



Hampshire
County Council

Hampshire County Council

**Health and Adult Social Care Select (Overview and
Scrutiny) Committee**

Adult Mental Health Working Group

**'The Use of Section 136 of the Mental Health Act 1983
in Hampshire'**

29 July 2014

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THE USE OF SECTION 136 OF THE MENTAL HEALTH ACT 1983 IN HAMPSHIRE

SCRUTINY REVIEW REPORT

29 July 2014

Foreword



This short review began as a result of the Health Overview and Scrutiny Committee's review of the subject matter at their formal meetings in July and November 2012. At these meetings, we received evidence relating to out of hours mental health assessments and the use of Section 136 of the Mental Health Act 1983, as well as plans to improve related processes in the County. Following this real-time scrutiny, the Adult Mental Health working group was asked to examine the evidence so far received by the Health Overview and Scrutiny Committee, and to explore progress made against Section 136

improvement actions being led by Hampshire Constabulary, Hampshire County Council's Adult Services Department and the main provider of mental health services in Hampshire, Southern Health NHS Foundation Trust.

During the course of this review we requested additional written and oral evidence from the NHS, partner authorities and the public sector, and reviewed national and local guidance and protocols.

The review group agreed that positive progress has been made to reduce the number of individuals detained under Sections 136 in Hampshire, in particular, lessening the number of police-based places of safety used to detain people under the Mental Health Act whilst waiting for an assessment. However, in considering additional evidence, the working group has made a number of recommendations for further improvement of local processes, including an urgent recommendation to ensure that our children and adolescents are not detained in police cells when experiencing a mental health crisis. We have asked that until a designated place of safety for young people is implemented, immediate temporary arrangements are put in place for a health-based place of safety to be made available for their care until an assessment has taken place.

I am grateful for the dedication of the small group of members to this review, and for their thoughtful and careful analysis of issues. I would also like to thank the officers co-ordinating this review, and the contributing organisations. I am pleased to commend this report to the Health and Adult Social Care Select Committee.

Councillor David Keast

Chairman: Adult Mental Health working group

**Health and Adult Social Care Select Committee
Adult Mental Health working group: Section 136**

Executive Summary

1. Background

- 1.1 During 2013/14 a scrutiny review was initiated by the Health Overview and Scrutiny Committee which focused on issues relating to actions undertaken by partners under Section 136 (S136) of the Mental Health Act 1983.
- 1.2 The review was influenced by the Committee's recent scrutiny of changes to Adult Mental Health services in Hampshire, and subsequent real time scrutiny of multi-agency work to reduce the use of police-based places of safety in the County. It was further prompted by national publications and media stories relating to the use of S136, and more specifically, the use of police custody suites for those detained under this part of the Mental Health Act.
- 1.3 The review considered progress being made to implement improvements to the S136 process in Hampshire. It reviewed evidence relating to the use of S136 and aimed to formulate recommendations to relevant stakeholders which would add value to processes in the County.
- 1.4 The review group agreed that the scrutiny of this topic would be based upon oral and written evidence and background research. The evidence was gathered by means of invitations to stakeholders to contribute written views, and to attend meetings of the working group to present oral evidence.

2. Conclusions

- 2.1 Two key areas were identified by the Working Group for review. These were:
 - (a) To review the evidence so far received by the Health Overview and Scrutiny Committee in relation to S136 processes in Hampshire, specifically the use of places of safety.
 - (b) To review progress made against S136 improvement actions being led by the Hampshire multi-agency group, using the Royal College of Psychiatrists statement as a benchmark for acceptable standards.

- 2.2 With regard to reviewing the evidence so far received by the Health Overview and Scrutiny Committee in relation to S136 processes in Hampshire, specifically the use of places of safety:
- 2.2.1 A multi-agency group, made up of Hampshire Constabulary, Hampshire County Council Adult Services and Southern Health NHS Foundation Trust, amongst others, had been set up in the County to review and implement improvements to the S136 process in Hampshire. (*Evidence: paragraph 5.1.2*)
 - 2.2.2 An action plan had been compiled through the Hampshire Criminal Justice Liaison group in order to advance these improvements, which were linked to Royal College of Psychiatrist benchmarks for best practice on Section 136. (*Evidence: para 5.1.3 – 5.1.4*)
 - 2.2.3 The main challenges raised by partners included, amongst others, the availability of health-based places of safety, the availability of staff to undertake assessments, and the length of time of assessments. (*Evidence: para 5.1.6*)
 - 2.2.4 Southern Health NHS Foundation Trust, the provider of health-based places of safety in Hampshire, was looking to undertake an options appraisal of future configurations of health-based places of safety. (*Evidence: para 5.1.7*)
- 2.3 With regard to progress made against S136 improvement actions being led by the Hampshire multi-agency group, using the Royal College of Psychiatrists statement as a benchmark for acceptable standards:
- 2.3.1 The overall number of individuals detained under S136 had reduced significantly since the Health Overview and Scrutiny Committee first became aware of this issue. Work was being taken forward successfully by multi-agency partners to reduce the number of individuals held in a police-based places of safety. The working group believe this has brought about a positive impact on the experience of many individuals who have experienced a mental health crisis (*Evidence: paragraphs 5.2.2, 5.2.9 – 5.2.11, 5.2.13 – 5.2.14*)
 - 2.3.2 The working group are keen to continue to see a reduction in the number of police-based places of safety being used in Hampshire, with custody cells only being utilised in exceptional circumstances. (*Evidence: paras 4.1.9, 4.2.4, 4.3.3, 5.2.3, 5.2.12, 5.2.15, 5.2.24 – 5.2.25*)
 - 2.3.3 The working group have not been able to assess the proposals for future health-based places of safety operated by Southern Health NHS Foundation Trust as these have not yet been finalised. Concerns have been raised by partners and

commissioners about the location and level of service to be offered from these in future. Although the working group has been assured that reducing the number of health-based places of safety would lead to a more efficient service, it is not able to support this without final proposals and supporting evidence. (Evidence: paras 5.2.17- 5.2.21)

