

Livewell Southwest

**Under 18's (Interim) Place of Safety (PoS)
suite**

Version No 2
Review: July 2019

Notice to staff using a paper copy of this guidance

The policies and procedures page of Intranet holds the most recent version of this guidance. Staff must ensure they are using the most recent guidance.

Author: Modern Matron, PBH

Asset Number: 18

Reader Information

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<p>Associated documentation</p>	<p>Appendix D must be completed in full by the PoS Worker and sent to the Modern Matron who will check and then forward to the Mental Health Act Office. They will forward copies to all relevant agencies and ensure a copy is placed in detained persons mental health file.</p> <p>Appendix G to be completed by the Police Officer. The original to be sent to the Mental Health Act Office with a copy to the escorting Police Officer. The original police form will be forwarded to the Police Liaison Officer for their records.</p> <p>Approved Mental Health papers – form SS648 will be completed and sent to the Mental Health Act Office regardless of outcome and copies sent to the relevant agencies.</p> <p>The paperwork will be dealt with by the POS worker. The MHA office does not require any paperwork. Some agreement will need to be made with Medical Secretaries or Hatfield House to obtain the file or forward papers for filing. This can be scanned in and saved. E-mail to other agencies?</p> <p>Medical Staff Documentation</p> <p>(a) If not admitted a letter is to be recorded and saved on SystemOne as “S136 letter” and dated.</p> <p>(b) When admitted either a medical assessment form or CPA assessment form to be completed and saved on SystemOne as “S136 assessment “ and dated.</p>
<p>Supersedes document</p>	<p>Plym Bridge House PoS Protocol v1:1</p>
<p>Author contact details</p>	<p>By post: Local Care Centre Mount Gould Hospital, 200 Mount Gould Road, Plymouth, Devon. PL4 7PY. Tel: 0845 155 8085, Fax: 01752 272522 (LCC Reception).</p>

Document review history

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1	Ratified	26.5.11	Policy Ratification Group.	
1.1	Reviewed	May 2013	Modern Matron/ Deputy Manager	Reviewed, no changes, updated to LSW template.
2	Reviewed and amended	Dec 2014	Interim Modern Matron	Amend to make in fit for purpose with the operationalisation of the under 18 pos.

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Under 18's (Interim) Place of Safety (PoS) suite.

1 Introduction

- 1.1 This policy relates to Section 136 (S136) of the Mental Health Act 1983 (MHA'83) and will apply to young people up to the 18 years of age (up to 18th birthday). Prior to the implementation of this policy, Plymouth's PoS for an under 18 year old, has been Charles Cross Police Station. The Code of Practice, Mental Health Act 1983 (2008) paragraph 10.21 states, "A police station should be used as a PoS only on an exceptional basis. It may be necessary to do so because the person's behaviour would pose an unmanageably high risk to other patients, staff or users of a healthcare setting. It is preferable for a person thought to be suffering from a mental disorder to be detained in a hospital or other healthcare setting where mental health services are provided (subject, of course, to any urgent physical healthcare needs they may have)". For this reason it is no longer acceptable for a police station to be used as a matter of routine to accommodate any person detained on a S136.
- 1.2 Since April 2009 Plymouth's PoS for adults has been the Glenbourne Unit, Derriford. Persons on a S136 are frequently taken to one of the inpatient wards whilst awaiting a Mental Health Assessment. A decision has been made, that due to the risk a young person may be at, on an acute psychiatric ward, the current PoS is not a suitable environment. In addition the MHA'83 Section 131A (2) requires that, "The managers of the hospital shall ensure that the young person's environment in the hospital is suitable having regard to his age (subject to his needs)".
- 1.3 As from March 2015 Plym Bridge House will become an interim appropriate PoS (POS) for young people who are detained in the Plymouth and Devon area under Section 136 (S136). Any young person detained under S136, who is a Plymouth, Devon Torbay resident as defined by the Plymouth health boundary, can be brought to a designated area within Plym Bridge House. All professionals who follow the guidance in this protocol will ensure that young people brought to Plym Bridge House under S136 receive appropriate care in a timely manner, with minimum disruption and stress for the individual, whilst still respecting their diverse needs and rights.
- 1.4 This policy will be reviewed regularly by the Modern Matron in order that it is effective and that it reflects any learning from activity.

