

**Management of Mental Health Crisis
Interagency Partnership Agreement
Between
Thames Valley Police
And
Health and Social Care Agencies**

Effective Date: April 2015

Keep talking about dignity

Message from a service user

“Dignity can be more important than anything else. I’ve experienced episodic intense mental health crises over recent years and it’s been the gradual loss of dignity that has contributed more to my despair than any other service related factor. In the last two weeks police have broken down my door four times courtesy of mental health services. It is in pieces. I sit in my flat and hear my neighbours and other passersby comment on it. I cannot close it. Somewhat ironically now that the voices in my head are quieter, it’s the real voices of judgement, disapproval and frustration of society that drive my despair. I’m now frightened of the real lack of safety in my home rather than just that due to my own risk.

A week ago I woke up in intensive care. Instead of my family, for the whole time I was unconscious, there had been two cops sitting by my bed. This is because when I had been found the day before, and had nearly died, I’d been reported to the police as missing by mental health services. I’ve had cops sit with me in A&E and hospital surgical wards, again called by mental health services to provide security and control for self harm.

I’m an intensely private person, yet once you enter mental health services there’s never any privacy. The whole waiting room, street, and eventually community gets to know. When services have reported me missing police statements were taken from my workplace and friends in the middle of the night. I’ve not been able to face any of them since.

Isolation, indignity and lack of safety, both from self and others is not a foundation for recovery. I’ve never committed a crime yet have lost count of the hours spent in cells and cages of police vans while services argued about where I should be detained for my ‘safety’.

Ultimately, for me it now seems that this view is a very short term view of safety and preserving life. Life without dignity and with the loss of identity and confusion that comes with the criminalisation of illness is not a life I want”.

List of partner agencies and signatories to protocol

While this protocol has been ongoing for a number of years, it is now also completed in response to the National Crisis Care Concordat and the local Thames Valley Action Plans. It, therefore engages with all partner agencies who are signatories to those action plans and declarations.

- Clinical Commissioning Groups
- Mental Health Trusts
- NHS Trusts and Foundation Trusts
- South Central Ambulance Service
- Local Authorities
- Thames Valley Police

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ABBREVIATIONS

AMHP - Approved Mental Health Professional (defined by MHA)

AWOL - Absent without leave

CAMHS - Child and Adolescent Mental Health Service

CCG – Clinical Commissioning Groups

CoP - Code of Practice (either to MHA, MCA or PACE, as specified)

CR&ED - Police Control Room and Enquiry Department

DMM – Daily Management Meeting (TVP)

DPA - Data Protection Act 1998

ECHR - European Convention on Human Rights

ED - Hospital Emergency Department

EDS - Emergency Duty Service

EOC - Emergency Operations Centre

ETA – Estimated time of arrival

HBPOS – Health Based Place of Safety

HCP - Health Care Practitioner

HSE – Health and Safety Executive

ISA - Information Sharing Agreement

LD - Learning Disabilities

LSSA - Local Social Services Authorities

MHA - Mental Health Act 1983 (revised 2007)

MCA - Mental Capacity Act 2005

MOPI - Management of Police Information

ORC - Officer Reported Crime (Police policy for recording S136)

PACE - Police and Criminal Evidence Act 1984

PICU - Psychiatric Intensive Care Unit

PoS – Place of Safety

PiP – Protocols/Problems in Practice Multi Agency Forums

S.12 - Doctor approved under Section 12 of the Mental Health Act 1983

SCAS - South Central Ambulance Service

TVP - Thames Valley Police

URN - Unique Reference Number

INTRODUCTION

This protocol sets out the recognition that when people present or are presented to the Police in a mental ill health crisis state, working together with health and social care partners is both a necessity and a priority. All professionals agree to ensure that the welfare and dignity of the patient is at the heart of any negotiation.

The National Mental Health Crisis Care Concordat - Improving outcomes for people experiencing mental health crisis, was launched early 2014. This Concordat sets out how partners, should work together to deliver a high quality response when people with mental health problems urgently need help.

The legislative framework for the partnership includes below references but this list is not exhaustive:

The Mental Health Act 1983 and its associated Code of Practice amended April 2015,
The Mental Capacity Act 2007 and its associated Code of Practice,
The Police and Criminal Evidence Act 1984
The European Convention on Human Rights
The Care Act 2014

Any reference to the MHA Code of Practice assumes the amended which is available from 1st April 2015.

This protocol provides the operational responsibility and delivery of those legislative requirements and the relevant actions of the National and various Thames Valley Concordat agreements.

This protocol sets the standard to ensure compliance with relevant legislation, national guidance and other sources of standards.

Representations and/or challenges to functions contained within this protocol with regard to a particular organisation should be channelled through the PiP Chairs.

EQUALITY IMPACT ASSESSMENT:

Clearly state the rationale of the function under consideration.

The function is: **Thames Valley Police Management of Mental Health Crisis Interagency agreement in Partnership with Thames Valley Health and Social Care agencies** ('the Protocol')

The rationale behind the Protocol is that when a person is presented to the Police as possibly suffering from 'a mental ill health crisis' – the Police and partner agencies shall work, in combination (or in tandem) to care for that person.

State the intention of the function.

It is recognised that the Police and partner agencies, on the subject of mental health, need to work together so that those with mental health needs are appropriately cared for. (See further 'EXECUTIVE SUMMARY OF INTENTIONS'.)

The purpose of this Equality Impact Assessment:

To have due regard to the requirements of s.149 Equality Act 2010:

- (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- (b) advance equality of opportunity between persons who share a relevant protected characteristic and those who do not share it;
- (c) foster good relations between persons who share a relevant characteristic and persons who do not share it.

Assess the likely impact of the function on the basis of quantitative and (or) qualitative evidence on the following protected characteristics.

Age

Mental health issues affect all ages (this protected characteristic overlaps with Disability).

Disability

There is a consensus that the older one grows the more the risk of developing a mental health problem (for example, dementia).

Gender Reassignment

'Equally Well', the Scottish Government's report of the Ministerial task force on health inequalities (June, 2008), notes in its Introduction that transgender people experience lower self-esteem and higher rates of mental health problems and these have an impact on health behaviours, including higher reported rates of smoking, alcohol and drug use.

Marriage and Civil Partnership

Not applicable.

Pregnancy and Maternity

Not applicable (neither is an illness).

Race

Black mental health advocacy groups present arguments such as: 'There is a history of misunderstanding and discrimination when it comes to the use of compulsory powers against African Caribbean's. Black people mistrust and often fear services, and staff are often wary of the Black community, fearing criticism and not knowing how to respond.' ([BLACK MENTAL HEALTH UK](#) (accessed 17/11/14).)

Gypsy, Roma and Traveller groups also come under the heading of Race (for example, under the subcategories of nationality (Irish Traveller) or ethnicity (Traveller (Gypsy)).

Within the GRT communities, one recent research project found that 18.5% of households had someone experiencing mental illness/depression. (Prof. Margaret Greenfields, Research Director, IDRICS, Buckinghamshire New University: Meeting the Health care Needs of the UK Travelling Population.

Religion or Belief

The protected characteristic 'Religion or Belief' in the context of mental health has been debated (amongst professionals in the field of psychology) for at least the last two centuries: the jury is still out.

Sex (formerly gender)

Women according to one recent study are 40% more likely to develop mental illness – while men report substance abuse (Prof. Daniel Freeman (Oxford)). ([The Guardian newspaper \(online edition\)](#))

Sexual orientation

Research on this protected characteristic is poor in quality, often unpublished (not peer reviewed), often uses small community samples and invalidated questionnaires according to a research paper published by the London Metropolitan University ('Sexual orientation identity and symptoms of common mental disorder: Individual Participant Meta-Analysis of 7,773 cases among 37,982 individuals pooled data from nine UK health surveys' Dr J. Semlyen and Dr G. Hagger-Johnson (2013)).

Some of the issues on this protected characteristic are:

- Mental health including substance misuse and suicidality (Hatzenbuehler, 2011)
- More likely to smoke and drink hazardously
80% likely to experience some form of harassment in their lives (Katz-Wise & Hyde, 2012).

Equality Impact Assessor's rationale and conclusions under the public sector equality duty: s.149 Equality Act 2010

Preliminary

Although the Protocol is in essence a partnership agreement setting out the duties of Thames Valley Police and partner agencies – this EIA is only concerned with the duties and actions of Thames Valley Police. Partner agencies (under the Equality Act 2010 s. 149) are responsible for writing their own EIAs for duties and actions to which they are committed under the Protocol.

Human Rights

Article 5(1) states, briefly:

Everyone has the right to liberty and security of person. No one shall be deprived of his liberty save in the following cases and in accordance with the procedure prescribed by law:

- (e) the lawful detention of persons for the prevention of the spreading of infectious diseases, of persons of unsound mind, alcoholics or drug addicts or vagrants.

Paragraph (e) is to be, as *per* usual, to be narrowly construed.

[An aside: at the time of writing there is the 'ebola crisis'. Paragraph (e) gives the Police (State agencies) the power to detain persons with 'infectious diseases'.]

There are three pre-conditions for detention:

- 1.the individual in question must be of 'unsound mind';
- 2.the basis upon which s/he is detained must be 'lawful'; and
- 3.any procedure prescribed in domestic law must be **strictly** followed.

'Due regard' (under the Equality Act 2010 s.149)

There is no need to commit the Protocol to a detailed forensic examination under the 'due regard' provision. What is mentioned within Box 5 above – is sufficient for the purposes of this EIA.

EXECUTIVE SUMMARY OF INTENTIONS

- To ensure that people who present to the Police while experiencing a mental ill health crisis are supported and managed in the most appropriate way by the most appropriate agency.
- To ensure the use of a Health Based Place of Safety (HBPOS) for S136 detentions and following execution of a S135(1) warrant in all but the most exceptional cases, exemplifying best practice.
- To ensure swift, appropriate, efficient, effective and dignified assessment arrangements for all persons either detained in a place of safety under the Mental Health Act or detained for an offence in Police custody who present with mental disorder in a crisis state.
- To facilitate the swift and safe return of patients who are recorded by the Police as missing.
- To ensure that the transfer and conveyance of mentally ill or otherwise mentally disordered persons is provided by the most appropriate means in a timely fashion.
- To ensure that while working in partnership for the benefit of the vulnerable person each organisation is considerate and respectful of the responsibilities of the other and utilises each other's resources in the most appropriate way.
- To encourage appropriate sharing of information and to ensure that information shared is for a justifiable purpose, that it is in public interest and is proportionate to the situation with due regard shown to the implications of the Human rights Act 1998 and the Data Protection Act 1998.
- To work jointly across organisational boundaries in achieving these intentions.

OVERVIEW

This protocol relates to individuals who are in contact with the police and generally fall into the following categories:

- Detained under S136 or with the authority of a warrant under S135(1) Mental Health Act for removal to a Place of Safety.
- For those mentally disordered patients who are reported missing or absent without leave including execution of S135(2) warrants.
- Those mentally disordered persons requiring transportation for admission or return to hospital or other places including emergency conveyance to the ED or other place for assessment.
- Persons detained in Police custody experiencing mental ill health who require assessment and support.
- Those persons for whom there is a fear for welfare amounting to a serious risk to life or limb.

It also covers the following:

- Limitations on the use of restraint by police.
- Use of Mental Capacity Act
- Information exchange considerations between the relevant organisations.
MHA CoP; chapters; 16, 17, 28. - MCA CoP, chapters; 5, 6.

Commissioners should ensure availability of sufficient, appropriately equipped Health Based Places of Safety, fit for purpose, including contingency considerations. This provision should include the appropriate level of qualified healthcare staff capable of managing acutely disturbed and/or agitated people. A Police station should not be assumed to be the automatic second choice if the first choice, HBPOS is not available.

MHA CoP; 16.36 and 16.39

Performance information will be monitored through the local management groups and escalated as necessary.

A formal review of this protocol will occur involving those professionals from all partner organisations at least every two years or sooner as necessary.

Each partner will designate a senior manager from their organisation to be responsible for on-going operational, day-to-day monitoring of the protocol, as well as being the day-to-day point of contact to resolve challenges arising from operational implementation of this protocol. Each agency must identify which named senior lead is responsible for this;

MHA CoP 14.80.

Problem solving, where it cannot occur at the time, will be managed in a regular and documented forum each month. This will involve attendance by key staff including the “*named senior lead*” from the relevant Health Trusts, Local Social Services Authorities (AMHP leads), Ambulance Service and

Police. It will be referred to in this protocol as the Protocol or Problems in Practice (PiP).

Senior managers from each organisation will be responsible for ensuring and disseminating details of the escalation process for those issues that cannot be resolved at the PiP level and for ongoing monitoring of performance information and compliance with the protocol.

Health and Social Care Commissioners and Managers will ensure that all their staff are aware of the procedures for managing acutely disturbed or agitated patients and the procedure for arranging transport including secure transport. Due regard must be had for Health and Safety Legislation.

It is recognised that agencies will from time to time request the support of Police to assist with the management of incidents. Thames Valley Police will always provide support to partners for requests that fall within the remit of "Police Duty" as defined below. Any support outside of this will be by negotiation on a case by case basis. Determining whether something is a "Police Duty" will be a matter for Police.

The central principle is that Police will respond to incidents when they engage the core duties of police, which are:-

- To prevent and detect crime
- To keep the Queen's peace, and
- To protect life and property.

