

Pan-London All-age Section 136 Pathway: Police

The full guidance can be found online here: <https://www.england.nhs.uk/london/london-clinical-networks/our-networks/mental-health/mental-health-crisis-care/>

Officer on scene with patient



Consult with MHP prior to application of S136, via 0300 2000 169 for clinical advice



NOT DETAINED

Alternative crisis pathway agreed



Patient may be escorted to an MH crisis alternative e.g. crisis café or to family/friend's home as advised by MHCAL clinician

DETAINED

Conveyance to HBPoS



MHCAL to request Ambulance response to convey patient



If Ambulance predicted to be longer than 60 min then the MHCAL should request officers to directly convey patient to a HBPoS from their senior officer. MHCAL to inform LAS of this



Officer stays on scene until Handover accepted. Handover of the patient from Officers to the receiving HBPoS clinician should take place within 30mins upon arrival



NOTE: Upon arrival, HBPoS can refuse to accept patient, e.g., if priority is a physical health need before MH need on review of Physical Health Assessment Treatment Protocol.

Prior to advising the police and / or ambulance crew to take an individual detained under section 136 to an ED, the shift co-ordinator (with input from on call doctor) from the HBPOS must telephone the nurse in charge in ED to discuss the decision and reach an agreement that it is appropriate. A MH staff member should accompany the patient on conveyance



If S136 accepted then Officer completes Part 1 of form 434

Conveyance to ED



(alternative place of safety if no HBPoS available/Or Life-Threatening Physical Health need)

MHCAL to request Ambulance response to convey patient



If Ambulance predicted to be longer than 60 min then the MHCAL should request officers to directly convey patient to a HBPoS from their senior officer. MHCAL to inform LAS of this



Officer stays on scene until Handover accepted. Handover of the patient from officers to ED should take place within 2 hours upon arrival or when it is safe to do so



When ED staff accept legal responsibility for the patient, Officer will provide the necessary support required unless there is mutual agreement between the department and the Officer that they are able to leave



If S136 accepted then Officer completes Part 1 of form 434



If decision is taken to transfer a patient to a HBPoS for the purpose of the mental health assessment, it is the responsibility of the S136 coordinator in ED to locate HBPoS capacity, and communicate this to police. The S136 coordinator should call the HBPoS ahead of the transfer, to ensure they have capacity and are willing to receive the individual before the transfer takes place

Pan-London All-age Section 136 Pathway: LAS

The full guidance can be found online here:

<https://www.england.nhs.uk/london/london-clinical-networks/our-networks/mental-health/mental-health-crisis-care/>



Process for conveyance of a Patient to a HBPoS where Officer on scene, has consulted with MHCAL to identify available HBPoS & requires Ambulance conveyance

LAS 999 EoC Ambulance Dispatch

Ambulance should be 1st option to convey an individual under S136. A police vehicle may be used if the ambulance is likely to be significantly delayed (over 60 minutes). Officers should notify Duty Officer/Supervisor, as soon as practicable. The MHCAL must inform the ambulance service of new conveyance method

Officers retain overall responsibility for the individual during the initial transfer. However, clinical judgements during conveyance regarding the detained individual must be made by paramedic staff with support from MH nurses in the ambulance clinical hub

Officer stays on scene until Handover accepted. Handover of the patient from Officers to the receiving S136 suite clinician should take place within 30mins upon arrival

NOTE: Upon arrival, HBPoS can refuse to accept patient, e.g. if priority is a physical health need before MH need on review of Physical Health Assessment Treatment Protocol.