2 Purpose

- 2.1 The aims in producing these guidelines are to ensure that:
 - A Young 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.

- The most appropriate PoS 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
- 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.
- The most appropriate transport is to be used to convey a child or young person to a PoS. This will be an ambulance.
- Practices relating to the use of S135 / S136 are lawful and compliant with the Code of Practice guidance.
- 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 i.e. Social Worker or person qualified to undertake MHA related activities.

COT

CAMHS Outreach Team : Service for Children and Young People going into crisis or who are presenting with high risk.

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.

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.

MHAA

Mental Health Act Assessment

PBH

Plym Bridge House

PoS Co-ordinator

PoS Worker - The member of staff in charge of PoS Suite. Co-ordinates the admission and assessment process, provides the individual with their rights. Completes paperwork, including incident forms. Facilitates the search for a bed where necessary, or facilitates discharge planning arrangements.

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 PoS 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.

YP

young person

4 Duties and Responsibilities

- 4.1 This Policy was devised by the Senior Management Team in CAMHS, 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 **Directors** are responsible for identifying, producing and implementing Livewell Southwest Policies relevant to their area.
- 4.4 The **Executive Team and Locality manager** 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. Facilities

- 5.1 One identified area can be used for the PoS whilst an individual waits for an assessment. The Extra Care Area (ECA) located off the main hallway area. The ECA comprises of two bedrooms, separate bathroom, lounge/dining area and a secure outside patio area. The PoS can be accessed discretely and the entrance is separated from the main unit when the young person is brought in.
- 5.2 If the PoS is already in use, the PoS coordinator should discuss the unit manager, modern matron and consultant as to what needs to happen. If the young person detained cannot be brought to the PoS, the alternative PoS process should be initiated.

6. Staffing the POS

- 6.1 On each day a PoS coordinator will be appointed from the Plym Bridge House nursing team. This will always be a registered qualified member of staff. The PoS co-ordinator will be allocated at the beginning of each shift and this will be highlighted on the roster. This person is responsible for liaising with the police and the other professionals involved in the assessment. During 09:00 to 13.00 the PoS coordinator will be one of the managers or Modern Matron at Plym Bridge House. From 13.00 -09.00 the next day a member of the team will be identified as the PoS contacted. The contact number to access the PoS co-ordinator is 01752 434543. The PoS coordinator will be engaged on PoS matters therefore be unavailable for normal duties.

7 Procedure for Managing the 136 Suite

7.1 Relevant Provisions of the Mental Health Act 1983

Detaining a patient in a PoS 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.

7.1.1 Section 136 of the Mental Health Act states:

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 PoS within the meaning of Section 135 above.

A person removed to a PoS 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.

7.1.2 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 PoS 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.

7.2. **Process of the PoS**

When a young person is detained by the police under S136 of the MHA'83 the police officer will contact Plym Bridge House to give notice that they are bringing a young person to the PoS.

However, in the circumstances outlined below, Police Stations will continue to be used as a "PoS":

When a young person has been arrested for a criminal offence.

Where the person concerned is extremely violent requiring physical containment. (The overall consideration must always be the safety of everyone involved. Hospitals do not have suitable accommodation at present for reception of people who are violent).

Where there is any suggestion of alcohol or drug abuse that may require medical treatment. In this case the young person would need to be assessed in the local Emergency Department.

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 PBH PoS. Only once the detainee's medical treatment is complete will they be transferred to PoS.

If the patient needs admission to the Emergency Department 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 PBH records any detention time the young person was detained at ED. The Police Officer will remain with the person until a full handover or MHA assessment has occurred.

Where the detainee has been exposed to CAPTOR Spray.

When there is already one person being held under Section 136 at the PBH PoS, then the local Custody Centre is no longer used as an alternative PoS.

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

The PoS coordinator has the right to refuse admission to the individual if there are any concerns that Plym Bridge House is an inappropriate safe place, or if they believe other young people or staff at the unit may be at risk.