The duty to respond and to appropriately investigate allegations of crime remains absolute.

Thames Valley Police complies with a code of ethics which aims to support each member of the policing profession to deliver the highest professional standards in their service to the public.

Thames Valley Police will ensure there is a single point of contact within each Local Police Area and a Force point of contact for escalation of issues.

MENTAL CAPACITY ACT:

Legislation;

The Mental Capacity Act 2005 provides the legal framework for acting and making decisions on behalf of individuals over the age of 16 who lack the mental capacity to make particular decisions for themselves. Everyone working with and/or caring for an adult who may lack capacity to make specific decisions must comply with this Act.

Mental Capacity Act – the Principles;

If you are paid to work with someone who may lack mental capacity, you must by law, work within these five principles; these are the values that underpin the MCA.

1. A person must be assumed to have capacity unless it is established that they lack capacity.
2. A person is not to be treated as unable to make a decision unless all practicable steps to help them to do so have been taken without success.
3. A person is not to be treated as unable to make a decision merely because it is an unwise decision.
4. An act done or decision made under this Act for or on behalf of a person who lacks capacity must be done or made in their best interest.
5. Before the act is done or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

A person lacking capacity may come into the care of a range of various professionals; each professional must make their own assessment of capacity as described above. It is not appropriate to make a decision or take an action simply because a request has been made by another.

Agencies will work together to ensure that any decisions made on behalf of a person lacking capacity will be in their best interest and will utilise the least restrictive means of achieving it.

Any decision taken on behalf of someone lacking capacity must be recorded by the person making that assessment and decision and must include the justification for that decision.

There is a legal requirement for all statutory authorities who have a responsibility to care for people who may lack capacity to comply with the Mental Capacity Act.

SECTION 136 MHA 1983

Introduction

Section 136 of the MHA states:

- “If a Constable finds in a place to which the public have access, a person who appears to him 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, remove that person to a place of safety”.
- “A person removed to a place of safety under this section may be detained there for a period not exceeding 72 hours for the purpose of enabling him to be examined by a registered medical practitioner and to be interviewed by an approved mental health professional and for making any necessary arrangements for his treatment or care”.
- “A person removed to place of safety under this section may be moved to one or more PoS before the end of the maximum 72 hour period for which they may be detained. The total period of detention under this section will not exceed 72 hours from the time of arrival at the initial place of safety”.

Section 136 applies to persons of any age. If a young person under the age of 18 is detained under S136, the assessment should be undertaken, wherever possible, by a CAMHS consultant and/or an AMHP with knowledge and experience of caring for this age group.

MHA CoP; para. 16.49

Where possible and safe to do so, Police Officers will seek the advice of mental health professionals prior to detaining a person under S136 to obtain information about previously arranged care plans and explore the opportunity of a less restrictive option. Police officers will not escort persons to hospital on a voluntary basis. If the person is not in immediate need of care or control making S136 appropriate then referral should be made to the person’s GP, and/or LSSA or, if necessary, to the ambulance service or by the person self referring to the ED.

S136 MHA “V” alleged offending:

Section 136 does **not apply** to a person arrested for an offence, removed to custody and subsequently believed to be mentally disordered, although such persons should be assessed with the same degree of urgency as detailed in the text below.

Where an individual is detained by the Police in circumstances where they could *either* have been arrested for a criminal offence *or* detained under S136 MHA, they should be arrested and removed to a Police station unless the offence is trivial and it is appropriate for it to be safely set aside for the purposes of prioritising a mental health assessment. This might well occur where the offending was very low-level, possibly ‘victimless’ and/or where the

minor offending behaviour appears most likely to be as a result of their mental health condition.

It is ultimately at the discretion of the arresting officer as to whether prioritisation will be given to the offence or S136. Where both options exist, the officer may occasionally decide to utilise both powers at the same time.

The fact that a person is not arrested for an offence at the time so that their mental ill health is prioritised does not mean that an investigation cannot still take place.

For offences which are not trivial (which could also include prolonged pattern of offending rather than impact of individual offence) an arrest should be made and mental health assessment considered alongside the criminal investigation in Police custody.

Where an offence of violence is committed against professionals after arrival at the PoS setting, immediate consideration should be given to them being arrested for the offence, removed to a Police station and their mental health assessment occurring alongside the criminal investigation. Violence towards professionals and other hospital staff is always unacceptable. Managers and victims are encouraged to support positive action taken by police in these circumstances.

There should be NO assumption by Police Officers or anyone else, that because someone was detained under S136 MHA at the point where they have offended or during the assessment process, that they are automatically unable to be prosecuted because of their mental health condition. A thorough criminal investigation of the incident should occur on each occasion without prejudice or presumption and Police supervisors should be involved in overseeing this investigation.

Intoxication:

Where a person is significantly intoxicated the Police Officer should make all possible enquiries to gain information about the person's psychiatric history prior to detaining under S136.

Unless there is objective information available from either the incident or information from health or social care services that the person has a mental ill health background that would suggest S136 is appropriate then detention under the MHA is unlikely to be appropriate.

Where the person is open to services for severe and enduring mental health problems or there is information to suggest that deterioration in minor mental ill health has occurred then S136 will be **considered** irrespective of the use of intoxicants.

Significantly intoxicated people who are also displaying signs of severe mental disorder should be assessed at the ED to ensure physical health stability prior to transfer to the appropriate place of safety.

Definitions:

Mental Disorder;

“Any disorder or disability of the mind”.

This definition is extremely broad and would include the below conditions:

- Affective disorders, such as depression and bipolar disorder
- Schizophrenia and delusional disorders
- Neurotic, stress-related and disorders, such as anxiety or phobic disorders,
- Obsessive compulsive disorders, post-traumatic stress disorder and hypochondriac type disorders
- Organic mental disorders such as dementia and delirium (however caused)
- Personality and behavioural changes caused by brain injury or damage
- Personality disorders
- Mental and behavioural disorders caused by psychoactive substance use
- Eating disorders, non-organic sleep disorders and non-organic sexual disorders
- Learning disabilities
- Autistic spectrum disorders (including Asperger’s syndrome)
- Behavioural and emotional disorders of children and young people
(Note: this list is not exhaustive)

The definition does not include dependence on drugs or alcohol alone and it would be unlawful to detain such a person under the Act unless a mental disorder was also apparent.

“Finds” and **“A place to which the public have access”** have not been defined within legislation and so the statements tend to become interpreted by case law.

For the purpose of this version of the protocol;

“Finds” will mean any occasion **except where someone has been “put” in a place to which the public have access only for the purpose of then utilising S136.**

If a person was not in a place to which the public have access at the point of first encounter with Police but is later in such a place, unless the caveat above applies, it may then be appropriate for the constable to consider that person to be “found” in order to utilise S136

E.G. Police and ambulance assist a person to the ED for assessment for any reason. If, while in the public area of the ED, the constable considers that the criteria for S136 applies, then it would be in order to utilise S136 as the person is now in a place to which the public have access. This might be appropriate on those occasions where TVP feels compelled to post an officer at the ED because a vulnerable individual is at risk of leaving and subsequently being reported as missing so long as S136 criteria apply. There would be no other power to impose that deprivation of liberty unless arrested for an offence.

Place to which the public have access;

Will include all those areas to which the public or sections of the public have ready access on payment or otherwise or at certain times of the day. It is unlikely to include those places where there is significant restriction on access such as areas where a fob or code is required. It does not apply to private gardens even when that garden is on the boundary of a highway. It does not include a communal area of flats or hostels which are intended for residents. A railway line is not a place to which the public have access.

A Police Officer may lawfully accompany or escort a person between private and public such as to safety from a railway line or to remove a person trespassing. As above, S136 may only be used if the reason for removal to that public place was not for the purpose of utilising S136 but for another lawful purpose.

Place of Safety (PoS):

A PoS as defined in this section of the Act means:

“Any residential accommodation provided by a Local Social Services Authority under Part III of the National Assistance Act 1948 a Hospital as defined by this Act, a Police Station, a Mental Nursing Home or Residential Home for mentally disordered persons or any other suitable place the occupier of which is willing temporarily to receive the person”.

Hospital is defined under the Act as:

“Any institution for the reception and treatment of persons suffering from illness. Any maternity home and any institution for the reception and treatment of persons during convalescence or persons requiring medical rehabilitation”.

Nothing in the above definition compels any place to accept a person detained under S136.

Acceptance into the premises does not automatically mean that responsibility for continued detention of the person is also accepted. Police Officers will

remain responsible for that detained person until a professional hand over of responsibility has been agreed.

However, once a person has been accepted into that place then the premises will be considered to be a place of safety and the 72 hours will commence.

Designated HBPOS arrangements are detailed within this protocol and the above is simply the definition under the Act. However, in practice anywhere suitable could be a place of safety so long as the owner/manager agrees to provide that facility and receive the detained person.

The Mental Health Assessment must begin as soon as possible after the person arrives at the PoS.

MHA CoP 16.27

Commissioners and providers should ensure the availability of sufficient AMHPs and Doctors to meet demand and to ensure timely assessments during day and night. Availability of these personnel will be subject to ongoing monitoring at the PiP.

Place of Safety Arrangements:

Location of and contact details for the Health Based Places of Safety (HBPOS) within Thames Valley are detailed within the table at [Appendix A](#).

Police custody will not be used as a Place of Safety for persons detained under S136 in any but the most exceptional circumstances. Any use of custody will be escalated to the TVP Daily Management Meetings (DMM) and reviewed.

Thames Valley Police should never use Police cells as a place of safety for under 18s. This may mean that alternatives such as a side room or interview room at a Police station may be utilised. It is imperative that all possible activity is undertaken to ensure that a person under the age of 18 is taken or transferred to a HBPOS with all haste. Any use of custody for an under 18 year old detained on a S136 will be investigated at TVP Force Level DMM.

Continued Police support at HBPOS and use of custody as the place of safety will be based on risk assessment detailed at the end of this chapter

HBPOS should ensure that they have arrangements in place to cope with periods of peak demand, for example using other suitable parts of a hospital, neighbouring HBPOS or an alternative place of safety.

MHA CoP 16.36

Where it has been necessary to utilise the Police custody facilities, agencies will work together to facilitate transfer to a HBPOS at the earliest opportunity.

Where the dedicated HBPOS is unable to accept the person a record will be made and escalated to the senior nurse on duty to facilitate acceptance in the HBPOS as soon as possible.

All occasions where the dedicated HBPOS has been unavailable will be escalated to the chair of the local PiP for investigation. This should be facilitated by the senior nurse on duty and the Police liaison officer for the locality.

Where a person remains in Police custody due to lack of availability of a HBPOS for longer than 4 hours this should be considered a serious incident which needs to be escalated and reviewed. Wherever practicable, detention in a police station under S136 should not exceed a maximum period of 24 hours

MHA CoP 16.40

Where a person remains in Police custody following assessment due to lack of availability of a bed for admission this will also be considered a serious incident, escalated and reviewed

Outline of general procedures to be followed in all instances:

Following detention by a Police Officer under S136 MHA, an ambulance **must** be called for triage and conveyance to the PoS. This is not only important in terms of the person's dignity, it is also important in terms of the skills of ambulance staff in assessing whether other medical risks may be masked which may require urgent medical treatment in an Emergency Department.

South Central Ambulance Service (SCAS) comply with the National Ambulance Service s136 Protocol for mental health transport and will aim where possible to provide an ambulance within 30 minutes for transport to a place of safety under S136.

Where a person has been actively restrained for a period of more than 10 minutes officers will immediately refer to ambulance EOC giving details of any symptoms the person is displaying. Consideration will then be given to any need to re-prioritise by SCAS.

Police Officers will not transport a person detained under S136 in a Police vehicle unless the risk assessment indicates that Police resources are the only safe means of transport and all opportunities for securing a suitable health care resource such as an ambulance have been exhausted. Any decision to use a Police vehicle must be justified and documented.

Detaining Officers will escort the ambulance to the PoS to provide the handover to the nursing staff.

The designated HBPOS must be contacted to ensure their availability providing brief details and the ETA. A record of this call must be made in the Police command and control log along with the details of persons spoken to.

The AMHP or EDS for the area the person was detained must be contacted and details provided. There may be cross border arrangements for the arrangements of assessments which will be known to the individual AMHP and EDS.

If it becomes apparent either en route or on arrival at a PoS, that the person requires emergency medical treatment then they will be taken to the nearest ED for that treatment. Following treatment, if the ED or other department within that hospital is not willing for the mental health assessment to commence there, the person must be transferred to another PoS but only following communication and agreement with the AMHP. However, the time of arrival at ED will be the time of arrival at the first place of safety for the overall calculation of the 72 hours.

A search according to S32 Police and Criminal Evidence Act 1984 (PACE) should take place having regard to available intelligence and information and subject to a dynamic risk assessment by the officer.

Following arrest, the Police Officer together with the Police Control Room will have to make an initial assessment as to which PoS is the most appropriate for the individual.

- The locally agreed HBPOS will be the default location.
- Alternative PoS options should be considered and precluded prior to resorting to custody – for example a side room at a Police station or a side room in a hospital. Police will remain and manage the detention of the person. Alternative PoS venues should always be risk assessed for security and suitability prior to use.
- Police custody suite only in exceptional circumstances when the risk caused by the person's presenting behaviour is unmanageably high or all alternative PoS options have been precluded.

