

**TRUST-WIDE NON-CLINICAL JOINT AGENCY POLICY  
 DOCUMENT**

**MERSEY CARE NHS  
 FOUNDATION TRUST  
 S136 of MENTAL HEALTH ACT 1983  
 JOINT AGENCY POLICY &  
 PROCEDURE**

<b>Policy Number:</b>	<b>MH16</b>
<b>Scope of this Document:</b>	<b>All Staff</b>
<b>Recommending Committee:</b>	<b>Multi Agency Operational Forum</b>
<b>Approving Committee:</b>	<b>Executive Committee</b>
<b>Date Ratified:</b>	<b>February 2020</b>
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<b>Version Number:</b>	<b>January 2020 - V14</b>
<b>Lead Executive Director:</b>	<b>Medical Director</b>
<b>Lead Author(s):</b>	<b>S136 Lead</b>

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 DOCUMENT**

**January 2020 – Version 14**

*Striving for perfect care  
 and a just culture*

# S136 OF MENTAL HEALTH ACT 1983 - JOINT AGENCY POLICY & PROCEDURE

## Further information about this document:

Document name	<b>S136 of Mental Health Act 1983 - Joint Agency Policy &amp; Procedure (MH16)</b>
Document summary	<p>The effective management of S136 is an integral part of the way the Trust, and its partners meets its duty to service users who are detained under S136 MHA and has been developed in conjunction with professionals and agencies both internally and externally.</p> <p>Whilst developed in a Mersey Care NHS Foundation Trust format this policy will apply to a range of agencies involved in the process which include Merseyside Police as well as all other authorities in Royal Liverpool &amp; Broadgreen University Hospital Trust, University Hospital Aintree, Southport &amp; District General Hospital, Social Services Merseyside with powers to remove under S136 of the Mental Health Act, British Transport Police, Tunnels Police and Port of Liverpool Police.</p>
Author(s) Contact(s) for further information about this document	<p>Mersey Care NHS Foundation Trust Merseyside Police Liverpool Social Services Sefton Social Services Knowsley Social Services Southport District General Hospital University Hospital Aintree Royal Liverpool University Hospital Alder Hey Children's Hospital North West Ambulance Service</p>
Published by Copies of this document are available from the Author(s) and via the Trust's website	<p>Mersey Care NHS Foundation Trust V7 Building Kings Business Park Prescot Merseyside L34 1PJ</p> <p>Trust's Website <a href="http://www.merseycare.nhs.uk">www.merseycare.nhs.uk</a></p>
To Be Read in Conjunction With	<b>Please refer to Section 1.1.3 MH16 for relevant Policies &amp; Procedures</b>
<b>This document can be made available in a range of alternative formats including various languages, large print and braille etc</b>	
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## Version Control:

Version History:		
V10	Executive Committee	March 2018
V11	Marcella Camara	June 2018
V12	Policy Group	July 2018
V13	S136 Task & Finish Group	December 2019
V14	George Williams	January 2020

## SUPPORTING STATEMENTS

this document should be read in conjunction with the following statements:

### SAFEGUARDING IS EVERYBODY'S BUSINESS

All Mersey Care NHS Foundation Trust employees have a statutory duty to safeguard and promote the welfare of children and adults, including:

- being alert to the possibility of child/adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child/adult;
- knowing how to deal with a disclosure or allegation of child/adult abuse;
- undertaking training as appropriate for their role and keeping themselves updated;
- being aware of and following the local policies and procedures they need to follow if they have a child/adult concern;
- ensuring appropriate advice and support is accessed either from managers, *Safeguarding Ambassadors* or the Trust's safeguarding team;
- participating in multi-agency working to safeguard the child or adult (if appropriate to your role);
- ensuring contemporaneous records are kept at all times and record keeping is in strict adherence to Mersey Care NHS Foundation Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities will differ depending on the post you hold within the organisation;
- ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session.

### EQUALITY AND HUMAN RIGHTS

Mersey Care NHS Foundation Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the *protected characteristics* of age, disability, sex, race, religion and belief (or lack thereof), sexual orientation, gender reassignment, pregnancy and maternity and marital and civil partnership status. The Equality Act also requires regard to socio-economic factors.

The trust is committed to promoting and advancing equality and removing and reducing discrimination and harassment and fostering good relations between people that hold a protected characteristic and those that do not both in the provision of services and in our role as a major employer. The trust believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Mersey Care NHS Foundation Trust also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

Mersey Care NHS Foundation Trust is committed to carrying out its functions and service delivery in line with a Human Rights based approach and the FREDA principles of **F**airness, **R**espect, **E**quality **D**ignity, and **A**utonomy

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## **1.0 PURPOSE AND RATIONALE**

### **1.1 Purpose**

**1.1.1** Anyone operating within the framework of the Mental Health Act 1983 must comply with its key principles (see Sections 118(2A-2D) and Chapter 1, pp. 5-6 of its Code of Practice).

**1.1.2** Whenever mental capacity is to be considered the following practice must be adopted: -  
“In particular, they will need to be familiar with the principles of the Mental Capacity Act to understand what it means to lack capacity and to know when decisions can be taken in the best interests of people who lack capacity to take those decisions themselves, the steps to be taken before doing so, and the principles to be applied.” (MCA 2005 Code of Practice, Introduction, Paragraph X1VIII).

**1.1.3** Links or Overlaps with other Strategies / Policies:

Where appropriate, anyone using this policy and procedure must be familiar with and comply with the following:-

- a) The Mental Health Act 1983 (as amended by the Mental Health Act 2007).
- b) The Mental Health Act 1983 Code of Practice (2015).
- c) The Mental Capacity Act (MCA) 2005 (including the Deprivation of Liberty Safeguards as delegated by the Mental Health Act 2007).
- d) The Domestic Violence, Crime and Victims Act 2004 (as delegated by the Mental Health Act 2007) and SA12 Mersey Care’s Domestic Abuse Policy.
- e) The Human Rights Act 1998 (HRA).
- f) Policing and Crime Act 2017.
- g) Equality Act 2010 and SA40 Mersey Care’s Human Rights / Equality Policy.

### **1.2 Rationale**

**1.2.1** The Mental Health Act 1983 Code of Practice recommends that local agencies work together to establish an agreed policy on the implementation of S136 (Mental Health Act 1983 Code of Practice, Chapter 10).

## **2.0 OUTCOME FOCUSED AIMS AND OBJECTIVES**

**2.1** The aims are that all relevant agencies work effectively to:

- a) Ensure that legal obligations are met according to S136 MHA 1983.
- b) Maintain joint arrangements with multi-agency partners.
- c) Delivering S136 assessments and management plans in a timely manner and within the 3 hour performance indicator.
- d) Ensuring transfers to Mersey Care’s Place of Safety at the earliest opportunity.
- e) Ensure S136 Detention Document compliance and complete data recording.

## **3.0 SCOPE**

**3.1** This document must be read by all staff who have a role or involvement in S136 MHA arrangements, though this has specific reference to those professional groups involved in the detention, assessment and outcome of S136 arrangements ie the Police, Ambulance staff, acute hospitals, Approved Mental Health Professionals, mental health medical practitioners and hospital mental health teams.

