accepted into the Place of Safety an interpreter may be obtained as outlined by LSW's Interpretation and Translation Guideline.

- a) The detainee will be fully searched by the Police Officer (as per routine Police practice) prior to placing in any vehicle and any items that may cause injury or harm to self or others will be removed. Police Officers will be responsible for the safe conveyance of detainees, accepting that this may be best to be undertaken by South west Ambulance Trust vehicles, considering the most safe, timely and appropriate manner.
- b) The police will support the unit coordinator in the safe assessment of manageable risk required on acceptance to the suite. Where required this will involve remaining within the unit while manageability can be determined. When the assessment outcome indicates that the person is sufficiently safe to await assessment, the police will be permitted to leave when mutually agreed. Where a person's risks escalate in the absence of police presence, Glenbourne staff will request that the police re-attend the suite in order to ensure safety to all parties.

- c) The Place of Safety for Plymouth is either the Glenbourne Unit or Charles Cross Custody. The Emergency Department is not a designated Place of Safety but may be used to treat patients under a Section 136 who require medical treatment. Responsibility for detainees will remain the responsibility of the Police until transfer to more than one member of staff at Glenbourne PoS or MHA assessment is complete. Any time the person spends at the ED whilst under a S136 must be taken into account and included as part of the 72 hours.
- d) Prior to arrival at the Glenbourne Unit PoS the Police Officer will, via the Force Control Room, inform the Place of Safety Worker on 01752 435434 that a person detained under S136 or S135 is being brought to the hospital. At this point the PoS worker will contact the AMHP via Access to Mental Health Services or Out of Hours Duty team for Plymouth patients. For Devon patients contact the Devon AMHP hub tel: 01392 674952.
- e) The Force Control Room will ensure that the Police log has been created. The officer will also request a Police National Computer (PNC) personnel check and attach to the log.
- f) The Force Control Room will personally telephone the Place of Safety Worker or Unit Co-ordinator on 01752 763103 to discuss the details regarding the detained individual. During the telephone contact details regarding the individual detained will be discussed including:
- Name
 - Address
 - Place of Safety Worker to inform Force Control Room if the detainee is known to Mental Health Services and has any relevant information.
 - Log number
 - Date of Birth
 - Presentation (why the person is considered in need of a place of safety)
 - Reasons for and place of detention
 - GP (if known)
 - Contact - carer / family (if known)
 - Known risks

- Relevant results of the appropriate Police checks, including Police National computer, this should be recorded on the CPA Risk Assessment
 - Details of any children at home / dependants
- g) The staff member receiving the referral will check available mental health history and advise the Police of any risks known that could affect the detainee during conveyance to the suite. This information can be shared, by following this guidance:

5.2.7 **Share with consent where appropriate** and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case.

5.2.8 **Consider safety and well being:** base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.

5.2.9 **Necessary, proportionate, relevant, accurate, timely and secure:** ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up to date, is shared in a timely fashion, and is shared securely.

5.2.10 **Keep a record** of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

5.2.11 **Is there sufficient public interest to share the information?**

Even where you do not have consent to share confidential information, you may lawfully share if this can be justified in the public interest. Where consent cannot be obtained or is refused, or where seeking it is unsafe or inappropriate.

- Where you have a concern about a person, you should not regard refusal of consent as necessarily to mean that you cannot share confidential information.
- In making the decision you must weigh up what might happen if the information is shared against what might happen if it is not, and make a decision based on professional judgement.

