CABINET MEMBER FOR HEALTH AND WELLBEING

Venue: **Town Hall,**
Moorgate Street,
Rotherham. S60 2TH

Date: **Monday, 11th November, 2013**

Time: **11.30 a.m.**

A G E N D A

1. To determine if the matters are to be considered under the categories suggested in accordance with Part 1 (as amended March 2006) of Schedule 12A to the Local Government Act 1972.

2. To determine any item which the Chairman is of the opinion should be considered later in the agenda as a matter of urgency.

3. Apologies for Absence.

4. Declarations of Interest

5. Minutes of previous meeting (Pages 1 - 3)

6. Health and Wellbeing Board (Pages 4 - 11)
   - Minutes of meeting held on 16th October, 2013

7. Police Assistance and Conveyance to Hospital for those detained under the Mental Health Act 1983 (Pages 12 - 37)

8. Environment Climate Change Working Group (Pages 38 - 48)
   - Minutes of meeting held on 14th October, 2013

9. Procurement Strategy
   Simon Bradley, Corporate Procurement Team, to report

10. ICT Issues
    Richard Copley, Corporate ICT Manager, to report

11. Date of Next Meeting
    - Monday, 9th December, 2013, commencing at **9.30 a.m.**

Agenda Item 5

CABINET MEMBER FOR HEALTH AND WELLBEING/FINANCE
14th October, 2013

Present:- Councillor Wyatt (in the Chair); Councillors Tweed and Buckley (Policy Advisors) and Councillor Dalton (Health Select Commission).

K27. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at the meeting.

K28. MINUTES OF MEETING HELD ON 16TH SEPTEMBER, 2013

Resolved:- That the minutes of the previous meeting held on 16th September, 2013, be approved as a correct record.

K29. HEALTH AND WELLBEING BOARD

Consideration was given to the minutes of the meeting of the Health and Wellbeing Board held on 11th September 2013.

The Chairman gave a verbal report of a meeting of the South Yorkshire Health and Wellbeing Boards which had received a presentation by NHS England on their commissioning plan.

Resolved:- That the contents of the minutes be noted.

K30. ROTHERHAM RIVERS PROJECT

Carolyn Jones, Ecology Development Officer, presented an update on the Living Don, a Rotherham Rivers project.

The Living Don was a 25 year strategic partnership programme covering a Priority Landscape-Scale Project Area. The Programme aimed to bring about the pro active management of the River Don catchment in South Yorkshire to create a robust and ecologically functional green network from the high moors of the Peak District to the floodplain of the Lower Don Valley and the heart of urban Sheffield and Rotherham.

The Programme had successfully drawn down and delivered over £1M of biodiversity enhancement, public engagement and community stewardship work between 2009-12 focussing on the Sheffield Moors and Western Valleys. The Rotherham Rivers area had been identified by the partners as the next priority area.

A successful application had been made to the WREN Biodiversity Action Fund (£226,929.00) and had been matched with £94,849 cash funding and £75,420 inkind contributions from project partners.

The project work would commence in September, 2013 and continue until October, 2016. An approximate outline timetable was attached to the report submitted.

Discussion ensued on the report with the following issues raised:-

- The need to forge links with the Chesterfield Canal Partnership
- Discuss regarding the local flood risk management
- Meet with Catcliffe Parish Council

Resolved:-That the Council's support for the delivery of the Rotherham Rivers project be endorsed.

K31. NOMINATION TO OUTSIDE BODIES - THE ROTHERHAM NHS FOUNDATION TRUST

The Chairman reported receipt of correspondence from the Foundation Trust with regard to the Partner Governor Role.

In accordance with the Trust's Constitution, a person could not be a Partner Governor for the Trust and RDaSH. The Chairman was to remain as the Council's nominated representative on RDaSH but resign from the role on the Trust.

The Chair of the Health Select Commission had been asked if he would be interested in taking up the appointment.

Resolved:- That Councillor Steele, Chair of the Health Select Commission, be nominated as the Council's representative as a Partner Governor on the Rotherham NHS Foundation Trust.

