

South West London and St. George's

Mental Health NHS Trust

Section 136 Report to Sutton Health Overview and Scrutiny

1. Background

Section 136 of the Mental Health Act affords the police the power to detain someone, found in a public place, whom the officer believes may have a mental disorder and to take them to a place of safety such as a hospital or police station as a place of safety. This detention can legally last up to 72 hours, although good practice indicates that the person should be assessed within a much shorter period. The power originates from the Mental Health Act (1959) and has remained intact from the subsequent updates in 1983 and 2007.

This is the only aspect of the Mental Health Act for which no statutory form is required. Given this and the fact that that the person may be discharged from the place of safety without having seen a mental health practitioner, it is very difficult currently to obtain reliable national data on the use of Section 136.

Although the law allows for a police station or A&E department to be used as a place of safety, it is considered good practice for this to be a dedicated Section 136 suite in a hospital with dedicated staff. A police cell in particular is unsuitable to managing those at risk to themselves or who have medical problems. Despite this guidance, an Independent Police Complaints Commission report (2005/06) found that 11,500 people across England and Wales were detained in a police cell as a place of safety, compared with 5,900 detained in hospital.

As a result of this, the Government provided capital money in 2007 for the development of places of safety in mental health units. However, no additional money was given for the staffing of such units. Although the units are used on a relatively infrequent basis, it is essential that they should have dedicated staff to ensure that a high standard of care can be provided by healthcare staff, without reliance on police support to safely assess and care for acutely disturbed individuals. Without adequate staffing provision, the danger is that either police support will be expected to remain in the place of safety, which is an inappropriate use of their time and potentially stigmatising, or that the police custody suite will continue to be used excessively. Neither is acceptable (ref: Standards on the use of Section 136 of the Mental Health Act, Royal College of Psychiatrists:2007).

Within London, each borough should have an agreed Sec.136 policy specifying the place of safety, the mode of transport and target times for assessment to take place. There should also be a multi-agency Sec. 136 monitoring body, incorporating the police, health service and London Ambulance to monitor performance and resolve local issues.

2. Sutton: The Local Picture

Incidence of Section 136

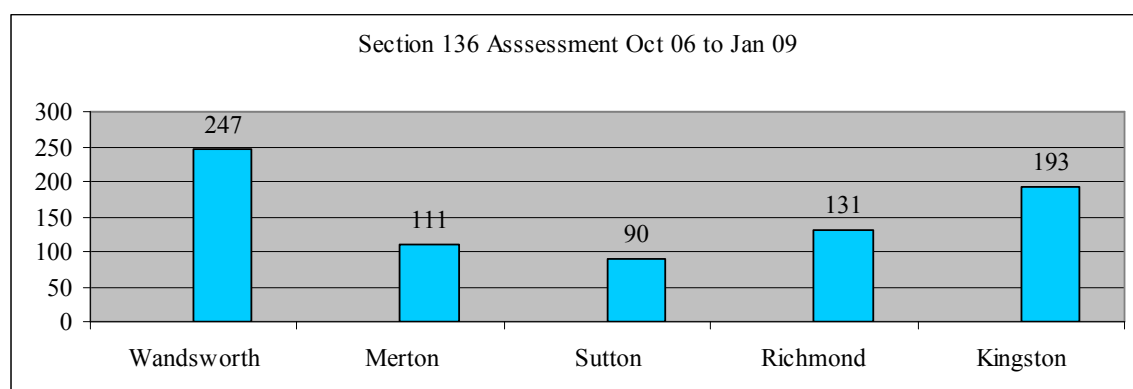
Until 2006, Sec.136 assessments in Sutton were undertaken at the S136 suite which was situated at the back of what is now Horizon ward. However, in 2004 this suite was deemed unsuitable due to the fact it was in an isolated area. This was felt to pose a risk to both in terms of the design of the suite, its isolation from other parts of the ward and the lack of dedicated staff to respond to Sec.136 admissions. It is of note that this decision was made following the review of a homicide perpetrated in an isolated part of a ward at Springfield Hospital in 2003.

Police were therefore required to take people arrested under Sec.136 to the dedicated suite at Tolworth Hospital. There remained the desire to develop a local Sutton solution to this and the incorporation of a dedicated Sec.136 suite and police access to this was included within the specification to upgrade Jasper ward in 2005.

National guidance was subsequently issued that dedicated and supernumerary staff needed to be allocated to manage a Sec. 136 service. South West London & St. George's Trust (SWL&StG) reviewed the safety and governance of these arrangements, and decided that the proposed local Sutton solution fell short of this national guidance particularly regarding the presence of dedicated and supernumerary staff to manage the unpredictability of Sec.136 assessments, both in frequency and presenting behaviour. Some capital work to upgrade the Sec. 136 suite at Jasper had commenced at this stage, but was closed down given this decision.