## 4.0 DEFINITIONS

### 4.1 Table 1: Definitions

<b>MHA</b>	Mental Health Act
<b>PoS</b>	Place of Safety
<b>AED</b>	Accident & Emergency Department
<b>AMHP</b>	Approved Mental Health Professional
<b>MCA</b>	Mental Capacity Act
<b>HRA</b>	Human Rights Act
<b>PACE</b>	Police and Criminal Evidence Act
<b>MCFT</b>	Mersey Care NHS Foundation Trust
<b>RAG</b>	Red Amber Green
<b>EA</b>	Equality Act
<b>S136</b>	Section 136 of the Mental Health Act
<b>BI</b>	Bronze Inspector

## 5.0 DUTIES

### 5.1 Lead Executive Director:

- a) The Medical Director has delegated responsibility to ensure a policy is in place and monitored. They are accountable for ensuring that the systems and processes used to deliver the Trusts part of the joint S136 MHA pathway are available and valid and available in a timely way.

### 5.2 Multi Agency Operational Forum:

- a) To consider S136 arrangements as part of a wider multi-agency strategy.
- b) Respond to instructions and changes directed through the Crisis Care Concordat Group.
- c) Monitor concordance with and update when indicated local policy for S136 MHA (1983) using guidance from the Mental Health Act (1983), Mental Health Act Code of Practice and Police and Criminal Evidence (PACE) Act (1984).

### 5.3 S136 Lead:

- a) Ensure that the policy is subject to consultation with the Multi Agency Operational Forum / Crisis Care Concordat.
- b) Ensure that the policy is implemented and in full operational use.
- c) Monitor activity and data and report accordingly.

### 5.4 Merseyside Police:

- a) Ensure detention is legal and in accordance with MHA legislation.
- b) Consult with Place of Safety prior to arrival with individual detained under S136 MHA 1983.
- c) Complete S136 Detention Document.
- d) Complete risk assessment using the RAG rating.

- e) Joint discussion about the RAG rating decision in relation to how the individual will be managed and by which agency.
- f) Hand over responsibility for patient to Nurse in Charge when leaving Place of Safety.

#### **5.5 AED / Prenton Suite Practitioners:**

- a) Support completion of S136 Detention Document.
- b) Ensure effective communication is undertaken during the detention with all partners involved in the detention.
- c) Collaborative shared care approach to the detained person whilst in AED place of safety.
- d) Contact the AMHP to initiate the MHA assessment as well as ensure effective communication throughout the S136 process.

#### **5.6 Medical Practitioners:**

- a) Conduct MHA assessment
- b) Complete S136 Detention Document.
- c) Ensure effective communication across all stakeholders.
- d) Collaborative shared care approach to the detained person whilst in AED place of safety.
- e) Make arrangements for after care or hospital admission.

#### **5.7 Approved Mental Health Professionals:**

- a) Conduct MHA assessment.
- b) Make necessary arrangements.
- c) Complete AMHP report.
- d) Complete S136 Detention Document.

#### **5.8 All Staff:**

- a) Act in accordance with the MHA 1983 and the MHA Code of Practice (2015).
- b) Ensure that they are fully aware of the guidelines and have read the document comprehensively.
- c) Ensure that they implement all aspects of the S136 Policy.
- d) Ensure that the S136 Detention Documents are completed to ensure compliance and accurate data collection.
- e) Ensure that all staff involved across teams should work collaboratively and in partnership to support the process.
- f) Ensure that all staff has the best interests, welfare and dignity of the service user in mind at all times when involved in the assessment, transfer and conveyance of the service user, to include a risk assessment.

### **6.0 PROCESS**

**6.1** S136(1) - If a person appears to a constable to be suffering from 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:

- a) Remove the person to a place of safety within the meaning of S135, or
- b) If the person is already at a place of safety within the meaning of that section, keep the person at that place or remove the person to another place of safety.

**6.2** The power of a constable under subsection (1) may be exercised where the mentally disordered person is at any place, other than:

- a) Any house, flat or room where that person, or any other person, is living, or
- b) Any yard, garden, garage or outhouse that is used in connection with the house, flat or room, other than one that is also used in connection with one or more other houses, flats or rooms.

**6.3** For the purpose of exercising the power under subsection (1), a constable may enter any place where the power may be exercised, if need be by force.”

#### **6.4 Practicable Consultation**

**6.4.1** S136 (1C) - Before deciding to remove a person to, or to keep a person at, a place of safety under subsection (1), the constable must, if it is practicable to do so, consult with:

- a) A registered medical practitioner,
- b) A registered nurse,
- c) An approved mental health professional, or
- d) A person of a description specified in regulations made by the Secretary of State.
- e) The constable must during Triage Car operational hours contact the practitioner and Police Officer on duty to have a consultation about potential detention under S136. If it is clinically appropriate then the detention will take place however if there are any other options ie Care Plan in place then these should be explored.
- f) The Triage Car telephone number is **07779977417**.
- g) The primary contact number to contact is the Royal Liverpool Mental Health Liaison Team on **0151 706 2000 pager number 5187**.

For information only, the following are Hospital Mental Health Liaison Team numbers:

- ❖ Royal Liverpool Team 0151 706 3520
- ❖ Aintree Liaison Team 0151 317 8640
- ❖ Southport Acute Care Team 01704 383 179
- ❖ Prenton Suite 0151 330 7332

#### **6.5 Period of Detention**

**6.5.1** S136(2) - A person removed to a place of safety under this section may be detained there for a period not exceeding 24 hours for the purpose of enabling him or her to be examined by a registered medical practitioner and to be interviewed by an AMHP whose purpose is to make any necessary arrangements for his treatment or care.

#### **6.6 S136B Extension of Detention and Conditions for Extension**

**6.6.1** The registered medical practitioner who is responsible for the examination of a person detained under S135 or S136 may, at any time before the expiry of the period of 24 hours mentioned in S135(3ZA) or (as the case may be) S136(2A), authorise the detention of the person for a further period not exceeding 12 hours (beginning immediately at the end of the period of 24 hours).

**6.6.2** An authorisation under subsection (1) may be given only if the registered medical practitioner considers that the extension is necessary because the condition of the person detained is such that it would not be practicable for the assessment of the person for the purpose of S135 or (as the case may be) S136 to be carried out before the end of the period of 24 hours (or, if the assessment began within that period, for it to be completed before the end).



**6.6.3** If the person is detained at a police station and the assessment would be carried out or completed at the station, the registered medical practitioner may give an authorisation under subsection (1) only if an officer of the rank of superintendent or above approves it.

## **6.7 Retaking of Patients**

**6.7.1** S138 (retaking of patients escaping from custody detained under S136):

- a) In a case where the person escapes while being removed to a place of safety in the execution of a warrant under S135(1) or under S136(1), after the end of the period of 24 hours beginning with the escape, the patient cannot be retaken.
- b) In a case where the person escapes after the beginning of the period that is the permitted period of detention in relation to the person under S135(3ZA) or S136(2A), after the end of that period (taking into account any authorisation under S136B(1) that was given before the person escaped).

## **6.8 Protective Searches - Individuals removed under S135 or S136 of the MHA 1983 S136C:**

**6.8.1** Where a warrant is issued under S135(1) or (2), a constable may search the person to whom the warrant relates if the constable has reasonable grounds for believing that the person:

- a) May present a danger to himself or herself or to others, and
- b) Is concealing on his or her person an item that could be used to cause physical injury to himself or herself or to others.

**6.8.2** The power to search conferred by subsection (1) may be exercised:

- a) In a case where a warrant is issued under S135(1), at any time during the period beginning with the time when a constable enters the premises specified in the warrant and ending when the person ceases to be detained under S135;
- b) In a case where a warrant is issued under S135(2), at any time while the person is being removed under the authority of the warrant.

**6.8.3** Where a person is detained under S136(2) or (4), a constable may search the person, at any time while the person is so detained, if the constable has reasonable grounds for believing that the person:

- a) May present a danger to himself or herself or to others, and
- b) Is concealing on his or her person an item that could be used to cause physical injury to himself or herself or to others.