K32. EXCLUSION OF THE PRESS AND PUBLIC

Resolved: - That, under Section 100A(4) of the Local Government Act 1972, the press and public be excluded from the meeting for the following item of business on the grounds that it involves the likely disclosure of exempt information as defined in Paragraph 3 of Part I of Schedule 12A to the Local Government Act 1972 (information relating to the financial/business affairs of any person (including the Council)).

K33. FINANCIAL SYSTEMS TRANSFORMATION AND OPTIMISATION PROGRAMME

Consideration was given to a report seeking an exemption from Standing Orders for the upgrade and re-engineering of the Council's core financial system and processes, Cedar e5.3, in respect of associated professional services.

An exemption from Standing Orders for procurement of this service was required due to the consultant assigned by the proprietary provider of e5

now being self-employed.

Resolved:- That the contract for the provision of additional professional services to complete elements of the e5 upgrade be exempt from the provisions of Standing Order 47.6.3 (requirement to invite at least three written quotations for contracts with a value of £20k but less than £50k) and the appointment of Curlew Contracting Limited be approved.

(THE CHAIRMAN AUTHORISED CONSIDERATION OF THE FOLLOWING TO ENABLE THE APPROPRIATE BOOKINGS TO BE MADE.)

K34. CONFERENCES/MEETINGS

Resolved:- (1) That the Cabinet Member (or substitute) be authorised to attend a meeting of the Associate Parliamentary Health Group to be held on 25th October, 2013, in Rotherham.

(2) That the Cabinet Member (or substitute) be authorised to attend the National Energy Action Yorkshire and the Humber Fuel Poverty Forum to be held on 1st November, 2013, in York.

(3) That the Cabinet Member (or substitute) be authorised to attend the All Parliamentary Group on Atrial Fibrillation to be held on London on 27th November, 2013.

HEALTH AND WELLBEING BOARD
16th October, 2013

Present:-

Councillor John Doyle	Cabinet Member, Adult Social Care **(in the Chair)**
Tom Cray	Strategic Director, Neighbourhoods and Adult Services
Chris Edwards	Chief Operating Officer, Rotherham CCG
Jason Harwin	South Yorkshire Police
Naveen Judah	Healthwatch Rotherham
Dr. Julie Kitlowski	Rotherham CCG
Councillor Paul Lakin	Cabinet Member, Children, Young People and Families Services
Dr. David Polkinghorn	Rotherham CCG
Dr. John Radford	Director of Public Health
Janet Wheatley	Voluntary Action Rotherham
Councillor Ken Wyatt	Cabinet Member Health and Wellbeing/Finance

Also Present:-

Dr. Trisha Bain	Rotherham Foundation Trust
Chris Bland	Rotherham Local Pharmaceutical Committee
Dominic Blaydon	
Claire Burton	Commissioning, RMBC
Kate Green	Policy Officer, RMBC
Dr. Nagpal Hoysal	Public Health
Ian Jerams	RDaSH
Laura Sherburn	NHS England
Dorothy Smith	Children, Young People and Families services
Chrissy Wright	Commissioning, RMBC

Apologies for absence were submitted by Karl Battersby, Brian Hughes, Chris Bain, Gordon Laidlaw, Tracy Holmes, Martin Kimber, Shona McFarlane, Michael Morgan and Joyce Thacker.

S39. SOUTH YORKSHIRE POLICE

The Board considered a proposal that South Yorkshire Police be formally represented on the Board.

Discussion ensued on the proposal and the benefits of having Police representation. Cognisance was taken of previous requests received from other partner organisations for membership of the Board that had been refused.

Resolved:- (1) That, by exception, South Yorkshire Police be appointed as a member of the Health and Wellbeing Board.

(2) That a review of the Board's Terms of Reference and membership be undertaken in May, 2014.

(Jason Harwin, South Yorkshire Police, was welcomed to the meeting as a formal Board member.)

S40. MINUTES OF PREVIOUS MEETING AND MATTERS ARISING

Resolved:- That the minutes be approved as a true record.

S41. COMMUNICATIONS

(a) Rotherham Foundation Trust
Dr. Trisha Bain reported that an Interim Chief Executive (Louise Barnett) had been recruited and would be taking up the appointment on 18th November, 2013. A Deputy Chief Executive had also been recruited.

