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NORTH WEST REGIONAL POLICY AND GUIDANCE FOR CONVEYING MENTAL HEALTH PATIENTS

Approved by	North West Regional Mental Health Forum
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Responsible Ambulance Lead	Head of Clinical Governance
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Change record form

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NORTH WEST REGIONAL POLICY AND GUIDANCE FOR CONVEYING MENTAL HEALTH PATIENTS

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1. INTRODUCTION

1.1 In this policy all references to the Mental Health Act refer to the Mental Health Act 1983 as amended by the Mental Health Act 2007.

1.2 The Mental Health Act Code of Practice requires Local Social Services Authorities (defined in S.145 (1) Mental Health Act), the NHS and the local Police Authority to establish a clear policy for the use of the powers to convey a person to hospital under S.6 (1) Mental Health Act. The policy also covers the conveying arrangements for voluntary admissions.

1.3 This policy and guidance outline the roles and responsibilities of each of the organisations that are the signatory bodies. This policy provides guidance for ambulance service personnel, medical and/or other healthcare practitioners, Approved Mental Health Professionals (AMHPs – as defined in S114 Mental Health Act) and police officers.

1.4 This policy and guidance reflect the requirements of:

- North West Ambulance Service NHS Trust (NWAS)
- NW NHS Trusts
- NW Local Authorities
- NW Police Constabularies (including Derbyshire Constabulary)

1.5 The overall aim of this policy and guidance is:

To ensure that patients detained under the Mental Health Act: *“should always be conveyed in a manner which is most likely to preserve their dignity and privacy consistent with managing any risk to their health and safety or to other people.”* (Mental Health Act Code of Practice 11.2).

1.6 This document has been prepared under the authority of the North West Region Police Mental Health Forum and North West ADASS. All the signatory bodies associated with this policy and procedures are members of this standing committee. This document replaces the previous policy and procedures.

1.7 For information and guidance on the management and transfer of patients who lack mental capacity, please refer to the North West Regional Mental Capacity Act Joint Protocol (March 2012).

2. COMMITMENT OF SIGNATORY BODIES

2.1 NWAS will exercise its authority to convey under 1983 Mental Health Act, using the most clinically appropriate vehicle for the presenting circumstances. If an escort does have to travel with a patient, NWAS will endeavor to return the escort to his/her starting point.

- 2.2 NHS Trusts recognise the importance of multi-agency work under the Mental Health Act. The Trusts are committed to providing an efficient and effective response to requests for support and/or assessment. NHS Trusts will also ensure that mental health staff have the appropriate training to support actions that may be required, such as bed management, in the execution of this policy. Local Authorities will make available Approved Mental Health Professionals (AMHPs) under S.114 Mental Health Act for the purposes of activity under this policy and procedures as appropriate. Local Authorities will commit themselves to providing an efficient and responsive 24-hour AMHP Service. During working hours an AMHP will be provided by the local AMHP rota service and by the relevant local out of hours service at all other times.
- 2.3 Police Constabularies recognise the importance of multi-agency work under the Mental Health Act and in particular, with supporting NWAS in the delivery of its conveyance responsibilities. Police constabularies recognise that they have limited powers in relation to entering premises without a warrant to deal with spontaneous incidents. For example, when a breach of the peace is in progress or anticipated. Entry would also be justified under S. 17 of PACE where there are sufficient grounds to arrest for an indictable offence and under section 17(1) (e) of PACE for 'saving life or limb' or preventing serious damage to property. This power can only be used in extreme circumstances where there is an immediate need to protect 'life or limb'. It cannot be used where there are concerns about 'welfare' (Syed v DPP 2010).(1) An individual can be detained under section 138 MHA if they escape following detention under section 136 MHA or while being conveyed to hospital following a mental health assessment in private premises. A patient can be detained under section 18 MHA if they are detained in hospital (under sections 2 or 3 MHA) and are absent without leave or if they have been granted leave from hospital (under section 17 MHA) and fail to return after expiration of leave.

3. LEGAL FRAMEWORK

- 3.1 The relevant legislation supporting this policy is listed in Appendix 1.