- 2.3.4 Any change in the way health-based places of safety are delivered in Hampshire should continue to be monitored by the S136 multi-agency group, in order to ensure that centralising staff and resource leads to reductions in assessment times and subsequent reductions in the use of police-based places of safety. (Evidence: paras 5.2.2 – 5.2.3, 5.2.9 – 5.2.14, 5.2.16, 5.2.20)
- 2.3.5 The breakdown of data from Hampshire Constabulary on reasons for not admitting patients over a six-month period to a health-based place of safety include, in order of frequency, intoxication, health suites already in use (i.e. full), lack of staff and risk of violence. It is suggested in future that intoxicated patients are conveyed to Acute Hospital Emergency Departments, and there remains an agreement locally that patients who are violent or threaten violence will continue to be conveyed to police-based places of safety. However, detaining patients in a police-based place of safety because other places of safety are full or there is a lack of appropriate staff to undertake assessments concerns the working group, and it seeks reassurance from Hampshire County Council Adult Services and Southern Health NHS Foundation Trust that this has and will continue to reduce following multi-agency group actions, in line with the Mental Health Crisis Care Concordat. (Evidence: paras 4.1.9, 5.2.12 5.2.15,5.2.19 – 5.2.20, 5.2.22, 5.2.24, 5.2.38)
- 2.3.6 The working group agree with the Mental Health Crisis Care Concordat that intoxication or perceived intoxication should not preclude individuals experiencing a mental health crisis from receiving prompt medical assistance, and that a police-based place of safety is not the appropriate place for this to take place. Further work should be progressed between multi-agency partners, acute providers and their commissioners to ensure that Emergency Departments, if they are able to be used for this purpose, are appropriately resourced, trained and organised. (Evidence: paras 5.2.24 – 5.2.28)
- 2.3.7 Strong concerns have been expressed by members about the lack of a health-based place of safety in Hampshire for under 18s. The group accept that the absence of S136 child and adolescent provision in Hampshire is a historical issue inherited by Clinical Commissioning Groups, and that low numbers of

service users complicates finding a suitable solution, but members firmly agree with national guidance that the use of police-based places of safety for this purpose is unacceptable, and should only be an extremely exceptional event. Finding a service model that meets this area of need should be an urgent action for clinical commissioners and the appropriate multi-agency partners. (*Evidence: paras 5.2.29 – 5.2.37*)

- 2.3.8 Data has been received which shows that that police-based places of safety have been utilised for under 18s in Hampshire within the past 12 months. The working group agree that the continuation of this practice is unacceptable, and that given the lengthy likely timescales of implementing a permanent solution for under 18s detained under S136, suggest that temporary arrangements for a health-based place of safety is identified and implemented as soon as possible. (*Evidence: paras 5.2.11, 5.2.34*)
- 2.3.9 Multi-agency group partners state that the S136 process in Hampshire has already moved to a model where conveyance by ambulance is the sole transportation method, unless in exceptional circumstances. The working group commends this work, but has not received evidence which suggests that conveyance by police vehicle has ceased except in exceptional circumstances. It looks for reassurance from Hampshire Constabulary and South Central Ambulance Service NHS Foundation Trust that the Mental Health Crisis Care Concordat's recommendations on ambulance conveyance are fully implemented in Hampshire. (*Evidence: paras 5.2.38, 5.2.43, 5.2.46 – 5.2.47*)
- 2.3.10 The working group are concerned that there is not in place an agreement for conveying individuals detained under S136 in North East Hampshire by ambulance. Both ambulance Trusts working in Hampshire responding to this review have stated that they do not have a protocol in place for conveying S136 patients in this geographical area. (*Evidence: para 5.2.41*)
- 2.3.11 The number of individuals detained under S136 who show signs of being intoxicated are not currently recorded by Hampshire Constabulary or Southern Health NHS Foundation Trust, but data taken from a manual trawl of the Constabulary's records showed that a high number of individuals detained over one month were observed as being intoxicated. Enabling better data capture of this area would have twofold benefits:
- Multi-agency partners would be able to better organise services to respond to the needs of intoxicated patients, and could predict likely need in future.

- Acute Hospital Emergency Departments would be able to better prepare for likely numbers of intoxicated patients conveyed to their locations.

(Evidence: paras 4.2.4, 5.2.12, 5.2.25 – 5.2.26, 5.2.48 – 5.2.52)

2.3.12 The 'Operation Serenity' pilot has demonstrated its success through reduced numbers of individuals being detained through access to expertise on the beat and in call centres, and consequential up-skilling of, and partnership working between, staff. Unfortunately funding has not yet been identified to roll this programme out across Hampshire, although innovation fund bidding is being organised by Southern Health NHS Foundation Trust. The working group feel it is crucial to continue this method of successful partnership working, and urge commissioners to work closely with Southern Health NHS Foundation Trust to identify where budgets can be organised to ensure the sustainability of Operation Serenity in future. This may be an area that the Health and Wellbeing Board can contribute to.

(Evidence: paras 5.2.53 – 5.2.60)

3. Recommendations

- 3.1 Taking the above conclusions together, the review group suggests that the below recommendation are endorsed by the HASC and sent to NHS and public sector colleagues for consideration and response
- a) That as a matter of urgency, a preferred proposal for a health-based place of safety for children and adolescents is identified and implemented in Hampshire.
 - b) That as an interim measure, immediate temporary arrangements are put in place to use either an existing hospital-based or health-based place of safety for children and adolescents detained under S136.
 - c) That any final model of health-based places of safety is forwarded to the HASC for their consideration.
 - d) That as a matter of urgency, an agreement is put in place to ensure that individuals detained under S136 in North East Hampshire are conveyed by ambulance.
 - e) That individuals detained under S136 who are perceived to be intoxicated have this detail recorded as part of normal data gathering, in order to ensure that partners understand the likely number of individuals who will in future require a hospital-based place of safety.
 - f) That Hampshire Constabulary contribute to work to develop a toolkit nationally that aims to capture data on intoxicated persons

detained under S136, as per the Mental Health Crisis Care Concordat.

- g) That the Health and Adult Social Care Select Committee work with acute trusts in Hampshire in conjunction with multi-agency partners in order to ensure that work is progressed to enable intoxicated individuals detained under S136 access to a hospital-based place of safety.
- h) That commissioners assist in identifying health funding for the continuation of Operation Serenity urgently, given its primary role in the reduction in S136 detentions, and contribution to early intervention and prevention in mental health crises.

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Appendix One: Those Responding to the Reviews

Stakeholder group	Organisation
<p>NHS Bodies</p>	<p>Fareham and Gosport Clinical Commissioning Group</p> <p>North East Hampshire and Farnham Clinical Commissioning Group</p> <p>North Hampshire Clinical Commissioning Group</p> <p>South Central Ambulance Service NHS Foundation Trust</p> <p>Southern Health NHS Foundation Trust</p> <p>South East Coast Ambulance Service NHS Foundation Trust</p> <p>South Eastern Hampshire Clinical Commissioning Group</p> <p>West Hampshire Clinical Commissioning Group</p>
<p>Hampshire County Council</p>	<p>Adult Services Department</p> <p>Executive Lead Member for Children's Services, Hampshire County Council.</p> <p>Hampshire Health and Wellbeing Board</p>
<p>Public Sector Partners</p>	<p>Hampshire Constabulary</p> <p>Police and Crime Commissioner for Hampshire</p>
<p>Local Authorities</p>	<p>Portsmouth City Council</p> <p>Southampton City Council</p> <p>Surrey County Council</p>