- 5.2.12 However, it may not be appropriate to inform a person that information is being shared, or seek consent to this sharing. This is the case if informing them is likely to hamper the prevention or investigation of a serious crime, or put a child at risk of significant harm or an adult at risk of serious harm. If in doubt, seek additional advice from the Unit Co-ordinator.
- 5.2.13 Following this initial verbal screening, the police will convey all detained individuals to the place of safety. This includes those who may have originally been transferred to custody due to risk of violence or intoxication. Those who require urgent medical assistance prior to assessment are omitted from this guidance, so as not to delay treatment for a physical condition. The staff member will carry out an initial immediate assessment on arrival at the unit to consider risks to staff, police and the person, during assessment. This will involve history, known or potential risks, cooperation in process and general presentation during assessment. Where a person's risks are considered too unmanageable for the place of safety staff to be able to safely support assessment alone, it will be the case that police remain until such time that these risks are reduced. Should the presence of the police themselves not be sufficient to permit safe assessment, the person will in that case be assessed within custody so as to prevent harm to themselves or others.
- 5.2.14 The initial assessment should focus on manageability. Historically prohibitive factors such as drugs and alcohol are no longer prohibitive if they do not impact on overall manageable risk. It is not appropriate to consider breathalyser or drugs screening as part of the risk assessment.
- 5.2.15 The PoS Worker should then alert the AMHP in order to update on presentation and whereabouts. The Unit Co-ordinator is responsible for ensuring that the risk assessment on referral and initial entry to the unit considers the welfare of the PoS Worker, particularly considering lone worker principles.
- 5.2.16 The AMHP should then contact the approved doctor/s. If detention appears likely, a Section 4 should be considered if there is only one approved Doctor available, however, the Code of Practice states "it is unlikely that an emergency application will be justified in these circumstances". There should be no reason for detaining under a section 4 as any emergency situation should have been resolved by detaining an individual in a safe place for up to 72 hours as the section allows.
- 5.2.17 Any property brought in by person should be recorded in the Record of Patients Property book and kept in a safe place.

5.3 Police Officer's Responsibility

- To offer every assistance to the hospital staff and the AMHP to ensure the safety and security of the detainee, themselves, all other patients and staff at all times.
- To remain at the unit until the departure time is mutually agreed based on the risk assessment of manageability. This would usually be within the first hour if risks appear minimal, however may be for the duration of assessment if it means that the police's presence manages risks to as to prevent transfer to custody. The Place of Safety Worker and the Police should ensure safety is not compromised before they leave.
- To complete Mental Health Detention Record. Appendix G.
- Any significant deterioration in the person's physical condition will be addressed by use of current emergency provisions. If observations indicate a life threatening situation then a 999 call for an ambulance should be made.
- In the event of an Ambulance being called then the Derriford Emergency Department should be informed of the situation.
- The Police (if still present) will escort the patient to the Emergency Department and remain until they return to the place of safety or other arrangements are made. If the police are not present the PoS Worker must ensure safe and appropriate transfer.

5.4 The Place of Safety Worker's Responsibilities

- 5.4.1 The PoS Worker will immediately establish whether the detainee is known to the service and where necessary access the appropriate health records. All information, eg. case notes, should be made available to the professionals involved in the assessment.
- 5.4.2 Following contact from the Force Control Room the PoS Worker will immediately arrange for the AMHP to be notified of the pending arrival of the detainee.
- 5.4.3 The transfer from one place of safety to another at times may be the most appropriate course of action subject to the overall time limit for detention 72 hours. It is the responsibility of the team transferring to ensure that the assessment team is in place prior to moving to the place of safety at Glenbourne.
- 5.4.4 The PoS Worker will ensure that the Suite is ready to receive the detainee and Police Officers.