Prior to advising the police and / or ambulance crew to take an individual detained under section 136 to an ED, the shift co-ordinator (with input from on call doctor) from the HBPOS must telephone the nurse in charge in ED to discuss the decision and reach an agreement that it is appropriate. A MH staff member should accompany the patient on conveyance

Process for conveyance of a Patient to an ED (PoS) where physical health takes precedent over MH or no HBPoS available

Ambulance should be 1st option to convey an individual under S136. A police vehicle may be used if the ambulance is likely to be significantly delayed (over 60 minutes). Officers should notify Duty Officer/Supervisor, as soon as practicable. The MHCAL must inform the ambulance service of new conveyance method

On arrival at an ED PoS site the Police and Ambulance service should not have to wait longer than 15 minutes to gain access to the ED PoS facility

When ED staff accept legal responsibility for the patient, Officer will provide the necessary support required unless there is mutual agreement between the department and the Officer that they are able to leave LAS leave once clinical handover and PIN given

All individuals who have received rapid tranquillisation or have been restrained for an extended period must be transported in a fully equipped emergency ambulance because of risk of rapid deterioration of their physical health

The ambulance is being used for conveyance on behalf of the police for the purposes of medically screening individuals detained under S136; this includes assessing vital signs like breathing, temperature, blood pressure etc. There is no formal handover of responsibility for the detained individual to the ambulance service. The individual subject to S136 is still in the custody of the police, who must therefore accompany them to the ED PoS or HBPoS.

Average response times for Category 1 Ambulance is 7 minutes and 90% of calls within 15 minutes
Average response times for Category 2 Ambulance is 18 minutes and 90% of calls within 40 minutes

NOTE: this relates to both scenarios on this poster

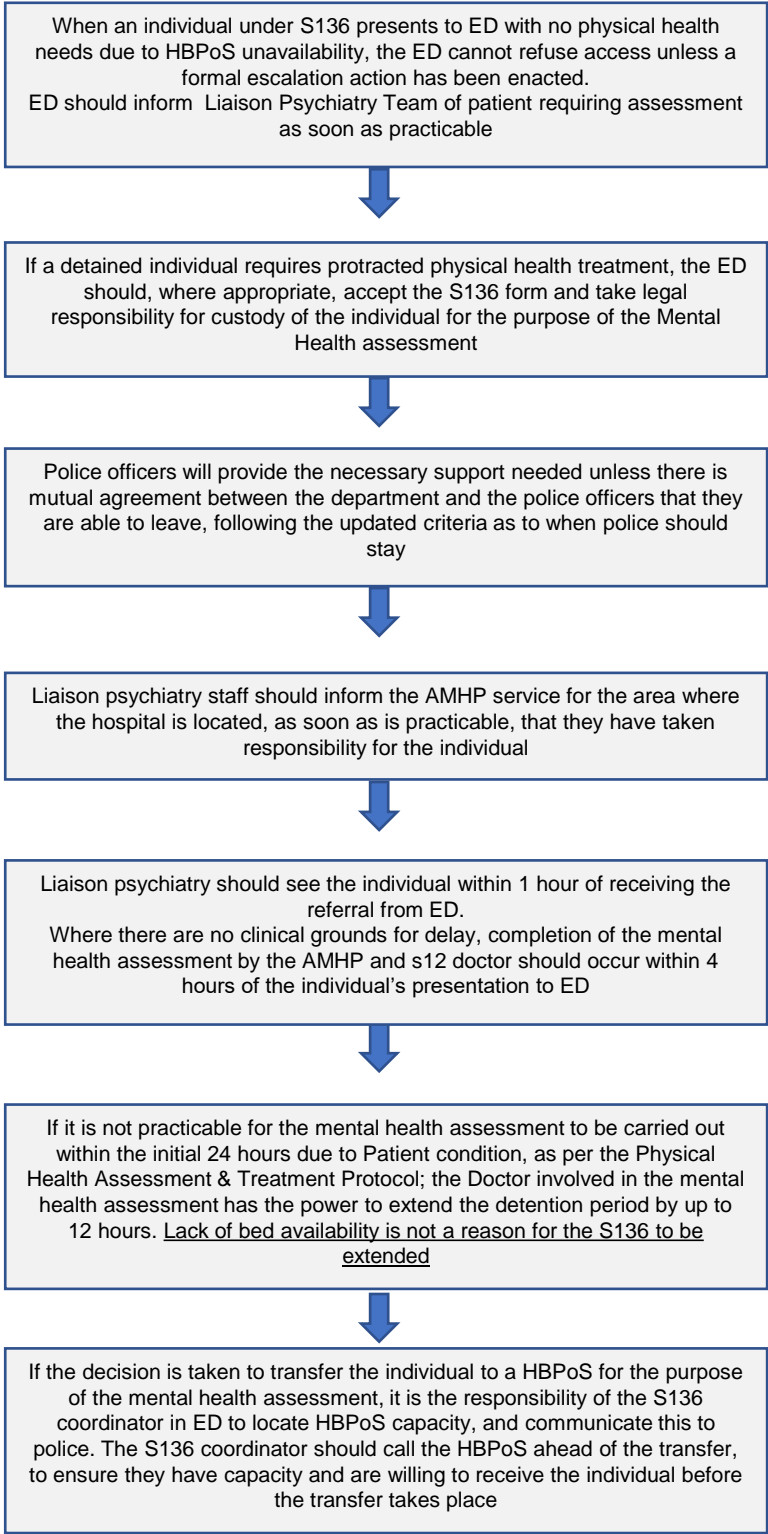
Pan-London All-age Section 136 Pathway: ED