Appendix Two: Background Documents

<i>Hampshire documents</i>
Minutes of the Hampshire Health Overview and Scrutiny Committee (HOSC) dated 24 July 2012.
Minutes of the Hampshire Health Overview and Scrutiny Committee (HOSC) dated 27 November 2012.
Report and presentation to 27 November 2012 HOSC 'The Multi-Agency Operational Development of PLACES of SAFETY in Hampshire – Hampshire County Council, Hampshire Constabulary, Southern Health NHS Foundation Trust.
Presentation to the S136 working group 'The Multi-Agency Operational Development of PLACES of SAFETY in Hampshire – Hampshire Constabulary, Hampshire County Council, Southern Health NHS FT
<i>Regional documents</i>
"Emotional Wellbeing and Mental Health for Children and Young People" Report to Healthier Communities Scrutiny Board, Solihull Metropolitan Borough Council (26 September 2013)
Hampshire S135/136 'Place of Safety' Action Plan – Royal College of Psychiatrists Standards on the use of Section 136 Executive Recommendations
Southern Health NHS Foundation Trust Update on Operation Serenity – Southern Health website
'Multi-agency Transportation Protocol for Clients Assessed under the Mental Health Act 1983' (published July 2009)
Report of the Portfolio Holder for Children's Services to Medway Children and Young People Overview and Scrutiny Committee (14 January 2014)
<i>National documents</i>
2014/15 NHS Standard Contract Particulars – Local Quality Requirements – NHS England
2014/15 NHS Standard Contract Particulars – Reporting Requirements – NHS England
'A Criminal Use of Police Cells? – The use of police custody as a place of safety for people with mental health needs' (published 2013) – Joint review by her Majesty's Inspectorate of Constabulary, Her Majesty's Inspectorate of Prisons, the

Care Quality Commission and Healthcare Inspectorate Wales.

[Guidance for Commissioners](#): service provision for Section 136 of the Mental Health Act 1983 (published April 2013) – Royal College of Psychiatrists, London

[Mental Health Crisis Care Concordat](#) (published 18 February 2014) 'Improving Outcomes for People Experiencing Mental Health Crisis' – HM Government

[Panorama Programme](#) 'Locked up for being ill' (Broadcast on BBC One, 9 September 2013)

[Section 136 of the Mental Health Act 1983](#)

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Appendix Three: Background and Evidence – Section 136

1. Introduction

- 1.1 At the 24 July 2012 meeting of the Health Overview and Scrutiny Committee (HOSC), the topic of S136 of the Mental Health Act (MHA) 1983 was added to the work programme for future scrutiny.
- 1.2 This topic was suggested following the Adult Mental Health working group's review of evidence in 2012 relating to proposals by Southern Health NHS Foundation Trust to change how services were provided in Hampshire. The working group received information towards the end of their review stating that improvements to S136 processes were required in order to utilise places of safety in preference to police cells, and to improve assessment times.
- 1.3 A real-time scrutiny of multi-agency work on S136 was heard in November 2012, where it was agreed that the Adult Mental Health working group would continue to meet in order to review the actions being undertaken by partners.
- 1.4 Following interim monitoring by the working group, it was agreed that a terms of reference would be drafted for ratification by the Policy and Resources Select Committee which would enable the working group to undertake a scrutiny review on progress made in relation to S136. This was agreed in October 2013.
- 1.5 The review was influenced by the Committee's scrutiny of changes to Adult Mental Health services in Hampshire, and subsequent real time scrutiny of multi-agency work to reduce the use of police-based places of safety in the County. It was further prompted by recent national publications and media stories relating to the use of S136, and more specifically, the use of police custody suites for those detained under this part of the MHA 1983.

2. Terms of Reference

- 2.1 The subject of the review was to review progress being made to implement improvements to the S136 process in Hampshire.
- 2.2 The purpose of the scrutiny was to review evidence relating to the use of S136 and formulate recommendations to relevant stakeholders which may add value to the processes relating to the use of S136 in Hampshire.
- 2.3 The review group set two objectives:
 - (a) To review the evidence so far received by the Health Overview and Scrutiny Committee in relation to S136 processes in Hampshire, specifically the use of places of safety.

- (b) To review progress made against S136 improvement actions being led by the Hampshire multi-agency group, using the Royal College of Psychiatrists statement as a benchmark for acceptable standards.

3. Review Organisation

- 3.1 Councillor David Keast (Cowplain and Hart Plain) agreed to lead the scrutiny review group as Vice Chairman of the Health Overview and Scrutiny Committee. The full membership was as follows:
- Councillor David Harrison (Totton South and Marchwood)
 - Councillor Marge Harvey (Catherington)
 - Councillor Martin Lyon (Bishopstoke and Fair Oak)
 - Councillor Frank Rust (Aldershot East)
- 3.2 The review group held its first meeting on 19 September 2013, where the group agreed the project plan for the review, received initial background information, and began work on identifying key stakeholders.
- 3.3 As a result of the first review meeting, the group met again on the 1 October 2013 and invited key stakeholders from the S136 multi-agency group (including Hampshire Constabulary, Hampshire County Council Adult Services and Southern Health NHS Foundation Trust) to present evidence. The aim of this session was to assist Members with their understanding of progress made against improvement actions in relation to detentions and assessments under S136 in Hampshire, together with future proposals for any further development programmes, building on the report provided to the HOSC in November 2012.
- 3.4 The review group met for the third time on 19 February 2014 to review evidence requested from a number of key stakeholders on key themes.
- 3.5 The final meeting of the working group was held on the 28 May 2014, where Members invited oral evidence from two key stakeholders, the Police and Crime Commissioner for Hampshire, and Southern Health NHS Foundation Trust.
- 3.6 All evidence was gathered by means of an invitation to stakeholders to contribute written views, and/or to attend meetings of the working group to present oral evidence.

A full list of those who have contributed to this process is shown in Appendix One.

4. Background

4.1 National context

Primary Legislation

- 4.1.1 The primary legislation referred to by the working group during this scrutiny review was the Mental Health Act (MHA) 1983, specifically S136, titled 'Mentally disordered persons found in public places'. This legislation provides the Police with the power to remove an individual from a place to which the public have access, who appears to be suffering from a mental disorder and to be in immediate need of care or control, to a designated 'place of safety'.
- 4.1.2 An individual taken to a 'place of safety' may be detained there for a period not exceeding 72 hours for the purpose of enabling the individual to be examined by a registered medical practitioner, and to be interviewed by an approved mental health professional (AMHP). Any necessary arrangements for the treatment or care of the individual should also be determined within the 72 hours.
- 4.1.3 A 'place of safety' is defined in S135(6) of the MHA 1983 as a "residential accommodation provided by a local social services authority under Part III of the National Assistance Act 1948; a hospital as defined by [the MHA 1983]; 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."
- 4.1.4 The MHA 1983 Code of Practice for England states that a police station should be used as a place of safety only "on an exceptional basis", or "in... exceptional circumstances", respectively.