- 5.4.5 The PoS Worker will meet the Police Officer and the detainee for a final assessment before accepting them in the Suite. The Consultant (or Duty Doctor) will assess the patient to determine if the patient is suffering from mental disorder (see definition of mental disorder). This assessment will be undertaken jointly with the AMHP whenever possible. If the patient is found not to be suffering from mental disorder they must be discharged from S136 immediately. It is the responsibility of the AMHP to interview the detainee in all cases if the patient is found to be suffering from mental disorder."
- 5.4.6 The Place of Safety Worker with the Police Officer present will make an initial assessment of the detainee with regard to:
- Mental state
 - Medical treatment required
 - Security needs
 - Safety needs
 - Refreshment
- 5.4.7 The first Doctor to be called will be the local S12 approved doctor. During working hours this will be the appropriate consultant for Home Treatment / Assertive Outreach Service / Devon Partnership Trust. Out of hours before 10:00 pm this may be the staff grade Doctor on call (if they wish to be involved in mental health assessments. Outside these hours (or if the staff grade chooses not to be involved in MHA work) it will be the on call Consultant / ST4-6 (SpR). The On Call Junior doctor should never be used as part of the MHA assessment team.
- 5.4.8 If a S12 doctor is in attendance the assessment will not be automatically considered to be a MHA assessment but will be considered to be a Mental Health assessment.
- 5.4.9 If the decision is made to discharge the person, the PoS Worker should ensure that the person is supported to return to an appropriate place and any relevant follow up arranged. This must be in consultation with the AMHP.
- 5.4.10 If a MHAA is required the AMHP will co-ordinate the MHAA. While the MHAA is being arranged the Police Officer is responsible for the safety of the person and the Police must remain. Good practice would be that the Police and the PoS Worker must be in agreement that it is appropriate to leave.

- 5.4.11 When the Police leave it is the responsibility of the PoS Worker or designated staff to ensure that the detainee is supported. This means the unit cannot be vacated, although it may be appropriate and necessary that the worker is able to move between rooms to help facilitate assessment and provide privacy. The unit office has CCTV which supports with observation in this case.
- 5.4.12 The PoS Worker is responsible for the completion of the appropriate Section 136 paperwork. The PoS Worker will ask the detainee if they wish to have a relative / friend informed. An explanation of Section 136 (Appendix D) will take place to ensure the detainee understands the procedures. The information must be available to meet language and communication needs.
- 5.4.13 Police and Criminal Evidence Act (PACE) 'fitness to detain' procedures do not apply at the Suite, but all parties will assume responsibility for monitoring the detainees physical health and use current procedures where appropriate. Any medical emergencies will be responded to in line with these including use of 999 services where appropriate.
- 5.4.14 The POS worker is to record details of their contact on system one and also identify any family or carers involved. The AMHP must be consulted regarding any family members or carers involved and whether they consider they should be part of the assessment and discharge planning. It is best practice to offer a courtesy call to the family member and consider their welfare and support needs. With the exception of where a family member, carer or advocate will have an unhelpful or detrimental outcome on the assessment, the place of safety would welcome them into the suite and to be present during the assessment (MHA CoP 2015). This is because a person may feel safer and more confident with someone there, but that it may help to support the carer/family member themselves to support their loved one when in crisis.
- 5.4.15 Frequent attendees to PoS should be highlighted to the matron so that a joint care planning meeting can take place with care coordinator, in order that a CPA review be carried out.

5.5 Admission to Hospital

- 5.5.1 The Mental Health assessment will commence as soon as possible. The aim is that assessment is carried out in a timely manner. It is the aim for this to have been commenced within the first 1-2hours.
- 5.5.2 The PoS Worker may need to make preliminary arrangements to prepare for the possibility of admission to an acute admission ward / unit following the assessment. This will entail contacting the Unit Co-ordinator to assess whether there is a bed available and provisionally 'book' a bed in the appropriate ward.

5.5.3 Please note that the suite is a 'place' of safety and not a hospital within the meaning of the Mental Health Act. The requirements for Mental Health Act Assessments and Duty of Care to the client retain the same priority and status of any other urgent community assessment.

5.6 Terminating Section 136

5.6.1 One of three outcomes is usual following the implementation of Section 136:

- Compulsory admission to hospital under the appropriate section of the Mental Health Act 1983.
- Voluntary admission (Section 131) to hospital as an informal patient.
- The individual can be released from the place of safety with or without the offer of follow-up care and support in the community. There is a joint responsibility of the doctor and the AMHP. This will be recorded, including any disagreements. It is emphasised that the welfare and safety of the individual concerned is of paramount importance when detailing the care plan.