The police must be advised in advance of their arrival at the unit as to the reasons why it is not possible to accommodate the individual at Plym Bridge House. As the Mental Health Act allows for an individual to be moved from one PoS to another, it may be that the most appropriate way of meeting an individual's need is to take them to a police station, emergency department or other suitable accommodation first and then transfer to Plym Bridge House once the initial reason for refusal has been resolved.

Assessment by the doctor and Approved Mental Health Professional (AMHP) should begin as soon as possible after the arrival of the individual. Where possible, the assessment should be undertaken jointly by the doctor and the AMHP. During 09:00 to 17:00 hours the PoS coordinator will contact the unit consultant and the AMHP office and request an assessment of the young person. Out of hours, the PoS coordinator will contact the on call consultant for CAMHS and the AMPH service from the YP Local Authority.

7.2.1. Arrival of a Detained Young Person

By knowing in advance that a young person is being brought into the PoS, the PoS coordinator will be able to prepare a suitable facility ready to receive the detainee. If the detaining officers make no contact with the unit before their arrival, the PoS coordinator must complete an incident form and advise the force liaison officer of the occurrences at the local PoS meeting. Prior to arrival at the PBH PoS the Police Officer will, via the Force Control Room, inform the PoS Co-ordinator on 01752 435434 that a person detained under S136 or S135 is being brought to the PoS.

At this point the PoS co-ordinator 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.

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.

7.2.2 The Force Control Room will personally telephone the PoS Co-ordinator on 01752 435122 to discuss the details regarding the detained individual. During the telephone contact details regarding the individual detained will be discussed including:

- Name
- Address
- PoS Worker to inform Force Control Room (if known to Mental Health Services)
- Log number
- Date of Birth
- Presentation (why the person is considered in need of a PoS)
- 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

Following this initial verbal screening, agreement to bring the detainee into the PoS Suite is made with the PoS Co-ordinator. The PoS co-ordinator should then alert the AMHP.

Following contact from the police, the PoS coordinator will immediately notify the AMHP of the pending arrival of the young person. Communication with other Plym Bridge House nursing colleagues is essential to avoid confusion or any unnecessary distress to the detained young person.

The AMHP should then contact the Consultant. 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.

On arrival (or soon after) a young person detained under a S136 of the MHA'83 will be informed of their rights as required by Section 132 of the MHA'83. All information must be available to meet the language and communication needs of the young person.

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 PoS an interpreter may be obtained via the normal procedure.

The PoS Worker will check ePEX and SystmOne or contact can be made with the local CAMHS/Children's Social Care for information and advise the Police of any risks known that could affect the individual coming to the Suite. This information can be shared by following this guidance:

- 7.2.3 **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.
- 7.2.4 **Consider safety and wellbeing:** 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.
- 7.2.5 **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.
- 7.2.6 **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. If this is not a patient known to our services where will this record be kept. Any detained young person will have an open record on SystmOne for the duration of the assessment and time in the PoS.
- 7.2.7 **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.

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.

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. South West Ambulance Team will be responsible for conveying young people to and between places of safety in a safe, timely and appropriate manner, supporting them in the PoS Suite for an hour or until it is mutually agreed that the police can leave.

The under 18 PoS for Plymouth is PBH. The Emergency Department is not a designated PoS but may be used to treat patients under a Section 136 who

require medical treatment. Or when the PoS is currently in use. Responsibility for detainees will remain the responsibility of the Police until transfer to more than one member of staff at PBH PoS or MHA assessment is complete. Any time the person spends at the Emergency Department whilst under a S136 must be taken into account and included as part of the 72 hours.

On arrival at Plym Bridge House the PoS co-ordinator will ensure and arrange appropriate access to the Suite, ensuring that the inpatients are adequately supervised and the corridor secluded when the young person arrives. The PoS co-ordinator will undertake an observational screening of the young person before entering the unit. This screening is to ensure as much as possible that the individual is not under the influence of alcohol or illicit drugs, or presenting in a violent or aggressive manner; thereby validating the risk assessment of the detaining officers. Please note that this is not interpreted as arrival at the specified 'PoS'.