A record of the time of arrival at the first PoS (including the ED or alternative PoS) must be taken by the arresting officer as this is the start of the 72 hour time period allowed for the completion of any assessment.

Timings of any subsequent transfer between places of safety must also be recorded along with the details of the PoS and reasons for transfer. Transfers must not be made without agreement by an AMHP, Dr or other healthcare professional who is competent to assess whether the transfer would put the person's health or safety (or that of other people) at risk. It is for those professionals to decide whether they first need to see the person themselves.
MHA CoP 10.38

These times must be made known to the receiving HBPOS or custody and the AMHP

Any use of restraint must be recorded by the arresting officer on the Use of Force Forms as per Thames Valley Police policy. Any use of restraint must also be explained to the receiving nurse at any HBPOS.

Specific Procedures and Responsibilities of Professionals:

The detaining Police Officer will:

- On every occasion request an ambulance to conduct a physical health check and transport the person to the agreed place of safety. SCAS reference number will be recorded. Any decision to use a Police vehicle to transport must be based on risk assessment and the justification recorded. Police Officers must escort the ambulance.
- Conduct a search where the provision of S32 PACE applies

For the purposes of S136:

- Section 32(1) of PACE empowers the police to search the person where that person has been arrested at a place other than a police station. In order to be able to exercise this power, however, the arresting officer must have reasonable grounds for believing that the arrested person may present a danger to himself or others. Section 32(2) further provides that “in any such case”, a constable also has the power to search the arrested person for anything which he might use to assist him to escape from custody.
- A constable may not search a person unless he has reasonable grounds for believing that the person to be searched may have concealed on him anything for which a search is permitted
- Contact the Place of Safety via the control room to ensure availability and notify estimated time of arrival with details of person as above. Officers should not travel to the HBPOS until confirmation has been received that they are able and willing to accept the person.
- Where the designated HBPOS is unavailable consider alternatives (within the area of detention) prior to resorting to custody. Officer must remain with the detained person.
- Contact the AMHP service via the control room and provide all available details.
- On arrival at a HBPOS conduct a joint risk assessment with the HCP to determine any further need for Police attendance which will at all times be based only on risk assessment
- Provide information about the detained person, the location and circumstances leading to the arrest.
- Ensure that the arrival time of any previous Place of Safety (such as the ED) is provided

- Contact the Police Enquiry Centre and provide all the information about the S136 for the Officer Reported Crime (ORC) procedure on Niche.
- Where the PoS is Police custody liaise with the custody sergeant to ensure that duplicate entries are not recorded on Niche.
- If management of the detained person is handed to another Police Officer ensure that Niche is updated with all subsequent activity.
- **Any restraint used MUST be recorded on a “use of force” form as per force policy and full details of the nature of the restraint provided to the receiving Health Care Practitioner.**

The Police Control Room will:

- Contact South Central Ambulance Service to arrange assessment and transport and record details in command and control log.
- If the detained person is being actively restrained contact with SCAS must be via 999 as a medical emergency.
- Contact the HBPOS or custody as appropriate and provide details.
- Contact the AMHP or the Emergency Duty Service (EDS) out of hours for the Local Authority area the detained person was arrested to inform them of the arrest, where the detained person is to be taken and provide with details.
- Record all details in the command and control URN including the names of any professionals spoken to.

Initial Removal to or subsequent transfer to an Emergency Department

- The welfare and medical (physical and mental) needs of a person brought to the ED under a S136 are a joint responsibility with Police and hospital staff.
- Because Hospital Emergency Departments (ED) within the Thames Valley area have not agreed to provide detention facilities for the Place of Safety for persons under a S136 any person being presented there for physical health assessment must remain in the detention of the police.
- Those persons presenting to ED voluntarily with mental health emergencies are not the responsibility of Police unless S136 detention is thought to be appropriate and has been applied.
- Detainees who do not require emergency medical treatment **will not** be taken to the ED as a Place of Safety.
- Police Officers will ensure on arrival at ED that medical staff are made aware of the fact that the person is detained under S136.

- It is the responsibility of Police to ensure the AMHP is informed of the detention. However ED staff should work together with Police to ensure this is done.

MHA CoP 16.32 and 16.42

The senior nurse on duty at the ED will:

- Liaise with Police to ensure that the AMHP service has been contacted.
- Record the time of arrival at and discharge, or transfer, from ED.
- Expedite the triage and assessment of physical health needs to allow swift transfer to the HBPOS.
- Inform the AMHP of any medication the patient has taken (prescribed or otherwise).
- Where there is expected to be a delay in discharge from ED, ensure arrangements are in place to facilitate the commencement of the MHA assessment.
- Maintain communication with all persons during time at the ED.

All professionals present at ED:

Informing an AMHP should not be delayed under any circumstances. Police should refer directly to the AMHP or EDS following the person's detention to ensure timely organisation and setting up of Mental Health Assessments. The AMHP should liaise with the ED to co-ordinate the timing of any mental health assessment, dependent on the overall situation and to ensure the detained person has been provided with their rights. Normally this will commence following transfer to a Place of Safety after the initial medical need has been addressed. Occasionally the mental health assessment will commence in the ED, for example if the person would need to remain there for a prolonged period of time because of their physical healthcare needs. The AMHP will consult with the relevant senior professional in ED about when and where the assessment will be conducted.

Police officers will NEVER leave a S136 detained person in the ED or any other hospital setting or place of safety unless acceptance of the detention of the person has been agreed and the name of the person taking over the detention obtained and recorded.

- **Police officers must satisfy themselves that there is suitable security for the person and staff prior to resuming from the place of safety/hospital**
- Once a person has been accepted in a HBPOS any subsequent transfer to the ED is the responsibility of staff within that HBPOS. Police should not be called back to the HBPOS to facilitate this unless as the result of a joint risk assessment and then only in exceptional circumstances.

Commissioners and providers must ensure that hospital staff have access to suitable secure transport for such an occasion.

- Ambulance and healthcare staff will provide appropriate medical information on whether restraint has been used, whether drugs have been administered and any other observed symptoms which will subsequently need to be known.
- Should any doctor determine that the detained person **does not have a Mental Disorder within the meaning of the Mental Health Act 1983**, then that person must be immediately released from Police custody. Only a doctor may discharge the S136 detention under these circumstances. The AMHP must be informed of this decision
- If the person is discharged from ED but remains in detention under S136 it will be the responsibility of the ED staff to ensure the transmission of relevant medical information (including time of arrival and departure from ED) which may be required by Place of Safety staff, Police Custody Officers or the Health Care Professional (HCP). This should not be done verbally, via the arresting officers but via a health care report.

The person in Charge of Health Based Place of Safety will:

- Ensure sufficient healthcare staff are available to accept persons into the place of safety.
- If the HBPOS is temporarily unavailable making use of alternative arrangements necessary, ensure TVP via 101, or the custody Sergeant if that is the PoS being used and the AMHP service are contacted as soon as it becomes available to facilitate transfer of the detained person. Such occasions must be escalated to senior managers within the Trust.
- Organise staff to accept and complete the booking-in procedure, including recording previous time spent at the ED or other PoS.
- Ensure that rights under the Mental Health Act are explained to the person and a leaflet provided. The provision of rights should be recorded on the electronic or paper records system used in each area.
- Complete an initial/immediate screening assessment.
- Contact the AMHP service and pass on relevant information. Ensure that Police have provided the necessary information relating to the detention prior to them leaving.
- Under normal circumstances Police should not be expected to remain at the Place of Safety longer than 30 minutes.
- Following departure of Police from the PoS, should the behaviour of the detainee deteriorate Police may be asked to return to assist while additional healthcare resources are sought. It is not expected that Police

will remove a person from the HBPOS to custody unless it is necessary to arrest that person for an offence.

When Custody is used as the Place of Safety the Custody Officer will:

- Manage the detention of the individual as if they were a detainee under PACE.
- Make a record in the custody log explaining why the person has been detained in custody rather than the appropriate health based place of safety.
- Immediately make contact with the local AMHP service.
- Make contact with the custody HCP if there are concerns about the person's fitness to detain in custody.
- Ensure that the detained individual is aware of their right to legal representation (Section 58, PACE and mental Health Act 1983) and offer rights leaflets.
- Ensure the AMHP has received full details of the detention circumstances, including access to electronic reports and fully record any action plan agreed with AMHP on the custody record.
- Where the HCP called is not a Section 12 doctor, ensure this is recorded on the custody record.
- Escalate the detention of a S136 detainee to the duty PACE Inspector for relevant representations to be made to the Health Trust.
- Continue to keep in contact with HBPOS and AMHP and escalate any delays in transfer to the HBPOS, the assessment or onward care to the PACE Inspector.
- Ensure that all activity and calls are fully recorded in the custody record.
- Liaise with the detaining officer to ensure that duplicate entries are not created on Niche.
- Ensure in any handover that the detention is escalated to the Police daily management meeting for review

The PACE/Duty Critical Incident Inspector:

As soon as the PACE or critical incident Inspector becomes/is made aware of a S136 being detained in custody they will initiate immediate enquiries to ascertain the appropriateness of that detention in Police cells and consider alternatives.

Any detention in custody should only be for the most exceptional circumstances such as the severely violent presenting behaviour of the individual, the fact that the person has been arrested for an offence as well or because all other PoS options have been precluded.

Contact should be made with the AMHP and local HBPOS in support of the custody staff to facilitate swift assessment or transfer from custody.

Support should be provided to the custody staff to ensure that any transfer from custody is by the most suitable means. Police transport should, again, only be in exceptional circumstances and any justification for a decision to use a Police vehicle or assist in a healthcare vehicle such as an ambulance is documented in the custody record.

Any issues regarding S136 will be escalated by the Inspector to the Criminal Justice Department Chief Inspector for investigation and further liaison with health and social care partners.

Consideration should be given to extra reviews to take into account the vulnerability of such persons.

Where the detainee is also a juvenile this should be treated as potentially critical and alternative arrangements sought immediately.

Police Healthcare practitioners:

Police HCPs are not automatically required to examine S136 detained persons in Police cells. Their role is to assess for fitness to detain which for a S136 would be in case the person has a physical condition that may require emergency assessment and treatment. An HCP examination is not required to assess levels of intoxication as the Police custody Sergeant is capable of making that assessment. The HCP does not form a part of the mental health assessment team and there should be no delay in contacting the AMHP pending examination by the HCP.

The Police HCP must not discharge a S136 unless they are able to state that the detained person **“does not have a mental disorder within the meaning of the Act”**. It is not sufficient that the behaviour displayed by the individual is not, in the HCP’s opinion, due to their mental disorder or worthy of admission to hospital.

Even if the HCP does discharge the S136 Police must ensure contact is made with the AMHP service.

The AMHP will

- Contact the custody suite, HBPOS or arresting officer when alternative PoS arrangements have been implemented as soon as possible after notification to inform them of the arrangements made to commence the assessment.
- Contact the relevant doctor(s) to discuss and agree an action plan.

- Make arrangements for the assessment to commence as soon as possible giving due consideration for the human rights of the detained person.
- Document any justification and reasons for delay in the commencement of an assessment (such as intoxication or treatment in the ED) and escalate accordingly.
- Discuss and agree appropriate care/disposal with all professionals involved where Section 136 may be continued for up to 72 hours if necessary.
- Inform the detained person of their right to leave once the assessment process is complete and where no further arrangements are being made for their ongoing treatment and care.
- Inform the patient if they have been further detained, under which section, and of their right of appeal.
- Where the person is formally or informally admitted to hospital arrange appropriate transport.
- Where the individual is not further detained under MHA ensure any transport need and necessary follow-up is in place.
- Ensure necessary admission papers are provided to the detaining hospital

The S12 Doctor will:

- Contact the local Mental Health Services and GP to establish if the person is known to that service or the EDS if out of hours.
- Liaise with the AMHP and deal expeditiously with requests for assessment.
- Conduct an initial screening assessment of their physical and mental health and report.
- If the doctors reach the opinion that the patient needs to be admitted to hospital, it is their responsibility to take the necessary steps to secure a suitable hospital bed.

MHA CoP 14.77

Trust Staff will:

- Work with the assessing team to expedite the admission of the patient and consider temporary alternatives where the person is in custody but a suitable bed for admission cannot be located. For example recognising the hospitals nominated in the S140 MHA list.
- When locating a bed consideration should be given to the particular needs of the person.

- Local Arrangements for bed finding may differ across the Thames Valley area, and where relevant, the bed managers in each area will advise accordingly.

Discharge from Section 136 MHA 1983

Section 136 is only discharged **after** the person has been assessed by both the AMHP **and** the Doctor, **and** the making of any necessary arrangements for their treatment or care except:

- Where a doctor concludes that the person is not mentally disordered within the meaning of the Act, then they must be immediately discharged from the S136.
- Where an examining Dr has concluded that the person is experiencing a mental disorder the person **MUST** be interviewed by an AMHP even if the Dr feels that admission to hospital is unlikely.

“The authority to detain a person under Section 136 ends as soon as it has been decided to make no application in respect of them under Part 2 of the Act or other arrangements for their treatment or care.

MHA CoP 16.50

- At this point the person **must** be informed that they have been discharged from the section.
- It is not lawful for Police to de-arrest someone detained under S136.