5.6.2 If a person is detained under section 135 and requires to be removed to a place of safety, they can be admitted to the 136 suite at Glenbourne. However, they must fit the criteria for admission to the suite.

5.7 Arbitration

5.7.1 The overall management of Sections 136 and 135 involves discussion and planning across disciplines and agencies. This may occasionally give rise to differences of opinion, which will need to be resolved.

5.7.2 The Police Duty Critical Incident Manager, PoS Worker, Unit Co-ordinator and relevant AMHP Manager will be responsible for the resolution of immediate problems and difficulties on a 24 hour basis, with a monthly review meeting.

5.7.3 The Liaison and Criminal Justice Group will monitor and review on an agreed basis and schedule. The broad principles of care for detainees under Section 136 are fully documented in the Multi Agency agreement. A monitoring and audit process will be part of the implementation of the place of safety initiative.

5.8 Complaints

In the event that the detainee should wish to make a complaint, the existing complaints procedures from the appropriate agencies should be followed. These will be included in the information packs available within the Suite.

5.9 Training

All staff involved in the PoS Suite must receive appropriate and relevant training. This includes a working knowledge of the operational policy and associated paperwork.

5.10 Formal Feedback to Police

The Place of Safety Manager will notify the Police of any concerns via the Incident Reporting Policy. This should be done as soon as possible following the incident, usually via the monthly problem solving meeting unless urgent.

6. Medication

- 6.1 The management of medicines must conform to the Safe and Secure Handling of Medicines Policy. Unless specific, approved medication storage is provided within the PoS Suite, there must be a designated adjacent ward where any medication brought in by the person can be safely stored, including Controlled Drugs, if appropriate.
- 6.2 Medication should not be administered whilst the detainee is on a 136 except in exceptional circumstances, including:
- If all attempts at de-escalation have failed then medication to calm and stabilise the patient may be administered as per the Rapid Tranquilisation Policy by a trained nurse.
 - Administration of any emergency treatments held by the patient (eg. anticonvulsants, insulin, Glyceryl trinitrate spray (GTN)).
- 6.3 Information on the person's need for emergency medication may not always be available. In all circumstances the person's medication should be confirmed as soon as practical with their GP (if they have one and is known), even when the person or their carer provides information or brings in labelled medication as the information may be inaccurate or out of date.
- 6.4 In the case of emergency treatments brought in by the patient, medication should be assessed as per the Safe and Secure Handling of Medicines Policy section 6. Medicines Management Policy and Procedures for inpatient units, section 6. Patient's own medication should only be used if it has been assessed as suitable (see Appendix A and B of the Safe and Secure Handling of Medicines Policy). Medicines Management Policy & Procedures).
- 6.5 If medication is to be administered in the PoS Suite then it must be prescribed on a LSW Mental Health Prescription Chart as per section 6 of the Safe and Secure Medicines Handling Policy.
- 6.6 Medication given for de-escalation must be given and the patient monitored in accordance with the Rapid Tranquilisation Policy. An incident form must be completed.

- 6.7 Medication should not be administered whilst the detainee is on a 136 except in exceptional circumstances.
- 6.8 Under no circumstances should staff prescribe or administer medication to patients who have been transferred to Police Custody. In such cases prescribing and administration is the responsibility of the Forensic Medical Examiner (FME).

7. Training Implications

There will be an on-going commitment to ensure that the Place of Safety Workers have the opportunity for training in partnership with the other agencies.