(b) British Heart Foundation
Councillor Wyatt reported receipt of a letter from Simon Gillespie, Chief Executive, British Heart Foundation, offering support towards Rotherham's application for the Local Government Chronicle Award in the category of Public-Public Partnerships, for the strong partnership Rotherham had created for the Heart Town.

Resolved:- That a copy of the letter be circulated to all members of the Board.

S42. HEALTH AND WELLBEING BOARD SELF-ASSESSMENT

Kate Green, Policy Officer, reported on the responses that had been received from Board members to the self-assessment questionnaire.

The report summarised the 13 responses received and outlined the key comments/issues raised which included:-

- Whether members of the public, front line staff and manager understood the Board's governance structure or appreciated the Board's significance
- Clarity required regarding decision making and where the Board fit within certain Service areas
- The breadth of the membership and effective collaborative working were particular strengths of the Rotherham Board
- There were good examples of integrated working but a need to share commissioning and budget plans to ensure alignment of priorities and spending
- Positive work in key areas but no evidence as yet of any significant changes being made
- Consideration should be given to the frequency of meetings and the contents of the agendas to allow focus on key priorities
- Providers were able to make significant contributions to the work of the Board and were often key to the delivery of the Strategy

Discussion ensued on the responses received:-

- The Chair had now limited the number of presentations to be made at a Board meeting. Presentations would be made if a decision was required or guidance on the direction of travel; other presentations would be sent electronically to enable members to consider the information prior to a meeting and issues arising included on the next Board agenda

- Consideration given to presenting issues differently

- Neighbouring Boards met bi-monthly with the intervening month being a workshop style meeting

- Sharper focus on performance management

- More time required for focussed debate. A lot of time was spent analysing problems but now needed to look at solutions

Resolved:- That consideration be given to the points made above with regard to the style and content of future meetings.

S43. HEALTH AND WELLBEING BOARD - ANNUAL REPORT

Kate Green, Policy Officer, submitted an update on the 6 strategic outcomes of the Health and Wellbeing Strategy. Each workstream lead had attended a Board meeting to present their action plan and progress.

The report provided an overview of progress on key actions and future challenges. The Board was requested to consider how it wished to receive future progress reports and any necessary actions required to ensure workstream leads achieved their outcomes.

Discussion ensued on the report with the following issues raised/clarified:-

- Workstream 1 – Prevention and Early Intervention
  There was a comprehensive refresh of the Obesity Framework and contracts. Consideration was being given to streamlining the pathways to make it much more effective

- Workstream 2 – Expectations and Aspirations
  There had been a small amount of funding identified. If there were any areas of work that required small amounts of funds for projects how could a workstream lead take that forward?

- How were the workstreams to be performance managed?

Resolved:- (1) That the progress made on each of the workstreams be noted.

(2) That the membership of the Health and Wellbeing Steering Group be reviewed and consideration given to the inclusion of NHS England, RDaSH and VAR.

S44. JOINT STRATEGIC NEEDS ASSESSMENT REFRESH

Chrissy Wright, Strategic Commissioning Manager, submitted a report setting out the progress to date to achieve the refresh of the Joint Strategic Needs Assessment by early 2014. The refreshed document must now include user's perspectives and a Directory of Assets which includes community assets, physical infrastructure, networks and individuals and as such would meet the latest Government guidance on JSNA content.

An online format was proposed including a breakdown of information across separate pages within the website and links to further information (Rotherham.gov.uk/jsna). In due course, there would be an opportunity for users to register with the site for updates and when new information was published and content was refreshed. This would also provide a mechanism for monitoring and evaluation of the impact of the JSNA across the Borough.

The refresh had included work to extend the content of the JSNA including:-

- Roma population needs analysis
- Women's health
- LGBT needs analysis
- Eye Health
- Domestic Abuse

A presentation was given of the online format.

Discussion ensued on the report:-

- The Board needed to agree a point in time that all partners could base their commissioning/spending plans for 2014/15

- The online facility was a requirement of the Guidance

- The importance of the JSNA was to give a position in time, however, what happened beyond that time was even more important and why there needed to be a mechanism for challenging and appraisal of future planning. Partners could then co-ordinate better on forward planning groups and what could be done to challenge the provision and ascertain if the best options were being utilised

- Canklow was proposed as the pilot area for the development of an asset register where all individual community assets would be mapped and evaluated before branching out across the Borough

- Consultation on the refresh document was a requirement, not just with stakeholders but also with the public

Resolved:- (1) That the progress made in achieving a refresh of the JSNA be noted.