**6.8.4** The power to search conferred by subsection (1) or (3) is only a power to search to the extent that is reasonably required for the purpose of discovering the item that the constable believes the person to be concealing.

**6.8.5** The power to search conferred by subsection (1) or (3):

- a) Does not authorise a constable to require a person to remove any of his or her clothing other than an outer coat, jacket or gloves, but
- b) Does authorise a search of a person's mouth.

**6.8.6** A constable searching a person in the exercise of the power to search conferred by subsection (1) or (3) may seize and retain anything found, if he or she has reasonable grounds for believing that the person searched might use it to cause physical injury to himself or herself or to others.

**6.8.7** The power to search a person conferred by subsection (1) or (3) does not affect any other power to search the person.

## **6.9 Places of Safety (PoS)**

**6.9.1** A place of safety for the purpose and as defined in S135(6) of the Act can include a hospital, a care home for mentally disordered persons, or a police station.

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

- a) If the person believed to be suffering from a mental disorder is the sole occupier of the place, that person agrees to the use of the place as a place of safety;
- b) If the person believed to be suffering from a mental disorder is an occupier of the place but not the sole occupier, both that person and one of the other occupiers agree to the use of the place as a place of safety;
- c) If the person believed to be suffering from a mental disorder is not an occupier of the place, both that person and the occupier (or, if more than one, one of the occupiers) agree to the use of the place as a place of safety.

**6.9.3** A place other than one mentioned in the paragraphs above may not be regarded as a suitable place unless a person who appears to the constable exercising powers under this section to be responsible for the management of the place agrees to its use as a place of safety.

**6.9.4** In identifying the most appropriate place of safety for an individual, consideration should be given to the impact that the proposed place of safety (and the journey to it) may have on the person and on their examination and interview.

**6.9.5** It is UNLAWFUL to use custody suites for a juvenile detained under S136 MHA. Custody suites can only be used as a place of safety in the extreme situation where someone's behaviour "poses an imminent risk of serious injury or death". Any decision to use a Custody Suite must be authorised by the rank of Police Inspector or above.

**6.9.6** Where a warrant is applied for under S135 of the MHA, the identified places of safety will be used if the service user and / or co-resident decline permission for their dwelling to be used.

## **6.10 Children under 18**

**6.10.1** Police Stations cannot be used as a place of safety for a child. S136A (1) states a child may not, in the exercise of a power to which this section applies, be removed to, kept at or taken to a place of safety that is a police station.

### **Places of Safety in Mersey Care NHS Foundation Trust:**

- ❖ Royal Liverpool University Hospital AED
- ❖ Aintree University Hospital AED
- ❖ Southport District General Hospital AED
- ❖ Prenton Suite Clock View
- ❖ Alder Hey Trust
- ❖ Police Custody (except in relation to a child)

**6.10.2** In accordance with the requirements of the Crisis Care Concordat Group, the environments of the above places of safety will be assessed on an annual basis and appropriate action plans will be developed to address any deficits which should be dealt with in a timely manner.

### **6.11 Transfers between Places of Safety**

- a) A person removed to a place of safety under S135 or S136 may be moved to a different place of safety before the end of the maximum 24-hour period for which they may be held. The maximum period of detention begins from the time of the person's arrival at the first place of safety to which they are taken and cannot be extended if the person is transferred to another place of safety.
- b) The Department of Health recommends that the proposed next place of safety should be contacted to confirm they are willing to accept the person before the transfer takes place. It is further recommended that, except in an emergency, an AMHP, a doctor or another healthcare professional should assess whether the person's health or safety (or that of others) will be at risk if there is a transfer and should approve the transfer before it happens.
- c) Under exceptional circumstances where the person's behaviour poses an unmanageably high risk (i.e. extreme violence) consideration should be given by the Police regarding the removal to a custody suite and where possible an ambulance should be used.

### **6.12 Rights of a Person Detained in a Place of Safety**

- a) If a person is assessed in a police custody suite as a place of safety, they have a right of access to legal advice under PACE. The conditions of detention and treatment of the person must be in accordance with the PACE Code of Practice. This requires that the person must be notified of their rights and entitlements, both orally and in writing. This will be achieved by handing the person a copy of the Notice of Rights and Entitlements. The person is entitled to have another person of his/her choice informed of his/her whereabouts in accordance with S58 of PACE and the S136 Leaflet should be given and explained to the person concerned.
- b) Where a person is assessed in an identified hospital place of safety, the Hospital Managers must ensure the provisions of S132 of the MHA 1983 are complied with. In addition, access to legal advice should be facilitated whenever it is requested and S136 Rights Leaflet should be given and explained. At the same time, it should be ensured that the S136 Detention Document is commenced.

### **6.13 Records**

- a) It is important that the S136 Detention Document is completed thoroughly to ensure that information is maintained throughout the various stages of the process and to support audit.
- b) All data is extracted from the electronic health records system into the S136 Portal which identifies a range of data for analysis.
- c) It is a requirement for all the signatory agencies to the procedure to keep accurate records of the use of S136 in their area, including data as to the person's ethnic / cultural background.
- d) It is essential that all copies of each completed document are sent to the Project Support Officer irrespective of outcome in a timely manner.
- e) Any decision to transfer a patient to an alternative place of safety must be recorded in the patient's clinical notes and on the S136 Detention Document. This written record must comply with Ch.10.34-10.41 (pp80/1) MHA 1983 Code of Practice.
- f) Transfers under S136 are NOT subject to S19 Transfer under the MHA therefore no S19 documentation is required.

### **6.14 Police Officer at Place of Safety**

- a) Officers will routinely carry out police intelligence checks upon arrest and will have liaised with staff from the relevant partner agencies. Where appropriate, the results of these checks will be discussed with a nominated person within the hospital / place of safety as

well as any accompanying risk factors (using the Merseyside Police Risk Assessment - RAG) and in conjunction with any data kept by the hospital / place of safety which would not be known to the officers.

- b) It will be the responsibility of the Police Bronze Inspector (BI) to liaise with the Practitioner in Charge and decide if officers will remain with the individual detained under S136 MHA 1983 at the place of safety.
- c) The Police BI will be contacted by the detaining officer who will outline the circumstances of the detention and the demeanour of the detained individual.
- d) Upon arrival at the place of safety, the detaining officer will request any relevant information from staff at the place of safety regarding the individual that will inform the Police BI's decision in relation to the necessity for officer(s) to remain at the place of safety or otherwise. This information along with information from police systems will be considered using the table below to inform the decision.
- e) If following the RAG assessment, officers are leaving before the detained person has been admitted / discharged from the S136, the rationale for the decision for officers to leave will be recorded on each agency's records including the S136 Detention Document.
- f) Low (not requiring police presence) - upon arrival after completion of S136 Detention Document, the Police Officer will inform the Nurse in Charge that the Police will not be remaining with the individual.
- g) Medium (requiring police presence) - that the Police will be remaining with the individual for a maximum of 3 hours.
- h) High (requiring police presence) – Police MUST remain with the individual for the duration of their assessment under S136 MHA or until their risk status determines the Police can leave (see Appendix 1).

## 7.0 CONSULTATION & IMPLEMENTATION

- a) Consultation and implementation will be in accordance with the implementation plan and will take into account national guidance. The policy will be reviewed to reflect amendments to S136 Guidance.

## 8.0 TRAINING & SUPPORT

- a) The S136 Policy will be circulated amongst partner agencies for consultation and review.
- b) The S136 Lead will support through guidance and advice.

