Section 140 Mental Health Act 1983 (Amended 2007)

Standard Operating Procedure

1. **Purpose of the standard operating procedure**

The primary purpose of this standard operating procedure is to meet the requirement for a joint local procedure for admission to hospital under section 140 of the MHA 1983. Local authorities, NHS commissioners and providers, police and ambulance services should have a clear joint policy for the safe and appropriate admission of people in their area. Those carrying out functions for these parties should understand these policies and their purpose.

1. **This agreement is between:**

Local Authorities namely:

* Stockton on Tees Borough Council, Hartlepool Borough Council, Middlesbrough Council, Redcar and Cleveland Borough Council, Darlington Borough Council, Durham County Council
* Integrated Care Boards namely:
* County Durham ICB, Tees Valley ICB
* Mental Health Trust - Tees Esk and Wear Valley NHS Foundation Trust (TEWV)
* Acute NHS Trusts – North Tees and Hartlepool NHS FT, County Durham and Darlington NHS FT and South Tees Acute NHS FT.
* Cleveland Police and Durham Constabulary
* North East Ambulance Service NHS Foundation Trust.

1. **What does current legislation, Mental Health Act Code of Practice, and National Guidance direct?**

**Section 140 MHA 1983**

Under s140 of the MHA 1983, ICBs have a duty to notify Local Social Services Authorities (LSSAs) of arrangements for the reception of patients in cases of **special urgency** or the provision of appropriate accommodation designed for patients under 18 years of age.

1. **Criteria for Special Urgency**

The term ‘special urgency’ is where a mentally disordered person is so acutely unwell that failure to urgently admit the person to hospital under the MHA, or a wait for a bed could cause significant harm, trauma, health issues or potential death of the patient, those assessing the patient or other members of the public.

Special urgency is therefore defined as those in exceptional clinical need and posing significant risk to themselves and or others based on a current medical examination by a section 12 approved doctor / other doctor in consultation and agreement of a consultant psychiatrist (applicable to both detained and informal patients) due to their severe mental disorder. The AMHP will be central to discussions which determine urgency during Mental Health Act assessments.

**Children and Young People are always assumed to be in 'special urgency' regardless of the situation.**

**All formal admissions under the Mental Health ACT are classed as ‘special urgency’**

Cases that would not qualify automatically as a special urgency case under S140 include:

* Those cases who are at a place of safety, ED or in police custody, though consideration will be given to the time limit for S136 or PACE expiry.
* (Paragraph 19.98 of the code of practice (Children or Young People) states “In a small number of cases the child or young persons need to be accommodated in a safe environment could, in the short term, take precedence over the suitability of that environment for their age (referred to as an “emergency situation”). Such situations will arise where the child or young person needs to be admitted urgently to hospital and accordingly waiting for a bed to become available on a CAMHS unit is not considered to be an acceptable option. An “emergency situation” should be a rare and unusual case. It is not unusual for children or young people to require unplanned admissions and accordingly local policies should be in place to ensure that such admissions are to age-appropriate environments.”

1. **Who needs to be aware of and comply with this arrangement?**

* Approved Mental Health Professionals and Emergency Duty Teams.
* NHS Trust staff with responsibility for bed management, working in crisis or home treatment teams or responsible for accepting applications for admission.
* ICB and Local Authority covering social care commissioners covering the areas highlighted above.
* Emergency Departments within the boundaries of the agreement namely Stockton on Tees, Hartlepool, Middlesbrough, Redcar and Cleveland, Darlington and County Durham.
* Police officers.
* Ambulance Services, including private ambulances.

1. **Where can a person be admitted to in special urgency?**

The participating ICB’s outlined in section 2 of this document have entered into a local agreement with TEWV FT to delegate the management of access to emergency beds, in accordance with the 2015 Mental Health Act Code of Practice.

In practice this means that TEWV has autonomy and authority to admit patients where Section 140 is clearly applicable, within the Tees Valley and County Durham. Where clear evidence is presented that this procedure had to be enacted and an independent sector placement is the only option, then TEWV FT will fund the placement. However, there will be an expectation that the person will be supported to access commissioned NHS provision as soon as possible.

1. **Process for admission under section 140**

The Bed Management System of TEWV will support access to inpatient beds in the circumstances relating to Special Urgency. When an individual meets the requirement of a Section 140, then this needs to be clearly articulated at the point of contact/referral. This will be documented in the patient’s electronic records by the TEWV Doctor/Bed Manager, DNC or Crisis worker, including the reasons why they meet the requirements. AMHPS will record this in the MHA Assessment Report

The TEWV Bed Management arrangements are in place 24/7, 365 days per year Service with identified bed management cover for all wards in scope (working age adults, older adults and child & adolescent or CAMHS inpatient facilities). Currently Bed Managers operate between the hours of 8am- 8pm Monday to Friday. Outside of these hours the Duty Nurse Coordinator or Crisis Team acts as the Clinical Bed Manager, depending on location.

All referrals for hospital admission will be received by the identified Clinical Bed Manager. The Clinical Bed Manager will take clinical and demographic details in order to allocate an appropriate clinical pathway bed for that patient to be admitted to.

It is the responsibility of the assessing doctor to ensure that the receiving ward receives a thorough handover in relation to the person who has been detained, this can be delegated to the Crisis worker or AMHP.

The decision on pathway allocation will usually be reached through discussion of clinical needs with referrers but the final decision on pathway allocation rests with the Clinical Bed Manager as only that clinician will have knowledge of bed state and associated issues across the Trust.