It may be necessary to conduct a drugs test if the Young person is considered to be under the influence that may delay a mental health assessment. A saliva substance misuse screening tool will be used. If the young person refuses a discussion will need to take place with the consultant and AMHP to decide how to proceed.

Any property brought in by person should be recorded in the Record of Patients Property book and kept in a safe place.

7.3 Police Officer's Responsibility

- To offer every assistance to the PoS staff and the AMHP to ensure the safety and security of the young person, themselves, all other patients and staff at all times.
- To remain at the PoS until the departure time is mutually agreed. This would usually be on the arrival of the mental health assessing team. The PoS Worker and the Police should ensure safety is not compromised before they leave.
- To complete Mental Health Detention Record. Appendix F.
- 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 young person to the Emergency Department and remain until they return to the PoS or other arrangements are made. If the police are not present the PoS co-ordinator must ensure safe and appropriate transfer. If the young person refuses to return to the PoS a decision will be made with the AMHP and consultant where the MHAA should take place to cause least disruption.

7.4 The PoS Co-ordinators Responsibilities

- 7.4.1 The PoS co-ordinator will immediately establish whether the young person is known to mental health service and where necessary access the appropriate health records. All information, e.g. case notes, should be made available to the professionals involved in the assessment.
- 7.4.2 The transfer from one PoS 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 PoS at PBH.
- 7.4.3 The PoS co-ordinator 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 Young person 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 young person 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 young person in all cases if the young person is found to be suffering from mental disorder.”
- 7.4.4 When a detained young person enters the PoS area the PoS coordinator must inform the parents, carer or person with parental responsibility of the detention of the young person. If the detention takes place during normal working hours the care coordinator must also be informed. When the detention takes place during out of hours the care coordinator must be informed at the next available working day. The information regarding the S136 may be vital in ensuring that there is continuity of care and the young person’s care is managed by the most suitable agency.
- 7.4.5 If there are no parents or carers available or prepared to attend the PoS whilst the assessment is carried out, an appropriate adult will be required to sit with and support the young person. The PoS coordinator must advise the AMHP that an appropriate adult will be required. During working hours appropriate adults are available through the Youth Offending Service (YOS) 01752 306999, out of working hours the appropriate adult will be provided by, Social Services Out of Hours – Telephone No: 01752 305234.
- 7.4.6 The PoS co-ordinator with the support of the Police Officer present will make an initial assessment of the young person with regard to:
- Mental state
 - Medical treatment required
 - Security needs
 - Safety needs
 - Refreshment
- 7.4.7 The first Doctor to be called will be the CAMHS consultant S12 approved doctor. During working hours this will be the appropriate PBH Consultant Psychiatrist or the consultant for COT or Plymouth Community CAMHS Team. Out of hours 17.00-09.00 hours) it will be the on call Consultant. The Plymouth consultants will cover children and young people from Devon and Torbay, as agreed in the commissioning arrangements.

- 7.4.8 If a S12 doctor is in attendance the assessment will not be automatically considered to be a Mental Health Assessment but will be considered to be a Mental State assessment.
- 7.4.9 If the decision is made to discharge the person, the PoS Co-ordinator 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 and consultant present. In working hours the modern matron will need to be involved in the discussions and planning.
- 7.4.10 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.
- 7.4.11 When the Police leave it is the responsibility of the PoS co-ordinator or designated staff to remain with the detainee until the MHAA is completed.
- 7.4.12 Under no circumstances will the PoS co-ordinator authorise admission to hospital until the assessment has been completed and a decision has been made as to which hospital / ward the patient will be admitted this should be done in liaison with the consultant and modern matron.
- 7.4.13 The PoS co-ordinator is responsible for the completion of the appropriate Section 136 paperwork. 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.
- 7.4.14 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.

The POS co-ordinator is to record details of their contact on SystmOne

The PoS co-ordinator should inform the young person's care coordinator of admission to suite.

7.5 Admission to Hospital

The Mental Health assessment will commence as soon as possible. Best practice will be for this to be no more than six hours and typically within four hours.