(2) That all partners commit to being full participants in the ongoing development of the document.

(3) That all partners be informed as soon as possible as to what information was required to populate the JSNA to enable it to be submitted to the 18th December Board meeting so as to fit with partner organisations' deadlines for submission of their 2014/15 commissioning/spending plans.

(4) That consultation upon the refreshed document commence in early 2014.

S45. PERFORMANCE MANAGEMENT FRAMEWORK

Consideration was given to a report, presented by the Director of Public Health, containing the second formal performance report to the Health and Wellbeing Board about each of the six priority measures that the Board determined were key to the delivery of the Joint Health and Wellbeing Strategy. Performance details in respect of each one of the priority measures were included in the submitted report.

Discussion took place on the report including:-

- The Planning Service's request for the Board's view with regard to fast food outlets near schools/within deprived areas

- Inclusion in the report of why certain Priorities were not meeting their outcomes

Resolved:- (1) That the report be received and its contents noted.

(2) That the Planning Service be informed of the Board's 6 Priorities.

(3) That the performance report format in future include analysis of failing to meet outcomes particularly in comparison with statistical neighbours and nationally.

S46. SOCIAL CARE SUPPORT GRANT

Dominic Blaydon, Head of Long Term Conditions and Urgent Care, reported on the transfer to the Council of the Social Care Support Grant.

NHS England would transfer £481M for 2013/14 to the Authority via an agreement under Section 256 of the 2006 NHS Act. The agreement would be administered by the NHS England Area Team and would only pass over to the Authority once the agreement had been signed by both parties.

The Grant must be used to support Adult Social Care Services that delivered a health benefit. The Guidance required NHS England to ensure that the Local Authority agreed with its local health partners on how the funding was best used. Health and Wellbeing Boards would be the forum for discussions between the Area Teams, CCGs and local authorities on how the funding should be spent. It would also be a condition of the transfer that the local authority and RCCG had regard to the Joint Strategic Needs Assessment for their local population.

It was proposed that the funding focus on:-

- Additional short term residential care places or respite and intermediate care
- Increased capacity for Home Care Support, investment in equipment, adaptations and telecare
- Investment in Crisis Response Teams and Preventative Services to avoid hospital admission
- Further investment in Reablement Services to help regain their independence.

Resolved (1) That the programme of expenditure as set out in the Appendix submitted be approved.

(2) That the development of a light touch performance framework for the Grant be approved.

S47. HEALTHWATCH ROTHERHAM OUTCOMES FRAMEWORK AND WORK PLAN

Claire Burton, Operational Commissioner, submitted a report on the Outcomes Framework and work plan for Healthwatch Rotherham.

Parkwood Healthcare Ltd. had been awarded the Healthwatch Rotherham contract which commenced on 1st April, 2013. Contract monitoring arrangements had been established including an outcomes framework which required performance against the outcomes to be achieved, as detailed within the contract, to be monitored and reported against on a monthly basis.

The work plan detailed the specific pieces of work that Healthwatch would undertake, or contribute to, in line with their role. It was based upon the Health and Wellbeing Strategy priorities as well as local intelligence gathered with regard to health and social care services in Rotherham.

There was capacity within the work plan for Healthwatch to respond to the number of ever increasing enquiries/issues from members of the public or to undertake specific consultation with members of the public as determined appropriate.

Discussion ensued on the report with the following issues raised/clarified:-

- Volume of monthly reporting required – this was due to Healthwatch being new and the complexities surrounding it. Their database would produce quarterly monitoring reports

- Healthwatch was crucial as the patient voice increased

- Quality assurance was as critical as the Service itself

- Healthwatch was very new and at the time the document had been drawn up the Chair had not been in position. It was recognised, however, that the Healthwatch Manager had been involved in its development. It was a working document and would be reviewed regularly.

Resolved:- (1) That the Outcomes Framework and Work Plan, 1st September, 2013 to 31st March, 2014, for Healthwatch Rotherham be approved.