8. Monitoring Compliance and Effectiveness

- 8.1 Devon and Cornwall Police collects data on S136 detentions in custody centres and this is shared with other forces, partner agencies and the Mental Health Act Commission.
- 8.2 Local monitoring might routinely involve collating information on the use of Section 136. Examples of the type of information, which might be reviewed, include:
- (a) Number of occasions upon which Section 136 is invoked by the Police.
 - (b) General characteristics of people made subject to Section 136. For example age, gender, ethnicity, place of permanent residence.
 - (c) Previous psychiatric contacts, including details of patients who have been subject to Section 136 on more than one occasion; those who are on formal care programmes, entered on a supervision register, or subject to supervised discharged.
 - (d) Length of time the assessment takes.
 - (e) Outcome of the assessment.
- 8.3 Data in relation to PoS activity must be collected and shared in a similar manner. The process for this will be agreed in conjunction with cross-peninsula agencies . All activity within the Place of Safety must be recorded via system one.
- 8.4 As part of the monitoring process incidents should be audited and these should include:
- (a) Episodes of violence or self injury.
 - (b) Absconding.

- (c) Failures of communication, for example of notification prior to arrival in the place of safety, or failure to agree upon the time of Police departure from the Place of Safety.
- (d) Timing of assessments.
- (e) Occasions when assessment leads to a decision not to admit or arrange other follow up.
- (f) Staffing issues either in the PoS or on the Ward due to Section 135 / 136 related activities.

The Modern Matron of Glenbourne is responsible for the overall auditing and monitoring of the PoS Suite. All incidents identified above should be captured by the use of incident forms and risk assessed as appropriate.

A service user questionnaire is provided to patients admitted to the PoS Suite.

8.5 The Suite must only be closed in exceptional circumstances and in this event the following must be adhered to:

- (a) PoS Worker to inform Custody, Control Room and On Call Manager/Director. This should also explore for exploration of alternative environments or staff as appropriate.
- (b) Incident form must be completed.
- (c) When suite is to re-open the PoS Worker must inform Custody, the Control Room and the On Call Director
- (d) All closures must be reported to Modern Matron and Director of Operations or to the on call Director if out of hours.

All policies are required to be electronically signed by the Lead Director. Proof of the electronic signature is stored in the policies database.

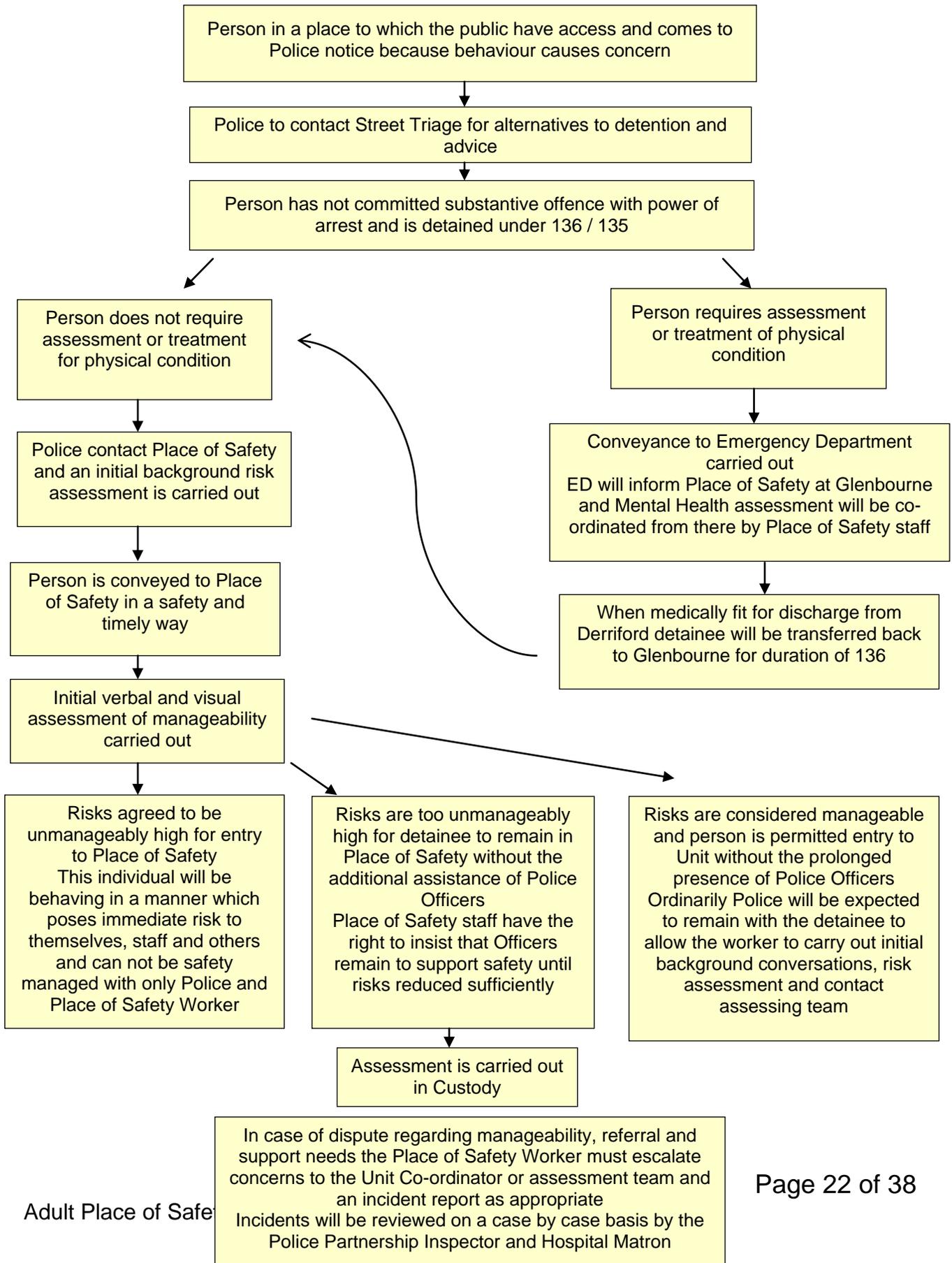
The Lead Director approves this document and any attached appendices. For operational policies this will be the Locality Manager.