## 9.0 MONITORING

- a) Audits and cleansing of the S136 data will be carried out on a monthly basis. Monthly reports will be sent to the relevant Clinical Commissioning Groups showing the following information:

Quality Indicator 1	Quality Indicator 2	Quality Indicator 3
Numbers of S136 undertaken	Compliance within 3 hour time limit for assessment	For those who do not meet the 3 hour requirement, an action plan should be put in place to address compliance.

## **10.0 ESCALATION**

- a) Local Division has an escalation process if there are prolonged difficulties or delays. If any issues arise that will delay the S136 process, the AED / Prenton Suite Practitioner must inform the relevant team manager and / or Local Division Bronze On-Call if the delay is prolonged and will be over 4 hours (as per Mersey Care's Escalation Policy).

## 11. Equality and Human Rights Analysis

<b>Title:</b> S136 of Mental Health Act 1983 – Joint Agency Policy & Procedure
<b>Area covered:</b> Trust Wide
<p><b>What are the intended outcomes of this work?</b></p> <ul style="list-style-type: none"> <li>• Ensure that legal obligations are met according to S136 MHA 1983.</li> <li>• Maintain joint arrangements with multi-agency partners.</li> <li>• Delivering S136 assessments and management plans in a timely manner and within the 3 hour performance indicator.</li> <li>• Ensuring transfers to Mersey Care’s Place of Safety at the earliest opportunity.</li> <li>• Ensure S136 Detention Document compliance and complete data recording.</li> </ul>
<p><b>Who will be affected?</b> This is a policy related to service delivery.</p>
<b>Evidence</b>
<p><b>What evidence have you considered?</b> S136 Policy document</p>
<p><b>Disability (including learning disability)</b> No issues identified.</p>
<p><b>Sex</b> No issues identified.</p>
<p><b>Race</b> No issues identified.</p>
<p><b>Age</b> No issues identified.</p>
<p><b>Gender reassignment (including transgender)</b> No issues identified.</p>
<p><b>Sexual orientation</b> To review category in new S136 Electronic App.</p>
<p><b>Religion or belief</b> No issues identified.</p>

<b>Pregnancy and maternity</b> No issues identified.
<b>Carers</b> No issues identified.
<b>Other identified groups</b> No issues identified.
<b>Cross Cutting</b> No issues identified.

<b>Human Rights</b>	<b>Is there an impact? How this right could be protected?</b>
<b>Right to life (Article 2)</b>	Supportive of HRBA
<b>Right of freedom from inhuman and degrading treatment (Article 3)</b>	Supportive of HRBA

<b>Right to liberty (Article 5)</b>	Supportive of HRBA
<b>Right to a fair trial (Article 6)</b>	Not engaged
<b>Right to private and family life (Article 8)</b>	Supportive of HRBA
<b>Right of freedom of religion or belief (Article 9)</b>	Not engaged
<b>Right to freedom of expression</b> <b>Note: this does not include insulting language such as racism (Article 10)</b>	Not engaged
<b>Right to freedom from discrimination (Article 14)</b>	Not engaged

<b>Engagement and Involvement</b> No engagement undertaken
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<b>Summary of Analysis</b>
<b>Eliminate discrimination, harassment and victimisation</b> This policy has indicated positive practice throughout. When the recommendations are actioned, this policy will proactively support and develop people who are more likely to experience discrimination within the S136 process and prevent/reduce the impact.
<b>Advance equality of opportunity</b> When recommendations are actioned will advance equality of opportunity
<b>Promote good relations between groups</b> Ensuring equality will help promote good relations between groups

<b>What is the overall impact?</b> Positive impact intended.
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<b>Action planning for improvement</b> Include Equality Act 2010 – Page 5 - 4.1.3 and Page 6 7.1 - Completed  Amend S136 Detention Document to include Protected Characteristics and format used for Rights Leaflet - Completed  Remove reference to Whalley – Page 11, 9.10.1 - Completed  Change the wording “Epex system” to “electronic health records” – Page 12, 9.13(b) - Completed  Bid to be completed and submitted for funding for proposed electronic S136 Detention Document to be used by all relevant agencies – Completed
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<b>For the record</b> <b>Name of persons who carried out this assessment:</b> George Williams (Equality and Human Rights Advisor) Roy Richardson (Staff Nurse), Ashworth Audra Quinn (Project Support Officer)
<b>Date assessment completed:</b> 30 January 2020
<b>Name of responsible Director:</b> Executive Director of Nursing
<b>Date assessment was signed:</b> 30 January 2020



# Action plan template

Category	Actions	Target date	Person responsible and their area of responsibility
<b>Monitoring</b>	Establish an annual monitoring process in relation to protected characteristics to ensure equality and identify particular trends.		Denise Carey, Operational Manager (Acting) Single Point of Access and Lead for S136
<b>Amendments to Policy / Other Related Documents</b>	Amend S136 Detention Document and S136 Electronic App to include Sexual Orientation	31 <sup>st</sup> March 2020	Audra Quinn, Project Support Officer / Informatics Merseyside

## 12.0 APPENDICES

### Appendix 1 - S136 Mental Health Act – Risk Assessment Tool for determining the need for continued Police Support within Place of Safety

Low Risk	Medium Risk	High Risk
To be managed within hospital Place of Safety – Continued Police support is <b>NOT</b> necessary.	To be managed within the hospital Place of Safety – Continued Police support <b>MAY</b> be required.	To be managed within the hospital Place of Safety with <b>CONTINUED</b> Police support or in exceptional circumstances, Police Custody
Current / recent indicators of risk	Current / recent indicators of risk	Current / recent indicators of risk
No current or historic behavioural, criminal or medical indications (other than mild alcohol or substance use) that the individual is violent OR poses a risk of absconding OR is an imminent threat to their own or anyone else's safety.	Some currently presented or recent behavioural indication which is more than just verbally abusive. <b>AND/OR</b> Some recent criminal /medical indications that the individual may be violent or poses a risk of absconding or is a threat to their own or anyone else's safety.	Currently presented or recent history of behavioural, medical or criminal indications (including significant substance intoxication) that an individual is violent and/or poses a high risk of absconding or is an imminent threat to their own or anyone else's safety.
<b>OR</b>	<b>BUT</b>	<b>OR</b>
Previous indicators	Previous indicators	Previous indicators
Which are few in number and historic or irrelevant:	Limited in number or historic or irrelevant: including violence graver than ABH or involving weapons, sexual violence, violence towards NHS staff or vulnerable people.	Include violence graver than ABH or involving weapons, sexual violence, and violence towards NHS staff or vulnerable people.
<b>BUT</b>	<b>OR</b>	<b>OR</b>
Excluding violence graver than ABH and not involving weapons, sexual violence or violence towards NHS staff or vulnerable people.	LOW RISK persons who have disengaged from treatment and where there are MEDIUM RISK threats when disengaged.	LOW or MEDIUM risk persons who have disengaged from treatment and where there are HIGH RISK threats when disengaged.