(2) That exception reports on performance and programme against the Outcomes Framework and Work Plan be submitted as and when necessary.

(3) That liaison take place with the CCG with regard to the possibility of Healthwatch Rotherham setting up an e-mail group that could be used as a feedback facility.

(4) That members of the Board e-mail Naveen Judah with any proposals that Healthwatch could undertake on their behalf.

S48. ANNUAL LOCAL SAFEGUARDING CHILDREN'S BOARD REPORT AND BUSINESS PLAN

The Board received the Rotherham's Local Safeguarding Children Board Annual Report 2012/13 which was was submitted for information.

S49. NUMBER OF GP AND DENTAL PRACTICES IN ROTHERHAM

In accordance with Minute No. S87 of the meeting held on 8th May, 2013, information was submitted regarding the GP and Dental Practices for information.

S50. DATE OF NEXT MEETING

Resolved:- That a further meeting of the Health and Wellbeing Board be held on Wednesday, 27th November, 2013, commencing at 1.00 p.m. in the Rotherham Town Hall,

CABINET MEMBER ADULT SOCIAL CARE
21st October, 2013

Minute No. 36
Police Assistance and Conveyance to Hospital for those detained under the Mental Health Act 1983
Further to Minute No. 82 of 15th April, 2013, consideration was given to a report on the 2008 Mental Health Act Code of Practice, requiring local Social Services authorities, defined in Section 145(1) of the Mental Health Act 1983, the National Health Service and the Local Police Authority, to establish a clear policy for the use of the power to convey a person to hospital under Section 6(1) of the Mental Health Act.

The draft Policy and procedures outlined the roles and responsibilities of the Approved Mental Health professionals, the Ambulance Service, medical and/or other healthcare practitioners and Police who may be called upon to facilitate the conveyance of an individual to hospital, or in the case of Guardianship, an appropriate placement. The Policy was to support good joint working and minimise the distress that Service users, their family and friends could experience when admission was necessary.

The overall aim was to ensure that the person detained under the Mental Health Act 1983 was conveyed to hospital or alternative placement in an appropriate vehicle and in the most human way possible following an assessment of their mental health needs by 2 doctors and an Approved Mental Health professional (AMHP).

The Code of Practice also specified that the Policy should clearly identify what arrangements had been agreed with the Police should they be asked to provide assistance to the AMHPs and the Doctors and how that assistance would apply to minimise the risk of the patient causing harm to themselves and maximise the safety of everyone involved in the assessment.

Resolved:- That the report be submitted to the Cabinet Member for Health and Wellbeing/Finance for consideration and, subject to agreement, be referred to Cabinet for adoption by Council.

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1	**Meeting:**	**Cabinet Member for Health and Wellbeing/Finance**
2	**Date:**	**11th November, 2013**
3	**Title:**	**Police Assistance and Conveyance to Hospital for those detained under the Mental Health Act 1983**
4	**Directorate:**	**Neighbourhoods and Adult Services**

5 **Summary**

The 2008 Mental Health Act (MHA) Code of Practice requires Local Social Services Authorities, defined in section 145 (1) Mental Health Act 1983, the National Health Service and the Local Police Authority to establish a clear policy for the use of the power to convey a person to hospital under S.6 (1) MHA. This policy and procedure outlines the roles and responsibilities of the Approved Mental Health Professionals (AMHP), the ambulance service, medical and/or other healthcare practitioners, and police who may be called upon to facilitate the conveyance of an individual to hospital, or in the case of Guardianship an appropriate placement. The policy is to support good joint working and minimise the distress that service users, their family and friends can experience when admission is necessary. It has been developed in conjunction with a wide range of stakeholders and this final version is now presented for acceptance as council policy.