Best Practice and Guidance

- 4.1.5 A multi-agency MHA group, convened and chaired by the Royal College of Psychiatrists, examined best practice with regard to S136 and produced a care pathway and recommendations for best practice. This was published in April 2013.
- 4.1.6 The recommendations produced by the multi-agency MHA group included advocating that a police custody suite should be used in exceptional circumstances only, and that an approved mental health practitioner (AMHP) and registered medical practitioner (e.g. a consultant) approved under Section 12(2) of the MHA should attend within 3 hours in all cases where there are not clear clinical grounds to delay assessment.
- 4.1.7 In February 2014, the Mental Health Crisis Care Concordat was published by Her Majesty's Government, and is a shared agreed statement signed by senior representatives from all the organisations involved, which includes, amongst others:
- Association of Ambulance Chief Executives

- Association of Chief Police Officers
- Association of Directors of Adult Social Services
- Association of Directors of Children's Services
- Association of Police and Crime Commissioners
- Department of Health
- Home Office
- NHS England
- Public Health England

4.1.8 The Concordat covers national expectations of service provision for individuals in mental health crises - in policy making and spending decisions, in anticipating and preventing mental health crises wherever possible, and in making sure effective emergency response systems operate in localities when a crisis does occur. In this guidance, several references are made to best practice surrounding individuals detained under S136.

4.1.9 As part of the best practice endorsed by the Mental Health Crisis Care Concordat, it was recommended that:

- There should be a local declaration that mirrors the Concordat's principles which commit local agencies to work together to improve the experience of people in mental health crisis.
- National legislation (MHA S135 and S136 and the Code of Practice) should be updated to reflect the outcomes of the Concordat.
- Guidance from the Royal College of Psychiatrists should be updated for use by agencies locally.
- As per the Royal College of Psychiatrists guidance, AMHPs and registered medical practitioners should attend within 3 hours in all cases where there are not clear clinical grounds to delay assessment.
- Police custody suites should not be used as an alternative place of safety because of a lack of health-based places of safety, or their unavailability. The Concordat signatories will aim, through joint working, to reduce the inappropriate use of police custody suites for people detained under S136. In addition, a fast-track assessment process for those detained in a police-based place of safety will be used.
- NHS Ambulance providers should introduce a single protocol across England for the conveyance of S136 patients, which will include agreed national response times. Police vehicles should not be used to convey detained individuals, and a non-caged police vehicle should only be used in very exceptional circumstances.
- Intoxication should not be used as a reason for not detaining an individual under S136, and those presenting with this behaviour should be managed in a health-based place of safety. It is suggested that this is either locally designated, or, if the level of

intoxication provides a medical risk to the patient, an Emergency Department at an Acute (Hospital) Trust.

- Toolkits should be developed by the Home Office with police forces to capture data which shows the number of individuals detained due to a mental disorder and perceived intoxication.
- A local health-based place of safety should be used for children and young people. Local protocols should ensure that police-based places of safety are never used, except in very exceptional circumstances.

4.2 National Reports

4.2.1 Her Majesty's Inspectorate of Constabulary, Her Majesty's Inspectorate of Prisons, the Care Quality Commissioner and Healthcare Inspectorate Wales published a joint report titled 'A Criminal Use of Police Cells?' in June 2013, which looked at the use of police custody as a place of safety for people with mental health needs. This review report examined the "extent to which police custody is used as a place of safety under S136" and identified "the factors which either enable or inhibit the acceptance of those detained under S136 into a preferred place of safety, such as a hospital or other medical facility."

4.2.2 The findings of this report were drawn together following joint inspections carried out by the reporting organisations, and focused on inspecting seven police forces, two metropolitan police boroughs and their associated mental health trusts (n.b. Hampshire was not one of those areas inspected).

4.2.3 The report found that "police custody was still being used as a primary or secondary place of safety", but that its use varied significantly in the areas it inspected. Reasons could not always be found in data records as to why police-based places of safety were used, although where this information was available, the primary reasons provided were lack of staff available or lack of capacity at the health-based places of safety, or the person detained displayed intoxicated or violent behaviours. The average time that individuals waited for assessments in police-based places of safety was 10 hours 32 minutes, and the majority of individuals were detained between 6pm and 9am. Issues were also found with data recording and knowledge of staff involved in S136 processes.

4.2.4 The report made a number of recommendations which included, but were not limited to:

- The MHA being amended to remove police stations being a place of safety, except in exceptional circumstances.
- The Codes of Practice for the MHA being updated to bring maximum assessment times (currently 72 hours) in line with the maximum police custody time of 24 hours.
- Data recording being broadened to include information on why individuals are not detained in health-based places of safety,

and when under-18s are detained in a health-based places of safety.

- Training programmes being developed nationally through joint working and delivered to staff locally.
- Local commissioners ensuring that they commission sufficient capacity in the system to process the number of individuals requiring S136 assessments, and to provide sufficient numbers of AMHPs and doctors.
- Health and Wellbeing Boards ensuring that Joint Strategic Needs Assessments in England include S136 provision.

4.3 Hampshire context

- 4.3.1 A 'place of safety' in Hampshire is a hospital, as defined by the MHA, or a police station.
- 4.3.2 When considered by the HOSC in November 2012, an average of three people per day were detained across Hampshire under S136, with 70% of individuals apprehended out of office hours. Members were informed that benchmarking data had shown that of the 43 police forces in England and Wales, Hampshire was seventh highest for using police custody places of safety for detention under S136.
- 4.3.3 Traditional practice in Hampshire has involved the primary use of the police station as the place of safety when health-based places of safety have not been available. Recent guidance, such as the Royal College of Psychiatrists report, has recognised that the police station should be the exception for a vulnerable person to be removed to following detention under S136 of the MHA, other than for individuals displaying unmanageable violent and/or aggressive behaviour.
- 4.3.4 At the time of this scrutiny review, Southern Health NHS Foundation Trust (through their registered mental practitioners) and Hampshire County Council (through their AMHPs) predominantly assess individuals detained under S136 in Hampshire, with partnership working involving Hampshire Constabulary, Hampshire County Council children's services, NHS ambulance services and other mental health providers. The average waiting time for individual assessment in Hampshire at the beginning of the review on the 1 October 2013, was between 10-15 hours.
- 4.3.5 At the beginning of this review, there were five hospital-based places of safety in Hampshire operated by Southern Health, which included:
- Parklands (SHFT), Basingstoke
 - Melbury (SHFT), Winchester
 - Elmleigh (SHFT), Havant
 - Antelope (SHFT), Southampton
 - The Ridgewood Centre (SABFT), Frimley

- 4.3.6 The working group were aware through their review that the hospital-based place of safety at St James' Hospital in Portsmouth, operated by Solent NHS Trust, is also able to be used by Hampshire patients.

