Commissioning intentions
to specify the service for

Place of safety in LOCATION under section 135 and 136 of the Mental Health Act

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LOCAL CONTACT

Purpose

This document outlines the commissioning intentions for a Place of Safety service across LOCATION, commissioned by the LOCATION Mental Health team.

This document is intended to provide;

1. Information on the rationale of why place of safety is required
2. Details of the specification required to commission the service

In understanding the purpose of this document it is important to define the 'place of safety'

"place of safety" means 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, an independent hospital or care home for mentally disordered persons or any other suitable place the occupier of which is willing temporarily to receive the patient." (DH 2008)

In practice it is psychiatric units, police stations and emergency departments that are commonly used in the UK, although the Mental Health Act does allow other options.

Aims

The aim of the service is to provide a safe environment in which to hold, assess and support an individual held under sections 135 or 136 of the Mental Health Act.
It will be achieved by ensuring the following:

- The quality of care offered must be the same, whatever the patient's racial, religious or cultural background.
- The quality of care offered must be the same, whatever the patient's age.
- Rapid access to effective interpreting services, trained in the needs of people with mental health problems, must be available.
- It is also essential that a system of clinical supervision be in place to enable staff, that have undergone training, to put that training to efficient use.

What can I expect as a service user?

As a Service User accessing a place of safety you are likely to be involved with a number of different professionals who support the process. The following details what you can expect from your experience and from each of the individuals involved in your care

Approved mental health professionals

You can expect them to undertake the following on your behalf:

- Provide emergency contact details to the police.
- Determine whether you have a past psychiatric history, and whether you are currently detained
- Determine whether any advanced decisions/statement or crisis cards exist that you need to be considered
- To Interview you in the most humanistic way as soon as possible after your arrival in the place of safety

- To commence face-to-face assessment within 2 hours of their notification that you will be arriving at their place of safety
- Contact nearest relative as defined by Mental Health Act with your consent or if grounds for consultation outweigh right to confidentiality under Article 8 of the European Convention on Human Rights
- Arrange appropriate psychiatric assessment of your needs
- To request support of the crisis resolution/home treatment team to explore intervening in any admission to the acute unit by offering you a choice/alternative to hospitalisation
- Consider any other alternatives to hospital admission
- Consider whether it is appropriate to transfer to another place of safety
- Arrange admission/transfer to an alternative place of safety or admission ward, where needed, contacting ward and completing Mental Health Act application
- Exercise authority to convey you as a detained patient using the most humane and least threatening means
- Make necessary arrangements, including transport, where you are not admitted
- Ensure the admission ward receives your documents, including outline report at the time of your arrival
- Ensure the welfare and safeguarding of any dependants and children
- Consider the protection of your property/belongings and any pets

Psychiatrists

You can expect them to undertake the following on your behalf:

- Ensure prompt mental health examination of you, ideally by a Section 12-approved doctor
- Ensure you have a physical healthcare assessment and management, which may involve a junior psychiatrist
- Where your assessing psychiatrist is not Section 12-approved, they should consult with a Section 12-approved psychiatrist before you are discharged
- Provide specialist clinical assessment of your need and assist in development of a care plan.
- Make any necessary Mental Health Act recommendation
- Identify a hospital admission bed if you need it
- Provide a record of assessment, which should be available at time of transfer if you are admitted to hospital
- Prescribe any emergency medication you may be deemed to require under common law in emergency if suitably trained staff are available to monitor its effect
- Your Psychiatrist should be a member of local review group to monitor outcomes and improve standards with partner agencies.
- Your psychiatrist should have active Involvement in local policy, procedures and guidance development

Second medical opinion (preferably general practitioner or Section 12-approved doctor)

You can expect them to undertake the following on your behalf:

- Be available so that your individual assessment is completed as quickly as possible
- Where possible the person should be Section 12-approved if he/she does not know you
- They should have active Involvement in local policy, procedures and guidance development
- Be a Member of local review group to monitor outcomes and improve standards with partner agencies

Psychiatric nursing staff in place of safety

You can expect them to undertake the following on your behalf:

- Ensure adequate information on your needs are obtained so that appropriate staffing is available to support your needs when you arrive
- Try and obtain additional information, e.g. case notes and name of your care coordinator
- Alert approved mental health professional unless police have done so
- Document time of arrival at place of safety, arrival of approved mental health professional, doctors and completion of assessment
- Complete initial risk assessment with information from you, police and ambulance staff
- Ensure you have no urgent physical health issues
- Advise approved mental health professional of your arrival
- Ensure that detailed information from police/ambulance service has been received
- Advise the police when it is safe for them to leave
- Ensure there is adequate nurse staffing
- Give you information verbally and in writing on your detention under Section 136
- Ensure your safety and well-being and safety of others throughout your stay in the place of safety
- Complete notes of your assessment and observations in line with standard clinical policy
- That they will be experienced to deal with any incidents that may arise
- Have access to staff trained in physical intervention
- Administer and monitor any effect of medication prescribed for you
- To have had training in rapid tranquilisation, life support and use of resuscitation equipment
- Have active Involvement in local policy, procedures and guidance development
- To be a Member of local review group to monitor outcomes and improve standards with partner agencies

NB. The commissioners expect the above should serve as indicators to inform skill, competencies/confidence training & development of all staff linked to the service

Operational partnerships

The provider must work with the commissioner and other stakeholders to agree inter-agency protocols for the use and management of the place of safety. The agencies will include, but are not limited to: **LOCATION** Commissioning Team, **LOCATION** Police Service, **LOCATION** Ambulance Service, Local Accident and Emergency Providers, Local Mental Health Services and Voluntary/3rd Sector Providers.

Team compositions/resources required

Identifying the service or services which would deliver these outcomes

Consideration must be given to the location and the journey to the place of safety in **LOCATION**. The MHA Code of Practice states that *"the 'preferred' place of safety is in a psychiatric facility*." (DH 2008). The location must be outlined in the proposal document, the location should have easy access to A&E facilities in case the detained person needs emergency care.

The service does not need to be staffed 24hours a day, however staff should be on-call and be able to easily access the facility to support a prompt handover from the police to health professionals.

The commissioned Place of Safety will not be the default location for all individuals detained under section 136. Other locations could include residential care home or a home of a relative or friend who is willing to accept the person. However, where these options are not available, the health sector place of safety would then be used, an A&E department or Police Station would only be used as a last resort.

The proposal must clearly identify the preferred psychiatric place of safety, which should be appropriate, both in terms of the physical environment and staffing levels, for most assessments. Managers may agree that other parts of a hospital may be used in clearly identified circumstances as a place of safety. A specialist unit may best meet the needs of a young person or an elderly confused person. In the second case this could be a day hospital, but it could also include a day centre, by prior agreement. There may be occasions where the person requires more intensive support in the assessment period on account of disturbed behaviour, without requiring a custody suite. In such cases it may be most appropriate occasionally to use the mental health intensive care facility as the place of safety, where local facilities and resources at the time permit.

In identifying alternative options within the hospital to the preferred place of safety, the managers must satisfy themselves that the physical environment is appropriate for that purpose, using the standards set for the usual psychiatric facility as guidance, to ensure the safety of the individual, staff, other users and visitors. The staffing required for the use of these alternatives should be identified with a clear process to ensure that they can be immediately obtained.

There should be a clear procedure for the use of these alternatives. The person in charge of the place of safety would ensure that the other facility is in a position to accept the individual before they could be taken there. Where a ward is used it must be made clear to all concerned that the person is not at that point admitted to an in-patient bed. The use of these alternative facilities should be carefully monitored.

Psychiatric assessment facility

Emergency psychiatric assessment facilities, which can be used for those detained under Section 136, are usually within or adjacent to acute in-patient units to ensure adequate staffing when needed, including access to staff trained in physical intervention.

Such place of safety has the following advantages:

- It is staffed by those with expertise in the assessment and management of psychiatric disorder, including the management of disturbed behaviour
- A doctor and approved mental health professional may be able to attend sooner to carry out the assessment
- It is more likely that the doctor carrying out the initial assessment will be approved under Section 12 (2) of the Mental Health Act
- Any new assessment suites are likely to be built to the right specifications to ensure the safety of the patients and staff
- The emphasis is placed on the assessment of any mental illness, while allowing for the assessment and management of non-acute physical healthcare issues.

Disadvantages include:

- Ensuring adequate staffing for a unit that will be used infrequently but which will, at times, require access to sufficient staff at short notice to assess and manage those with disturbed behaviour; there needs to be provision for coping with periods of high demand for the unit
- If the person is assessed in a psychiatric unit they may be less likely to be discharged as clinicians in practice are less willing to discharge than to admit people
- There is a potential disadvantage in terms of stigma for the person without mental

health difficulties

- The facility may be a considerable distance from where the person (and their carer) lives and they may be less likely to be assessed by staff who know them; it can also be more difficult to arrange transport home if they are discharged after the assessment
- The person may be found to require urgent medical attention and the psychiatric facility may be some distance from an emergency department.

