**THE MENTAL HEALTH ACT**

**SECTION 140**

Guidance for admissions in cases of special urgency

**NOTTINGHAM AND NOTTINGHAMSHIRE**

**MULTI AGENCY AGREEMENT**

NOVEMBER 2021

**THE MENTAL HEALTH ACT SECTION 140**

**Guidance for admissions in cases of ‘special urgency’**

This agreement is between the following agencies:

* Nottinghamshire County Council
* Nottingham City Council

Nottingham and Nottinghamshire Clinical Commissioning Group (CCG)

Bassetlaw Clinical Commissioning Group (CCG)

* Nottinghamshire Healthcare NHS Foundation Trust
* Nottinghamshire Police

**Background:**

CCGs and local authorities are responsible for commissioning mental health services to meet the needs of their areas. Under s140 of the Mental Health Act 1983, CCGs have a duty to notify Local Social Services Authorities (LSSAs) in their areas of arrangements which are in force for the reception of patients in cases of special urgency or the provision of appropriate accommodation or facilities specifically designed for patients under the age of 18.

This guidance has been produced to inform local staff and organisations of:

* The specific hospital beds that the Clinical Commissioning Groups have identified to receive people who have been detained to hospital under the MHA 1983 and whose case is one of ‘special urgency’;
* The definition of ‘special urgency’;
* The procedure that AMHPs should follow if they feel they are dealing with a case which is of ‘special urgency’;
* The arrangements for ‘special urgency’ outside of working hours;
* The procedure that Nottinghamshire Healthcare NHS Foundation Trust will apply where it is notified that a bed is required in cases of ‘special urgency’.

**Who needs to be aware of and comply with the guidance?**

* Local Authority staff undertaking the role of an AMHP;
* NHS Trust staff with responsibility for bed management, sourcing beds and those trained to accept applications for admission under the Mental Health Act;
* CCGs covering the Nottingham and Nottinghamshire area;
* Health and social care commissioners. NHS England;
* Nottinghamshire Police;
* Emergency duty teams;
* Emergency departments of all Nottinghamshire Acute NHS Trusts (Nottingham University Hospitals, Sherwood Forest Hospitals, Doncaster and Bassetlaw Hospitals);
* Crisis and home treatment staff;
* East Midlands Ambulance Service.

**When does this guidance apply?**

This guidance will only apply where:

* an AMHP has been requested to undertake an MHA assessment;
* A s12 doctor believes that a person has a mental disorder and the AMHP has decided that admission to hospital for assessment or treatment is appropriate;
* the AMHP believes that an admission of ‘**special urgency’** applies;
* there are no immediately available beds at the time the MHA assessment is requested or completed.

**Where can a person be admitted to in ‘special urgency’?**

CCGs are required to provide a list of hospitals and their specialisms to local authorities which will help inform AMHPs as to where these hospitals are.

The following hospitals are places where people can be admitted in cases of ‘special urgency’:

* Nottinghamshire Healthcare NHS Trust

(the Trust will be flexible about meeting the demand)

**For Children and Young People (under 18)**

Access to CYP Mental Health bed provision is via specialised commissioning. The escalation process can be found below

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**For people within the criminal justice system**

Secure bed provision is managed at a regional level (East Midlands) with IMPACT as a provider collaborative providing the secure hospitals pathway. The process for assessment and the standard operating procedure is attached outlining access to the secure pathways



**Definition of Special urgency**

The term ‘special urgency’ is a situation where a mentally disordered person is so acutely unwell that failure to urgently admit the person to hospital under the MHA or an excessive 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.

Children and Young People (under 18 years of age) are always assumed to be in 'special urgency' regardless of the situation.

**Action for the AMHP**

The AMHP will determine that the criteria for special urgency is met. They may also involve other professionals in determining whether to classify the case as special urgency. This may include involvement from the medics involved in the person’s care, police or ambulance staff in attendance and crisis/home treatment team.

The County AMHP can consult their AMHP Lead, (or nominated deputy), the City AMHP can consult with their senior AMHP on duty, where they believe that the definition of ‘special urgency’ set out above may apply to an assessment they are involved in but it is the AMHP’s decision.

Once the AMHP has made the decision that the definition of ‘special urgency’ is met, the AMHP must inform the duty Bed Manager at Nottinghamshire Healthcare NHS Foundation Trust as soon as possible.