The Executive signature is subject to the understanding that the policy owner has followed the organisation process for policy Ratification.

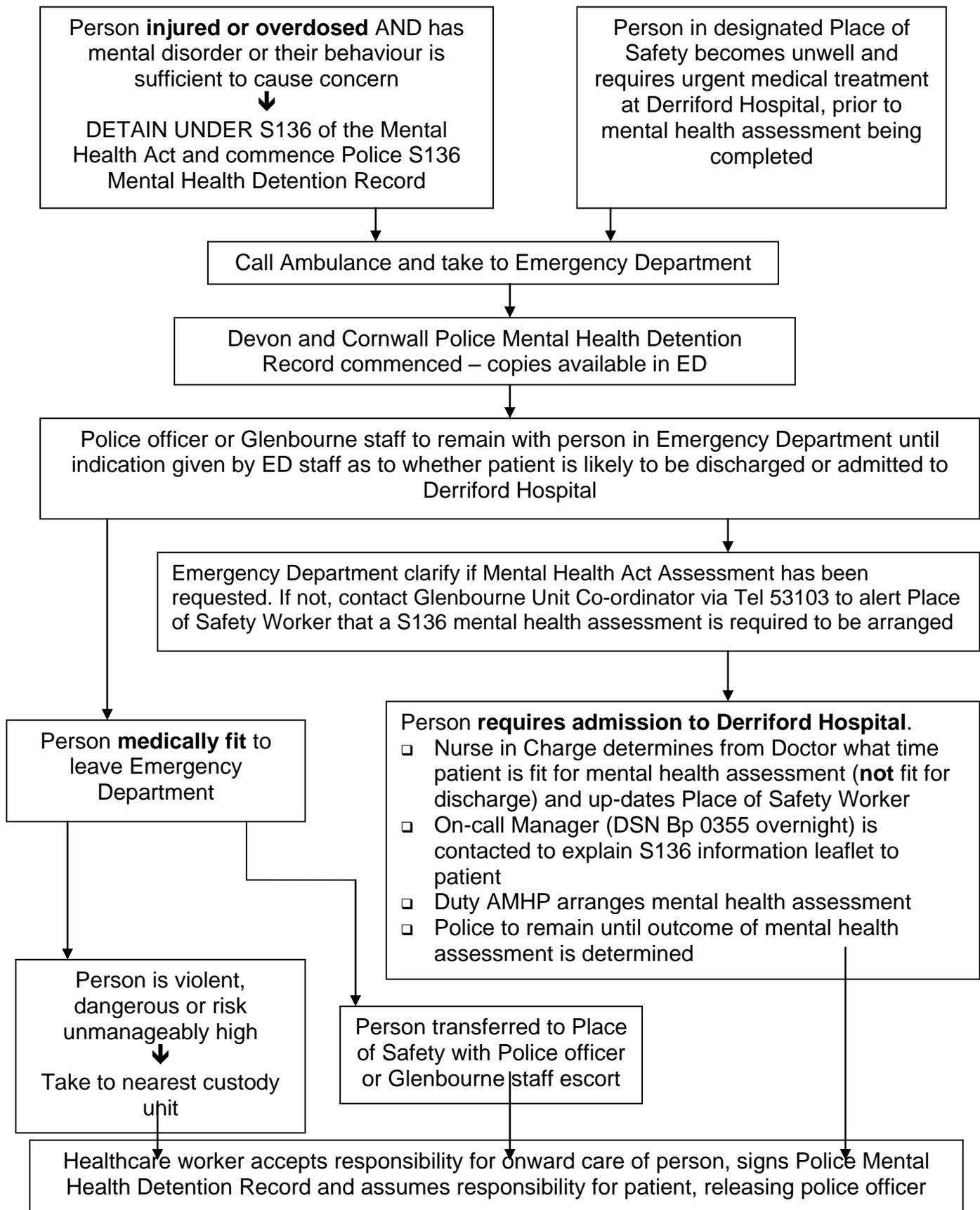
Signed: Director of Operations

Date: 7th December 2015

Multi Agency Process for Referral to the Place of Safety at Glenbourne



**LOCAL PROCEDURE FOR USE OF EMERGENCY DEPARTMENT
DERRIFORD HOSPITAL, PLYMOUTH**



Notes:

- ❑ The 72hr timing for a Mental Health Act Assessment starts at the point of detention by the Police.
- ❑ Mental health assessments must be requested in a timely manner, in order for patients to be assessed and Police officers released.
- ❑ The person should receive their mental health assessment when fit for assessment and not wait until medically fit for discharge.
- ❑ ED Consultant can only support the process and is not able to discharge a person from the S136.
- ❑ Intoxication should not delay general assessment process, although may delay formal Mental Health Act assessment.
- ❑ Whilst in the Emergency Department, medication to relieve symptoms should be actively considered, including for those under the influence of drugs and/or alcohol.
- ❑ Mental health assessment should be undertaken by S12 Approved Clinician and Approved Mental Health Practitioner. If the S12 Approved Clinician is delayed a non-S12 Approved Consultant Psychiatrist may be used. The reasons why a non-S12 Approved Consultant is used must be recorded. The On-call Junior Doctor must never be used for the Assessment.
- ❑ Mental Health Team to continue to provide care and advice whilst finding appropriate bed.