4. POLICY

- 4.1 A properly completed application for admission under the Mental Health Act, together with the required medical recommendations, gives the applicant (an AMHP or the Nearest Relative – as defined in S.26 Mental Health Act) the authority to convey the patient to hospital.
- 4.2 A patient will be conveyed to hospital in the most humane and least threatening way, consistent with ensuring that no harm comes to the patient or to others (see section 5.2 below).
- 4.3 AMHPs authorised to convey under the Mental Health Act will have all the powers of a police constable in respect of, and for the duration, of the conveyance of the patient.
- 4.4 Where an inpatient on S.17 leave is given notice in writing to return to hospital, the expectation is that the patient's conveyance by ambulance or other will be organised by a member of the

hospital ward staff or staff member who knows the patient in discussion with the Responsible Clinician.

- 4.5 Where a patient is subject to a community treatment order and is recalled to hospital, the Responsible Clinician (defined in S.34 (1) Mental Health Act), or other staff acting on his/her behalf, will need to decide the most appropriate conveyance required, and co-ordinate the agencies to effect the recall to hospital. The relevant provider organisation must make every effort to locate and arrange for the person's return to hospital prior to contacting the police.
- 4.6 In practical terms, police assistance should usually not be necessary unless there is evidence that staff would face resistance (active), aggression, violence or escape may occur. Once a recall notice has been served, the patient is immediately liable to be returned to hospital under Section 18 MHA in the same way as a patient who is absent without leave. The power of arrest under Section 18 MHA is available, if required, but this does not provide for a power of entry. In order to gain access without consent to a place where the person is reasonably believed to be, a warrant under Section 135(2) MHA must be obtained
- 4.7 In this particular situation, the Responsible Clinician, or other staff acting on his/her behalf, should arrange the most appropriate transport with NWAS.
- 4.8 Where a member of the public has had a warrant served on them under the auspices of S.135 (1) Mental Health Act, and is required to be conveyed to a hospital subject to detention under the Mental Health Act, or to a place of safety for the purpose of a full Mental Health Act assessment, the organising of the conveyance arrangements will be the responsibility of the AMHP.
- 4.9 Where a detained patient has absented themselves from hospital and is to be returned following a warrant issued under the auspices of S.135 (2) Mental Health Act, the most appropriate conveyance arrangement will be organised by any person authorised under this Act.
- 4.10 Where the nearest relative is the applicant, the assistance of an AMHP should be made available, to give guidance and help on all aspects of conveyance and other matters related to the admission.
- 4.11 All patients subject to an application for admission under the Act will be conveyed to hospital by NWAS using an appropriate vehicle and with suitably trained staff. In situations where the risk of injury to patients or staff is likely, the assistance of police may be required (see section 5.4). The use of an appropriate police vehicle should only be considered if the patient is violent or there is a significant risk of harm to self or others.
- 4.12 The patient should only be conveyed by private car in exceptional circumstances and if the AMHP is satisfied that the patient does not present a danger to themselves or others. There should always be at least one escort for the patient other than the driver. The car driver must have appropriate car insurance cover (AMHPs should refer and adhere to local policy where it differs from this guidance).

5. ROLES AND RESPONSIBILITIES

- 5.1 The Approved Mental Health Professional (AMHP) will take the lead in coordinating conveyance to hospital of patients who are liable to be detained under the Mental Health Act.
- 5.2 The AMHP retains responsibility to ensure that the patient is conveyed in a lawful, safe and humane manner, and must be ready to give the necessary guidance to those asked to assist and will consult appropriately with staff from other agencies and take account of the views of the patient and relative/carer.
- 5.3 The AMHP, ambulance staff and police (or whoever is present) will review completed risk assessments agree the most appropriate method of transfer to ensure the safety of all concerned - which may or may not require action by the police.
- 5.4 The Police will ensure that any action they take is proportionate to the situation presenting. They will also, where this is consistent with their duty to protect persons or property or the need to protect themselves, consider any directions or guidance given by the AMHP or NWAS while the patient is being conveyed to hospital.
- 5.5 Ambulance staff will work with staff from other agencies to ensure mental health patients receive safe and appropriate care, using the most appropriate method of transfer.
- 5.6 The AMHP should ensure the needs of the patient are taken into account (see section 4.2) and giving consideration to para 11.4 Mental Health Act Code of Practice.