The Bed Manager will prioritise an agreed bed search for ‘special urgency’ cases and these cases will be allocated the first available, appropriate bed.

The AMHP must continue to consider risks to their own safety first and foremost. In circumstances where the AMHP believes that their presence is causing risks to escalate or is such that their own safety is compromised; the AMHP should leave and notify relevant agencies immediately i.e. Police, Senior Manager (Local Authority) etc.

If there is immediate risk to life and limb of any individual, the AMHP must call 999 and request police/ambulance attendance as appropriate.

TheAMHP must notify the Bed Manager if, following assessment, the ‘special urgency’ case has been assessed as not requiring a bed (Section 140 bed or any other bed); in order that the Bed Manager can cease searches for a bed.

Where it is agreed by the Bed Manager that admission under the ‘Special Urgency’ arrangements is required, the AMHP may make an application for detention to the identified hospital once they are informed a bed is available, or will become available, in a short period of time. The local interpretation of “short period of time” is two hours. This will enable the AMHP to carry out their duties in respect of conveyance.

In the event that the AMHP is satisfied that the Mental Health Act assessment is complete, but a bed has not been identified, and it is not expected to become available within two hours, the AMHP will be unable to make an application for detention. The bed manager will escalate to the Senior Manager on-call for Nottinghamshire Healthcare NHS Foundation Trust and the in the senior manager in the relevant Local Authority. At this point, responsibility for the citizen is with health and not the AMHP. The Mental Health Code of Practice 14.86 “AMHPs should be supported by their local authority in these circumstances and should not be expected by commissioners and providers to address the delay themselves. In the meantime, commissioners should, in partnership with providers, ensure that alternative arrangements to meet the person’s needs pending the availability of a bed are accessible” e.g. Crisis Houses and Crisis Resolution and Home Treatment Teams.

Should a patient leave the premises during assessment, the AMHP may, if deemed appropriate, contact the Police and inform them, along with detail of any risks. The Police may then consider whether the use of section 136 is appropriate. If an application has been made to detain the person before they leave the premises; they are ‘liable to detention’ and the application gives authority to take them to the hospital named on the application. The AMHP should inform police of their powers to detain and transport the patient to the hospital under section 138 (Retaking of patients escaping from Custody).

**Action for the Trust**

Where the Bed Manager receives a request from an AMHP that meets the ‘special urgency’ criteria, the case will be escalated as the priority for the next available bed (in Trust or out of area).

The Bed Manager must remain in contact with the AHMP and keep them informed of the attempts being made to identify a bed.

The Bed Manager will make continued attempts to identify a bed until one is located.

**Out of Hours procedure for Nottingham and Nottinghamshire**

The Bed Manager will liaise with the senior nurse on duty - which out of hours will be Bronze/Silver on call.

**Escalation Process**

* The Bed Manager will escalate to the Bed Flow Manager.
* The Bed Flow Manager will escalate to their Operational Manager.
* Out of Hours, the Bed Manager will escalate to the Trust Bronze/Silver on call.

All parties will escalate within their own organisations.

* Duty Bed Managers should contact the Service Manager, their nominated deputy or the Duty Senior Manager out of hours.
* The AMHP should discuss the circumstances of the case with the CRHT who will liaise with respective Senior Managers in NHT to facilitate a management plan to mitigate and/or manage identified risks.
* An update will be provided at system Opel Calls (Monday, Wednesday, Friday, Sunday/ additional calls as required), the system calls include representatives from NHSE/I. The system on call process will be used as required to update the CCG silver/gold on call on any cases of special urgency and actions being taken. If a local solution is not possible, it will be escalated to the NHSE/I regional contact **(when confirmed)**

**Section 140 beds**

If a person is taken to a specific Section 140 bed, every effort will be made to ensure that a person utilising the Section 140 bed is moved to their onward destination within 24 hours and this will be prioritised within the Daily Demand Management meetings within the Trust.

**Incident reporting**

The Trust will complete an IR1 if the process fails because a bed cannot be found, following local and regional action. Escalation processes as outlined above will be used to inform all parties.

The AMHP will inform their AMHP lead.

The Local Authorities will maintain a database for reporting purposes.

**Review of policy**

This policy will be reviewed quarterly through Multiagency meetings.