The PoS co-ordinator 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 manager of PBH to assess whether there is a bed available and provisionally 'book' a bed in the appropriate ward. If there is no local bed available, The PoS co-ordinator will be responsible for the bed search for the young person, and organising the transfer of care.

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.

7.6 Terminating Section 136

One of four 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 PoS 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.
- A social care placement will need to be sought and the YP transferred in the appropriate way. If a young person has had the detention terminated they cannot be detained within the PoS. The responsibility will fall to Children's Social Care to arrange the discharge package, as The PoS will not hold the young person following the assessment and termination of the S136.

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

7.7 Arbitration

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.

The Police Duty Critical Incident Manager, PoS co-ordinator, modern matron or duty mental health manager out of hours and relevant AMHP Manager will be responsible for the resolution of immediate problems and difficulties on a 24 hour basis.

The PoS Steering 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 PoS initiative.

7.8 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.

7.9 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.

All staff undertaking the PoS co-ordination role will be required to demonstrate their competencies in the role, by completing the PoS competency framework with The Modern Matron/Unit Manager.

7.10 Formal Feedback to Police

The PoS 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.

8. Medication

- 8.1 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.
- 8.2 Medication should not be administered whilst the young person is on a section 136 except in exceptional circumstances, including:
- If all attempts at de-escalation have failed then medication to calm and stabilise the young person may be administered as per the Rapid Tranquilisation Policy by a trained registered nurse. This policy is only applicable to young people from the age of 12, so anyone younger cannot be tranquilised.
 - Administration of any emergency treatments held by the young person (e.g. anticonvulsants, insulin, Glyceryl trinitrate spray (GTN)).
- 8.3 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.
- 8.4 In the case of emergency treatments brought in by the young person, 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).
- 8.5 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.
- 8.6 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.
- 8.7 Medication should not be administered whilst the young person is on a section 136 except in exceptional circumstances.
- 8.8 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).

9. Training Implications

- 9.1 There will be an on-going commitment to ensure that the PoS Workers have the opportunity for training in partnership with the other agencies.
- 9.2 Any new staff required to undertake the PoS co-ordination role will receive training as part of their induction and be assessed against the PoS competencies.

10. Monitoring Compliance and Effectiveness

- 10.1 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.
- 10.2 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.
- 10.3 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 PoS must be recorded via SystemOne
- 10.4 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 PoS, or failure to agree upon the time of Police departure from the PoS.
 - (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 unit due to Section 135 / 136 related activities.

The Modern Matron of Inpatient and Community CAMHS 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.

- 10.5 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.
 - (b) Incident form must be completed.
 - (c) When suite is to re-open the PoS co-ordinator must inform Custody, the Control Room and the On Call Manager.
 - (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.