Appendix 2 – S136 Detention Form

SECTION 136 MENTAL HEALTH ACT 1983 DETENTION FORM		
This section to be completed by a Police Officer / Mental Health Liaison Team		
PERSON DETAINED		
Surname:	Forenames:	
<input type="text"/>	<input type="text"/>	
Address:		
<input type="text"/>		
Date of Birth	Age	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>
Language	Self-defined ethnicity code: (See bottom of form for categories)	
<input type="text"/>	<input type="text"/>	
Communication Requirements: (Please specify Language Line Interpreter, Sign Language, Paperwork in Spoken Language or other)		
Religion	Disability (See bottom of form for categories)	
<input type="text"/>	<input type="text"/>	
GP NAME:	GP address details:	
<input type="text"/>	<input type="text"/>	
Has PNC & local check done?		
<input type="checkbox"/>		
DETAILS OF RELATIVE OR FRIEND		
Name:	<input type="text"/>	
Address:	<input type="text"/>	
Tel. No.:	<input type="text"/>	
Informed:	<input type="checkbox"/>	

<b>Section136(1)</b>	
If a person appears to a constable to be suffering from a mental disorder and to be in immediate need of care or control, the constable may, if he thinks necessary to do so in the interests of the person or for the protection of other persons: Remove person to a place of safety, within the meaning of Section 135, or if the person is already at a place of safety within the meaning of that section, keep the person at that place or remove the person to another place of safety.	
Date:	Time:
<input type="text"/>	<input type="text"/>

**This section to be completed by a Police Officer**

**Reasons for S136(1) Detention** For the information of the place of safety and assessment team, describe fully the behaviour and circumstance that resulted in S136(1)detention.

**Has the person been restrained?**  
 Yes  No

**How:**  
 Physically  Hand Cuff  Leg Restraint

**How Long:**

**Has the person been searched?**  
 Yes  No  **Has anything been retained?**

**Is the person suspected of being under the influence of drink or drugs?**  
 Yes  No  Don't Know  **Details:**

**Is the person suspected of taking an overdose?**  
 Yes  No  Don't Know  **Details:**

**Risk factors the place of safety or assessment staff should be aware of?**

.....Self Harm	<input type="checkbox"/>
.....Suicide	<input type="checkbox"/>
.....Physical Aggression	<input type="checkbox"/>
.....Impaired Judgement	<input type="checkbox"/>
.....Self Neglect	<input type="checkbox"/>
....Absconding	<input type="checkbox"/>
.....Other, please describe.....	<input type="checkbox"/> <input type="text"/>

Copy of form will be sent to Merseyside Police Public Protection Unit

**This section to be completed by a Police Officer**

<b>Conveyance to a Place of Safety :</b>		
<b>Police Vehicle:</b> <input type="checkbox"/>	<b>Reason for Use:</b>	
	<b>Risk</b> <input type="checkbox"/>	
	<b>Ambulance Availability</b> <input type="checkbox"/>	
<b>Ambulance:</b> <input type="checkbox"/>	<b>Date and time Called</b>	<input type="text"/>
	<b>Date and Time Arrived</b>	<input type="text"/>
<b>On Foot</b> <input type="checkbox"/>		
<b>Arrival at Place of Safety:</b>		
<b>Date:</b>	<input type="text"/>	
<b>Time :</b>	<input type="text"/>	
<b>Place of Safety:</b>		
<b>Aintree</b> <input type="checkbox"/>		
<b>Southport</b> <input type="checkbox"/>		
<b>Royal Liverpool</b> <input type="checkbox"/>		
<b>Prenton 136 suite</b> <input type="checkbox"/>		
<b>Other</b> <input type="checkbox"/>		
<b>Police Remaining with Individual:</b>		
<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	
<b>How Long:</b>		
<b>&lt;3 hours</b> <input type="checkbox"/>	<b>3 hours</b> <input type="checkbox"/>	<b>&gt;3 hours</b> <input type="checkbox"/>
<b>Police Risk Assessment :</b>		
<b>RED</b> <input type="checkbox"/>	<b>AMBER</b> <input type="checkbox"/>	<b>GREEN</b> <input type="checkbox"/>
<b>Date of Departure (Police):</b>	<b>Time Of Departure (Police):</b>	<b>Handed Over To:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Officer Reporting:(Print Name):</b>		<b>F.I.N No</b>
<input type="text"/>		<input type="text"/>
<b>Police Force :</b>		
<b>Merseyside Police</b> <input type="checkbox"/>	<b>BTP</b> <input type="checkbox"/>	<b>Lancashire Police</b> <input type="checkbox"/>
<b>Other</b> <input type="checkbox"/>		

**Place of Safety \*\*To be completed by A&E Staff / MHLT**

**RIGHTS LEAFLET**

Rights leaflet was given? <input type="checkbox"/>	<b>Format Given:</b> (Please specify Large Print, Text to Speech, Easy Read, Braille, Other Language or Other)
---	--

Rights read?

**(Nurse) Name:**

<b>Date:</b> <input style="width: 100%;" type="text"/>	<b>Time:</b> <input style="width: 100%;" type="text"/>
---	---

**Patient examined by A&E Doctor (Name):**

**Signature:**

<b>Date:</b> <input style="width: 100%;" type="text"/>	<b>Time:</b> <input style="width: 100%;" type="text"/>
---	---

<b>Medically Cleared:</b>  <b>Date:</b> <input style="width: 80%;" type="text"/>	<b>Time:</b> <input style="width: 100%;" type="text"/>
--	---

**Referred to Local Authority:**

Liverpool     Sefton     Wirral   
 Knowsley     Lancashire     St Helens     Other

<b>Date:</b> <input style="width: 100%;" type="text"/>	<b>Time:</b> <input style="width: 100%;" type="text"/>
---	---

**Referred to Psychiatrist :**

<b>Date:</b> <input style="width: 100%;" type="text"/>	<b>Time:</b> <input style="width: 100%;" type="text"/>
---	---

**Comments regarding any delay in MHA Assessment:**

**MHA ASSESSMENT \*\*To be completed by Assessment Team**

Seen by Psychiatrist: Yes <input type="checkbox"/> No <input type="checkbox"/>	Seen by Section 12 Approved Doctor: Yes <input type="checkbox"/> No <input type="checkbox"/>
---	---

Print Name(s):

Signature(s):

Date:  Time:

Seen by the AMHP:  
 Yes  No

When informed by the Local Authority of Date <input type="text"/>	ETA for MHA Assessment: Time: <input type="text"/>
---	--

AMHP Print Name:

Signature:

MHA Assessment Start Date <input type="text"/>	Start Time <input type="text"/>
---	------------------------------------

MHA Assessment Delayed Beyond 3 Hours:  
 Yes  No

Delay Reason:

Medical Fitness

AHMP

SPR/On-Call

Other Reason:

MHA ASSESSMENT End Date End Date <input type="text"/>	End Time <input type="text"/>
--	-------------------------------

Was it necessary to extend the period of detention Yes:  No:

If Yes – Name of Doctor and Job Role who is Extending S136 Detention Period:

Reason for Extension:

**TRANSFERS TO FURTHER PLACES OF SAFETY (If Applicable):**

Date of Arrival:  Time of Arrival:

Name of Unit: RLUH <input type="checkbox"/>	SOUTHPORT <input type="checkbox"/>
---	------------------------------------

AINTREE <input type="checkbox"/>	PRENTON 136 SUITE <input type="checkbox"/>
----------------------------------	--

POLICE STATION <input type="checkbox"/>	OTHER <input type="checkbox"/>
---	--------------------------------

Reason for Transfer:

**OUTCOME OF MHA ASSESSMENT \*\*To be completed by Assessment Team**

<b>Discharged with Follow-Up:</b> By: Criminal Justice <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<b>Discharged without Follow-Up:</b> <input type="checkbox"/>	
<b>Was admitted to MCT:</b> Informal Basis <input type="checkbox"/> Section 2 <input type="checkbox"/> Section 3 <input type="checkbox"/> Mental Capacity Act <input type="checkbox"/>		<b>Was admitted Out of Area</b> <input type="checkbox"/> Out of Area Patient <input type="checkbox"/> Informal Basis <input type="checkbox"/> Section 2 <input type="checkbox"/> Section 3 <input type="checkbox"/> Mental Capacity Act <input type="checkbox"/>	
<b>AMHP Re-Assessment Required for Admission:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>			
Second AMHP Name:			
Second AMHP Assessment Start Date:		Time:	
Second AMHP Assessment End Date:		Time:	
Delay Reason (Bed Delay/Medical Fitness/Other):			
Type of Transport : Police <input type="checkbox"/> Ambulance <input type="checkbox"/> Other <input type="checkbox"/>			
Transport Delayed: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Length of Delay: 1-3 Hrs <input type="checkbox"/> 4 – 7 Hrs <input type="checkbox"/> Over 7 hrs <input type="checkbox"/>			
<b>Any serious incident following S136 application, including in the place of safety?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>			
If "Yes" Please tick applicable box below:			
Self-harm requiring medical attention		<input type="checkbox"/>	
Assault		<input type="checkbox"/>	
Absconding		<input type="checkbox"/>	
Physical Health		<input type="checkbox"/>	
<b>Date and Time when Section 136 Ceased:</b>			
Date:		Time:	
<b>By which of the following:</b>			
24/36 Hours has Expired		<input type="checkbox"/>	
Person Discharged back to the Community		<input type="checkbox"/>	
Admitted Informally under S131 of the MHA		<input type="checkbox"/>	
Admitted and Detained under MHA OR MCA		<input type="checkbox"/>	
<b>Form checked and forwarded by - Print Name and Contact Details:</b> <input type="text"/>			
<b>Original Form must be retained by MHLT and will be collected by:</b> Original Forms will be collected by the Project Support Officer at the beginning of each calendar month			



**ETHNIC CATEGORIES**

**1. White**

- a) British
- b) Irish
- c) White European
- d) Other White Background

**2. Mixed**

- a) White & Black Caribbean
- b) White & Black African
- c) White & Asian
- d) Other Mixed Background

**3. Asian or Asian British**

- a) Indian
- b) Pakistani
- c) Bangladeshi
- d) Other Asian Background

**4. Black or Black British**

- a) Caribbean
- b) African
- c) Somali
- d) Other Black Background

**5. Other Ethnic Groups**

- a) Chinese
- b) Arab
- c) Other Ethnic Group

**6. Didn't wish to answer**

**DISABILITY CATEGORY**

- |                                 |                                |
|---------------------------------|--------------------------------|
| Asperger/Autism (A)             | Learning disability (L)        |
| Blind/Partially Sighted (B)     | Mental Health difficulties (M) |
| Brain Injury (BI)               | Other Disability (OTH)         |
| Deaf/Hard of Hearing (D)        | Unseen Disability (U)          |
| Patient Declined to Answer(DEC) | Wheelchair/Mobility ( W)       |
| Dyslexia (DY)                   | No Disability (N)              |
| Multiple Disability (Z)         |                                |

### Appendix 3 - Local Procedure Principles

Police will establish that the individual is in a place to where the public has access e.g. cinemas, day centres and AED. This could include security swipe controlled areas where the public can be permitted to have access. Public places have now been defined by the amendments to the MHA1983 by the Policing and Crime Act of 2017.

Removal of an individual by the police who appears to be suffering from a mental disorder under S136 needs to determine which place of safety will be used:

- a) Where a detained person has physical health care needs the detained person will be transferred to an acute care hospital.
- b) Where a detained person has NO physical health care needs the detained person will be transferred to the Prenton Suite.
- c) Under exceptional circumstances where the person's behaviour poses an unmanageably high risk (i.e. extreme violence) consideration should be given by the police regarding the removal to a custody suite where possible an ambulance should be used.
- d) Those 16 and under will be seen at Alder Hey place of safety
- e) Those under 18 cannot be held in a Police cell.

It will assist the Police Officer in making a decision if they contact the Triage Car during operational hours, 16.00 – midnight (7 days a week) on **07779977417** or the AED Mental Health Liaison Team for information and advice before holding a person under S136 MHA 1983 on **0151 706 2000 pager number 5187**.

For information only, the following are Hospital Mental Health Liaison Team numbers:

- ❖ Royal Liverpool Team 0151 706 3520
- ❖ Aintree Liaison Team 0151 317 8640
- ❖ Southport Acute Care Team 01704 383 179
- ❖ Prenton Suite 0151 330 7332

The Police must ring the receiving place of safety to inform them of the imminent arrival of an individual under S136, providing as much information as possible. This will allow the Nurse in Charge of AED to prepare an appropriate interview room.

When a decision has been made to invoke a S136, the ambulance service must be contacted immediately to consider mode of transport following the North West Regional Policy for Conveying Mental Health Patient's protocol.

A decision to move a person from one place of safety to another should be made on every occasion as it is considered to be more appropriate for them to be in an alternative setting to AED whilst awaiting assessment. This decision should be undertaken by the given place of safety and in making this decision, consideration must be given to the benefits of the move, any delay/distress caused and any other relevant circumstances.

#### **Appendix 4 - Prenton Suite, Clock View Place of Safety Procedure:**

- a) The Prenton Assessment Suite is identified as a mental health based place of safety. The Trust recognises the challenges local AED's face in managing mental health presentations in what are very busy and sometimes unpredictable environments and have therefore designed, as part of the Prenton Suite, a real alternative to Accident and Emergency.
- b) The Prenton Suite at Clock View is the only mental health specific place of safety provided by Mersey Care NHS Foundation Trust for Mersey Care's geographical residents. It has the capacity to manage up to 2 people at a time however this will depend on the patient's clinical presentation, gender and the risks (if any). It does not have medical specialists on hand to undertake the same level of physical health care checks that would be possible within an AED.
- c) Anyone who is considered to be physically unwell and requiring medical assessment and treatment and / or under the influence of alcohol and / or drugs should be taken to the local Place of Safety within the AED of the Acute Trust.
- d) The Ambulance Service will complete physical health care checks and follow the Paramedic Pathfinder Tool to support decision making on which place of safety is most suitable and if no physical health problems are identified (e.g. exit pathfinder at 'Blue' or fulfils self-care pathway) then a direct transfer to the Prenton Assessment Suite is possible only after consultation with the staff in charge of the Prenton Assessment Suite.
- e) All presentations to the Prenton Suite must be planned beforehand with clinical information shared with the assessing nurse. The contact number for Prenton Suite is **0151 330 7332**.

#### **To ensure that staff are supporting service users in the Prenton Assessment Suite and they adhere to the following:**

- a) Upon arrival the Police Officer will be provided with the agreed S136 Detention Document and the MCT staff member must ensure the form is completed thoroughly.
- b) The Police Officer will complete the relevant Section (1).
- c) The Police Officer will ask staff at the place of safety for any relevant information on their systems regarding the individual detained under S136 MHA that will inform the risk assessment RAG (see Appendix 1) in relation to police officers remaining at the place of safety.
- d) The Police Officer will then contact the relevant Police BI in order to complete the risk assessment RAG to determine if officers are to remain with the individual.

