

HEALTH & WELLBEING BOARD

Subject Heading:

Health Based Place of Safety

Board Lead:

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The subject matter of this report deals with the following priorities of the Health and Wellbeing Strategy

- Priority 1: Early help for vulnerable people
- Priority 2: Improved identification and support for people with dementia
- Priority 3: Earlier detection of cancer
- Priority 4: Tackling obesity
- Priority 5: Better integrated care for the 'frail elderly' population
- Priority 6: Better integrated care for vulnerable children
- Priority 7: Reducing avoidable hospital admissions
- Priority 8: Improve the quality of services to ensure that patient experience and long-term health outcomes are the best they can be

SUMMARY

Early in 2015 NHS England and London's thirty two CCGs and NHS England (London) launched a plan to make London the world's healthiest global city. The Healthy London Partnership was formed to improve health services and deliver changes to health in the capital.

The Healthy London Partnership is working to support improvements in mental health crisis care. This includes transforming the Urgent and Emergency Care pathway for individuals experiencing a mental health crisis in London, by introducing



clearer guidance to help London's Emergency Departments care for someone in crisis. It is also developing a specification for Health-Based Places of Safety and consistent care pathways for people under Section 136 and Section 135 of the Mental Health Act 1983.

The London crisis care subgroup has been asked to engage more widely on the Health Based Place of Safety (HBPoS) specification and London s136 pathway. The subgroup wants to engage with local authorities and particularly Health and Wellbeing Boards to obtain comments on the draft guidance and specification which are appendices to this report.

The Mental Health Crisis Care subgroup is leading on both pieces of work. The subgroup is consulting extensively across the whole system on the draft papers. Other parties consulted include mental health and acute provider trusts, commissioners, local partners (e.g. the police, London Ambulance Service, social care) and service users.

RECOMMENDATIONS

1) In general the guidelines appear to be of a comprehensive nature, indicating good practice. It is recommended that the Health and Wellbeing board agree to the Health Based Place of Safety (HBPoS) specification and London s136 pathway documents in principle. Points that the Health and Wellbeing Board may wish to consider are:

I. The guidance states that it is the responsibility of the NHS trust to ensure that an Approved Mental Health Professional (AMHP) is capable to carry out the functions of the role. However, it is the social services of local authorities who have the statutory responsibilities:

'AMHPs are critical to delivering better mental health services and outcomes, taking urgent decisions about the least restrictive options for people requiring care and treatment, protecting people's human rights and promoting the principles of the Mental Health Act: Code of Practice (2015). With AMHP services and individual AMHPs remaining the responsibility of local authorities, it is imperative that organisational arrangements are in place to support AMHP practice, including supervision and professional development, in line with our intentions for the new regulatory body for social work.' (*Local Authority responsibilities for the approved Mental Health Professional Role DoH letter to DASS and Chief Executives of Health Trusts Feb 2016*)

II. The guidance queries if the London Ambulance Service (LAS) should be part of local multi-agency group to consider ongoing practice issue, measure and analyse performance at the HBPoS. There presently exists such a group which is chaired by NELFT that meets bi-monthly. The attendance of LAS on a regular basis would be welcomed, as they are an integral part of the transportation process regarding people detained under the Mental Health Act, and the guidance should specify they should be a member.



- III. The guidance states an AMHP should arrive at a Section 136 suite within two hours and start assessment within four hours. It is unclear in the guidance what attendance would achieve, and at the local 136 suite AMHPs have experienced difficulties regarding the use of mobile phones which could hinder the delay of the assessment. AMHPS, for example, require being easily contactable by the independent second doctor to coordinate a joint assessment.
- IV. The starting of the assessment within four hours is supported. The Havering AMHPS undertaking the statutory assessment starts this on receipt of the request. The arrival and assessment times of AMHPs at the Section 136 Suite is monitored by a local multiagency forum to ensure that any delay is due to valid/clinical reasons.
- V. The Guidance queries if there should be AMHPs to undertake assessments for children and for adult assessments. All the AMHPS within Havering receive training on all specialist groups. The AMHPS also ensure that appropriate specialists are involved in the assessments. For example, one of the mental healthcare professionals participating in an assessment of a child has child and adolescent mental health competencies. This is in line with the Mental Health Act Code of Practice. The AMHP would also work with healthcare professionals for other specialist groups e.g. people with learning disabilities.

REPORT DETAIL

1. Mental Health Act 1983

- 1.1 The Mental Health Act 1983 sections 135 and 136 is the law which can be used to admit an adult or young person to hospital for assessment and/ or treatment.
- 1.2 Section 135 has two parts; part 1 allows a magistrate to issue a warrant to the police allowing entry (by force if necessary) to a private place, for example someone's home, to remove a person who an Approved Mental Health Practitioner (AMHP) has reasonable grounds for suspecting is suffering from a mental disorder and not capable of caring for themselves, or is being mistreated/neglected or is not able to be controlled. The warrant has to specify the private place but does not have to name the person.
- 1.3 Part 2 covers the return of a person to hospital and other people liable to removal under the Act. A typical case might be when someone is absent without leave from hospital (where they are detained on a section of the act). The purpose of the warrant is to allow entry to a specified private place and then removal to the place where the person is meant to be (or a place of safety).