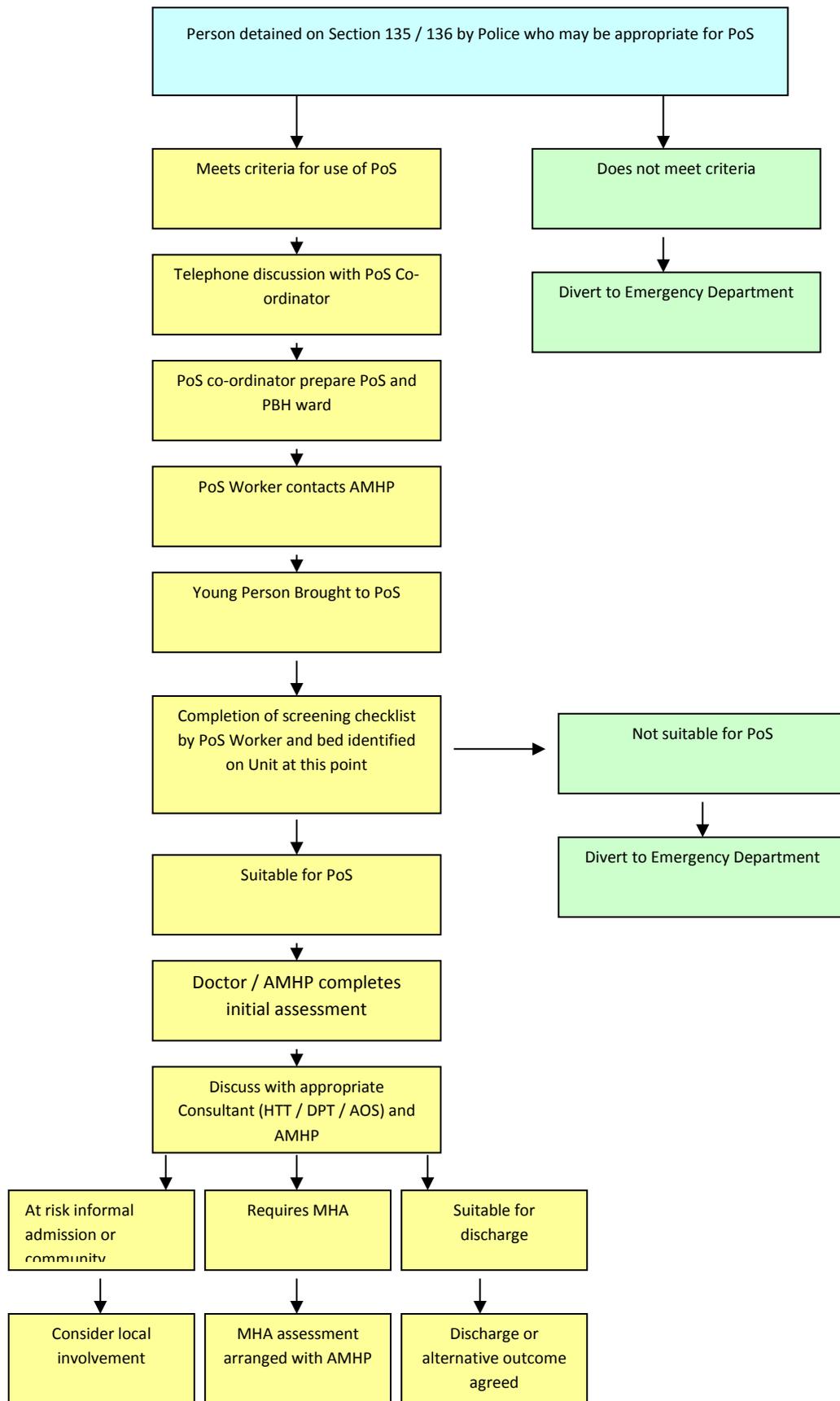
The Lead Director approves this document and any attached appendices. For operational policies this will be the Locality Manager.