5. Findings of the Review Group

5.1 The review posed the question of:

To review the evidence so far received by the Health Overview and Scrutiny Committee in relation to Section 136 processes in Hampshire, specifically the use of places of safety.

- 5.1.1 The Adult Mental Health (AMH) working group held an initial meeting on 19 September 2013 in order to review the previous evidence received by the HOSC in relation to S136, and to look at national evidence published on the use of S136.

Review of Adult Mental Health services in Hampshire

- 5.1.2 The working group noted that the HOSC were first informed of S136 when they received a report from Southern Health NHS Foundation Trust on the 22 May 2012 which related to the working groups' previous review of the adult mental health service redesign in Hampshire. This report included details of actions taken by the Trust and its partners to improve access to out of hours mental health assessments. With partner agencies, Southern Health noted to Members that they had developed a "work plan for in-hours and out-of-hours services", which was being monitored by a multi-agency S136 group. This work plan would be derived from National Guidance and would have a broad focus including waiting times, staffing and training.

Specific Information Requested on S136 in Hampshire

- 5.1.3 The meeting of the HOSC on the 24 July 2012 considered further information on S136, including details of hospital-based places of safety available at each of the adult mental health units in Hampshire. Members were informed at this meeting that "a comprehensive work plan" had been developed jointly through the Hampshire Criminal Justice Liaison group in order to improve S136 mental health assessment processes, to utilise health-based places of safety in preference to police cells, and to improve assessment times.
- 5.1.4 The working group reviewed the S136 'Place of Safety' action plan used by the Criminal Justice Liaison group which set out the Royal College of Psychiatrists Standards on the use of S136, which had been provided previously to the adult mental health working group as part of its previous considerations. Members noted the actions to be taken and preferred outcomes, and determined initially to use this as a benchmark for receiving an update from stakeholders to this review. These actions included, but were not limited to:

- There being sufficient places of safety in Psychiatric facilities to meet foreseeable local need with recourse to police stations.
- Police stations only being used as the place of safety on an exceptional basis.
- There are adequate AMHPs and doctors available to enable assessments to begin within three hours.
- Ambulances being the preferred form of transport to and from places of safety.
- Standing data recording forms being used by all agencies.
- A clear process for the management of under 18s detained under S136 under a joint protocol for working between Child and Adolescent Mental Health Services (CAMHS) and AMH services.

5.1.5 A report and presentation received by the HOSC on 17 November 2012 were considered by the working group, which provided a potted history to members of S136 processes in Hampshire, the challenges experienced by multi-agency groups (which included Hampshire Constabulary, Hampshire County Council and Southern Health) involved in undertaking such processes within guided timeframes, and the opportunities that had presented following the agreement for organisations to work together in partnership in this area.

5.1.6 The working group noted that there were several challenges highlighted by the multi-agency group in relation to S136 at the November meeting. These included:

- The appropriateness of detention.
- The availability of health-based places of safety.
- The availability of AMHPs and doctors to attend in a timely manner for assessment 24/7.
- The length of time an individual has to wait for an assessment or for arrangements to be put in place post-assessment.

5.1.7 Members of the working group noted that the November report highlighted that an options appraisal of the current configuration of health-based places of safety in Hampshire was being undertaken by Southern Health, which would “confirm the most efficient and effective means of ensuring that the police station is used as an exception in Hampshire.” In addition, it noted that Southern Health were “currently engaging with Consultant Psychiatrists to consider options with regards to delivering timely assessments in [places of safety]”.

5.1.8 The working group also considered national evidence listed under paragraph 4.

5.2 The second question considered by the review group was:

To review progress made against S136 improvement actions being led by the Hampshire multi-agency group, using the Royal College of Psychiatrists statement as a benchmark for acceptable standards.

Progress Made Against Improvement Actions

- 5.2.1 The working group received a presentation from the representatives of the S136 multi-agency group which provided an overview of the progress made on S136 processes in Hampshire at the second meeting on 1 October 2013.
- 5.2.2 Presentation data showed that the number of S136 patients detained in police cells had reduced since the HOSC had held their real-time scrutiny of this issue in November 2012, with 455 separate incidents of individuals held in the 10 months up to September 2013 (with an additional 22 under 18s). This equated to a 22% reduction in the use of police-based places of safety (33% for under 18s). Approximately 72% of these were detained out of office hours (6pm-9am), and the average time in detention had increased from an average of 12 to 13 hours.
- 5.2.3 It was noted that in terms of places of safety, national guidance suggested that police-based places of safety should be the exception rather than the rule, except in cases where individuals are intoxicated or have a high risk of violence to themselves or others. In Hampshire, it was still the case that police stations were being regularly used as a place of safety (although there had been some decrease in their use). The ratio of detentions between health-based and police-based places of safety was now approximately 50:50.
- 5.2.4 Training had been identified as an area for development, and Hampshire Constabulary were developing a S136 training programme for all front line officers, with extra training undertaken by Mental Health Liaison Officers who would work closely with multi-agency partners.
- 5.2.5 It was acknowledged to the working group that there was not currently any hospital-based place of safety provision for under 18s. This was an area for action with commissioners of this service (NHS Clinical Commissioning Groups (CCGs)).

Call Out for Further Evidence

- 5.2.6 The working group explored a large volume of evidence as part of their review of the use of S136 in Hampshire. Members wished to concentrate on areas where they felt they could make recommendations that would add value or improve the experience of patients in Hampshire. Many examples were heard in evidence of successful working and good practice across the County, regionally and nationally, which can be found in the evidence accessible from the officers listed on page 3.
- 5.2.7 As a result of discussions with the multi-agency group, and a review of the local and national evidence led by the working group, members agreed to seek further written evidence from selected stakeholders along themed areas which had emerged during the course of their considerations. These stakeholders can be found in Appendix One.

5.2.8 The themes are as follows:

- Use of S136 in Hampshire (page 22)
- Health-based places of safety (page 23)
- Places of Safety for children and adolescents (page 26)
- Ambulance conveyance to places of safety (page 28)
- Data improvement and accuracy (page 29)
- Partnership work (page 29)

Use of S136 in Hampshire

5.2.9 The initial report considered by the HOSC in November 2012 stated that there were on average 92 detentions under S136 each month across Hampshire, that 47% of these were assessed in a health-based place of safety (leaving 53% to be assessed in a police-based place of safety), and that information on average assessment time could not be given because of incomplete data recording, although it was thought to be more than half a wait longer than the national guidance recommends.

5.2.10 Subsequent figures provided by Southern Health NHS Foundation Trust and Hampshire Constabulary indicated that in quarter one of 2013, a total of 210 individuals were assessed under S136. Of these, 113 were detained in a police-based place of safety, and 97 in a health-based place of safety.