The ideal situation would be to have a dedicated emergency psychiatric facility for those detained under Section 136 in close proximity to acute admission wards and with dedicated staff attached to the unit who support the admission wards when the assessment facility is empty.

We would however encourage exploration of options that may place the unit close to but not necessarily within a hospital site.

Physical standards of the section 136 assessment facility

The following guidance is compliant with the National Institute for Health and Clinical Excellence (NICE) guidance on short-term management of disturbed/violent behaviour in in-patient psychiatric settings and emergency departments (NICE, 2005).

The provider of the assessment facility must meet these standards.

Security

- The psychiatric assessment facility must be a locked facility in order to be able to safely care for those who are disturbed
- Levels of staff required to support this facility, **when in use**, are up to three staff trained in physical intervention, which should be available at short notice without compromising staffing levels and hence safety elsewhere. This is in addition to the staff carrying out the assessment
- The person's belongings should be recorded and kept in a safe place

Assessment room

The room must:

- Be large enough to accommodate 6 people, to be able to both assess and restrain where necessary
- Be well-lit and have an observation window
- Have good exits, with consideration being given to there being two doors at opposite ends of the room; the doors should open outwards for the safety of staff
- Have fixed, soft, comfortable chairs in a washable fabric; furniture and fittings should be chosen so they cannot be used to cause injury by offering a weapon of opportunity
- Have a clock visible to both staff and the detained person
- Have no ligature points
- Have good communication with others through a phone line with outside dialing
- Have a panic alarm system
- Be located near to other staff and be easily accessed by a team trained in physical intervention and the use of resuscitation equipment
- Have CCTV to enhance staff protection, in accordance with guidance on the use of CCTV (see guidance from the Mental Health Act Commission (2005) based on Information Commissioner's Office CCTV Code of Practice); CCTV should not be a reason for lower staffing levels and the CCTV screen must be watched
- Have access to resuscitation equipment including a defibrillator

Supporting facilities

The person may need to remain in the assessment unit for several hours (the Act allows

detention for up to 72 hours), although it is envisaged that someone would only be detained for prolonged periods in the most exceptional circumstances. The assessment may be delayed, for example when it is unclear whether a person under the influence of drugs and alcohol also has a mental disorder or where the need to administer emergency sedation makes the subsequent assessment impossible until the effects of the medication have subsided. It may take time to gather the relevant information and a person might be more vulnerable if discharged in the night. The assessment unit should be located in an assessment area that has:

- A couch for sleeping or resting and to assist any necessary medical examination
- Saliva substance misuse screening or drug urine testing kits
- Washing and toileting facilities
- Decontamination facilities to remove CS spray and other noxious substances
- Provision of beverages and light snacks
- A drug cupboard, where the facility is in a healthcare setting
- A place for writing up notes and briefing of assessment unit staff by those involved in the detention
- If in a hospital, a computer linked to the electronic care system to identify relevant background information, current status under the Mental Health Act, crisis plans, advanced statements or decisions
- It is helpful in all places of safety to have leaflets for patients in less commonly used languages and formats available electronically where they are not otherwise immediately available
- A telephone with outside dialing arrangements
- Facilities for carers and legal representatives, including a separate waiting area for them
- Access to photocopying facilities

Location of the Place of safety

The unit:

- Must be accessible to the disabled and should preferably be on the ground floor
- As the person may need to rest, it should be in a quiet area
- Should have discrete access avoiding public areas
- Should be in a secure area, permitting the individual to wander or pace and if appropriate to talk to their carers and friends

In determining the size of the unit, consideration needs to be given to the likelihood of there being more than one person requiring this facility at any given time. Where there may be more than one in the unit at one time, the unit should have lockable sections so that the individuals can be kept apart.

Smoking in the Place of safety

Many individuals detained under Section 136 will be smokers and being unable to smoke may increase their distress and level of disturbance.

The key aim should be to ensure that their length of stay in the Section 136 suite is kept to a minimum. Due to safety considerations in the assessment period it is unlikely that a safe external space within the suite could be provided to permit smoking. Therefore it is envisaged that those detained will be unable to smoke.

Resourcing

Commissioners acknowledge the potential requirements for revenue funding to meet the

staffing guidelines and envisage that this will be in the region of INSERT VALUE. It is anticipated that medical assessments will be undertaken either by current rostering or on call arrangements or reuse of the investment which currently provides this service. Every opportunity to utilise existing 'acute care pathway resource' must be provided.

Expected activity levels

Analysis of previous year's activity received from **LOCATION** Police highlights an average usage of XXX occurrences per year. Commissioners will work in partnership with both the provider and **LOCATION** police to closely monitor activity levels as highlighted in the outcome measures and data collection table in this document.