The full guidance can be found online here:

<https://www.england.nhs.uk/london/london-clinical-networks/our-networks/mental-health/mental-health-crisis-care/>



**Process for MH Patients who are brought in by Police Officers on a S136.
In the case of the Police and LAS conveying a MH Patient to ED this could be due to either; (1) there is no S136 HBPoS available, or (2) the patient's Physical Health need takes precedent over their MH need**



Pan-London All-age Section 136 Pathway: HBPoS

The full guidance can be found online here:

<https://www.england.nhs.uk/london/london-clinical-networks/our-networks/mental-health/mental-health-crisis-care/>



HBPoS: Acceptance & Process for Patients placed on a S136

KEY NOTES

Officer will have consulted with the MHCAL prior to placing Patient on S136

An individual cannot be turned away from a place of safety that has capacity due to being an out-of-area patient (this applies to both out of borough and out of London). For further advice, please refer to the [London Mental Health Compact](#)

HBPoS staff (nursing and medical staff) should have adequate physical health competencies to prevent unnecessary ED referrals

If the MHCAL are unable to identify capacity at a mental health HBPoS, they will advise the police to convey the patient to ED

If the police officer has been informed that a HBPoS has capacity, **action should be taken to ensure this capacity remains available until the individual arrives, and the suite recorded on SMART at the point of accepting the admission**. If in exceptional circumstances, the HBPoS becomes unable to accept the individual during the time taken to convey, all efforts should be made to inform the MHCAL so that hub can source an alternative HBPoS

The initial handover of responsibility for the individual to HBPoS must occur within 30 minutes of arrival, however the Police and Ambulance service should not have to wait longer than 15 minutes to gain access to the HBPoS site

If someone appears to be too intoxicated and showing 'aspects' of incapability (e.g. unable to walk unaided or unable to stand unaided), as per the Physical Health Assessment & Treatment Protocol, then that person should be taken to ED for medical assistance. If, however the person is intoxicated but not showing any 'aspect' of incapability, they will be conveyed to a S136 HBPoS

If the S136 coordinator and S136 HBPoS team feel unable to meet the physical needs of the individual following the Physical Health Assessment & Treatment Protocol, and the individual needs to go to ED, staff at the S136 HBPoS have the right of refusal to the site. However, concerns should always be escalated to an on-call doctor. S136 HBPoS staff must not conduct tests to determine intoxication as a reason for exclusion to the site; this should be based on clinical judgement, following the Physical Health Assessment & Treatment Protocol guidance

Coordinating the conveyance of individuals from the HBPoS to ED should be undertaken by the mental health trust, led by the S136 coordinator .

The S136 coordinator is responsible for ensuring an appropriate member of staff travels with the individual to take responsibility for their management and safety at all times until they either return to the HBPoS or are formally accepted by the receiving department