**On initial presentation to the Prenton Assessment Suite the Nurse in Charge will ensure the following:**

- a) Ensure that all agencies, psychiatrist and AMHP are contacted to commence the assessment within the 3 hour time frame.
- b) An assessment to establish the appropriate level of observation required for the individual.
- c) MCFT staff will be given a full handover from the Ambulance crew who will have completed baseline observations on the patient to ascertain that there is no medical or physical need for the patient to present at AED and is deemed medically fit to remain at the Prenton Assessment Suite.
- d) The staff will also consider the need for further physical health care assessments by doing regular base line observations.
- e) All support staff remaining on the unit to support assessments need to be given a set of keys and an alarm.
- f) The Nurse in Charge will need to ensure that the environment is checked every 15 minutes as part of the routine level 2 checks whilst in use.
- g) If further physical health care needs are identified then a decision to transfer a person from the Prenton Assessment Suite should be considered by the Nurse in Charge and in making this decision, consideration must be given to the benefits of the move, any delay/distress caused and any other relevant circumstances.
- h) The Ambulance Service will be contacted to transfer and determine immediate physical health needs and take a decision whether to transfer for further physical investigation.
- i) If the patients physical health is rapidly deteriorating then the Ambulance Service should be contacted immediately utilising the '999' service.
- j) The Nurse in Charge of the Prenton Assessment Suite needs to ensure that an entry is made in the patients electronic records capturing the service user's presentation and outcome of assessment and plan.

S136 PATHWAY

This procedure spells out the steps and the responsibilities for conduct of an assessment under S136 of the Mental Health Act (MHA). It specifically details the responsibilities of staff from the Police, North West Ambulance Service, Acute Trusts, Mersey Care and Social Services.

**DETENTION**

- The Police must, during Triage Car operational hours, contact the practitioner and Police Officer on duty to have a consultation about the potential detention under S136. If it is clinically appropriate then the detention will take place however if there are any other options ie Care Plan in place then these should be explored. The Triage Car telephone number is **07779 977 417**. Outside of Triage Car operational hours, the Police should contact the primary contact number which is the Royal Liverpool Mental Health Liaison Team on **0151 706 2000 pager number 5187** in order to speak to a mental health practitioner.
- The Police will take the detained person to the local Accident & Emergency Department (AED) if there are physical health problems, otherwise directly to the Prenton Suite if they can accommodate this. If not, then the nearest AED.
- The Police must contact the local AED or Prenton Suite ahead of arrival, contact telephone numbers are as follows:

<u>Place of Safety</u>	<u>Contact Number</u>
Prenton Suite	0151 330 7332
Southport AED (16yrs & over)	01704 383 179
Aintree AED	0151 317 8640
Royal Liverpool AED	0151 706 3520

**TRANSPORT**

North West Ambulance Service is responsible for:

- The transport of S136 detainees.
- Determining any physical health care needs and remove to nearest AED.
- If there are no physical health care needs, transfer to Prenton suite if they can accommodate this, if not then to the nearest AED.

**ARRIVAL AT AED**

- AED Practitioner / Prenton Suite Practitioner will register the S136 and commence the S136 Detention Document.
- AED Practitioner will direct the Police Officer to take the detained person to an identified room or area (the S136 room should be used where applicable).
- Review for medical optimization.
- **If parallel assessment can be undertaken then continue with assessment.**

- The Police Officer will complete their part of the S136 Detention Document.
- The AED Practitioner / Prenton Suite Practitioner will read the rights to the detained person and provide a copy of those rights under S136 MHA 1983 using the Explanation of Rights Form 6 in the Information and Action pack.
- The AED Practitioner will complete a physical health clinical triage.
- Police and AED staff to consider RAG rating (Appendix 1).

**Note:**

1. If there is need for immediate medical intervention such as resuscitation or surgery they will engage AED medical staff as per triage requirement, before contacting the Senior Trainee (ST) and Approved Mental Health Practitioner (AMHP) with information from medical staff.
2. If some physical health procedure is required such as investigations, treatment of overdose, medical opinion etc. → S136 parallel assessment process is to be initiated alongside medical assessment.
3. If no medical input needed they will then proceed with assessment process. Consider transfer to the Prenton Suite.

**S136 ASSESSMENTS**

- AED Practitioner / Prenton Suite Practitioner to inform ST (Consultant if it's 9am -5pm Monday - Friday) on psychiatric rota by telephone (0151 473 0303) and record details on S136 Detention Document and enter a contact onto RiO where applicable (Name, Time of call and Estimated Time of Arrival).
- If support workers are available make arrangements for support workers to meet needs of detained person and support completion of S136 Detention Document.
- AED Practitioner / Prenton Suite Practitioner to contact Careline Liverpool (0151 233 3800/0151 233 3019) or Sefton Hub (0151 934 3737 during Mon-Thu 9.00am-5.30pm, Fri 9.00am-4.00pm) or Sefton EDT (0151 934 3555 out of hours) or West Lancashire (in hours 0300 123 6721 / out of hours 0845 602 1043) and give relevant information including medical arrival time. Record all details on S136 Detention Document and enter a progress note onto RiO where applicable.
- AED Practitioner / Prenton Suite Practitioner to inform ST of AMHP's estimated time of arrival if known.
- AED Practitioner / Prenton Suite Practitioner to keep Police Officer informed of progress.
- ST to speak with Duty AMHP if contact is available and agree on a suitable assessment time within agreed 3 hour time frame.

**Note:**

1. If both parties are able to attend within 3 hours, confirm time and attend for joint assessment.
2. If joint attendance is not possible within 3 hours, the ST is to attend as soon as possible within the 3 hour time frame (if in agreement with AMHP that this is in the best interests of the patient and would be best practice in the individual case).
3. If the ST is unable to attend within 3 hours due to other clinical commitments, ST to discuss with Consultant On-Call and arrange suitable time for Consultant or ST to attend. They must inform AED Practitioner in Charge of estimated arrival time.
4. **Details of any delay must be noted on S136 Detention Document and on RiO where applicable.**

- The AED Practitioner / Prenton Suite Practitioner will continue to act as co-ordinator and will monitor timescales.

**Note:**

1. If ST or AMHP do not attend as scheduled, AED Practitioner / Prenton Suite Practitioner will call either ST or Careline to check times.
2. The AED Practitioner / Prenton Suite Practitioner will continue to make and record follow up calls on an hourly basis until attendance, informing Local Division Bronze On-Call if delay is prolonged and will be over 4 hours (as per Escalation Policy).

**IF JOINT MHA ASSESSMENT IS CARRIED OUT (AS PER BEST PRACTICE)**

- AMHP and ST should complete assessment together and update S136 Detention Document / RiO where applicable with date, time and place of assessment.

**Note:**

**1. If there is no indication for admission and no social care needs identified:**

- ❖ Complete MHA S136 assessment
- ❖ Document management plan on S136 Detention Document and RiO
- ❖ Discharge patient
- ❖ If Police still in attendance review RAG rating

**2. If there is no indication for admission but social care needs are identified:**

- ❖ If Police still in attendance review RAG rating
- ❖ Make necessary arrangements with social care to follow up

**3. If informal admission is required:**

- ❖ ST to contact MH Bed Management Team (MCT 0151 250 5082 / Lancashire Care (01253 447895)
- ❖ If Police still in attendance review RAG rating

**4. If a medical recommendation for detention is completed:**

- ❖ ST to inform MH Bed Management Team AMHP to contact S12 Doctor and wait to complete assessment
- ❖ If Police still in attendance review RAG rating
- ❖ If support workers are available make arrangements for support workers to meet needs of detained person and support completion of S136 Detention Document.
- ❖ Arrange the most appropriate transfer

- Update S136 Detention Document and RiO of assessment outcome

**IF ST OR CONSULTANT ATTENDS ALONE FIRST**

- Do first assessment alone and update S136 Detention Document / RiO where applicable with date, time and place of assessment

**1. If there is no indication for admission and no social care needs identified:**

- ❖ Follow above procedure for joint assessment however ST to inform Duty AMHP of the outcome

**2. If there is no indication for admission but social care needs are identified:**

- ❖ Follow above procedure for joint assessment however ST to discuss with Duty AMHP re attendance