6. NWAS RESPONSE TIMES

- 6.1 NWAS will exercise its authority to convey under the 1983 Mental Health Act, using the most clinically appropriate vehicle for the presenting circumstances. NWAS will aim to respond to requests for the transfer of mental health patients as follows:

S. 135	20 minute response
S.136	20 minute response
S.4	20 minute response
S.2, 3, 35 or Voluntary Admissions	1 hour response via Healthcare Professional (HCP) Booking
Inter-facility Transfer (Within North West Region)	1-4 hour response via HCP Booking (please see section 6.3)
Admission/Inter-facility Transfer (Outside North West Region)	To be escalated to relevant NWAS Gold Commander to authorise/decline request (please see section 6.7).

- 6.2 Where there is an immediate threat to life (such as dangerous haemorrhage, chest pain or collapse), a more immediate ambulance response can be requested via **999** where the call will be triaged through the emergency medical prioritisation system.
- 6.3 Under Section 35 MHA, there may also be a requirement for a Crown Court or a magistrates' court to remand an accused person to a hospital specified by the court for a report on his/her mental condition. These transfers may be undertaken by ambulance depending on the level of risk.
- 6.4 Where police escorts and/or NHS transport are required for conveying patients longer distances, close co-operation between agencies will be needed to agree the most practical timeframe and suitable way to manage the conveyance. An ambulance will always attend. Where a patient is to be conveyed across organisational boundaries, this should be undertaken by those professionals who initiate the transportation of the patient (please see section 11 for further guidance).
- 6.5 Long distance and time-consuming journeys can adversely affect the ability of local agencies (i.e. Ambulance, Police, MH NHS Trusts) to maintain adequate operational cover. Long-distance and complex journeys should be planned in advance, where possible, utilising the most appropriate resource for the transfer.
- 6.6 Any operational and resourcing issues should be agreed between the NWAS Emergency Operations Centre (EOC) Manager, the local PACE Inspector (Police) and the appropriate Local Authority/NHS Trusts Senior Manager/Provider Organisation.
- 6.7 **For transfers outside the North West, NWAS EOC Manager must escalate the booking request to the appropriate on call NWAS Gold Commander. The NWAS Gold Commander (in conjunction with the on call NWAS Silver Commander) will assess operational demand/current pressures and authorise or deny the booking request. The NWAS Gold Commander will have the authority to request an alternative ambulance provider is used to complete the transfer.**

7. NWAS BOOKING PROCESS

- 7.1 The booking numbers for HCP's (doctors, AMHPS, etc.) should be used as follows:-

	Emergency Admission (S. 4, 135 & 136)	Admission/Transfer within 1-4 hours (S.2&3)	Booking Enquiries
Cumbria & Lancs	01772 867701	01772 867721	01772 867761
Cheshire & Mersey	0151 261 4301	0151 261 4322	0151 261 4361
Greater Manchester & Derbyshire	0161 866 0611	0161 866 0622	0161 866 0661

- 7.2 Where a one hour or above response criteria applies but, assessing doctors and AMHPS identify that patient may need a more urgent response (possibly due to increased risk factors or

increased levels of patient agitation), an upgrade to a 20 minute response can be requested (using the HCP emergency number in Section 7.1).

- 7.3 The AMHP may contact Ambulance Control at any stage providing the NWAS incident number, to update or discuss the progress of the incident. Where available, the AMHP should also provide Ambulance Control with the police incident number.
- 7.4 If the admission is stopped at any stage it is the responsibility of the AMHP to contact Ambulance Control and cancel the journey. These calls should be made using the booking enquiry line shown in Section 7.1 and NOT an emergency line.
- 7.5 Where a risk assessment conducted by the AMHP concludes that there is resistance, objection, or a risk of violence or a patient will abscond, the AMHP will discuss with NWAS the merits of requesting the Police to assist with the escort and any subsequent conveyance of the patient to hospital. Each organisation or area will use their own approved risk assessment tools to complete risk assessments.
- 7.6 Should the patient require a police presence/escort, this will be arranged by the NWAS EOC Dispatcher who will contact Police Control to request police assistance as soon as an ambulance is ready to be allocated. The Dispatcher will ensure Police Control and the AMHP are kept informed should there be any delays in ambulance response. Where appropriate, a Rendezvous (RV) Point may be required.
- 7.7 If the patient has been sedated, NWAS will advise on the most appropriate vehicle to be used. In such circumstances, the patient should be accompanied by a nurse, a doctor or a paramedic experienced in this area. Only suitably qualified medical practitioners can prescribe medication and/or authorise and arrange any nurse escort (Refer to section 9.4).
- 7.8 If the situation during the assessment deteriorates and risks increase prior to the arrival of the Police, the AMHP will telephone NWAS using 999, quote the NWAS Incident Number and ask for the request for assistance to be upgraded. The evidence for the upgrade request will be based on previous knowledge of the patient and his/ her presenting behaviour. The AMHP will ensure that the reasons for requesting urgent assistance from the Police are accurately recorded on the Mental Health Action form.