5.2.11 The working group's meeting on 1 October 2013 was held to review progress made since the HOSC's scrutiny of the topic. Evidence received at this meeting showed that there were on average 46 adults detained under S136 held in a police-based place of safety each month across Hampshire in the 10 months proceeding this meeting (from November 2012 – September 2013), a significant reduction of 22% in this time. There were 22 under 18s held in police-based places of safety in the same time frame, a reduction of 33%. It was noted that average waiting times for assessment was thought to have increased from 12 hours to 13.

5.2.12 Written evidence from the Constabulary in December 2013 stated that "[e]very S136 detention is recorded as are the reasons for refusal at health based places of safety. For the last six months the breakdown for refusals to accept patients... has been as follows:

- Suite already in use – 32 patients or 20%
- Risk of violence – 17 patients or 11%
- Intoxicated – 75 patients or 48%
- Lack of staff – 32 patients or 20%"

5.2.13 The working group received additional evidence on S136 from Southern Health at their 28 May 2014 meeting, where it was noted that as of February 2014, an average of 25 individuals per month

were assessed in a health-based place of safety, and an average of 15 were being seen in police custody. It was explained that Operation Serenity, discussed in paragraph 5.2.54, was thought to have impacted significantly on reducing the number of people detained in the County. Additionally, Police officers in Hampshire had been receiving ongoing training to enable a greater awareness and capability for dealing with individuals experiencing mental health disorders. This was thought to have contributed to a reduced number of detentions under S136, and was hoped to continue to reduce detention in police-based places of safety.

- 5.2.14 Members heard that the Mental Health Crisis Care Concordat had set a challenge to those involved in S136 processes to reduce by 50% the number of individuals assessed in a police-based place of safety, and that this had already been achieved in Hampshire (and by as much as 80% according to the Police and Crime Commissioner for Hampshire). The PCC suggested that the increased conveyance by ambulance/Medisec was thought to have been one of the main contributors to the reduction in the use of police-based places of safety. However, agencies were keen to continue this trend.
- 5.2.15 The Concordat is also clear in setting national expectations that police-based places of safety should only be used in exceptional circumstances. Agencies in Hampshire were clear in their commitment to sign up to this pledge, but the working group were made aware that this would not be without challenges. For example, Southern Health noted in their oral evidence that a proportion of individuals detained under S136 would likely need to be held in police custody for assessment because they posed a risk to staff because of their violent behaviour.
- 5.2.16 National guidance and the Concordat suggest that all individuals held under S136 should receive an assessment from an AMHP and a doctor within three hours of their detention. A multi-agency meeting has been held locally to discuss and co-ordinate this work, and a declaration would be made to sign up to the recommendations within it, which includes the three hour assessment. The working group have not received any evidence to suggest that average waiting times have reduced since October 2013, when the average was 13 hours (for police-based places of safety), although this may be the case.

Health-Based Places of Safety

Future Locations of Currently Designated Health-Based Places of Safety

- 5.2.17 Members first heard that an options appraisal of the current configuration of health-based places of safety in Hampshire was being undertaken by Southern Health in November 2012, which would

“confirm the most efficient and effective means of ensuring that the police station is used as an exception in Hampshire.”

- 5.2.18 An updated presentation provided to the working group in October 2013 highlighted that one of the actions being taken to address the challenges of S136 was to “work with partners across Hampshire to reduce number of hospital [places of safety], and work flexibly across boundaries”.
- 5.2.19 Additionally, written evidence provided to the working group in January 2014 from Southern Health stated that “[w]e have plans to reduce the numbers of places of safety, and there are a number of options for this, each with differing implications for medical, nursing and AMHP delivery of services... [w]e have scoped a number of options for delivering the medical support to a fewer number of places of safety, and are consider that these changes can be delivered.”
- 5.2.20 Members at their oral evidence session on 28 May 2014 heard from Southern Health that organisations had been largely supportive regarding proposals to reduce health-based places of safety by centralising units in Basingstoke and Portsmouth. Some concerns had been raised regarding reducing the number of health-based places of safety, specifically around staffing issues, and timeliness. There had also been some commissioner concern surrounding the final locations of the places of safety. Concerns regarding increased time spent conveying individuals to places of safety and then home would also be examined in an option appraisal.
- 5.2.21 Oral evidence provided to members highlighted that the health-based place of safety in Melbury Lodge, Winchester, had already closed. It was felt that this AMH unit was not ideally located - being at the end of a female ward - and therefore had the potential to compromise female patients and could be raised as a compliancy issue in relation to mixed sex accommodation. This meant that at the time of the review concluding, the following health-based places of safety were available in Hampshire provided by Southern Health:
- Parklands, Basingstoke
 - Elmleigh, Havant
 - Antelope, Southampton

Use of Other Health-Based Places of Safety

- 5.2.22 Solent NHS Trust noted in their written response to the working group that they have offered the use of their health-based place of safety located in St James’ Hospital, Milton, Portsmouth, to Southern Health. Solent state that within their Trust the three hour timescale for assessment recommended in the Concordat and the Royal College of Psychiatrists guidance is always met, and they have concerns regarding Southern Health’s ability to do this. Therefore in order to reduce the length of time patients wait for assessment in Hampshire

they are keen to work in partnership with Southern Health. This would be offered as part of a block contract.

Other Hospital-based Places of Safety

- 5.2.23 The MHA 1983 makes provision for health-based places of safety to be a hospital as defined by the Act, or any locally determined location the occupier of which is willing temporarily to receive the patient. This may include acute hospital emergency departments, which are currently not used in Hampshire as part of the S136 process.
- 5.2.24 The Concordat states that intoxication should not be used as a reason for not detaining an individual under S136, and those presenting with this behaviour should be managed in a health-based place of safety. It is recommended that if the level of intoxication provides a medical risk to the patient, an Emergency Department at an Acute (Hospital) Trust should be the suitable location for this individual.
- 5.2.25 The working group as part of this review requested data which distinguished between those individuals who were believed to be 'intoxicated' at the point of detention, and those who were not. Both Hampshire Constabulary and Southern Health informed the group that data was not currently recorded in this way. However, a manual trawl of Hampshire Constabulary records showed that for one month in November 2013 "[o]f the 13 patients detained that month in police cells 6 were intoxicated. The average detention time was 13.5 hours for these individuals compared to 8 hours for those who were not intoxicated."
- 5.2.26 The same written evidence from the Constabulary in December 2013 stated that "[e]very S136 detention is recorded as are the reasons for refusal at health based places of safety. For the last six months the breakdown for refusals to accept patients... has been as follows:
- Suite already in use – 32 patients or 20%
 - Risk of violence – 17 patients or 11%
 - Intoxicated – 75 patients or 48%
 - Lack of staff – 32 patients or 20%"
- This shows that the most significant factor for not assessing a S136 patient in a health-based place of safety is their perceived intoxication.
- 5.2.27 The proposals to assess intoxicated individuals in acute hospitals was raised by Southern Health and the Police and Crime Commissioner for Hampshire in their respective oral evidence sessions as one of the Concordat recommendation areas causing concern locally. It was highlighted that it would be essential to work closely with emergency departments to recognise that these individuals have a mental illness, and would need to be treated appropriately. Staff training would also need to include working with persons detained under S136.