Ref: MCS/MHA/S136 Protocol App 3 Vs 3 – amended 6th November 2014

Section 136 - Place of Safety



Record Form (Available on SystemOne)

Patient's Details

Date	
Name of the patient	
Date of birth	
NHS Number	
Hospital Number	
Patient's home address	
Ethnicity	

Section 135/136	
If Section 135 is Warrant attached?	YES/NO
Time and date person Detained	Time: Date:
Exact place of Detention <i>Provide details ie. patient's garden, public house, name of street etc.</i>	

Place of Safety Worker's Information

Name of Place of Safety Worker	
S132 rights have been attempted and recorded on S132 form? Do rights need to be re-attempted?	Date: Time: YES/NO
Was the patient accepted or refused admission at the Place of Safety Suite?	
If admission refused at the POS Suite record date and time of departure	Date: Time:

Police Information

Name of reporting Officer and shoulder number	
Name of Arresting Officer and shoulder number (if different)	
Log number and date	Date:
Date and time of Police contact	Date: Time:
Date and time of arrival to PoS Suite	Date: Time:
Police departure	Date: Time:

Has the person been searched?	YES/NO
Were any items / substances found? Describe	YES / NO
Where were these items kept? How were items disposed of?	YES / NO
Were any additional checks carried out? Describe outcomes	YES / NO
Has an overdose been taken? Provide details	YES / NO
'Does the person appear intoxicated? If yes, what signs are present?	YES / NO
Are there any known Alcohol / Drug issues? If yes, provide details:	YES / NO
Are there any known risks?	YES / NO
How will identified risks be managed?	

Are there any carer responsibilities that need to be addressed?	YES / NO
What actions will take place?	

Are you open to the services?	YES / NO
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2.	Outcome of Assessment Detained / Informal / Discharged	
3.	Time Section 135 / 136 ceased	Date: Time:
4.	Time patient was discharged if different	Date: Time:
5.	What arrangements were made?	
6.	Admitted on an informal basis	Ward: Date: Time:
7.	Admitted under Mental Health Act	Ward: Section: Date: Time:
8.	Was transferred to (other destination) ie. another Place of Safety, A&E, Hospital, PICU, admitted under Mental Health Act	Destination: Authorised by: Escorted by: Why: Date: Time:
9.	If the person has a Care Co-ordinator inform them of assessment	Name: Date contacted:

Have you signed pink Police form to accept responsibility? If NO, reasons why must be supplied	YES/NO
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Were Police informed of arrangements? (Responsibility of AMHP) Telephone (9) 101 and update the Police with reference to Crime reference number	Name: Date: Time:
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Comments (Use a continuation sheet if necessary) Describe any undue delays, system and process shortfall, ideas for future development

Incident form completed	YES/NO
Incident form number	

SystemOne Checklist	
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Service User Questionnaire: If appropriate ask the Patient to complete feedback questionnaire.

Information Leaflet
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 72 hours so that you can be seen by a doctor and an approved mental health professional.

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 72 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 72 hours end at:

Date:	Time:
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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 details of the hospital's complaints procedure, which you can use to try to sort out your complaint through what is called local resolution. They can also tell you about any other people who can help you make a complaint.

If you do not feel that the hospital complaints procedure can help you, you can complain to an independent Commission. The Commission 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.

Information Leaflet

**Admission of Patients Removed by Police under a Court Warrant
(Section 135 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 under section 135 of the Mental Health Act because an approved mental health professional thinks that you have a mental disorder and you may need treatment or care.

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

A magistrate has issued a warrant saying that you can be brought here and kept here even if you do not want to come.

How long will I be here ?

You can be kept here (or in another in a place where you will be safe) for 72 hours so that you can be seen by a doctor and an approved mental health professional. If these people 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 72 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 72 hours end at:

Date:	Time:
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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 stay in hospital now, you cannot appeal against a decision to keep you here under section 135.

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.

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

Any other information felt relevant for the onward care or management of the patient:

CDIB notification: Crime Ref. No.:

Receiving Nurse or Appropriate Individual Accepting Responsibility for Onward Care of the Patient:

Name:

Job title:

Time:

Date:

Signature:

The patient shall be the responsibility of the place of safety from the time indicated above.

Arresting officer's time of departure:

Please Note:

Once form completed please send to the Force Mental Health Liaison Officer LPP.

If a scenario arises which does not comply with the new working practices around alternative place of safety provisions and you have to take the person into custody, please inform the above.