8. AT SCENE

- 8.1 Staff employed by NWAS should, where it is consistent with their scope of practice, comply with any directions or guidance given by the AMHP, to ensure the transfer is completed in the safest and most humane way possible.
- 8.2 If (following a risk assessment), the ambulance crew of the vehicle provided by NWAS believes that by conveying the patient in their vehicle they would put themselves, the patient or other road users at risk, they should review the risk assessment in conjunction with the AMHP and

agree a plan to manage the patient using other assistance as required. It should be noted that the AMHP has the authority as the decision maker in law.

8.3 It is always preferable to transport someone by ambulance. However, when there are identified risks, then measures may need to be taken to ensure the safety of the person, ambulance staff, healthcare professionals and police officers. The safety of staff always needs to be a consideration in these circumstances. The other options to be considered are:

- Police vehicle to follow ambulance
- Police Officer(s) to travel in the ambulance with patient and ambulance staff
- Patient to be transported in a Police vehicle only in exceptional circumstances, with ambulance staff observing in a safe position within the police vehicle or, an ambulance travelling behind the police vehicle and in a position to assist if necessary. A method of communication must be agreed between the police and ambulance crew prior to leaving scene.

8.4 An escort should only be provided if needed and appropriate. This will depend on individual circumstances, and must be agreed between the AMHP, the S.12 (2) Mental Health Act Approved doctor, the General Practitioner (if present), personnel from NWAS and, where appropriate the Police (further detailed guidance to the use of escorts can be found in Chapter 11 in the Mental Health Act Code of Practice, 2008).

8.5 The AMHP is permitted to delegate the task of conveying the patient to another person, such as personnel from NWAS or Police. There is no requirement for the AMHP to travel in the same vehicle as the patient to hospital. If the task is delegated, a form of authorisation may be used and given to the delegated person (see appendix 3 for examples).

8.6 If the AMHP delegates the conveyance of the patient s/he must be confident that the person accepting this responsibility is competent and fully aware of their responsibilities in relation to this task.

9. TRANSFER OF PATIENT

9.1 If the patient would prefer to be accompanied by another professional or by any other adult, that person may be asked to escort the patient provided the AMHP is satisfied that this will not increase the risk of harm to the patient or to others.

9.2 The AMHP should attempt to arrive at the same time as the patient at the hospital and remain there until s/he has ensured that:

- The admission documents have been delivered, checked for accuracy and received on behalf of the Hospital Managers
- Any other relevant information is given to the appropriate hospital personnel
- The AMHP must complete their report (this should be within 24 hours).

- 9.3 When it is not realistic for the AMHP to accompany the patient to hospital, they will telephone the ward to provide a verbal handover and ensure that a full written report is faxed or sent as soon as possible. On these occasions, it is acceptable for NWAS to transfer the patient without the AMHP travelling in or following the Ambulance.
- 9.4 Where the patient has been sedated, the accompanying medical practitioner should inform the receiving hospital (prior to departure) the patient has been sedated and provide details of any sedation given. Depending on the nature and level of sedation, there may also be a requirement for a suitably qualified escort to accompany the patient.
- 9.5 Where the police have assisted in the conveying of the patient to hospital, the admission should be effected as efficiently as possible and the time spent by Police in hospital restricted to the minimum required for safe transfer of responsibility.