5.2.28 Concerns have also been raised that emergency departments are not currently equipped to be a place of safety for people displaying mental illnesses that are detained under S136, and work would need to take place with acute trusts to address this. Three of the four providers of acute hospital service to Hampshire residents had attended a recent multi-agency meeting on the Concordat to begin this work.

Places of Safety for Children and Adolescents

5.2.29 It was highlighted to the working group at their 1 October 2013 meeting that there was not provision in Hampshire for under 18s detained under S136. National guidance recommends that health-based place of safety should be used for children and young people, and that local protocols should ensure that police-based places of safety are never used, except in very exceptional circumstances. The recently published Mental Health Crisis Care Concordat also indicates that any such unit being attached to an AMH ward should not preclude its use for this purpose.

5.2.30 The working group were aware through their review of the S136 multi-agency action plan that there were plans to develop a clear process for the management of under 18s, through a joint protocol for working between Child and Adolescent Mental Health Services (CAMHS) and AMH services.

5.2.31 The Hampshire 5 Clinical Commissioning Groups (CCGs) recognise in their response that the lack of provision for appropriate places of safety for children and adolescents is a historical issue, but “one which the Clinical Commissioning Groups consider a priority to resolve.”

5.2.32 The CCGs in their responses identified possible options, which included:

- “Re-designing an adult health-based place of safety to enable children and young people to be placed. A number of adult place of safety provisions have been considered and ruled out.
- Using an existing acute in-patient psychiatric children and young people unit.
- Using an existing residential provision, operated by Hampshire County Council.
- Developing a suite within an Accident and Emergency Department.
- Considering using a non-NHS health provision.

5.2.33 The options still under consideration and being taken forward by the CCGs for discussion with partners include:

- “Re-designing an adult place of safety. This project requires the involvement of Adult Commissioners, Clinical Commissioning Groups. Discussions are ongoing to explore this option.

- Using an existing residential provision. Discussions are ongoing to explore this option, however it is unlikely that any decision would be made until December 2014, due to service re-designs taking place within Hampshire County Council.
- Two acute providers have indicated that they are exploring the possibility of developing a Section 136 suite for children and young people. Commissioners are having ongoing discussions with the relevant Trust to explore this option further.
- Using an existing acute in-patient psychiatric unit. Whilst initial discussions rule out the use of an existing in-patient psychiatric unit for children and young people, recent conversations have indicated that this option may still be viable and will therefore continue to be explored.”

5.2.34 Although options re being explored and identified, the CCGs have stated that it will take some time for a preferred option to be realised. The CCGs note that staffing arrangements would need to be analysed as it may not be practical to staff a unit 24/7 due to the small number of children and adolescents detained under S136. In addition, the location of the unit would need to be in reasonable travelling distance of where the majority of young people are detained under S136.

5.2.35 In its response, Hampshire County Council Children’s Services Department noted that it “does not provide any accommodation specifically for young people detained under S136 of the Mental Health Act”. The Children’s Services department does provide accommodation as is required to fulfil the Local Authority’s duties “under the Police and Criminal Evidence Act 1984 such as foster care, specialist remand foster care and residential children’s homes (including secure accommodation at Swanwick Lodge)”. It states that on the very rare occurrences that a place of safety is required for an under 18 “then these facilities may be suitable to appropriate assessment, but they are not an adequate substitute for proper specialist care in a mental health unit.”

5.2.36 Southern Health noted in their oral evidence that they were actively working with Commissioners to develop options for health-based places of safety for young people, potentially across Hampshire and the Isle of Wight. It was acknowledged by the Trust that this area needs addressing and resolving as a matter of urgency, and options such as using existing adolescent mental health units were being examined, as per the CCG written responses.

5.2.37 The PCC noted in his oral evidence that through his position on the Hampshire Health and Wellbeing Board, he was hoping to help shape mental health commissioning in the County, which included the urgent need to address under 18 S136 provision.

Ambulance Conveyance to Places of Safety

- 5.2.38 The Mental Health Crisis Care Concordat reinforces that ambulance conveyance should be the primary transportation for individuals detained under S136. Police vehicles should not be used to convey individuals unless in exceptional circumstances, such as in cases of extreme urgency, or where there is a risk of violence. Caged police vehicles should not be used in any circumstances.
- 5.2.39 As a result of the Concordat, NHS Ambulance services in England are planning to introduce a single national protocol for the transportation of S136 patients, which will provide agreed response times and a standard specification for use by clinical commissioning groups.
- 5.2.40 South Central Ambulance Service NHS Foundation Trust (SCAS) currently work in accordance with two joint working protocols, agreed between Hampshire Police, Local Authorities and NHS Providers. These are the Joint S136 Protocol and the Joint Transport Protocol.
- 5.2.41 The “Multi-agency Transportation Protocol for Clients Assessed under the Mental Health Act 1983” was reviewed by SCAS in April 2014, which allowed for the recommendations for good practice of the Concordat and the National Ambulance S136 protocol to be incorporated. The Protocol states that “[p]olice transport will only be used as a last resort e.g. where as a result of a joint risk assessment an ambulance has been deemed as not the most suitable means of transport.”
- 5.2.42 The Royal College of Psychiatrists guidance for commissioners recommends that local contracts with ambulance providers should specify a timely response within 30 minutes so that a vehicle provided by the ambulance service will be used, unless it is not safe to do so. This does not have to be a front-line vehicle. The contract should allow for a more rapid response if there is no privacy in the public place to protect the person’s dignity.
- 5.2.43 To comply with the Royal College of Psychiatrists recommendation, SCAS have implemented a 20 minute (Amber) response for individuals that need conveying under S136.
- 5.2.44 If conveying individuals outside of their geographical area, SCAS will do this where this is clinically indicated in accordance with their emergency and urgent care contract 2013-14. This allows for inter-hospital emergency and urgent transport of individuals where individuals require a time limited intervention, within 4 hours, for an upgrade of care.
- 5.2.45 Evidence received from South East Coast Ambulance Service NHS Foundation Trust (SECAMB) states that SECAMB currently do not have an agreement to undertake conveyance of S136 patients with

Hampshire, Sussex or Surrey Police. This information was requested by the working group as residents in North East Hampshire are responded to by this Ambulance Trust, as opposed to SCAS for most of Hampshire. The working group were notified that work was being progressed by SECAMB to agree a framework with which to start conveyance of S136 patients in Hampshire. SCAS currently do not convey S136 patients in the SECAMB operational area. Therefore in the absence of other evidence the working group assumes that individuals in the North East Hampshire area covered by SECAMB are conveyed by police vehicle when detained under S136.