Monitoring

The Police will ensure provision of initial information regarding the S136. The Mental Health Trust will ensure collation of this and subsequent information and share it immediately with the AMHP involved in each case. Police will also provide information from their recording systems where this is required and necessary. This will ensure the basis of overseeing the use of S136 powers in the area.

MHA CoP 16.59 – 16.62

Data should be prepared and circulated for consideration at the local Protocols in Practice meetings.

Analytical consideration are likely to include:

- Age.
- Gender.
- Race/ethnicity.
- CAMHS/LD issues.
- Average length of time from arrival at PoS to release or admission.
- Length of time Police Officers needing to remain at hospital PoS.
- Reasons for delays in commencement of assessment
- How many individuals who were detained under s136 were further detained or admitted informally.

- How many severely intoxicated.
- How many presented with high risk behaviour issues such as violence.
- How many were removed to Police stations and reasons for this.
- Conveyance issues.
- Need for interpreters and any problems in accessing them to ensure MHAAs are conducted in a suitable manner.
- Delays in application for admission and reasons for this

All agencies are responsible for providing information regarding issues in compliance with the Joint Working Protocol to their representative on the PiP, however, issues should, where possible, be addressed at the time.

Risk Assessment Tool S136 MHA - for determining appropriate POS and need for continued Police support:	
<u>Low or unknown Risk:</u> To be managed within Health Based Place of Safety - Continued Police support is not necessary	<u>High Risk:</u> To be managed within the HBPOS with Police support or within Police Custody
Indicators of risk	Indicators of risk
No current or historic behavioural or criminal indicators that the individual is violent or poses a risk to safety.	Currently presented behavioural or criminal indicators that an individual is violent or otherwise dangerous and is an imminent threat to the safety of others OR
	Previous indicators
	Includes violence graver than ABH and/or involving weapons, sexual violence, violence towards NHS staff or vulnerable people
<ul style="list-style-type: none"> • It is not expected that detained persons will be transferred from the HBPOS to custody unless in exceptional circumstances • When there is dispute within this framework, on duty Police Supervisors and on-call Trust Managers should be contacted to resolve the difference. Continued Police attendance will only be based on risk assessment as detailed • Feedback should be provided by managers to ALL professionals involved. 	

REQUESTS FOR ASSISTANCE IN CARRYING OUT MH ASSESSMENTS UTILISING SECTION 135(1) MHA WARRANTS

Introduction

There will be occasions when requests by AMHPs for assistance in carrying out MHA assessments on private premises are made to Police and Ambulance. These occasions will be with the support of a warrant under S135(1) MHA unless in exceptional emergency situations where there is a risk to life or limb. In such case the Police duty supervisor will, in consultation with the AMHP, make a decision about whether the nature of Police assistance requested can be provided without the provision of a warrant or if a warrant still needs to be applied for. It is important to remember that without a warrant, Police powers will be severely limited and restricted only to provide a presence to prevent a breach of the peace. Entry may be forced under the provision of S17(1)(e) PACE, however, once a person's immediate safety has been secured the grounds for remaining on property cease.

Health and Social Care Managers and Commissioners must have due regard to their responsibilities under Health and Safety Legislation detailed in [Appendix D](#)

Locally agreed arrangements on the involvement of the Police or ambulance should include a joint risk assessment tool to help determine the level of risk, what (if any) Police or ambulance assistance may be required and how quickly it is needed. In cases where no warrant for the Police to enter premises under section 135(1) of the Act is being applied for the risk assessment should indicate the reasons for this and explain why Police assistance is nonetheless necessary.

MHA CoP Chapter 4 - 4.47

Procedures

In order to make arrangements for Police attendance to assist at a mental health Act assessment including to execute a warrant under this section the AMHP will contact the Police Enquiry Centre on 101 and a URN will be created. The operator will establish the following information

1. All contact details of the Approved Mental Health Professional making the request. This should include details of persons who will be present at the assessment especially if not the caller.
2. Is this a pre-planned event requiring a warrant or an emergency spontaneous incident with or without a warrant?
3. Are the details of the individual known? It is possible that the person needing the assessment is hitherto unknown.
4. Details, if known, of anyone who is likely to be present. Any details will be checked against Police intelligence systems.

5. What initial risk assessment has been undertaken by the AMHP such as details about household, previous incidents, history of absconding or self harm or threats to others etc.
6. Address for attendance. Checks will be made for previous records of Police attendance at this address.
7. What arrangements have been made for any transportation following the assessment? If a warrant is executed there is still a requirement for an ambulance to have been arranged.
8. Has the local place of safety been contacted with a view to removal there under the terms of a warrant?
9. If there is no suitable bed identified can the execution of the warrant be safely deferred?
10. What location is suggested for Police to meet with the AMHP and Doctors prior to attendance at the address? For example the local Police station

Mental Health Act CoP Chapter 16 states:

- A Police Officer may use powers of entry under section 135 (1) of the Act when it is necessary to gain access to premises to remove a person who is believed to have a mental disorder and is not receiving proper care. This requires a magistrate's warrant. A magistrate may issue a warrant under Section 135 (1) in response to an application from an AMHP.
- The warrant gives any Police Officer the right to enter the premises, by force if necessary. When acting on the warrant, **the officer must be accompanied by an AMHP and a doctor**. It may be helpful if the doctor who accompanies the Police Officer is approved for the purposes of section 12(2) of the Act. The Police Officer may then remove the person to a PoS, where they can be detained for up to 72 hours from the time of their arrival.
- Following entry under section 135(1), the AMHP and doctor between them should, if feasible, carry out a preliminary assessment of the person to determine whether they need to be assessed further for an application under the Act or for other arrangements for care and treatment. It may be possible to carry out any such further assessment in the premises themselves, with the person's consent.
- Where a section 135(1) warrant is used, the AMHP, the hospital managers or the LSSA (as appropriate) should ensure that an ambulance or other transport is available to take the person to the PoS or to the place where they ought to be, in accordance with this joint working protocol.
- If it is apparent, either en route or on arrival at a PoS, that the person requires emergency medical treatment then they will be taken to the nearest ED for that treatment. Following treatment they will be returned to

a PoS unless arrangements are made for the mental health assessment to be conducted in the ED.

Having executed the warrant and gained entry, Police will generally remain for the duration of the assessment until an application has been made or a decision not to detain has been reached or removal to a PoS has become necessary. If the Police officers leave they will not then later be able to return and remove the person to a PoS under the provision of the warrant

Procedures:

AMHPs are responsible for

- Taking the lead role in co-ordinating assessment under this section of the Act.
- Obtaining the S135(1) warrant.
- Communicating with Police to provide details as per the 10 questions above.
- Ensuring that communication with and between all individuals and agencies involved in the assessment process is maintained as effectively as possible.
- Completing a risk assessment prior to the MHA assessment based on information available from the referrer and all other relevant sources.
- Giving Police sufficient information to enable them to assess the level of risk that is likely to be encountered so they can ensure the safety of all concerned. (This includes the details of any risk assessment conducted as bullet point above and any other information that may be relevant to the individual or premises).
- Where there is a possibility of the person needing to be removed to a PoS this needs to be discussed with Police in advance and appropriate transportation and PoS considered and arranged.
- Agreeing timing of Police presence through contact with the Police CR&ED in the light of the AMHP's and Police risk assessment.
- Coordinating the time and place of the assessment and ensuring that all the necessary parties are present and suitably briefed.
- Arranging the appropriate transport for a person who is being detained with due regard to the person's dignity and safety
- Ensuring that the admission papers are received by authorised hospital staff at the point of admission.

- In conjunction with other professional staff involved, ensure that the person is safely admitted.
- Making appropriate arrangements for securing the person's property in conjunction with the police. (Both securing premises and arranging to bring essential personal items to the hospital with the person as necessary).
- Ensuring that the relevant information/report about the person's circumstances is received on the ward to which the person is being admitted, regardless of whether the person is being admitted formally or informally.

South Central Ambulance NHS Trust will:

Provide the preferred means of transport for people being admitted to hospital and agree to accept the delegated authority to convey detained persons.

SCAS Emergency Operations Centre (EOC) will:

- Take details of the AMHP's call requesting an ambulance and provide a reference number.
- Work in partnership with AMHP requests over the method and timing of assistance taking into account availability of resources. Front line ambulances cannot be booked more than 2 hours in advance and AMHPs should take in to consideration peak demand times on emergency services when planning timings of assessments
- Inform the AMHP or other designated contact of any delay or difficulty in providing the requested ambulance.
- Give the ambulance crew full details to enable them to carry out their duties, including details of the current risk assessment.
- Consider use of an Intermediate Tier vehicle or car if there is an escort available and the situation is assessed as low risk.
- The shift officer will liaise with AMHP regarding co-ordination for the time of arrival where both Police and Ambulance Service are needed.

South Central Ambulance NHS Trust / Qualified Staff will:

- Work in partnership with others present at the assessment, including AMHP, doctors or police.
- Contribute to the care of the person and their physical well being.
- Make a record of the call to the person, including information on any medication the person is using.
- Following delegation by the AHMP, pass information and legal documents to the person authorised to receive them at the hospital on arrival.

- Ensure they have the appropriate documentation required to lawfully convey the person.

Thames Valley Police:

Police Control Room and Enquiry Department (CR&ED) is responsible for:

- Providing a Unique Reference Number (URN) following the call for the requested assistance.
- Taking details of the AMHP's call requesting a Police presence and ensuring a record of all the details as per the 10 questions above.
- Ensuring that the local duty Police supervisor is aware of the detail of the URN and is available to risk assess, and where applicable, oversee it.

The Local Police Supervisor will:

- Discuss with the AMHP the details of the risk assessment and ensure there is no further information or intelligence available and relevant to the individual or premises.
- Where attendance is agreed ensure that the Police presence is allocated to arrive at the designated address if at all possible at the requested time, liaising with the AMHP and ambulance service, confirming and agreeing meeting time and place, resourcing, mode of dress, Police powers to be used, any 'Method of Entry' equipment required and the appropriate transportation of the person being assessed.
- Provide the attending officers with a full briefing to enable them to assess the scale of response that will be necessary to discharge their responsibility whilst ensuring the safety of all concerned.
- Inform the AMHP, ambulance service, or other designated contact, of any delay.

Attending Police Officers will:

- Agree with the AMHP how a handover of the lead role will take place should violence occur or be threatened.
- Help to effect admission to the premises in a peaceful way, even by simply being there.
- Complete the S135(1) form and provide a copy of the warrant, if executed, to the person or the householder.
- If there is violence or a threat to public order, take necessary action to prevent a breach of the peace and ensure the safety of all concerned, including, where appropriate, acting as escort to the person being removed

to a place of safety. This should be agreed in advance with the duty Supervisor.

- Provide Police transport only when the assessed risk makes this the only safe method of transport and only when all other more appropriate healthcare transport has been precluded.
- Forward the Police copy of the warrant to their local Area Intelligence Team readers for a Niche record to be created and filing.

Section 12 Doctors:

The role of the section 12 approved Doctor in the process is to:

- Examine the person.
- Assess the nature and seriousness of any mental disorder and the need for further assessment or treatment in hospital.
- Liaise with others involved in the assessment and to complete a medical recommendation where appropriate.
- Determine with the AMHP the most suitable location for the assessment to be carried out; if not at the location the warrant was executed.
- Take the necessary steps to secure a suitable hospital bed.
- Ensure that the ambulance crew and escort/Police receive details of any medication the person has been given, including sedation. The ambulance crew should be informed of any medical condition from which the person may be suffering which might affect the approach that should be taken (e.g. a heart condition or any infectious disease). The ambulance crew is responsible for recording this information on their call record sheet.

Hospital based medical and nursing staff:

The roles of hospital medical and nursing staff and hospital managers include admitting the person either as a place of safety or as an admission under the relevant section, receiving the admission papers and checking that all documentation is correct.

Admission and Handover at Hospital:

The AMHP is responsible for ensuring that admission papers are completed correctly and handed to the relevant manager or senior nurse. The AMHP may delegate the tasks of conveying a person and handing over the admission papers, but retains full responsibility for ensuring that person's personal belongings are safely with them.

All agencies are responsible for providing information regarding issues in compliance with the joint working protocol to their representative on the PiP, however, issues should, where possible, be addressed at the time.

General Note:

- The existence of a warrant does not mean it must be executed.
- The decision to execute a warrant is that of the Constable.
- The warrant is executed once entry to the premises has been effected by the constable either by force or by invitation of the householder who is aware of the warrant's existence.
- If the householder invites entry without being aware of the existence of the warrant and without the constable producing the warrant then the warrant has not been executed.
- If the householder withdraws permission for entry then execution of the warrant would become necessary.
- For a warrant under this section to be executed the constable **MUST be escorted by a Dr and an AMHP.**
- **When the warrant is executed the Officer must complete the s135 documentation and provide the person and/ or the householder with a copy.**

Legal Framework:

The warrant allows the Police constable to enter, if need be by force, and remove the patient to a place of safety (as defined under the Act).

The constable may use reasonable force to execute the warrant which may include restricting the movement of persons within the premises while the premises are being searched for the patient.

Having removed the patient to a place of safety they can be held there for a period of not more than 72 hours

The legal framework in this area alters immediately after the application to admit to hospital has been signed. The person is then in legal custody by virtue of Section 137 MHA as an application has been made under S2, S3, or S4 MHA. This allows all concerned to intervene to restrain, remove and escort the person to the hospital.