10. RESTRAINT

- 10.1 People authorised by the applicant to convey patients act in their own right and not as the agent of the applicant. They may act on their own initiative to restrain patients and prevent them absconding, if necessary. However, when they are the applicant, AMHPs retain a professional responsibility to ensure that the patient is conveyed in a lawful and humane manner and should give guidance to those asked to assist (para 11.22 CoP MHA).
- 10.2 All AMHPs must work in line with Organisational Health & Safety and Violence at Work policies.
- 10.3 If physical intervention is necessary then the use of minimum force may be required to maintain the safety of the staff and others involved in the conveyance arrangements. The circumstances and reasons for doing this must be recorded on the AMHP Report.
- 10.4 Ambulance staff are trained to provide minimal restraint in cases where there is no perceived risk of harm to them or the patient.
- 10.5 Ambulance staff should complete a Dynamic Operational Risk Assessment (DORA) in all cases prior to the use of any form of minimal restraint; recording decisions and actions on the Patient Report Form (PRF).
- 10.6 Ambulance staff are responsible for completing a Patient Report Form with relevant clinical information including; risk factors, actions agreed with AMHPs, police, police identification details, transport method and a description of any restraint applied by either ambulance staff or police officers. When police officers are involved and initially attend the hospital, then they should agree the PRF details relating to their involvement before it is submitted to the hospital.
- 10.7 However, neither ambulance staff or AMHPs are trained nor expected to restrain patients who are acting in a threatening or violent manner.

10.8 Where Police are required to restrain a patient this will be in line with their legal powers and policy guidance.

11. INTER-FACILITY TRANSFERS (In Area/Out of Area)

11.1 Where it is necessary to use NHS transport services to convey the patient to hospital, the responsibility to arrange this lies with the NHS Trust in whose area the journey arises. This is the situation for both NHS and Independent hospital patients. In the North West region, NHS transport services are provided by NWAS; this may include use of other services such as Volunteer Ambulance Services (e.g. St. John Ambulance), etc.

11.2 Where the AMHP is the applicant in these circumstances, s/he has the duty to ensure that all necessary arrangements are made for the patient to be conveyed to the hospital and will consult closely with NHS staff identifying the available bed. On these occasions, it is acceptable for NWAS to transfer the patient without the AMHP travelling in or following the Ambulance (as per section 9.3).

11.3 In circumstances where an AMHP delegates their authority but is unable to remain in contact with the delegated team, the NWAS EOC manager must be informed so they can ensure the hospital accepting the patient has received the patient. This should include the provision of appropriately qualified escorts where the patient's condition requires.

11.4 NWAS will endeavour to return staff and equipment to their point of origin; if this isn't possible due to emergencies, the EOC Manager will assist in providing alternative transport. However, individual organisations should have other arrangements for repatriation of staff/equipment identified in advance, should NWAS be unable to facilitate the return of staff. If the staff and equipment are already on board and the vehicle is sent to an emergency, the crew would attend to render aid (with staff and equipment on board).

11.5 Patients may need to be conveyed longer distances, because of a lack of available beds at the patient's local hospital; therefore, for complex or long-distance journeys, NWAS and the relevant police force(s) will require advance notice, whenever possible, as these require advanced planning (please refer to section 6.7).

11.6 The arrangement responsibility for patients who originate from out of area (that is, beyond the geographical boundary covered by this policy and procedures) and require NHS transport to return them to their local hospital is as follows:-

- If the patient has been transferred by an Ambulance Trust to another area and requires transfer back to their own area, if this was done within 24 hours, the Trust who effected the initial transfer is responsible for the return journey.
- If however, the patient has been in hospital for over 24 hours, then it is the responsibility of the Trust whose area the patient is in, to complete the journey.

- 11.7 A joint discussion with NWAS should initially take place and focus on the patient's presenting issues and needs. NWAS are normally involved in the transportation of such patients, however, there is agreement that such cases will be transported as an extra-contractual referral and the costs will be fully met by the appropriate receiving organisation. The needs of the patient are paramount and cost questions should not unnecessarily delay conveyance as these can be discussed retrospectively.

12. FURTHER ADVICE/ESCALATION OF ISSUES

- 12.1 A conflict of views between police, AMHPs and ambulance staff with regard to how a patient should be transported and/or restrained will be resolved by formal escalation pathway involving negotiation between the relevant attending police officer's Supervisor or, if unavailable, the Police Duty Inspector, AMHP and the duty Advanced Paramedic.
- 12.2 Ambulance staff should also seek further clinical advice via the duty Advanced Paramedic where they have concerns or are unsure about what the safest options are for the patient.
- 12.3 Police officers should seek further guidance from their Supervision or Divisional Mental Health SPOC.
- 12.4 Where there is failure to reach an agreement, each organisation should escalate through their command, management or on call structure.
- 12.5 Issues relating to ambulance transfers outside the North West must be escalated to NWAS Gold Command for consideration.