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

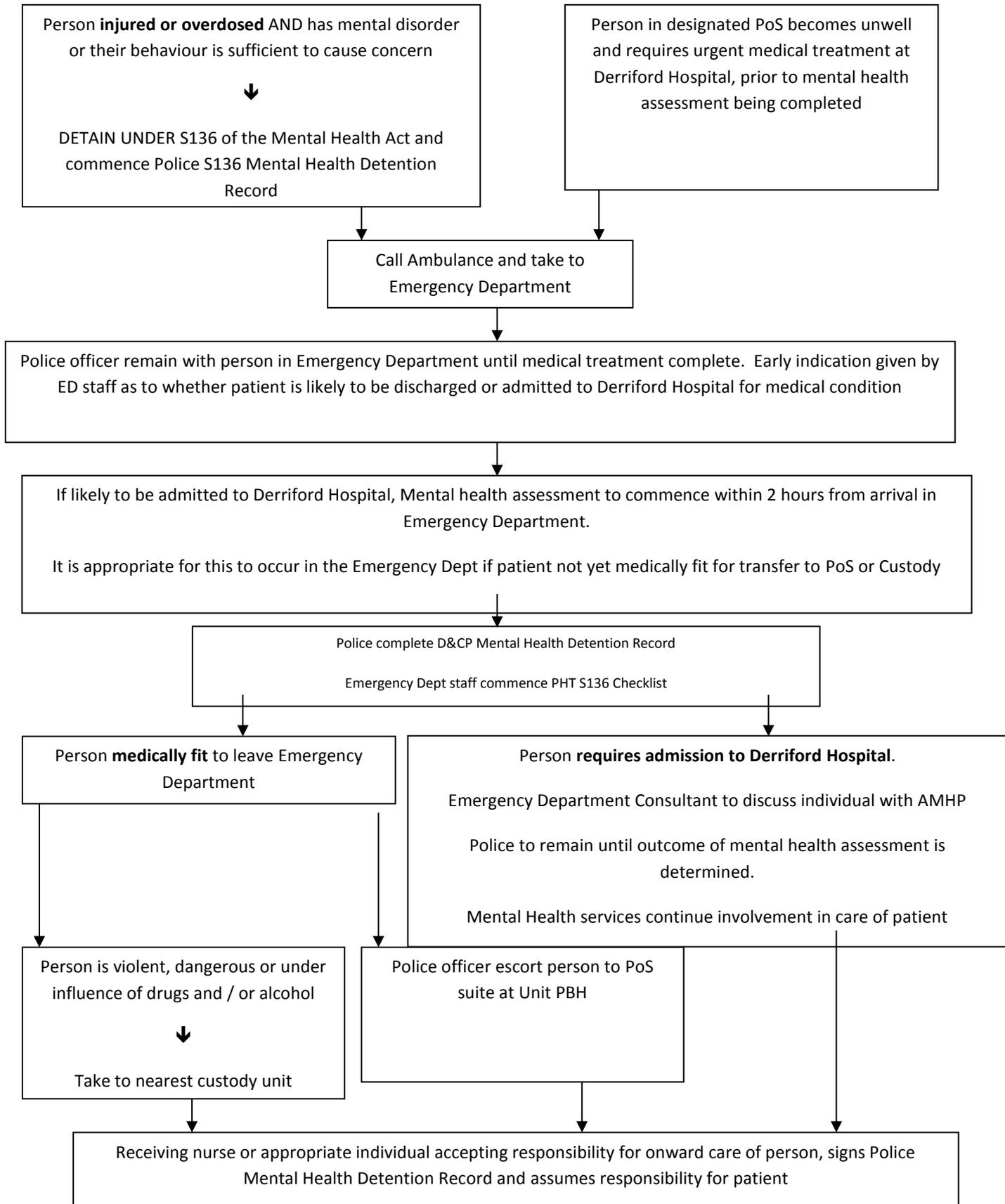
Signed: Director of Operations

Date: 2nd July 2015

Operational Policy – Under 18s PoS Suite,



Local Procedure for use of Emergency Department, Derriford Hospital, Plymouth



Notes:

- ❑ 'Police' refers to Devon and Cornwall Police and British Transport Police.
- ❑ British Transport Police to liaise with D&C Police regarding handover of responsibility if police cannot be released within 2 hours.
- ❑ Intoxication should not delay general assessment process which would continue at police custody suite although may delay formal Mental Health Act assessment.
- ❑ 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. Reasons why a non- S12 Approved Consultant is used must be recorded. The On-call junior doctor should never be used for the Assessment.
- ❑ ED Consultant can only support the process and is not able to discharge a person from the S136.
- ❑ Mental Health Team to continue to provide care and advice whilst finding appropriate bed.
- ❑ Medication to relieve symptoms should be actively considered, including those under the influence of drugs and/or alcohol. Does this not contradict Para 6. May need to be rephrased.
- ❑ If person is treated in Emergency Dept and then escorted to PoS prior to a mental health assessment being undertaken, the 72 hours will commence upon arrival at the ED. It is important that the appropriate paperwork is completed by the receiving nurse at the ED.