Outcome measures for service user and service

The commissioners need the following success criteria to be considered as important to feed into routine outcome/data collection

Success Criteria (taken from Bather 2006, CSIP London Success Criteria within section 136 review)

For the Service User

- Assessment carried out, and removed to hospital, with least stigma possible
- Rapid access to assessment and appropriate care
- Least possible use of force or restraint
- Understanding of illness and situation from all professionals involved
- Maintenance of confidentiality
- Clarity about individual rights

For Carers or Family Members

- Access to appropriate support from relevant professionals after assessment
- Assessment carried out, and removed to hospital, with least stigma possible
- Service user detained safely
- Kept in touch with services after assessment

Approved Mental Health Professional

- Comprehensive recording of and access to relevant information in order to support appropriate decisions about the care and treatment for the service user
- Least possible delays to assessment
- Appropriate and proportional support in violent or resistant situation

Medical Staff

- Service user detained and conveyed to appropriate assessment facilities that is able to deal with any risk and is able to provide appropriate health facilities.
- Access to relevant information about service user and situation with a fully comprehensive and documented handover

The Mental Health Act Commission and the Care Quality Commission currently have responsibility for the monitoring of places of safety in health and social care premises.

Local monitoring is essential to ensure the appropriate use of the Section 135/136 and a safe assessment process, initiated quickly and with rapid resolution including, where necessary, transfer to an admission ward or discharge. As commissioners we will work with the LOCATION Service to review numbers and anonomised patient data for those where the police invoke section 135/136. The provider of the place of safety will be expected to record:

The following table identifies the outcome measures and data collection required by the commissioners to be provided in a quarterly report

Activity indicator	**Method of measurement**	**Consequence of breach**	**Rationale**
Number of occasions and place where Section 136 is invoked by the police	Data reports from Police and from provider	No consequence	*Evidence from London suggests that over 90% of patients can be held safely in a health service place of safety, we need to monitor numbers and locations to better understand the service*
Age	Data report from provider	No consequence	*To demonstrate equity of access and outcome. Also the monitoring of historical over represented groups*
Ethnicity		No consequence	
Gender		No consequence	
Duration of contact	Analysis from provider, to include time notified, time arrived at PoS, time of discharge	No consequence	*From point of arrival at PoS or at point team arrive at other PoS to commence assessment*
Mode of transport from public place to place of safety	From provider, from reception report	No consequence	
Time taken for approved mental health professional to arrive	From provider, we would expect providers to assess patients within 2hours unless external factors prevent/limit assessments available	We will need to agree with the provider an expected performance level	*Patients should be seen in a prompt and timely manner*
Time taken for doctor(s) to arrive	Report from provider	We will need to agree with the provider an expected performance level	*It is important that patients are assessed promptly.*
Total time spent in place of safety, that is assessment and time to transfer/discharge to identify any potential delays due to conveyance, escort or bed finding issues	We expect regular performance monitoring from the provider of time spent in the facility and reasons for any delays.	No consequence	*We need to understand the amount of time individual patients spend in the facility*

Activity indicator	**Method of measurement**	**Consequence of breach**	**Rationale**
Discharges following assessment solely by doctors without Section 12 approval	Report from Provider		
Any serious untoward incident.	Report from provider, identifying different categories of SUI	No consequence	*We need to understand the range of SUIs that occur, management of these will be multidisciplinary and will be reflected in local protocols*
Previous and current psychiatric contacts, whether they were under the care programme approach, whether the individual is currently detained under any mental health legislation and whether the least restrictive option has been considered, including crisis resolution and home treatment team support	Report from provider – no patient identifiers are required	No Consequence	*In order to ensure the most effective services are commissioned for places of safety and community services we need to understand the past history of patients and the level of previous involvement by Mental Health Services*
Whether the individual has been previously detained under Section 136	Report from provider	No consequence	*See above*
Whether drug and/or alcohol consumption was significant	Report from provider		*Alcohol or drug consumption is not an automatic reason for an assessment not being made, or an assessment defaulting to a police station. The provider must work with the police to assess the risk the patient poses to themselves and others and how this changes over time*

Activity indicator	**Method of measurement**	**Consequence of breach**	**Rationale**
Whether the individual had taken an overdose or harmed themselves and required medical intervention	Report from provider	No consequence	
Use of restraint in initial detention and any injuries sustained in detention	Report from provider		
Absconding and action taken, with outcome	Report from provider		
Any criminal activity, before or at the time of Section 136 detention and whether the individual was charged.			
Obtain the views of all the professional groups involved (police, doctors, including emergency department staff and forensic physicians, approved mental health professionals, nursing staff, including emergency department nursing staff, forensic nurse practitioners and ambulance staff) to ensure that the procedures are well understood and effective			
Service User experience			
Carer experience			