- 1.4 Section 136 provides a power for police officers to detain a person (adult or juvenile) found in a place to which the public has access, who appears to be suffering from a mental disorder and to be in immediate need of care or control and it is necessary in the interests of that person or for the protection of other persons. The legislation empowers an officer to take the detained person to a place of safety, so that ultimately health professionals would conduct a full Mental Health Act Assessment on the person with a view to determining whether or not they should be further detained under Section 2 (for further assessment) or Section 3 (for treatment) of the Mental Health Act.
- 1.5 Section 136 is an emergency power, providing a mechanism for non-mental health qualified police officers to take action to make a vulnerable person safe and assist them in accessing emergency assessment.

2. Draft Guidelines

- 2.1 The specifications in the draft guidelines do not stand alone but should be used in addition to the Mental Health Act Code of Practice (2015), London's Mental Health Crisis Commissioning Standards and the core principles set out in the Mental Health Crisis Care Concordat.

3. Health Based Places of Safety (HBPOS)

- 3.1 The document is a draft specification which sets out the minimum standard of care London's Health Based Places of Safety should offer. The specification applies to Health Based Places of Safety that care for children and young people as well as adults detained under section 135 and 136. It is aimed primarily at commissioners, referrers and providers of Health Based Place of Safety sites and should be used alongside the section 136 care pathway in order to provide a consistent pathway of care across London.
- 3.2 A HBPOS is used when an individual of any age has been detained under section 135 or 136 of the Mental Health Act 1983. In law, a 'place of safety' is not clearly defined and has no specific characteristics.
- 3.3 Technically anywhere can be a Place of Safety under the Mental Health Act as long as the occupier is temporarily willing to receive the patient, this is stated in s135(6) of the Mental Health Act. In practice psychiatric units and hospital emergency departments are most commonly used.
- 3.4 The Mental Health Act Code of Practice (2015) instructs a Place of Safety to be a hospital or other health based place of safety where mental health services are provided;
- 3.5 A Police station should not be used as a Place of Safety. A police station should only be considered as a last resort or when the patient is also suspected of having committed an offence.

4. London Section 136 Care Pathway

- 4.1 The Section 136 and Section 135 care pathway focuses on all ages and should sit alongside the Health Based Place of Safety specification in order to provide a consistent pathway of care across London.
- 4.2 Havering residents detained by the police under Section 136 are predominantly taken to the 136 Suite at Sunflowers Court, Goodmayes Hospital. The suite consists of two rooms for people to be assessed. The suite is to meet the needs of residents of Havering, Barking and Dagenham, Redbridge and Waltham forest.
- 4.3 Havering residents may on occasions be taken to A& E departments as they require medical intervention. This could be the Queens or King Georges hospital.
- 4.4 Nationally and across London there has been concern expressed that Police Stations have been used as places of safety. The draft guidelines indicate this should not happen. In reviewing the last two years statistics for Havering residents there is no record of the Romford Police station being used as a place of safety.
- 4.5 Havering AMHPS apply to Barkingside Magistrates' Court for warrants under Section 135, and coordinates the execution, assessment and if required the transportation of the person. Police involvement does this does not mean the person has committed a criminal offence
- 4.6 In the draft guidelines it has been decided to focus on the section 136 care pathways rather than section 135 as there are fewer section 135 detentions across London.
5. NELFT are considering the draft guidelines, in particular the HBPOS, and will be feeding back directly to the sub-group.

The numbers within Havering are demonstrated by the tables below:

Section 135 (1) 2014- 2015	
April	2
May	0
June	0
July	2
August	1
September	2
October	0
November	2
December	1
January	0
February	0
March	1
Total	11

Section 135 (1) 2015- 2016	
April	0
May	1
June	1
July	1
August	0
September	0
October	0
November	0
December	0
January	0
February	2
March	0
Total	5

Section 136 2014 - 2015	
April	5
May	6
June	2
July	11
August	24
September	18
October	10
November	8
December	7
January	7
February	6
March	6
Total	110

Section 136 2015 - 2016	
April	9
May	9
June	16
July	10
August	12
September	10
October	4
November	6
December	9
January	7
February	11
March	4
Total	107

IMPLICATIONS AND RISKS

Financial implications and risks:

There are no financial implications and risks as the London Borough of Havering already finance the provision of AMHPS, and are active members of multiagency groups reviewing the implementation of the Mental Health Act. Havering Adult Social Care financially contributes and are members of the North East London AMHP Training Consortium. This is to ensure there are sufficient AMHPS to meet the needs of people within Havering who are competent to undertake the role.

Havering ensure that AMHPS are available 24 hours a day, 365 days per year. To do this Havering has commission, with other boroughs, NELFT to provide Emergency Duty Services on behalf of Havering. This arrangement is under a section 75 agreement. There is a quarterly steering group to oversee this arrangement and measure and analysis current performance.

The London borough of Havering is also ensuring that legal indemnity is in place for all AMHPS.

Legal implications and risks:

The attached are guidelines and as such should be considered and followed. However the Mental Health Act and the Code of Practice are the legal requirements



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and must be followed. The AMHP Borough wide does follow the statues and code of practice. The AMHPS also have access to legal advice if and when required.

Human Resources implications and risks:

To ensure AMHPS are appropriately supported the London Borough of Havering have established systems in place. These range from human resource policies to AMHP professional forum.

Equalities implications and risks:

The guidance and the related legal requirements will help to ensure that those persons experiencing mental ill health in the Borough are assessed and have access to services appropriate to their needs and requirements.

BACKGROUND PAPERS

London's Section 136 Care Pathway – draft guidance March 2016

Health Based Place of Safety Specification – draft March 2016

Local Authority responsibilities for the Approved Mental Health Professional role letter Feb 2016