Sections 6 and 137 MHA together give the AMHP the duty to take and convey the person to hospital. From this point onwards the AMHP may delegate to anyone professionally involved the right to convey and if necessary restrain the person.

Delegating the right does not infer that the relevant agent (e.g. Police or ambulance) are obliged to provide that conveyance. Ultimately the decision to convey by Police or Ambulance vehicle will remain the province of TVP and SCAS.

S17(1)(e) PACE provides Police with a power to enter and search any premises without warrant if such action is required to save life or limb or to prevent serious damage to property. Saving life or limb infers a degree of apprehended serious bodily harm and would cover preventing a person from causing harm to themselves or others. This section does not provide Police with the authority to remove any person from the premises.

MENTALLY ILL PERSONS IN POLICE CUSTODY

Mental Health Assessment of offenders in Police custody

Where persons are detained in custody to be investigated for alleged offences, the Custody Officer has an obligation to consider their physical and mental health and there are specific requirements and limitations under the Police and Criminal Evidence Act (PACE)

Where a HCP decides that an assessment of mental health such that admission to hospital may be required for someone detained for offences, such persons should be assessed with the same degree of urgency as those detained under S136. In actual fact, irrespective of the duty of care for the detainee, the Police and Criminal Evidence Act (PACE) has a much shorter time clock than S136 MHA (24 hours) which increases this urgency as the investigation into the offences the person was arrested for cannot continue properly prior to the mental health assessment.

Where an individual is detained by the Police in circumstances where they could *either* have been arrested for a criminal offence *or* detained under S136 MHA, they should be arrested and removed to a Police station unless the offence is so trivial as to be safely set aside for the purposes of prioritising a mental health assessment. This might well occur where the offending was very low-level, possibly 'victimless' and / or where the behaviour it is also most likely to be related to their mental health condition. It is lawful to arrest for both S136 and the criminal offence. In this situation the S136 will take initial priority.

If, having been assessed, a medical recommendation for admission is made which has the agreement of the AMHP then all measures to expedite that admission to hospital must be made.

Under the Police and Criminal Evidence Act, in order for a custody sergeant to authorise detention he must be satisfied that either there is sufficient evidence to charge the person for the offence for which he was arrested and may detain him at the Police station for such period as is necessary to enable him to do so.

or;

If the custody officer determines that he does not have such evidence before him, the person arrested shall be released either on bail or without bail, unless the custody officer has reasonable grounds for believing that his detention without being charged is necessary to secure or preserve evidence relating to an offence for which he is under arrest or to obtain such evidence by questioning him.

If at any time a custody officer—

- (a) becomes aware, in relation to any person in Police detention, that the grounds for the detention of that person have ceased to apply; and

(b) is not aware of any other grounds on which the continued detention of that person could be justified under the provision of this part of this Act, It shall be the duty of the custody officer, subject to subsection (4) below, to order his immediate release from custody.

A person arrested for an offence shall not be kept in Police detention except in accordance with the provisions of this Part of this Act.

The implications are that once it has been made apparent to the custody Sergeant that the detained person is not fit for interview and there is insufficient evidence to charge them with the offence the Sergeant must release them from custody with or without Police bail. To hold them any longer in custody pending an admission under the MHA would be unlawful.

Thames Valley Police has taken the view that the safety and welfare of the detained person is paramount and will continue to hold the person in custody or in the police station for as long as the welfare of the person remains an issue and so long as reasonable attempts are being made to expedite the admission and/or transfer from custody.

The requirements under S13 and S140 MHA at section 4 below should be complied with. Investigation and review should occur where this is not the case. See below.

APPLICATION FOR ADMISSION TO HOSPITAL - implications

S13 Mental Health Act states:

S13(1) If a LSSA have reason to think that an application for admission to hospital or a guardianship application may need to be made in respect of a patient within their area, they shall make arrangements for an AMHP to consider the patient's case on their behalf.

S13(1A) If that AMHP is;

b) Satisfied that such an application ought to be made in respect of the patient and

c) Of the opinion, having due regard to any wishes expressed by relatives of the patient or any other relevant circumstances, that it is necessary or proper for the applications to be made by him, **he shall make the application**

The MHA CoP states that LSSAs are responsible for ensuring that sufficient AMHPs are available to carry out their roles under the Act over the 24 hour period.

S140 Mental Health Act states:

It shall be the duty of every Clinical Commissioning Group (CCG) and of every Local Health Board (LHB) to give notice to every Local Social Services Authority for an area wholly or partly comprised within the area of the CCG or LHB specifying the hospital or hospitals administered by or otherwise available to the CCG or LHB in which arrangements are from time to time in force

a) For the reception of patients in cases of special urgency

b) For the provision of accommodation or facilities designed so as to be specially suitable for patients who have not attained the age of 18 years

Explanation:

Once AMHPs have decided that an application should be made....
They **MUST** make the application.

This does not take into consideration the fact that there may be difficulties in identifying a suitable bed for admission. Substantial delays in making an application while arrangements are considered once a decision to admit has been made would not, therefore, be lawful.

The Mental Health Act Commission made suggestions that if an AMHP cannot make an application for a patient to be admitted to hospital in an emergency because no beds are available then the AMHP should complete an application making it out to the hospital which has been notified to them by way of the S140 list as above.

The specified hospital is not obliged to admit the patient; however a refusal to admit should only be made with good reason.

Implications for this protocol:

Within Thames Valley, cases of special urgency occur on a regular basis. Where Police are not involved then this is a matter between the LSSA and the CCG and LHB.

Where Thames Valley Police are involved there is an expectation that the application for admission will be made where the criteria as set out above are made.

For example:

Community assessments not involving a S135(1) warrant

S136 patients in custody having to spend prolonged periods of time in a cell.

S136 or s.135 (1) detainees in HBPOS – delay in admission may also effect other S136 or S135(1) detainees from accessing the HBPOS

Detainees in Police custody following arrest for an offence. Delay in admission may result in an unlawful detention of the person and also have implications for the procedure of justice by way of investigation of the offence within the 24 hours allowed by PACE.

In a community or HBPOS setting the patient may be at risk of self harm or harm from others or may be a risk to others including Health and Social care or other professionals - this will also have implications under HSE legislative requirements.

Appropriate care and safety of a person awaiting admission must be considered without recourse to the use of Police Officers.

MISSING OR ABSENT PATIENTS INCLUDING ABSENT WITHOUT LEAVE (AWOL)

Introduction:

This protocol relates to patients within NHS Hospitals, Private Hospitals, community supported accommodation and those patients in the community on a Community Treatment or Guardianship Order or on S17 leave or are conditionally discharged restricted persons by Ministry of Justice. The procedures remain the same for each.

The stated intention of this protocol is to:

- Protect missing or absent patients who may be at risk.
- Protect the public from patients reported as missing or absent who may pose a risk.
- Ensure the appropriate response from Mental Health Trusts and Hospitals and Local social Services Authorities responsible for the individuals in their care.
- Ensure that Thames Valley Police resources are used and respond appropriately and effectively to investigate missing/absent reports.

Thames Valley Police definition of missing and absent:

“A patient will be considered missing when their whereabouts cannot be established and where the circumstances are out of character or the context suggests the person may be a subject of crime or at risk of harm to themselves or another.”

“A patient will be considered as absent if they are not at a place where they are expected or required to be”

These two definitions are irrespective of the relative Mental Health Act status of the patient.

For example:

- A person may be absent without leave due the fact they are a detained patient and have not been granted S17 leave or have overstayed their leave, however, if there is no identified risk they will be considered as absent.
- A patient may be voluntary but very vulnerable and so while they may be legally at liberty to leave they may be considered as missing due to level of risk.

There will be occasions when a patient may be considered as both absent without leave (AWOL) and a missing person. If they are AWOL from a hospital, their whereabouts unknown and there is an identified level of risk. In such circumstances they will be recorded as missing with their detention status and relevant associated powers recorded as part of the process.

Procedure:

Considered and accurate risk assessments should be carried out at the earliest opportunity for missing and absent patients. These risk assessments should continue at regular intervals until the person is located.

The Police Control Room and Enquiry Department (CR&ED) will provide a specific point of contact to make and receive reports and enquiries about absent or missing patients throughout a 24 hour period. TVP will classify reports in accordance with information received. TVP will further undertake appropriate enquiries and deployments to trace and locate missing persons.

The process will involve call takers asking 10 risk assessment questions of a reporting person to determine if a person is missing or absent. If deemed absent the response will be a multi-agency problem solving one, rather than the deployment of patrol staff to commence an investigation.

If the risk assessment deems the person to be absent rather than missing, a call back time will be agreed with the person making the report and the Police log deferred for a call back by the control room at the agreed time. When that call back is made, the ten questions detailed below should be revisited. If the answers to any of them reveal an increased risk, the record should be changed to missing, and response officers deployed.

If a risk is not identified, a further call-back time should be agreed up to 48 hours. At 48 hours the Control Room Supervisor must review the log and consider whether it can be closed or changed to a missing report due to the time period indicating the incident may now be 'out of character' for the reported absent person.

If the log is closed, the absent occurrence will remain open until such time as it is reviewed by a missing person co-coordinator who feels there are no further enquiries to be made and the person does not wish to be found. At that time it can be closed but a locate/trace marker will remain on the Police National Computer.

Specific definition of terms:

Absent without Leave (AWOL)

Under section 18 of the Mental Health Act, patients are considered to be AWOL in various circumstances, in particular when they:

- Have left the hospital in which they are detained without their absence being agreed (under section 17 of the Act) by their responsible clinician.
- Have failed to return to the hospital at the time required to do so by the conditions of leave under section 17.

- Are absent without permission from a place where they are required to reside as a condition of leave under section 17.
- Have failed to return to the hospital when their leave under section 17 has been revoked.
- Are under a supervised community treatment order and have failed to attend hospital when recalled (persons under a Community Treatment Order (CTO) may be liable for recall to hospital by their responsible clinician. Failure to adhere to the recall notice within the prescribed time will then classify the person as AWOL).
- Are under a CTO and have absconded from hospital after being recalled there.
- Are conditionally discharged restricted persons whom the Secretary of State for Justice has recalled to hospital.
- Are under guardianship and absent without permission from the place where they are required to live by their guardian.

In addition, there are various situations in which persons are considered to be in legal custody under the Act. These include, for example:

- The detention of persons in places of safety under section 135 or 136 MHA.
- The conveyance of persons to hospital (or elsewhere) under the Act, including where patients are being returned to hospital when they have been AWOL.
- Where a patient's leave of absence is conditional on their being kept in custody by an escort.

Section 18 of the Mental Health Act provides a power to retake these patients back to the hospital or place they are required to be by:

- Any AMHP.
- Any officer on the staff of the hospital.
- Any Constable.
- Any other person authorised in writing by the Managers of the hospital.

The level of risk will always determine the appropriate response.

URN: and Reference Number:

When a report of a patient being missing or absent is made to the Police, an incident will be created on the Force Command and Control System. This incident will have a unique reference number (URN) allocated to it. This number should be used in all communication about the missing/absent person. If the person is placed on the TVP missing person data base a separate reference number will relate to that record.

Section 135(2) MHA Warrant:

A warrant under section 135(2) may be applied for by a person authorised under the MHA or a Constable to take a patient into custody or retake a patient who is liable to be taken or retaken where there is reasonable cause to believe that the patient is to be found in a particular premises where admission has been refused or it is expected to be refused. The warrant will authorise entry by a Constable if need be by force to remove the patient into custody or to the place they are required to be. The MHA Code of Practice recommends that when a warrant issued under section 135(2) is being used, it is good practice for the Police Officer to be accompanied by a person with authority from the managers of the relevant hospital (or local social services authority (LSSA), if applicable). For patients on supervised community treatment (SCT) it is good practice for this person to be, if possible, a member of the multi-disciplinary team responsible for the patient's care.

Responsibilities:

The Relevant Mental Health Trust and/or Hospital or LSSA retain responsibility for the welfare and recovery of the missing/absent patient at all times and must have made appropriate enquiries and efforts to locate and return the patient before reporting to Police (e.g. carers, next of kin, school etc) unless the level of risk indicates that immediate reporting to the Police is essential. When reporting patient to the Police there is an expectation that the person making the report will have access to details need by police as per the 10 questions but including; medication, GP details, description of person including clothing last seen in and where possible a recent photograph. A joint risk assessment will then determine the level of Police response needed. Use of Police to return patients to hospital will be as a result of a risk assessment and not as a result of a lack of appropriate resources.

The person making the report and/or the responsible agency will provide details of a "Responsible Individual" when a report or request for assistance is made.

Mental Health Trust/Hospital or LSSA Staff will:

- Conduct a thorough search of premises and grounds, where it has authority to do so, before making reports to Police unless the patient is high risk or missing from somewhere else. The name of the professional responsible for undertaking the search is to be included on the report.
- Supply sufficient information to enable TVP to undertake the required investigation in an effective manner. It is recommended that hospitals consider capturing a photograph within the patient's care file (which may need to be obtained from family) and at the very least a detailed description. This information should be recorded on receipt of new clients in anticipation of a missing report and to ensure that comprehensive information is available to both internal staff and Police at short notice and in urgent cases.