6 **Recommendations**

- **That For Rotherham Metropolitan Borough Council to confirm its approval of this policy and demonstrate its commitment to this multi-agency policy as a signatory body.**

7 **Proposals and Details**

It is recognised that arranging admission to a mental health unit is unpredictable and that circumstances and levels of risk to the service user and others will vary from one situation to another. However, the overall aim is to:

- To ensure that the person detained under the Mental Health Act 1983 is conveyed to hospital or alternative placement in an appropriate vehicle and in the most human way possible following an assessment of their mental health needs by 2 doctors and an Approved Mental Health Professional

Therefore, in accordance with Section 118 of the Mental Health Act 1983 as amended by the Mental Health Act 2007 (referred to in the policy as the MHA '83), the Department of Health issued a Code of Practice to provide guidance for managers and staff of Health and Social Services to assist them in undertaking duties under the Mental Health Act. The code places a requirement on statutory agencies to draw up a number of policies. Among these is the requirement for the provision of a jointly agreed policy for the conveyance of individuals who have been made subject to the Act.

The Code of Practice also specifies that policy should clearly identify what arrangements have been agreed with the police should they be asked to provide assistance to the AMHP's and the doctors, and how that assistance will applied to minimise risk of the patient causing harm to themselves and maximise the safety of everyone involved in the assessment.

8 **Finance**

There are no financial implications of this report.

9 **Risks and Uncertainties**

This policy will be monitored through the Mental Health Legislation Monitoring Group on a monthly basis and reviewed at 3 monthly intervals during the first year following implementation. This will not only ensure its fitness for purpose in its practical application but also provide assurances that where decisions are made and actions compromise the liberty and Human Rights of an individual, that this is done lawfully and informed by good practice.

10 **Policy and Performance Agenda Implications**

None Known.

11 **Background Papers and Consultation**

- The Mental Health Act Code of Practice
- The Mental Health Act Manual
- Mental Health Act 2007, New Roles, Guidance for Approving Authorities and employers on Approved Mental Health Professionals and Approved Clinicians. National institute of Mental Health in England
- The Mental Capacity Act 2005
- Police and Criminal Evidence Act 1984
- Criminal Law Act 1995
- Human Rights Act – specifically Articles 2,3,5, 8,10,11

Consultation

- Consultation has taken place and legal advice sought with and within
- South Yorkshire Police
- Yorkshire Ambulance Service
- Rotherham Doncaster and South Humber NHS Foundation Trust
- Rotherham Metropolitan Borough Council

Contact Name: **Marie Staves**
Telephone: (01302)794088
E-mail: marie.staves@rdash.nhs.uk

Rotherham Doncaster and South Humber NHS Foundation Trust

POLICE ASSISTANCE AND CONVEYANCE, FOR THE ADMISSION OF PATIENTS DETAINED UNDER THE MENTAL HEALTH ACT 1983 TO HOSPITAL

DOCUMENT CONTROL:	
Version:	2
Ratified by:	Mental Health Legislation Committee
Date ratified:	
Name of originator/author:	Social Work Consultant/MHA Manager/South Yorkshire Police/Humberside Police/Yorkshire Ambulance Service/East Midlands Ambulance Service
Name of responsible committee/individual:	Mental Health Legislation Committee
Date issued:	
Review date:	
Target Audience	

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FORWARD
In accordance with Section 118 of the Mental Health Act 1983 as amended by the Mental Health Act 2007 (referred to subsequently as the MHA '83), the Department of Health issues a Code of Practice to provide guidance for managers and staff of Health and Social Services in undertaking duties under the Mental Health Act. The code requires statutory agencies to draw up policies for a number of Mental Health Act duties. Among these is the jointly agreed policy for the conveyance of patients. This conveyance of patients detained under the Mental Health Act Policy represents good practice.

It is the intention of the author and the Mental Health Act Manager to negotiate across Rotherham Doncaster and South Humber NHS Foundation Trust and between its partner agencies demonstrating their commitment to improving the efficiency and dignity with which people who are subject to the Mental Health Act 1983 are conveyed to hospital. This policy will be regularly monitored.

Partner Organisations	Signatories
Rotherham Metropolitan Borough Council	
Doncaster Metropolitan Borough Council	
North Lincolnshire Council	
South Yorkshire Police	
Humberside Police	
Yorkshire Ambulance Service	
East Midlands Ambulance Service	
Rotherham Doncaster and South Humber NHS Foundation Trust	

COMMITMENT OF SIGNATORY BODIES
Yorkshire and East Midlands Ambulance Service will exercise its authority to convey under S.6 (1) Mental Health Act, using the most appropriate vehicle for the presenting circumstances. All Mental Health Act requests for conveyance under this policy will be graded as requiring an urgent response that is, within two hours, unless exceptional circumstances merit a more immediate level of response.