Table 1 - Total number of section 136 assessments to Shamrock Unit from Oct 06 to Jan 09

Borough	Assessments	Overall Percentage	Average per Month
Wandsworth	247	32%	8.8
Merton	111	14%	4.0
Sutton	90	12%	3.2
Richmond	131	17%	4.7
Kingston	193	25%	6.9
Other	5	0.64%	0.2
Total	777		25



Thus, SWL&St.G determined that its Sec. 136 should be co-located with its Psychiatric Intensive Care Units (PICU), with dedicated staff to operate these. In terms of need, SWL&StG covers an overall population of around one million people, across Kingston, Merton, Richmond, Sutton and Wandsworth. This would therefore constitute Sec.136 services at Tolworth Hospital, and when the service is redeveloped (Spring'09), at Springfield Hospital. This configuration reflects both the need for Sec.136 and the necessity for these to be staffed by suitably trained and dedicated staff.

A review of Sec.136 usage was undertaken over the period Oct'06-Jan'09, and highlighted 25 Sec.136 assessments per month over this period, of which 50% take place between 21.00-07.00.

Across the five boroughs, Sutton has had the lowest incidence of Sec.136 assessments averaging 3.2 per month on a consistent basis . This level of incidence combined with the need for dedicated staff in a dedicated environment; the high proportion of Sec.136 activity at night; and the concerns about a small site such as Sutton managing high levels of unpredictability related to Sec.136 underpinned the Trust decision that Sutton was not a suitable site for a Sec.136, both from a safety and a cost-effectiveness perspective.

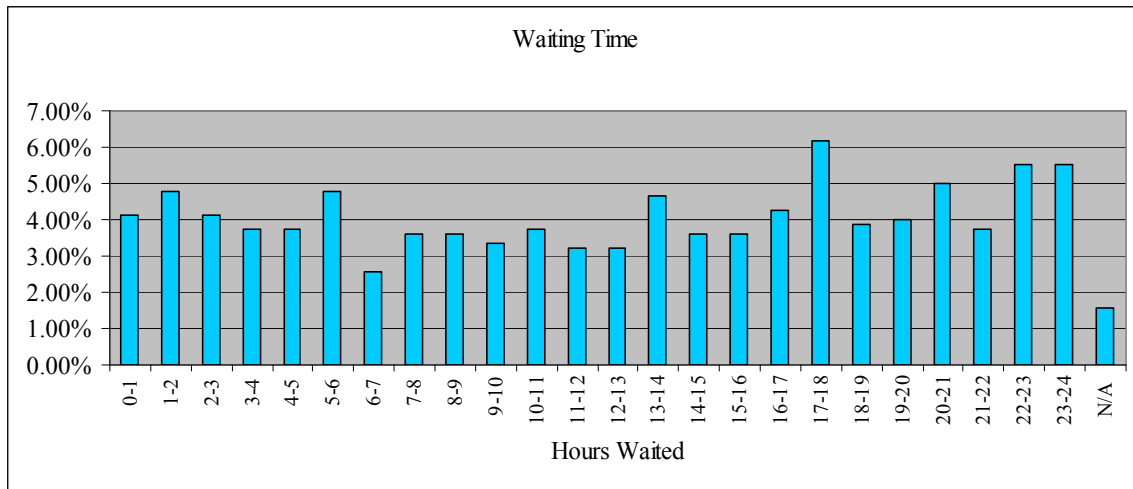
Place of Safety

Thus, people arrested on Sec.136 are currently taken to Tolworth Hospital as a place of safety which has a provision of two Sec.136 suites. This provision will imminently double to four when Sec.136 facilities open as part of the Wandsworth Recovery Centre at Springfield Hospital. From a Sutton perspective, this will involve male Sec.136 assessments taking place at Springfield Hospital and female Sec.136 assessments taking place at Tolworth.

Regarding, alternatives needing to be used for a Sec.136 assessment, the Trust does not maintain formal records of this as by definition, they are not undertaken within the Trust. Whilst the Mental Health Act stipulates that such assessments should take place within 72 hours, the Trust works to good practice guidelines that these should be undertaken within a much shorter time period, and Table 2 demonstrates that:

- 25% of assessments are undertaken within 6 hours.
- 45% of assessments are undertaken within 12 hours.
- 98.5% of assessments are undertaken within 24 hours.