In line with paragraph 14.77 of the Code of Practice: *If the doctors reach the opinion that the patient needs to be admitted to hospital, it is their responsibility to take necessary steps to secure a hospital bed: it is not the responsibility of the applicant.*

The admitting Doctor or nominated TEWV person will inform the AMHP they have contacted the Bed Manager at the earliest opportunity of a planned Mental Health Act Assessment pending including time of assessment and potential clinical needs. This allows the Bed Manager to plan for a potential admission but will not advise about location of beds, however, may provide guidance on if a bed may be available within TEWV and if this will be available within 2 hours of the patient being detained.

The only exception where TEWV Bed Manager will ‘book’ a bed would be for a Community Treatment Order (CTO) recall.

The admitting doctor or nominated TEWV person will notify the TEWV Bed Manager as soon as possible if the patient is not to be detained and a bed is subsequently not required.

The TEWV Bed Management service will take full responsibility for finding a bed for patients requiring an inpatient admission and will make all necessary arrangements to source a bed ‘Out of Area’ or in the Independent Sector if there are no suitable beds within the Trust’s Pathways. The assessing clinician will complete any referral for an Independent Sector bed.

It will utilise a standard approach to ensure that patients are allocated beds in their own locality or as close to that locality as possible and that admissions are allocated evenly across the Trust’s resources.

The use of leave beds for admissions may be considered in order to meet the needs of patients when no vacant beds are available in a locality. The TEWV Bed Manager will attempt to balance the needs of the patient on leave with the needs of the patient requiring admission.

The Bed Manager will work together with wards in scope to have up-to-date, clinically accurate knowledge of all patients on leave at a given time to aid the bed allocation process.

Clinical Pathway allocation will be the responsibility of the Clinical Bed Manager. All relevant referral information will be considered and discussed with the referrer to assist in making this decision.

On occasion it may be necessary to allocate a bed in a different Clinical Pathway from the ideal agreed due to resource pressures. The Clinical Bed Manager will liaise with referrer and proposed receiving wards to ensure that the admission is safe.

1. **Admissions of patients from out of area.**

On occasion, patients from other NHS Trust areas will present to TEWV Services and require hospital admission. The TEWV Bed Manager will be responsible for considering and authorising referrals for admissions to the Trust’s beds for patients who are living outside the TEWV area and who are the responsibility of other NHS Trusts. These referrals will be considered within the overarching NHS Duty of Care and to assist colleagues in other NHS Trusts in their Bed Management.

The TEWV Bed Manager will liaise with the referrer and the patients’ home area to make the most appropriate plan to meet the patients presenting needs and safety requirements. When possible, the patient should be admitted to their home area but when this is not possible or regarded as unsafe or not possible due to conveyance difficulties in consultation with the AMHP if a detained patient, the patient will be admitted to a TEWV bed and repatriated to their home area as soon as possible when a bed is available.

In most cases, beds will be found within a short timescale however should this not be the case then use of the Independent Sector will be considered. Cases of special urgency will be prioritised for beds available within TEWV’s bed base.

The TEWV Bed Manager will collect information on all ‘Out of Area’ activity (incoming and outgoing) and report to relevant Stakeholders, highlighting issues and trends.

TEWV will explore the options for available beds for all people other than people within the Criminal Justice System.

1. **Emergency arrangements if the systems put in place do not work or are not accessible at the required time.**

Should the identified hospital bed be unavailable within 2 hours from the bed being requested the situation MUST be escalated to the relevant Lead AMHP and Senior Local Authority Manager and to the NHS MH Trust, Bed Management Service Manager or On Call Manager. They will attempt to identify additional resources which may be utilised in the short term to support the individual, this may include the provision of funding for additional 1:1 support.

Trust services will explore any options such as a Section 136 suite or similar vacant space where a patient could be placed whilst waiting a bed though this will be very much dependant on availability of the physical space to do this and the requisite staff to support the patient.

If there is not an available option on a hospital site and the individual needs to remain in the community until a bed is identified the TEWV Community or Crisis team will undertake a risk assessment of the individual’s needs at that point in time. If this risk assessment indicates that a professional needs to remain with the individual until a bed is identified, in addition to any family member or carer(s) this will be a TEWV responsibility and coordinated by the relevant CMHT or Crisis Team. If TEWV staff are unable to remain with the individual due to capacity/operational issues this will lead to further discussion with partner agencies involved in the assessment and further dynamic risk assessment involving family members/carers to identify a plan to keep the individual safe whilst a bed is being located, in this event escalation should take place to the relevant service manager or on-call manager in order for them to support decision making and help to identify alternative solutions if required. All parties to the assessment will support the conveyance process.

A monthly multi agency forum will be established to monitor the impact of this arrangement.

**ALL PARTIES TO THIS AGREEMENT MAY RAISE ANY CONCERNS REGARDING THE APPLICATION OF THE PROCEDURES WITH THEIR RESPECTIVE SENIOR MANAGER(s) TO RESOLVE.**

1. **Escalation arrangements and procedure for resolving disagreements**

Situations which arise leading to disagreement, or further delay (beyond agreed timescales) will be raised at the appropriate management Forum, to allow resolution and to review the procedures to ensure future events do not recur. These will include discussion with the LA AMHP Lead, the relevant Bed Manager and Senior MH or Acute NHS Trust Managers. The Tees Mental Health & Wellbeing Alliance will be responsible for monitoring any issues

The issue will also be escalated to the relevant ICB/Mental Health and Learning Disability Partnership.

The Mental Health and Learning Disability Partnership will collate and monitor developments, issues etc through the Delivery and Assurance process.