5.2.46 The PCC noted in his oral evidence that the Concordat's recommendation to convey all S136 individuals by ambulance was welcomed but not a new idea in Hampshire, with ambulances and Medisec already transporting patients within Hampshire and out of County. He noted that ambulance conveyance would not always be appropriate, e.g. for violent individuals, so it would remain likely that the police would continue to have a role conveying persons where necessary.

5.2.47 Anecdotal evidence from members of the working group discussed during meetings highlighted recent cases where police vehicles have been used in S136 conveyance in Hampshire.

Data and monitoring

5.2.48 Guidance from the Royal College of Psychiatrists and the Mental Health Crisis Care Concordat recommends that monitoring of S136 data should be implemented locally.

5.2.49 A further recommendation was made in the Concordat for a toolkit to be developed by the Home Office with police forces to capture data which shows the number of individuals detained due to a mental disorder and perceived intoxication.

5.2.50 As per paragraphs 5.2.25 - 5.2.27, data on 'intoxicated' or 'in drink' patients is currently not collected by Hampshire Constabulary or Southern Health. However, outcomes from a manual trawl showed that a high proportion of detained individuals were recorded as being 'intoxicated'.

5.2.51 Hampshire Constabulary have stated in additional evidence to the working group that the Constabulary would be pushing to monitor intoxicated individuals detained under S136, and that scoping work for this began in April 2014.

5.2.52 Currently Hampshire Constabulary and Southern Health do not break down data for those individuals detained under S136 who are recorded as being 'in drink' or 'intoxicated' and those who are not.

5.2.53 Hampshire Constabulary does record data on why individuals are not accepted into health-based places of safety, as per paragraph 5.2.12.

Partnership Working

Operation Serenity

5.2.54 Operation Serenity is a street triage pilot which launched on 3 January 2014 and ran to March as a partnership between Hampshire Constabulary and Southern Health. Funding was secured by the Trust to enable mental health nurses to work with the police to both:

- Join the police on patrol on Friday, Saturday and Wednesday nights, from 5pm to 2am, to assess people who would usually be detained under S136 at the scene and decide whether they need extra mental health support.
- Work in the police control room in Netley 7 days per week between 5pm and 2am to give telephone support to officers across Hampshire attending calls involving someone in a mental health crisis.

5.2.55 It was hoped the additional mental health expertise on the front line would help more people in crisis get the support they need in the most appropriate place, preventing the need to take them into police custody.

5.2.56 At the working group meeting on 28 May 2014, it was heard that the pilot was reported by the PCC in his oral evidence as being successful, proving to be effective in reducing the number of people detained under S136.

5.2.57 The results provided by Southern Health showed that that the mental health nurse travelling with a patrol car had responded to 26 call outs during the pilot. Of these:

- 21 (80%) of individuals had responded well to telephone advice and no further action was needed
- Five (20%) required an assessment visit, four of which resulted in an informal admission to hospital.
- S136 was utilised once.

5.2.58 Results from mental health nurses being placed in the Netley control centre showed that, of the 168 calls that staff were involved in:

- 49% resulted in referral to community mental health services
- 32% were resolved over the phone and no follow up was required
- 7% resulted in referrals to primary care
- 4% resulted in referrals to other services (including homelessness and substance misuse services)
- S136 was used three times during this period

- 5.2.59 The Trust note in their written evidence that “both clinicians and police colleagues have reported on the positive impact of Operation Serenity in terms of better understanding and collaborative working.”
- 5.2.60 Southern Health informed Members through written evidence that there had been a reduction in the number of individuals detained under S136 before the start of the pilot, and since the completion of the pilot, an increase in figures had become apparent. It was also heard that the opportunity for further partnership working could be developed, to include multi-agency training developed between Hampshire County Council and Southern Health, and jointly delivered.
- 5.2.61 Since the completion of the pilot, Southern Health had worked with partners to identify the amount of funding required to roll out this way of working across the County. The Trust were looking at the possibility of applying for national innovation funds to help implement Operation Serenity on a permanent basis. It was heard that funding had not yet been secured for the future of this project.

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Appendix Four:

Glossary to the 'Adult Mental Health working group: Section 136 review'

Hampshire Multi-Agency Partners	Partnership working around Section 136 processes involves a number of key stakeholders, including the Hampshire 5 Clinical Commissioning Groups, Ambulance Trusts, Hampshire County Council Adult Services and Southern Health NHS Foundation Trust.
Health and Adult Social Care Select Committee	This Select Committee is one of five themed scrutiny panels in Hampshire County Council. It is specifically tasked with carrying out reviews relating to Health and Adult Social Care. This includes issues relating to how the health service interacts with the County Council's social care services, proposed substantial service changes. It may make recommendations to and require a response from any health partner on any aspect of activity that it has scrutinised.
Medisec	Medisec are a private patient transport service providing contracted services to convey some S136 patients in conjunction with SCAS.
Mental Health Act 1983	Defines how an individual can be treated if they have a mental disorder and what their rights are'
Mental Health Crisis Care Concordat	The document sets out the principles and good practice that should be followed by health staff, police officers and approved mental health professionals when working together to help people in a mental health crisis.
Place of Safety	Section 136 of the Act gives police officers the power to remove an apparently mentally disordered person who is in a public place and is apparently a danger to himself or to other people, to a "place of safety" where they may be assessed by a

registered medical practitioner and an approved mental health professional. They may be detained there for a period not exceeding 72 hours. The place of safety could be either a police station or hospital (often a special s136 suite).

Policy and Resources Select Committee

The Policy and Resources Select Committee has a wide range of responsibilities which include, but are not limited to the following areas: efficiency, performance, financial management, human resources, health and safety, partnership working, IT and communications, procurement and estate management.

Royal College of Psychiatrists

The Royal College of Psychiatrists is the professional body responsible for education, training, setting and raising standards in psychiatry.

Scrutiny Review

Scrutiny Committee in Hampshire conduct reviews each year that look at local issues in more depth than could be achieved in a formal meeting. These reviews gather evidence on the topics they're investigating from local people and external organisations. Scrutiny reviews aim to secure improvements to a service through policy development or review.

Appendix Four:

Appendices to the 'Adult Mental Health working group: Section 136 review'

AMH	Adult Mental Health
AMHP	Approved Mental Health Practitioner
CCG	Clinical Commissioning Group
ED	Emergency Department / A&E
FT	Foundation Trust
GP	General Practitioner
HCC	Hampshire County Council
HOSC	Health Overview and Scrutiny Committee
MHA	Mental Health Act
NHS	National Health Service
PCC	Police and Crime Commissioner
S136	Section 136 of the Mental Health Act 1983
SABPT	Surrey and Borders Partnership NHS Foundation Trust
SCAS	South Coast Ambulance Service NHS Foundation Trust
SECAMB	South East Coast Ambulance Service
SHFT	Southern Health NHS Foundation Trust