Quality assurance

- *HCC reviews*
- *Monitor assessments*
- Service user feedback (*National and local surveys)*
- PPI Forum reports (*Patient and Public Involvement Forums)*
- Staff surveys (*National and local)*
- Clinical audit programme
- SUIs (*Serious Untoward Incidents)*
- CNST *(Clinical Negligence Scheme for Trusts)*
- HCC reviews (*Healthcare Commission)*
- Clinical supervision
- External accreditation
- Autumn Assessments – Service Mapping, Finance Mapping, Themed Reviews
- Mental Health Minimum Data Sets
- Mental Health Act Commission Reports
- Specialist Assurance Systems *(Substance Misuse Services, Prison Health)*

Evidence base

Section 135 of the Mental Health Act 2007 allows for a warrant to be issued in order to assess a person known to have a mental disorder on private premises. This warrant can be sought by an Approved Social Worker (ASW), or the police; in any event the police officer serving the warrant has to be accompanied by an ASW and a doctor. The removal of the individual to a place of safety may also require the co-ordination of ambulance services or police escort.

Section 135 assessments could be undertaken on the private premises where the individual currently is, or it may be appropriate to remove the patient to a place of safety for assessment.

A place of safety could be the most appropriate place to assess a patient under section 135 or a patient held under section 136.

Section 136 of the Mental Health Act 1983, "*allows for the removal to a place of safety of any person found in a place to which the public have access (by payment or otherwise) who appears to a police officer to be suffering from mental disorder and to be in immediate need of care or control.*" (DOH).

Under Section 136 of the Mental Health Act (1983) a police officer can remove a person who appears to have a mental disorder and needs immediate help from a public space to a place of safety. A person can be detained at the place of safety for up to 72 hours. Places that can be designated as a place of safety include hospitals; care homes for people with mental ill health, police stations or any suitable place where the occupier is willing to receive the patient. Section 44 of the Mental Health Act (2007) amends Section 136 of the 1983 Act to enable a person to be transferred from a place of safety to one or more other places of safety, subject to the overall detention limit of 72 hours. A person may be transferred by either a police officer, an Approved Mental Health Professional (AMHP) or someone authorised by either of them.

Section 136 is not an admission section but allows for an assessment to take place at the place of safety, with the stated purpose of enabling examination by a doctor, interview by an AMHP and necessary arrangements to be made for admission if required.

Lord Bradley's review of people with mental health problems or learning disabilities in the criminal justice system (DH 2009) recommends that:

- "*All partner organisations involved in the use of Section 136 of the Mental Health Act 2007 should work together to develop an agreed protocol on its use.*
- *Discussions should immediately commence to identify suitable local mental health facilities as the place of safety, ensuring that the police station is no longer used for this purpose*." (DH 2009 p48)

There is currently no health sector place of safety in LOCATION A police station is normally the default place of safety when other options have been exhausted. The Independent Police Complaints Commission (IPCC) and Royal College of Psychiatrists (RCP) confirm that a police station is poorly suited to managing vulnerable people who have mental disorder and/or are at risk of harming themselves. It may have the effect of criminalising the individual, has negative impact upon the patient's experience and the Code of Practice to the Mental Health Act (2008) makes clear that it is only on an exceptional basis that this should now occur.

Why do we need the service?

From 2006 the Department of Health made £130million pounds available nationally for the improvement of Adult Mental Health Services, the main priority for the spend of this resource by PCTs was for the development of health based section 136 assessment facilities. (Letter from Louis Appleby to MH Trust Chief Execs, undated.)

LOCATION Police Service has been able to provide 2 reports with information about the numbers arrested under Section 136 in the LOCATION area. In the financial year 2007/2008, XXX offenders were arrested, XXX were arrested outside of 9am-5pm. The gender breakdown of this cohort was XX were male, XXX were female.

In the second report LOCATION Police have looked back over 5 years of data from 2008 to 2003 in LOATION only and have shown, that during this time XXX people under the age of 18 were arrested under Section 136. XX of these individuals were White European, XX Afro-Caribbean and XX Asian.

Over the same period those arrested under S136 aged 18 to 60 numbered XXX, XXX(X%) were White European, XXX (XX%) Afro-Caribbean and XXX (X%) Asian.

Those arrested aged over 60 numbered XX, XX were White European, XX Afro-Caribbean, X Asian.

The data reports can be made available to interested providers.

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