- Provide a current risk assessment to Thames Valley Police on making the missing person report. This will include information to enable them to assess the level of physical threat that is likely to be encountered so they can ensure the safety of all concerned, any medical risks as a result of medication not having been taken or other healthcare issues as well as the relevant information on whether an urgent Mental Health Act assessment is to be undertaken once an informal patient has been located (this information may lead to Police utilising their powers under S136 MHA if they locate the patient in a public place).
- Provide TVP with details of the status of the missing patient, specifically whether they are an informal patient or detained under a particular section of the MHA (i.e. missing or missing and AWOL). This will include details of the expiry of the relevant section and what power exists to lawfully retake them.

Apart from personal information and a detailed description the below 10 questions will be the minimum information that is required at the point of reporting to police. These questions are standard for all reports of missing/absent persons:

1. What is the specific concern that has caused you to call the Police?
2. What has been done so far to trace this individual?
3. Is this significantly out of character (has there been a recent change in the person's behaviour?)
4. Do they need urgent medical attention or essential medication that is not likely to be available to them? Police will be keen to ascertain the type and purpose of medication and the specific risk should there be a delay in the person taking the medication.
5. If under 18 years are they currently at risk of child abuse including child sexual exploitation?
6. Are they likely to be subjected to any other crime?
7. Are they likely to be the victim of any other form of abuse?
8. Are they likely to attempt suicide?
9. Do they pose a danger to other people?
10. Is there any other information relevant to their absence? (e.g. power of arrest associated with mental health order)

Once the patient has been located the Trust/Hospital/LSSA etc will:

- Where entry is required into private premises within the local area, obtain the appropriate warrant or assist Police from other areas with information to facilitate the obtaining of a warrant in that area.
- Liaise with local Police to co-ordinate the time and place of the retaking, recalling or execution of a warrant and ensure that all the necessary parties are present.
- Ensure that all necessary MHA and departmental documents are completed, including confirmation of serving of recall notice in cases where that is required.
- Arrange the appropriate transport for the patient which includes arrangements with other Police forces for patients located outside the Thames Valley Area. Responsibility for repatriation of the patient remains with the detaining hospital or agency with care responsibility. TVP will not be involved in this unless the risk assessment indicates that Police resources are the only safe means.
- Make appropriate arrangements for securing the patient's property, both securing premises and arranging to bring essential personal items to the hospital with them, as necessary.
- Ensure that the relevant information about the patient's circumstances is received on the ward or location to which the patient is being taken.
- Be responsible for informing Police once the patient has been returned and will undertake interview/enquiries as appropriate in relation to the welfare of the individual.
- Facilitate the "safe return" check that may be undertaken by TVP. These checks are an important part of the missing person investigation and will involve a Police Officer speaking with the patient and members of staff. The information will be to determine if the person has come to any harm or if any criminal offences have been committed. It may also be useful in any future missing episodes.

Thames Valley Police:

- All reports of Missing or Absent people will be managed in line with the Thames Valley Police Standard Operating Procedure
- The Police CR&ED will receive all reports of missing or absent patients on behalf of the Police.
- The Police will manage and co-ordinate all reports from whatever source.
- The Police will provide a service to receive reports 24 hours each day.

- The initial Police attendance will be graded in line with Force Missing Persons Policy.
- The Police will provide an URN for each report confirming receipt.
- The Police will provide a reference number for those missing persons placed on the missing person data base.
- The Police will initiate a safe return check for all patients where there are concerns regarding their vulnerability

South Central Ambulance NHS Trust:

The South Central Ambulance NHS Trust are commissioned to provide the preferred means of transport for people being admitted to or returned to hospital within the SCAS geographic area. The detaining hospital or other responsible agency retains responsibility for ensuring appropriate transport arrangements are agreed with providers.

Risk assessment Matrix for grading a patient as missing or absent

In all cases a record will be made on the Police National Computer

High risk

The risk posed is immediate and there are substantial grounds for believing that the subject is in danger through their own vulnerability; or may have been the victim of a serious crime; or the risk posed is immediate and there are substantial grounds for believing that the public is in danger. This category requires the immediate deployment of Police resources and a member of the Local Police Area senior management team or similar command level must be involved in the examination of initial enquiry lines and approval of appropriate staffing levels. Such cases should lead to the appointment of an Investigating Officer and possibly a Senior Investigating Officer. There should be a press/media strategy and/or close contact with outside agencies. Family support should be put in place. The National Missing Persons Bureau should be notified of the case without undue delay.

Medium risk

The risk posed is likely to place the subject in danger or they are a threat to themselves or others. This category requires an active and measured response by Police and other agencies in order to trace the missing person and support the person reporting.

Low risk

There is no apparent threat of danger to either the subject or the public. In addition to recording the information on the Police National Computer, the Police will advise the person reporting the disappearance that following basic

enquiries and unless circumstances change, further active enquiries will not be carried out by police. Low risk missing persons however, must be kept under review, as risk can increase with the passage of time.

Absent

There is no risk of harm to or by the person or there is no identified risk. In such situations Thames Valley Police do not anticipate receiving a report about the absent person and will not deploy staff to investigate..

Monitoring:

The local PiP will be the venue for monitoring the reports of missing and absent patients. Any occasions where there are repeat reports will generate a multi agency problem solving initiative to agree actions and care plans.

TRANSPORT AND CONVEYING

This section should be read in conjunction with Police use of restraint

Introduction

This Transport and Conveying section of the protocol has been drafted in partnership by all the agencies with a key role in providing transportation services for patients subject to Section 137 of the Mental Health Act 1983 as per the Code of Practice 2008. The key agencies involved, agree to co-operate and organise transport to efficiently convey patients placing their need for dignity and safety at the centre of the process. Patients who are already detained under the Act remain the responsibility of the detaining hospital which includes arrangements for any subsequent transportation of that person if, for example, they are AWOL or need to be moved from one hospital or ward to another.

It is for Clinical Commissioning Groups (CCG) to commission ambulance and patient transport services to meet the needs of their areas.

CCG should ensure, through their contracts that appropriate transport will be made available in a timely manner where it is needed to convey patients under the Act. This includes those patients who require levels of compulsion and restraint. It is for service providers, whoever they are, to provide those services in accordance with their contracts.

Thames Valley Police are not providers of transport for patients, detained or otherwise. While it is accepted that there is a legal basis for Police to assist with the transportation of persons to hospital when detained under the Mental Health Act; the threshold for such assistance is necessarily high.

On every occasion Police will only provide or assist with the transport once alternative arrangements for a more suitable conveyance have failed. Any use of Police resources must be risk assessed, justified and documented. Even then Police constables must secure the authority of a supervisory officer unless in an emergency.

Legal Framework

The following paragraphs identify the legal framework:

Section 137 Mental Health Act 1983:

Any person required or authorised by or by virtue of this Act to be conveyed to any place or to be kept in custody or detained in a PoS or at any place to which he is taken under Section 42 (6) shall, while being so conveyed, detained or kept, as the case may be, be deemed to be in legal custody.

- A Constable or any other person required or authorised by or by virtue of this Act to take any person into custody, or to convey or detain any person shall, for the purposes of taking him into custody or conveying or detaining him, have all the powers, authorities, protection and privileges which a Constable has within the area for which he acts as Constable.

- In this section “convey” includes any other expression denoting removal from one place to another.

Reference should be made to Chapter 17 MHA CoP

Section 137(2) MHA provides that a person who is required or authorised to detain or convey a person who is in legal custody shall have the powers of a Constable when so acting. These powers include the power to use reasonable force to secure the conveyance of the person. A person who escapes can be retaken under s.138

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Section 18(7) additionally provides a power to take a person under community treatment, a person who is subject to guardianship or a detained patient who has been granted leave of absence under s.17 to the hospital or place he or she is required to be. Reasonable force may be used to ensure that the patient is taken to that hospital or place.

When Police have detained an individual under S136 MHA or are involved in the execution of a S135(1) or (2) warrant, transport should be in the form of an ambulance vehicle or other healthcare transport appropriate in the circumstances. In exceptional circumstances it may be expedient to convey seriously ill or injured persons to hospital using a Police vehicle. This will normally only arise if an ambulance or other appropriate vehicle is not available or is severely delayed and the officer believes that there is a very real likelihood of death or a serious deterioration in a person’s health occurring if they are not conveyed to hospital immediately. Risk assessments will be carried out on a case by case basis. Any such transfer in a Police vehicle will involve the authority and direction of a senior Police manager.

Roles and Responsibilities

This section sets out the roles and responsibilities of the agencies and practitioners involved in MHA assessments and therefore in facilitating admissions. In almost all situations, it is essential for all services and staff involved to ensure the least possible delay between the start of an assessment and an admission to hospital. Delays are likely to lead both to distress for the patient and family concerned and to increased risk.

CoP para 17.27 states “policies should ensure that AMHPs (in particular) are not left to negotiate arrangements with providers of transport services on an ad hoc basis, in the absence of clear expectations of responsibilities of all those involved”.

Approved Mental Health Professionals (AMHP)

The AMHP is responsible for:

- Arranging admissions, ensuring that all necessary arrangements are made to convey the person to hospital in a lawful, dignified and humane way.

- Arrange transfers between places of safety in liaison with Ambulance Emergency Operations Centre (EOC) and Police.
- Where there is a threat to life or limb, call 999 for relevant immediate response.
- Providing a completed “Authority to Convey” form and completed, signed section papers for the Ambulance Crew when an ambulance is used.

A person may be transferred between Places of Safety whilst detained under the Mental Health Act 1983. If a person requires urgent medical attention before or after arrival at the PoS they may be taken to the Emergency Department (ED) under the provisions of the MCA 2005.

The transfer may only occur if the below applies:

- The decision to transfer between PoS, in each case should reflect the individual circumstances. For example, where the purpose of the transfer would be to move a person from a Police station to a more appropriate health care setting and vice versa, the benefit of that needs to be weighed against any delay it might cause in the person’s assessment and any distress that the journey might cause them.
- Unless it is an emergency where a person is transferred to ED, a person should not be transferred without the agreement of an AMHP or a doctor or another healthcare professional competent to assess whether the transfer would put the person’s health or safety (or that of other people) at risk. It is for those professionals to decide whether they first need to see the person personally.
- Persons will not be moved from one PoS to another unless it has been confirmed that the new PoS is able to accept them.
- The details of the individual authorising the transfer and the reason for it will be recorded on, as appropriate, the custody record, Police Command and Control and/or EOC log and Unique Reference Number (URN) taken.
- Where the request to transfer is not authorised the reason for it being declined and the person declining will be recorded on the custody record as appropriate.

South Central Ambulance NHS Trust (SCAS)

The South Central Ambulance NHS Trust provides the preferred means of transport for people being admitted to hospital.

SCAS EOC is responsible for

- Taking details of the AMHP’s call requesting an Ambulance.
- Providing a reference number identifying the request.

- Shift officer liaising with Police and AMHP to coordinate the time of arrival where both services are needed.
- Informing the AMHP or other designated contact of any delay or difficulty in providing the requested ambulance.
- Giving the ambulance crew full details to enable them to carry out their duties.

Ambulance Crew are responsible for

- Working in partnership with others present at the assessment, including AMHP, doctors or police.
- Contributing to the care of the person and their physical well being.
- Making a record of the call, including information on any medication the person is using.
- Passing information and legal documents to the person authorised to receive them at the hospital on arrival.

Thames Valley Police

Police Enquiry Centres are responsible for

- Providing a URN for the assistance request.
- Taking details of the person requesting a Police presence, including details of the risk assessment.
- Ensuring that the duty supervisor is aware of the incident and is available to risk assess, and where applicable, oversee the request.
- Carry out relevant background intelligence checks.

The Duty Supervisor together with Control Room Supervisors and attending Officers will

- Determine if a Police resource is appropriate and decide what the level of Police response should be.
- Provide Police transport and/or escort when the high risk of absconding or violence makes this necessary due to lack of alternative more appropriate healthcare transport being available. Always based on risk assessment.
- Confirm and agree, resourcing, Police powers to be used and the transportation level appropriate to each case.

- Provide the attending officers with a full briefing to enable them to assess the scale of response that will be necessary to discharge their responsibility whilst ensuring the safety of all concerned.
- Inform the AMHP, Ambulance Service, or other designated contact, of any delay or inability to resource at the earliest possible time.
- Agreeing with relevant personnel how a handover of the lead role will take place should violence occur or be threatened.
- If there is violence or a threat to public order, taking necessary action, acting in accordance with staff personal safety training, to prevent a breach of the peace and ensuring the safety of all concerned, including, where appropriate, acting as escort to the person in the ambulance. This should be agreed in advance with the duty supervisor.
- If substantive offences are committed by the person, officers should consider the need to exercise arrest powers.
- Pass information and legal documents to the person authorised to receive them at the hospital on arrival.

Section 12 Doctors

The role of the examining doctor in the process is as follows:

- Arranging the appropriate transport likely to be an ambulance if the person is being admitted informally.
- Ensuring that the ambulance crew and escort receive details of any medication the person has been given, including sedation.
- The ambulance crew should be informed of any medical condition from which the person may be suffering which might affect the approach that should be taken (e.g. a heart condition or any infectious disease).
- The ambulance crew is responsible for recording this information on their Patient Clinical Record Form.

Nurses

- A nurse may need to take on the role of an escort.
- It is not expected to be a routine practice for persons who have not been sedated to be escorted by a nurse.
- However, there may be occasions when it is appropriate and feasible for a nurse to act in this capacity.