Thus, with an existing capacity of two Sec.136 suites; and average of less than one assessment per day and assessments completed within timescales above, this would indicate that the need for alternative placements is rare. This will become even moreso the case, when the Trust Sec.136 capacity is doubled to four.

Table 2 – Time Taken to Undertake Sec. 136 Assessment

Conveying to a Place of Safety

The decision that Sutton Hospital should no longer act as a Sec.136 facility inevitably means a longer journey for the Sutton residents to be transported from the point of arrest to the place of safety. Whilst it is the role of the police to determine that the person in a public place meets the criteria for Sec.136, it is the primary responsibility of the local NHS ambulance service provider (i.e. London Ambulance) to provide suitable transportation to the place of safety. Good practice indicates that the ambulance, accompanied by a police officer who still holds the legal responsibility to convey, is the preferred form of transport so as to reduce the distress and embarrassment to the patient. Police vehicles should only be used where there is sufficient risk to ambulance staff and individuals assessed, that this cannot be safely managed within an ambulance. It is imperative that transportation of the person detained to a place of safety takes place as promptly as possible, so as not to prolong their detention in police custody. While the ambulance service will be subject to competing priorities, this work should be prioritised by ambulance services and appropriate and realistic target times for transportation are set, agreed and adhered to.

Drugs and Alcohol

Whilst people acting under the influence of drug and alcohol in a public place would normally be solely a police responsibility, this can sometimes appear similar to someone who may be in mental distress. A judgement will need to be made by the police officer concerned.

Should the police officer use the power of Sec.136, and subsequent assessment at the place of safety determine that the person is under the influence of drugs/alcohol rather than a mental disorder, then the legal right to detain the person under Sec.136 (or any other section of the Mental Health Act) would no longer apply. The person would thus be legally free to leave,

and this could present difficulties particularly if the police have already departed from the place of safety.

Section 136 Outcomes

Police officers will only undergo a very limited training in mental health, and thus their judgement of a mental disorder whilst the person is in a public place, may be at variance with the judgement of the mental health professionals who subsequently undertake a more detailed assessment. Similarly, the person's presentation may change over the period of being arrested in a public place and being assessed within the place of safety. Thus being detained under Sec.136 will not necessarily result in a hospital admission.

Of the 777 Sec.136 assessments undertaken and audited over Oct'06-Jan'09, the following outcomes applied:

- 40% were admitted into an acute admission ward.
- 8% were admitted into Psychiatric Intensive Care Units.
- 9% were transferred to other mental health services where the patient resided.
- 44% were discharged to their home address.

3. The Position across London

The implementation of Sec.136 across London is currently being reviewed under the aegis of NHS London. As such, it is not currently possible to gather a comprehensive picture. However, from information available, it is clear that:

- Whilst all boroughs must have a Section 136 policy, this does not equate to the Section 136 facility being located within the borough e.g. the Croydon place of safety is at the Bethlem Hospital, Bromley.
- Whilst most boroughs have worked to reduce the times that a police station usage, the place of safety is not necessarily within a mental health unit e.g. Tower Hamlets and City @ Hackney use A&E Depts. At the Royal London and Homerton Hospitals respectively.
- All Sec.136 policies accessed referred to ambulance as the mode of transport of choice.

Any local policy in Sutton will be reviewed against the outcome and recommendations of this wider review.

4. Conclusion

Sutton Hospital is a small hospital with limited capacity to manage unpredictable situations – this is currently subject to a detailed review between the Trust and the PCT. Given the low incidence of Sec.136 within the borough; the national guidance regarding dedicated/supernumerary staff to

operate the service, and the limited capacity of the site, SWL&StG Trust Board made the decision to stop operating Jasper as a Section 136 suite.

The Trust has operated two Sec.136 suites at Tolworth over the last three years and this will increase imminently to four with the opening of the Wandsworth Recovery Centre at Springfield Hospital. Whilst there may have been rare occasions when patients could not have been detained under Sec.136 over the last three years, this seems unlikely in the future with the doubling of provision.

The lack of a Sec.136 facility in Sutton clearly increases the travel time in conveying people to the place of safety. Local policy of using police transport for this is at variance with national good practice which recommends ambulance as the mode of transport to be used. This needs to be reviewed.

The police, PCT, Trust and London Ambulance are meeting to review the local arrangements. Good practice also recommends that a multi-agency review group meet regularly to review the operation of Sec.136 and other mental health/police related issues. This function is currently discussed as part of an operational liaison meeting between the police and Trust, and these current arrangements may require some review and reinforcement.

Mark Clenaghan

Sutton & Merton Service Director

May'09.

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