13. AUDITING, MONITORING AND REVIEW

- 13.1 All organisations included in this agreement will ensure that it is implemented in accordance with local procedures that will include provision for auditing the maintenance and the management of compliance with the terms of this document. The North West Region Police Mental Health Forum will review compliance and monitor any difficulties encountered and will report such matters to the North West Mental Health ADASS Group on a regular basis.
- 13.2 The North West Region Police Mental Health Forum representatives will be responsible for ensuring there are local mechanisms in place for monitoring and taking corrective action where necessary. As above at 13.1, such matters will be reported to the North West ADASS Mental Health Group on a regular basis.

14. SIGNATURES

14.1 Organisation: Lancashire Constabulary (on behalf of Cheshire, Cumbria, Greater Manchester, Lancashire, Merseyside Police Forces)

Name: Andrew Rhodes

Role: Assistant Chief Constable (NW Regional APCO Mental Health Lead)

Signature:

Organisation: North West Ambulance Service NHS Trust

Name: Steve Barnard

Role: Head of Clinical Governance

Signature:

Organisation: Association of Directors of Adult Social Services (ADASS)

Name: Terry Dafter

Role: Chair, North West ADASS

Signature:

APPENDIX 1

Legislation:

Mental Health Act 1983 as amended by the Mental Health Act 2007

Police & Criminal Evidence Act 1984

Criminal Law Act 1995

Human Rights Act 1998

Guidance:

Mental Health Act 1983 – Memorandum on Parts I to VI, VIII and X (1998, 2nd edition)

Mental Health Act / – Code of Practice 2008 (particularly chapter 11).

Police & Criminal Evidence Act 1984 – Codes of Practice

European Convention on Human Rights – specifically Articles 2, 3, 5, 10, 14

Definitions used in this document:

The Mental Health Act 1983 as amended by the Mental Health Act 2007

Local Social Services Authority: Section 145 (1)

Approved Mental Health Professional: Section 145 (1)

Community Treatment: Section 17A

Nearest Relative: Section 26 (3) Patient: Section 145 (1) Hospital: Section 145 (1) /

Medical treatment: Section 145 (1)

Responsible Clinician: Section 34 (1)

Case law: There is no recent case law of relevance to this policy and procedures

APPENDIX 2

DELEGATION OF AUTHORITY TO CONVEY

Delegation of Authority to Convey a Patient to a Hospital under the Mental Health Act 1983

..... (Name of Patient)

..... (Address)

.....

.....

I (Your name)

have made an application for the admission of the above patient to:

.....

.....

(Name of hospital or registered nursing home) on the requisite form, supported by the appropriate medical recommendations

I am the *Approved Mental Health Professional/ Nearest Relative (**delete as appropriate*) within the meaning of the Act

I delegate my authority to convey the patient to the above hospital to:

..... (Name)

You may use reasonable restraint to achieve the objective of conveying the person to hospital but you should use the least restriction possible whilst ensuring the patient's and other person's safety.

Signed (Your signature)

Of (Address on forms)

.....

.....

.....

Contact/ mobile telephone details if you need to speak with me/the duty Manager about this delegation arrangement:

.....

Date authority issued:

Date authority expires:



AUTHORISATION TO TRANSPORT A PATIENT TO HOSPITAL UNDER SECTION 6 (I) OF THE MENTAL HEALTH ACT 1983

I in my capacity of

Approved Social Worker under the Mental Health Act 1983, authorise

..... to transport

who is subject to Section of the Mental health Act 1983, to

..... Hospital Ward

Signed: (ASW)

Local Authority Contact Number

Date

WHEN COMPLETE PLEASE PASS A COPY TO THE ATTENDING POLICE OFFICERS AND POST A COPY OF THIS FORM TO THE POLICE PUBLIC PROTECTION UNIT, LOWER LANE POLICE STATION, LOWER LANE, LIVERPOOL, L9 6DS (PLEASE CONFIRM RECEIPT ON 0151 777 4528)

Note: The Approved Social Worker will show an identity card (including photograph). The Approved Social Worker has responsibility for co-ordinating the process of assessment and admission. The role of the police and ambulance services is solely to assist in the transportation of the person who is liable to be detained to a hospital.