Working with SCAS and other transport service EOC:

It is good practice to inform the EOC of the address and time of assessment. The EOC can then be contacted once the assessment is complete and a decision has been made to admit the person to hospital or where admission is not required, to cancel the request.

EOC should be informed of any special requirements, including the need for a bariatric vehicle if or when necessary (for those over 25 stone/159 Kg). EOC will require the completion of a booking form for the purpose of risk assessment and ensuring provision of the correct vehicle.

After the Assessment, when the person is to be admitted, and will need to go to hospital, the EOC will require the following information:-

- The person's name or other identifying information (e.g., gender, age) and relevant history.
- The outcome of the risk assessment and of the factors which lead to the current risk assessment.
- The address from which the person will be conveyed.
- The urgency of the need.
- The person's legal status: informal or in legal custody.
- Agreed rendezvous point.
- The person's condition. Not necessarily their psychiatric diagnosis, but whether they have been sedated, or whether there is another relevant medical condition.
- Patients who have been sedated before being conveyed should always be accompanied by a health professional who is knowledgeable in the care of such patients, is able to identify and respond to any physical distress which may occur and has access to the necessary emergency equipment to do so. Best practice is for the person giving the drug to accompany the patient. (Code of Practice 17.7).
- Whether the Police will be in attendance.
- The name of the AMHP and contact telephone number.
- The AMHP should specify the urgency of the case. If a non-urgent situation deteriorates they should call back and ask for an earlier arrival time.

Method of Transportation

- It is the responsibility of the applicant, usually the AMHP, to arrange to convey the person to hospital. If the applicant is, for example, the

person's nearest relative, the AMHP should offer to assist in arranging transport.

- The preferred means of transport is an ambulance. However, the decision on the best method of transport will directly depend on the level of risk that is present in the situation. Commissioners need to ensure availability through their contracts for ambulance transport provision capable of providing secure transport. Any proposed use of Police vehicles to transport a person must be agreed in advance with the duty supervisor. See *CoP 17.16*.
- At times of delay line managers for the AMHP Service need to coordinate and manage solutions with partner agencies in support of the AMHP task.

Secure Transport

- It is for CCG and Mental Health Trusts to ensure the commissioning of suitable secure transport provision for admission to hospital or transfer between hospitals. TVP will not become involved in the negotiations for this type of transfer unless a sufficiently high risk assessment indicates a need for police resources.
- TVP should not be considered as the control measure for the transportation of non compliant patients and should be requested only in exceptional circumstances.

Sedation

- Any sedation of a person must be administered by a suitably qualified health care professional.
- Persons should not be sedated solely to aid safe transportation.
- Sedation would amount to a deprivation of liberty under the Mental Capacity Act
- The Mental Health Act Code of Practice advises that:
"Persons who have been sedated before being conveyed should always be accompanied by a health professional who is knowledgeable in the care of such persons, is able to identify and respond to any physical distress which may occur and has access to the necessary emergency equipment to do so"
MHA CoP 17.7

Thames Valley Police Officers will not assist in the forcible chemical restraint by sedation of any person and will not transport or assist in the transport of a person who has been sedated.

Absconding before admission to hospital

- If a person who is being admitted subsequently absconds from legal custody (i.e., in the interval between the signing of the application and the admission to hospital) they may be detained by the Police or a mental

health professional under Section 138, (by virtue of the powers under S137 and S18(7) CoP 16.14), and taken to an appropriate place.

- In the period allowed for the admission to be achieved it remains the responsibility of the AMHP service to ensure that efforts to locate and admit the person continue.
- It is most likely that the help of the Police will be needed. If the detained person is believed to be in private premises and access cannot be gained, a warrant under Section 135 (2) of the Mental Health Act may be obtained.
- The “Missing and Absent” section of this protocol will be adhered to in all circumstances.
- If a person absconds the AMHP and Police need to be informed immediately so that a person can be located and taken to hospital within the time allowed by the MHA for arranging the admission.

Out of Area Transportation

Out of area transportation needs to be discussed within the principles of this document but on a case by case basis.

South Central Ambulance NHS Trust (SCAS)

- South Central Ambulance NHS Trust has a contract to provide a service in the following areas: Oxfordshire, Buckinghamshire, Berkshire, Hampshire, and Milton Keynes.
- This means that transporting a person to any hospital in this area will form part of its normal work.
- There is no contract to transport persons outside this area so individual negotiations will be necessary with senior trust representatives.

Thames Valley Police

In principal there is an agreement to support transport only where a high level of risk requires this. However, it is recognised that there may be significant resource constraints in situations where out of area transportation is required which may lead to delays to allow time to mobilise off duty staff. TVP expects the responsible Trust or hospital to make suitable alternative secure arrangements for transfer of an individual outside Thames Valley area.

Transport from Courts to Hospital

As with out of county transport individual arrangements will be needed on a case by case basis in line with the principles agreed in the policy.

Transport between Hospitals

Individual arrangements will be needed on a case by case basis in line with the principles agreed in this policy.

Police Response to calls for assistance with mentally disordered persons in the community or healthcare settings including Police use of restraint

Overview

This protocol considers Police attendance at Psychiatric Hospitals and other healthcare or community settings to assist with behaviour management of persons displaying signs of mental ill health including that person's transportation needs.

Police are not withdrawing support to NHS or social care colleagues. However, it is necessary to clarify and confirm what powers are available when a request is made for Police assistance and what the threshold is for appropriate Police attendance.

Drivers:

There is an expectation that where a foreseeable risk is identified the responsible organisation makes appropriate arrangements for management of the individual, recognising that the threshold for any Police involvement should be necessarily high. The fact that there is prior knowledge that a person may require any form of restraint, in any situation, does not automatically make this a matter for Police involvement.

Healthcare professionals have common law powers to restrain patients to prevent them harming themselves or others, to prevent crime and to prevent a breach of the peace. These powers mirror the powers of Police under the common law and under section 3 of the Criminal Law Act 1967. The Mental Capacity Act also provides protection from liability for those professionals who have assessed a lack of capacity and are using the least restrictive means to act in a person's best interest.

The central principle is that Police will respond to incidents when they engage the core duties of police, which are:-

- To prevent and detect crime
- To keep the Queen's peace, and
- To protect life and property.

The duty to respond and to investigate appropriately allegations of crime remains absolute.

Laws that apply:

Health and Safety at Work Etc. Act 1974

Section 2 – employers should ensure, so far as is reasonably practicable, the health, safety and welfare at work of all employees;

Section 3 – employers should conduct their undertakings in such a way as to ensure, so far as is reasonably practicable, that persons not in their employment who may be affected are not thereby exposed to risks to their health and safety.

For section 3 to apply, there must be a duty holder and there must be a health and safety risk to the person that risk must arise from the conduct of the duty holder's undertaking.

Section 7 – employees should take reasonable care of their own health and safety and of others who may be affected by their acts or omissions at work; and cooperate by following any requirement imposed on them by their employer.

Management of Health and Safety at Work Regulations 1999

Regulation 3 – every employer shall make a suitable and sufficient assessment of the risks to the health and safety of his employees to which they are exposed whilst they are at work; and the risks to the health and safety of persons not in their employment arising out of or in connection with the conduct of the undertaking.

Risks need to be foreseeable and you are not expected to eliminate all risks, but protect people as far as is reasonably practicable.

Regulation 5 - employers need to introduce preventive and protective measures to control the risks identified by the risk assessment (following the principals of prevention Schedule 1).

Scenario:

A person is receiving care for a mental health condition at a mental health facility. The person is known to present with behaviours that challenge, and displays significant aggression towards staff and others on the premises.

The duty holder (organisation providing the care) has a responsibility to comply with the above legislation. If there is a foreseeable risk of employees being required to restrain people receiving care then the duty holder should implement reasonably practicable control measures to manage the risks commensurate with the level of threat i.e. adequate resources, numbers, training etc to undertake the activity safely. The Police should not be used as a routine control measure and really only called in exceptional circumstances where the situation is so serious (serious risk to life or limb or serious damage to property) that a Police resource is required to assist in re-containing the individual in order that the staff can resume management of the patient. The hospital would also have a duty of care toward the Police Officers attending their premises. All this information should be documented in relevant procedures.

If the Police become involved in a situation, the above legislation would apply to them as any action becomes part of their undertaking. However, in this

situation the level (or controlling mind) of responsibility will be joint as there are two organisations involved.. Any decisions on responsibility will be decided in individual cases.

Healthcare professionals have clinical responsibility for all patients in their care. This responsibility will never be displaced by the presence of a Police officer. Even if Police are present and actively involved in the restraint of a patient, it still remains the duty of the health care staff to continue responsibility for the health and well being of the patient.

Control and restraint as described above applies equally to the transportation and conveyance of patients.

Restraint in Transportation:

Responsibility for commissioning of and arrangements for transfers between the community and hospital or other healthcare settings, between different hospitals and healthcare settings, or transfers to emergency departments for treatments following an illness or injury to the patient, rests with the Clinical Commissioning Groups and the Health Trust concerned and not with the police. This will include those occasions where the person to be transferred is recognised as displaying or likely to display behaviour that will indicate the requirement for restraint.

If a patient is violent and needs to be transferred in an NHS ambulance with Police assistance, then the safest and least restrictive method is to utilise velcro limb restraints ("Fastwrap" or similar) on limbs and then lay the patient on the ambulance trolley in the recovery position. They can be kept safely secure by means of the seatbelts attached to the trolley. They can now be monitored by both ambulance staff and accompanying Police officer. It is important to only use the restraint for only as long as is defined in the training.

Using the above method, there should never be an instance where Police and ambulance staff consider that a mentally ill person is too violent to travel by ambulance and Police transport is necessary. However if the decision is made, a member of the ambulance clinical staff must accompany the person in the Police vehicle in order to maintain constant observation and comply with the Mental Health Act Codes of Practice. It is vital that officers recognise the high risk associated with locking a violently unwell person into a small van cage. Using velcro limb restraints in the center of a van and placing the patient under observation by both ambulance staff and Police is always safer.

Under normal circumstances, unless the individual's behavior is so violent or unpredictable there should be the availability of appropriate vehicles and staff to manage non compliant behaviour.

The Mental Health Act Code of Practice advises that:

"Persons who have been sedated before being conveyed should always be accompanied by a health professional who is knowledgeable in the care of such persons, is able to identify and respond to any physical

distress which may occur and has access to the necessary emergency equipment to do so”
MHA CoP 17.7

Attendance at a Mental Health Trust or other healthcare premises:

Health service providers have legal obligations to ensure that sufficient numbers of trained staff are available to restrain patients for medical intervention or to isolate them for their own or another’s safety where this is necessary.

The Mental Health Act Code of Practice emphasises that all hospitals should have a policy on the recognition and prevention of disturbed or violent behaviour as well as risk assessment and management, including the use of de-escalation techniques, enhanced observation, physical intervention, rapid tranquilisation and seclusion. The Code of Practice states all hospitals should have a policy on training staff who work in areas where they may be exposed to aggression or violence, or who may need to become involved in the restraint of patients.

It is becoming more common for patients to present under the influence of “legal highs” which can dramatically affect their behaviour, including increased strength and violence. It is important for hospitals to be able to rapidly intervene when faced with such behaviour.

Mental health staff receive specialist training in the control and restraint of mentally ill patients. Police officers do not.

Police should respond to calls from mental health facilities when they relate to Police core duties. When control has been lost at mental health premises such that there is a serious risk of harm to any person or serious damage to property, Police will attend to assist the nursing staff to regain control.

Throughout any incident the responsibility for an individual’s health remains with the Health Trust.

It is essential that there is always medical support at any incident of prolonged restraint. If none is available from the relevant health establishment then a SCAS ambulance must be called to attend. The control room must be told that officers are actively restraining someone who is unwell and describe associated symptoms. This should be explained to SCAS EOC. The ambulance staff will then assume responsibility for the health of the person under restraint, and will guide officers as to the best course of action.

Restraint of a person who has already been sedated or tranquilised is fraught with danger, and there must be appropriate resuscitation equipment available as well as suitably trained members of medical staff.

This does not prevent or restrict the absolute duty of Police to respond to allegations of crime and investigate appropriately.

Where no significant threat of harm, or commission of a crime is present, Police will not attend to assist in restraining patients who are receiving treatment or assessment within their premises, either as compulsory or voluntary patient.

It would not be lawful for Police to restrain a patient on the basis that they might be violent if not restrained, whereas this is core business for the Health Trust, who will manage such risk by the use of trained staff.

Breach of the peace was defined in R v Howell as follows:

'A breach of the peace is committed whenever harm is done, or is likely to be done to a person, or, in his presence to his property, or, whenever a person is in fear of being harmed through an assault, affray, riot or other disturbance.'

The key characteristic of breach of the peace is the use or threat of unlawful violence and should not ordinarily be interpreted as applying to a patient who is presenting management problems in a health environment, in the presence of mental health professionals.

It is also important to note that a breach of the peace must involve harm or threats to another person. Self harm cannot on its own constitute a breach of the peace (Bibby v CC Essex)

It would also not be lawful for Police to arrest a person for Breach of the Peace if at the time of the arrest they did not have the intention of placing the person before a Magistrate. To do so would be a violation of Article 6 ECHR (Hicks v Met Commissioner 2014)

Police will never assist in restraint of a patient to administer sedation.