Ref: MCS/MHA/S136 Protocol App 3 Vs 2 – amended 13th January 2011 by MHA SUI Review Group

Section 136 - PoS Record Form

Date		Time person arrested	
Section 135 / 136		If Section 135 is Warrant attached ?	Yes / No
Ethnicity			
Name		NHS number Hospital number	
Date of Birth		Young Person's home address	
Exact place of arrest	Provide details ie. patient's garden, public house, name of street etc. Which local authority area?		
Name of reporting Officer and shoulder number		Log number	
		Crime reference number	
Name of PoS Worker		Time and date call was taken	
Estimated time of arrival ?		Has the person been searched ?	Yes / No Delete as applicable
Were any items / substances found ? (Describe)		How were items disposed of ?	
Were any additional checks carried out ? Describe outcomes	Yes / No Delete as applicable		
Are there any carer responsibilities that need to be addressed ? What actions will take place ?	Yes / No		
Has an overdose been taken? Provide details			
Are there any known risks ?			

How will identified risks be managed ?	
Are there any known Alcohol / Drug issues ?	Yes / No <i>If yes, provide details:</i>
Breathalyser result	
Client arrived at the PoS Suite	Date / Time:
Was patient accepted or refused admission ?	Accepted / Refused Reason for refusal: (No need to continue with form) <i>will need to complete box below</i>
If refused record time of departure	
Have you signed pink Police form to accept responsibility ?	Yes / No (If no reasons why must be supplied)
AMHP contacted, <i>Which AMHP service</i>	Time contacted Time arrived
Doctors contacted	Time contacted Time arrived Is this a HTT Doctor ? Yes / No If no, why not ?
Police departure	Time:
S132 rights have been attempted and recorded on S132 form ?	Date: Time: Do rights need to be re-attempted ? Yes / No
1. MHA Assessment undertaken	Name Date / Time
	Doctor (Section 12):
	Doctor:
	AMHP: Employing Local Authority:
2. Outcome of Assessment <i>Detained / Informal / Discharged</i>	
3. Time Section 135 / 136 ceased	Date: Time:
4. Time patient was discharged if different	Date:

		Time:
	What arrangements were made ?	eg. Taxi, collected by carer, friend, family
	Were Police informed of arrangements ? (Responsibility of AMHP) Telephone (9) 101 and update the Police with reference to Crime reference number	Name: Date: Time:
5.	Admitted on an informal basis:	Ward: Date: Time:
6.	Admitted under Mental Health Act	Ward: Date: Time: Section:
7.	Was transferred to (other destination) ie. Another PoS, A&E, Hospital, PICU, Admitted under Mental Health Act	Destination: Authorised by: Escorted by: Why: Date: Time:
8.	Contact to be put on SystmOne	Date:
9.	If the person has a Care Co-ordinator inform them of assessment NOK to be informed	Name: Date contacted:

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				
PoS Worker	Signature:	PRINT Name	Designation	Date / Time
1)				
2)				

Service User 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.

Letting your nearest relative know

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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.

**Section 136 Mental Health
Detention Record**

Nominal No.:

LPA:	Log Ref. No. (mandatory):		
Initial Reason for Detention: <input type="checkbox"/> Section 135 / 136 Mental Health Act 1983			
Place of Arrest / Detention:			
	Time	Date	
Arrested:	<input type="text"/>	<input type="text"/>	
Arrived at PoS:	<input type="text"/>	<input type="text"/>	
PoS location:		<input type="text"/>	
Circumstances of Detention (to include reasons for believing individual suffering from mental health issues):			
Personal Details:			
Last named / family name:	First name(s):		
Address: Postcode:			
Date of Birth:	Gender:		

Nominal No.:

Arresting Officer:	
Name:	
Rank:	No.: Station:
Since detention, has the person received any medical attention prior to arrival at a PoS?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If 'Yes' please describe:	
Details of Relative or Friend (if appropriate):	

Name:

Address:

- Has the person been restrained? Yes No If 'Yes' how and for how long?
- Has the person been searched? Yes No If 'Yes' has anything been retained?
- Is the person on medication? Yes No Unknown If they are on medication record below.
- Is the person suffering from the effect of drink or drugs? Yes No Unknown
- Has the person taken an overdose? Yes No Unknown

Risk factors the PoS or assessment staff should be aware of (consider self-harm, suicide, physical aggression, impaired judgement, self-neglect, absconding, etc.):

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 PoS from the time indicted 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 PoS provisions and you have to take the person into custody, please inform the above.