**3. If informal admission is required:**

- ❖ Follow above procedure for joint assessment however ST to discuss with Duty AMHP re attendance

**4. If a medical recommendation for detention is completed:**

- ❖ Follow above procedure for joint assessment however discuss with Duty AMHP re attendance

**NOTES:**

- The aim of this procedure is to provide the detained person with the optimal care and minimal risk, to comply with the law and relevant Codes of Practice, to streamline the assessment and demands on services, to remove areas of uncertainty, lack of clarity and “urban myths”.
- The Acute Trust staff will take responsibility for coordinating the process and recording contacts and actions on the S136 Detention Document.
- The Mental Health practitioners and support workers are there to support the overall assessment process and co-ordination of the S136 and will also record contacts and actions on RiO where applicable.
- The Psychiatrist is responsible for expediting the psychiatric assessment and coordinating with the Consultant On-Call if there are conflicting demands.
- The Duty AMHP is responsible for contacting the S12 Doctor where appropriate and for their usual role in the MHA assessment, including involvement in transfer.
- Mersey Care / Lancashire Care Bed Management staff is responsible for identifying available MH beds for admission.
- **A person may only be detained for a period not exceeding 24 hours for the purpose of being assessed by a Psychiatrist and Duty AMHP. Only the Psychiatrist responsible for the assessment may extend this period by a further 12 hours maximum (before the end of the 24 hour period) if the condition of the person detained would make it impracticable for the assessment to be carried out before the end of the 24 hour period.**
- Local Division has an escalation process if there are prolonged difficulties or delays.
- The Psychiatrist, Nurse in Charge of AED and Duty AMHP in conjunction with the Police will consider the need for Police presence at each stage of the assessment and will agree RAG rating.
- All parties will record details and timings of actions and reasons for any delays on the S136 Detention Document and RiO where applicable.
- **If the person has been using alcohol or illicit drugs, the AED Practitioner should assess whether the person’s mental health can be fully assessed and liaise with the MHA team accordingly.**
- The need for medical intervention or investigation will not prevent the process of the assessment being started unless it is physically impossible, e.g. if the detained person is unconscious or anaesthetized.
- All documentation must be completed and retained for collection by the Project Support Officer.
- **All appropriate information must be entered in the patient’s electronic records via Progress Notes or CPA Pathway and S136 Detention Document.**
- All of the above should be carried out in the best interest of the patient and in accordance with their individual clinical need.



**REMOVAL OF MENTALLY DISORDERED PERSONS WITHOUT A WARRANT**

(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. The police officer thinks that you may be in need of immediate care and that it is necessary in your interest or for the protection of others for you to be brought to hospital to be assessed.

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 24 hours (extendable for up to 12 hours if you could not be assessed for clinical reasons) 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.

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 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. Further information will be provided if doctors assess that the patient needs to remain in hospital.

In your case the 24 hours end at:

Date:	Time:
Your detention has been extended for a further _____ hours (maximum additional 12 hours). It now ends at:	
Date:	Time:

**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 is available to you.

If the assessment has been completed, and the doctor and the approved mental health professional say that you do not need to stay in hospital you will be free to leave, even if the 24 hours (or 36 hours if detention was extended) have not ended.

**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 information about the hospital's complaints procedure, which you can use to try to sort out your complaint locally. They can also tell you about any other people who can help you make a complaint, for example an independent mental health advocate.

If you do not feel that the hospital complaints procedure can help you, you can complain to an independent Commission. This is called the Care Quality Commission and it 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.

## Appendix 7 – 10 Step Approach

### 10 Step Approach to Section 136 Presentations

**Step 1** – On arrival to the Accident and Emergency Department (A&E) the A&E staff should contact the Hospital Mental Health Liaison team (HMHLT) and provide details of the individual detained on a S136 within **10 minutes** of presentation. The target is for all Section 136 assessments to start within **3 hours** of A&E presentation. The detained person will be given information and documentation (Rights Leaflet) about their detention on a S136 by the A&E nurse in charge and start the process of completing the S136 Detention Document, a Mental Health Support Worker will assist in ensuring this form is updated and completed accurately throughout the individual's presentation. The individual will be placed in the S136 suite.

**Step 2** – The individual will be triaged by A&E staff and any physical health care needs assessed and treated and medical fitness determined. Medical fitness should not stop the mental assessment process being commenced unless there are serious, urgent medical needs identified and the **parallel assessment** process must start.

**Step 3** – A Mental Health Liaison Practitioner will be allocated to this case and they will start the assessment process by gathering as much clinical information as possible regarding the individual and their current presentation (e.g. RiO and Primary Care). Support workers will ensure 15-30 minute observations are completed ensuring that the Observation Chart is completed and up loaded to RiO once patient is transferred or discharged.

**Step 4** – The HMHLT will contact the following providing clinical details of the S136 presentation:

- Liverpool - Careline **0151 233 3800** or **0151 233 3019**
- Sefton - Sefton EDT **0151 934 3737**
- West Lancs AMHP - in hours **0300 123 6721** Out of hours **0845 602 1043**
- SpR / Consultant on Call **0151 473 0303**
- CRHT (Mersey Care gatekeeping) – **0151 250 5082**
- Beds Hub (West Lancs) – **01253 447895**

**Step 5** – The Mental Health Liaison Practitioner will conduct an initial triage assessment of the clinical presentation within **60 minutes of presentation** with the service user to assist the assessing team and to support A&E staff in whether a parallel assessment can take place whilst determining fitness. This will be recorded on the RiO system. The HMHLT will continue to support the service user, A&E and the police throughout the presentation with clinical and support staff

ensuring any needs are met (refreshments, support, updates etc.). A decision will be made using the RAG rating with the police, A&E staff and Mental Health Liaison Practitioner around the management of the service user and if police are required to remain on site. A decision will be made about transferring the individual to the S136 Prenton Suite at Clock View if appropriate (**0151 330 7322**).

**Step 6** – Careline / Sefton EDT / West Lancashire staff will contact the On Call Duty AMHP and provide the clinical details of the individual detained on the S136. The AMHP will liaise with the HMHLT and the On Call Psychiatrist to arrange a time within 3 hours to come to A&E to complete the S136 MHA assessment.

**Step 7** – Best practice is for the S136 assessment to be completed by an AMHP, Psychiatrist and a GP / Sec12 approved medic however the Psychiatrist has the power to remove the S136 independently. The Psychiatrist, AMHP and Medic will complete their assessment and formulate an action plan which they will then discuss the outcome of with the HMHLT and finalise a treatment plan. This can range from inpatient admission, referral to home treatment, referral on to other services or refer back to primary care etc. The Psychiatrist and AMHP will ensure appropriate documentation is completed and communicated.

**Step 8** – If admission is the outcome of the S136 MHA assessment, the HMHLT will contact CRHT at Mersey Care on **0151 250 5082** or West Lancashire on **01253 447 895**; this could be an informal admission or further detention under the Mental Health Act. If admission is the case, the HMHLT will keep A&E up to date with bed progress. A&E staff, HMHLT and AMHP will arrange appropriate transport based on risk. The AMHP will arrange the appropriate conveyance of the individual to the inpatient unit.

**Step 9** – The AMHP will make arrangements to inform relevant others in relation to any risk issues identified (e.g. safeguarding). They will communicate the outcome of the assessment to relevant others involved in the individual's care (carers or relatives).

**Step 10** – At all stages of the process, each individual agency has a responsibility to complete the relevant part of the S136 Detention Document and ensure it is made available to Audra Quinn, Project Support Officer for collection at the end of each calendar month.

## **June 2019**