Police will investigate allegations of crime. Serious crime that necessitates the arrest of the perpetrator will justify a swifter response than many lower level crimes, which can be reported slow time and then investigated appropriately. The staff within the Trust will need to assist Police to do this by providing timely statements. The Crown Prosecution Service usually makes the decision in relation to charging and in order to do this they will require a statement on the capacity of any mental health patient.

The joint agreement between ACPO, CPS and NHS Protect on “Tackling Violence and Anti Social Behaviour in the NHS” sets out the appropriate relationship and protocol for partners and should be adhered to.

Reporting Process:

Any call for the Police to attend a health care facility in order to assist with violence, aggression or self harm must be subject to a full review initially at PiP level and escalated as necessary.

The supervisor responsible for the officers attending the incident will escalate details to the local Police mental health champion.

The senior nurse on duty or the manager at the healthcare facility or the AMHP Manager for a community incident will escalate the details to the Chair of the local PiP for investigation

FEAR FOR WELFARE:

It is not part of the core duties of Police to carry out general welfare checks on behalf of other non-police agencies.

Police will carry out a 'welfare check' when a request is made to police about an individual, if it is an **emergency** and there is a **genuine concern** that something serious is about to, or has already, occurred to or by the relevant individual. Unless this threshold is reached, Police have no duty, and therefore **no power**, to take any action. Where there is evidence of a real and imminent threat to a person's safety or serious damage to property then Police will become involved. Where the request to check on a person's welfare is of a more general nature then that is not something Police should be involved in.

Officers considering their power under S17(1)(e) PACE must ensure that they gather as much information as possible to support an honestly held belief that entry without warrant is necessary.

Where Police accept the commitment then it is expected that the responsible agency will meet police at the location to ensure an appropriate pathway to care should a crisis be encountered.

If there is evidence that someone has already come to harm an ambulance or a doctor is likely to be a more appropriate resource to attend unless that harm may be the result of a crime.

Non emergency welfare checks:

In situations where police have no particular power or responsibility then there is no more reason for Police to attend and carry out a welfare check than the agency which has raised the concern in the first place. Therefore **Police should not attend.**

It may occasionally be considered appropriate for Police to accompany another agency to conduct such a check, but this will need to be assessed on a case by case basis and it is for the requesting agency to provide the relevant information/intelligence to support the need for the presence of the Police. If the requesting agency cannot provide this, **Police should not attend.**

If a 'welfare check' is carried out by police, the officer/s carrying out the check must update the relevant agency and update TVP systems, command and control and NICHE.

In the event of disagreement incidents will be escalated to the senior supervisors on duty in each organisation.

INFORMATION EXCHANGE

Introduction

The following information explains how Police will manage information. Each partner agency will have their own information management policy.

This is based on the principle that effective policing and joint working is dependent on efficient information management. This includes the processes of obtaining, recording, storing, reviewing, deleting and sharing information, including personal information, for policing purposes. While there are clear advantages to the sharing of information with others, information should not be shared purely as a matter of routine. Each case must be viewed individually with informed decisions made about whether to share or not.

Information sharing Agreements (ISA)

Within the context of this protocol, ISA have been specifically considered and precluded as the information exchange does not require the regular and scheduled sharing of Police or partner information and the overarching Community Safety Partnership ISA provides sufficient safeguards.

Information for a policing purpose

For the purposes of information exchange, policing purposes are:

- a) Protecting life and property;
- b) Preserving order;
- c) Preventing the commission of offences;
- d) Bringing offenders to justice; and
- e) Any duty or responsibility of the Police arising from common or statute law.

Once the information can be shown to meet a policing purpose then the legal basis for holding it can be established. Any information subsequently shared will only be shared for the purposes of the above and will be on a case by case basis.

Implications of the European Convention on Human Rights Act 1998

The ECHR contains a number of fundamental rights which have a bearing on the management of Police information. Article 8 of the ECHR protects an individual's right to privacy and family life. This right is not absolute but may not be interfered with except 'in accordance of the law, in pursuit of a legitimate aim; and necessary in a democratic society'. This places a responsibility to set a clear aim for obtaining personal information (a policing purpose) and a test of proportionality of how they meet this aim.

Is the Police information personal data?

Once the policing purpose is established the issue arises of whether the information is covered by the Data Protection Act 1998 (DPA). If the information is personal or sensitive personal data then, under terms of the DPA, it must be managed in accordance with the eight data protection

principles. Personal data is defined by the DPA as information about a living person who can be identified from that data.

What does the Data Protection Act 1998 require?

The DPA requires personal information to comply with the eight data protection principles:

- Being fairly and lawfully processed.
- Being processed for limited purposes and not in any manner incompatible with those purposes.
- Adequate, relevant and not excessive.
- Accurate and where necessary, up to date.
- Not being kept for longer than is necessary.
- Being processed in accordance with individual rights.
- Secure.
- Not being transferred to countries outside the EU without adequate protection.

The DPA also requires information to be made available to the subject of that information at their request, with certain exemptions.

What exemptions are there from the Data Protection Act 1998?

There are a number of exemptions from the DPA and of particular relevance to Police information is section 29 which creates exemptions to certain data protection principles where data is processed or shared for the purposes of:

- Prevention or detection of crime.
- Apprehension or prosecution of offenders.
- Assessment or collection of any tax or duty.

The exemptions apply to certain principles of the DPA where the application of those principles would be 'likely to prejudice' the purposes referred to above. These exemptions must be applied on a case-by-case basis and cannot be used to justify routine data processing.

Obligations of those receiving Police information

Those to whom information is made available must comply with the following obligations:

- Police information made available in response to a request should be used only for the purpose for which the request was made.
- If other information available, at the time or later, to the person or body requesting Police information tends to suggest that Police information is inaccurate or incomplete, they should at the earliest possible moment inform the Police of such inaccuracy or incompleteness, either via the local MH Liaison Officer or the TVP force Mental Health Lead.

Procedures to be followed

Where information as described above is shared within the regular PiP or other partnership meetings this exchange must be recorded in the minutes together with the purpose of the exchange as per 'Information for a Policing Purpose' above. Any other exchange made on an ad hoc basis must be recorded in a similar way by utilising recording medium such as a Police Command and Control log.

Minutes and other records of meetings such as rolling emails must contain a record of the confidentiality agreement signed by each representative at the meeting, such as:

“The purpose of this confidentiality agreement is to record the intention between members of this group (*insert name of group*) to keep confidential any exchange of personal information relating to individuals. It is agreed that the exchange of any information will be strictly controlled and only released for specific and legitimate purposes. This agreement is necessary to facilitate the exchange of information necessary in order to achieve one or more of the following policing purposes:

- **Protecting life and property**
- **Preserving order**
- **Preventing the commission of offences**
- **Bringing offenders to justice and**
- **Any duty or responsibility of the Police arising from common or statute law**

Any exchange of information will be carried out with due regard to the provisions of the Data Protection Act 1998, the European Convention of Human Rights and the Management of Police Information (MOPI) 2006.

Where personal information is shared a certificate outlining the legality must be included after each individual, such as:

“This information is provided in pursuance of the Data Protection Act 1998, the European Convention on Human Rights 1998 and standards set by the Management of Police Information 2006 and is done so for the purposes of: (*Select one or more*)

- **Protecting life and property**
- **Preserving order**
- **Preventing the commission of offences**
- **Bringing offenders to justice and**
- **Any duty or responsibility of the Police arising from common or statute law**

This information has been shared because.....(*be specific*)”

APPENDIX A

Contact Numbers

HEALTH BASED PLACES OF SAFETY			
Oxfordshire	Buckinghamshire	Berkshire	Milton Keynes
<p>Ashurst (Runis) PICU Littlemore Mental Health Centre Sandford Road Littlemore, Oxford OX4 4XN or Vaughan Thomas Ward Warneford Hospital</p> <p>0845 219 1203</p>	<p>Whiteleaf Centre Bierton Road Aylesbury HP20 1EG</p> <p>01865 902000</p>	<p>Common Point of Entry for whole of Berkshire</p> <p>0300 365 0300</p>	<p>Campbell Centre Hospitals Campus Standing Way Egglestone Milton Keynes MK6 5NG</p> <p>Hazel Ward: 01908 243249 Willow Ward: 01908 243523</p>
APPROVED MENTAL HEALTH PROFESSIONAL SERVICE			
<p>Daytime: 01865 898080</p> <p>Out of Hours EDT Co-ordinator: 0800 833408</p> <p>Warneford Hospital Coordination Centre 01865 901000</p>	<p>Daytime: 01865 901634 01865 901462</p> <p>Out of Hours EDT Co-ordinator: 01494 675802</p>	<p>Daytime: Newbury 01635 292 020 Reading 01189 605 612 Wokingham 01189 890707 Slough 01753 690 950 W&M 01628 640200 Bracknell 01344 823 333</p> <p>Out of Hours EDT 01344 786 543</p>	<p>ASTI Daytime: 01908 605650</p> <p>Out of Hours Emergency Adult Social Care Service 01908 605650</p> <p>General mental health enquiries OOH Urgent Advice Line 0800 0234 650</p>
SOUTH CENTRAL AMBULANCE NHS TRUST (SCAS)			
<p>Booking Transport: 0300 123 9826</p> <p>Resolving Disputes: 0300 123 9834</p>			
THAMES VALLEY POLICE			
<p>Any non emergency enquiries: 101</p>			

APPENDIX B

Rights of persons detained in places of safety

- A person removed under section 136 is deemed to be “arrested” for the purposes of the Police and Criminal Evidence Act 1984 (PACE). This means that Police officers have the power to search a person they detain under section 136, as they would in the case of a person arrested for an offence. Under section 54 of PACE, the Custody Officer at the Police station has the power to ascertain what items the person has on them, to remove items (where permitted) and to search the person as necessary for those purposes.
- Where a hospital is used as a PoS, the managers must ensure that the provisions of section 132 (giving of information) are complied with. In addition, access to legal advice should be facilitated whenever it is requested.
- If a person is detained in a Police station as a PoS, 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 PACE Code of Practice C. Among other things, 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.
- In all cases, the person detained should be told that the maximum period of detention is 72 hours.
- Rights leaflets are provided for persons detained in Police custody.

APPENDIX C

Thames Valley Police RISK MATRIX for Missing patients

HIGH RISK	
<p>The risk posed is immediate and there are substantial grounds for believing that the subject is in danger through their own vulnerability; or may have been the victim of a serious crime; or the risk posed is immediate and there are substantial grounds for believing that the public or specific section of the public or an individual is in danger.</p>	<p>This category requires the immediate deployment of Police resources and a member of the senior management team or similar command level must be involved in the examination of initial enquiry lines and approval of appropriate staffing levels. Such cases should lead to the appointment of an IO and possibly and SIO. There should be a press/media strategy and/or close contact with outside agencies. Family support should be put in place. The NPIA Missing Persons Bureau should be notified of the case without undue delay.</p>
MEDIUM RISK	
<p>The risk posed is likely to place the subject in danger or they are a threat to themselves or others.</p>	<p>This category requires an active and measured response by Police and other agencies in order to trace the missing person and support the person reporting.</p>
LOW RISK	
<p>There is no apparent threat of danger to either the subject or the public.</p>	<p>In addition to recording the information on the PNC, the Police will advise the person reporting the disappearance that following basic enquiries and unless circumstances change, further active enquiries will not be carried out by Police. Low risk missing persons however, must be kept under review, as risk can increase with the passage of time.</p>

The risk assessment process should be in writing and transparent. It should result in:

- Clear information being provided to those with an interest in the enquiry on how they can update it and be updated;
- An appropriate classification with the grounds and reasoning for this;
- An indication of the Police level of response and point of contact;
- The identification of interested parties - family, friends, work etc and other agencies, e.g. social services, schools.

Risk assessment is a critical initial appraisal and as the enquiry continues, it must be revisited. It provides the basis for both priority and lines of enquiry

APPENDIX D

Safety of Staff

Health and Safety at Work Etc Act 1974

- Section 2 – employers should ensure, so far as is reasonably practicable, the health, safety and welfare at work of all employees;
- Section 3 – employers should conduct their undertakings in such a way as to ensure, so far as is reasonably practicable, that persons not in their employment who may be affected are not thereby exposed to risks to their health and safety.

For section 3 to apply, there must be a duty holder and there must be a health and safety risk to the person that risk must arise from the conduct of the duty holder's undertaking.

- Section 7 – employees should take reasonable care of their own health and safety and of others who may be affected by their acts or omissions at work; and cooperate by following any requirement imposed on them by their employer.

Management of Health and Safety at Work Regulations 1999

- Regulation 3 – every employer shall make a suitable and sufficient assessment of the risks to the health and safety of his employees to which they are exposed whilst they are at work; and the risks to the health and safety of persons not in their employment arising out of or in connection with the conduct of the undertaking. *(Need to be foreseeable risks, and you are not expected to eliminate all risks, but protect people as far as is reasonably practicable).*
- Regulation 5 - employers need to introduce preventive and protective measures to control the risks identified by the risk assessment. – (following the principles of prevention Schedule 1)
- No one involved in transporting a person, is expected to put him or herself into, or remain in, a situation where they personally are at risk. However, TVP cannot be assumed to be the control measure for mitigating risk. It is for employers to ensure suitable protective measures are in place with recourse to TVP when those measures fail or due to the exceptional and unforeseen circumstances Police are then needed.