Rotherham Doncaster and South Humber NHS Foundation Trust recognises the importance of multi-agency work under the Mental Health Act. The Trust is committed to providing an efficient and effective response to requests for support and/or assessment. RDASH NHS Foundation Trust will also ensure that mental health staff have appropriate training to support actions that may be required, such as bed management, in the execution of this policy and procedure.

Rotherham Metropolitan Borough Council, Doncaster Metropolitan Borough Council and North Lincolnshire Council will ensure that there are sufficient numbers of Approved Mental Health Professionals (AMHP's) available under S.114 Mental Health Act 1983 for the purposes of statutory intervention under this policy and procedure and are committed to providing an efficient and responsive 24-hour AMHP Service.

South Yorkshire and Humberside Police recognise the importance of multi-agency work under the Mental Health Act and in particular, to support the AMHP and the Ambulance Service in the delivery of its conveyance responsibilities. The Police recognise that where there is an identified threat or risk of violence or harm to staff carrying out an assessment, or to Ambulance Service personnel, that the assistance of officers may be required. The Police further acknowledge that there are appropriate powers available to them in order to prevent or reduce the risk of harm to others under various pieces of legislation and statutory powers.

INTRODUCTION

The 2008 Mental Health Act (MHA) Code of Practice requires Local Social Services Authorities, defined in section 145 (1) MHA 1983, the National Health Service and the Local Police Authority to establish a clear policy for the use of the power to convey a person to hospital under S.6 (1) MHA. This policy and procedure outlines the roles and responsibilities of each of the organisations that are the signatory bodies. This policy and procedure therefore provides guidance for ambulance service personnel, medical and/or other healthcare practitioners, Approved Mental Health Professionals (AMHP) and police officers.

In the case of a formal application for admission to hospital other than an emergency application, the period of 14 days beginning with the date on which the person was last examined by a registered medical practitioner is the period within which the applicant or any person authorised by the applicant can take the patient and admit them to hospital.

In the case of an emergency application, the period is 24 hours from when the application was made within which the patient can be conveyed to hospital.

The overall aim of this policy and procedures is:

- To ensure that persons detained under the Mental Health Act 1983 are conveyed to hospital in an appropriate vehicle and in the most humane way possible following an assessment of their mental health needs by doctors and an Approved Mental Health Professional.

2. PURPOSE

The purpose of the policy is to describe best practice in the process of admitting mentally ill patients to hospital by ambulance, and to explain the agreed roles and responsibilities of each of the services involved in an admission under the Mental Health Act 1983. It will contribute to good joint working, and minimise the distress that patients, their friends and family can experience when admission is being undertaken.

It is recognised that arranging admission to a mental health unit is unpredictable, circumstances will vary from one situation to another and each of the services operates under resource constraints. However, this policy, in describing best practice, sets out the standards for each service.

3. SCOPE

This policy is relevant to the personnel of RDASH, Local Authority partners,
South Yorkshire and Humberside Police and Yorkshire / East Midlands Ambulance Service and covers:

- Roles and responsibilities
- The Assessment process
- Admission arrangements
- Arrangements for the resolution of disputes

The Policy does not cover the full range of all individuals and professionals who may play key roles in the mental health admission process, but does identify the roles of the AMHP, the Police and Ambulance Service.

The Policy covers Police assistance and the conveyance of an individual detained under the Mental Health Act 1983 to a hospital or appropriate placement where the patient is subject to guardianship.

4. RESPONSIBILITIES, ACCOUNTABILITIES AND DUTIES

4.1 RDASH - Mental Health Legislation Committee

The RDASH Trust's Mental Health Legislation Committee is responsible for:

- Overseeing the implementation of the Act within the organisation.
- The review and issuing of all policies and procedures which relate to the Act.
- Monitoring the Trust's compliance with the legal requirements of the Act.
- Undertaking audit work and agreeing action plans in relation to the Act.
- Providing an annual report on Mental Health Act activity within the Trust to the Board of Directors.

4.2 Approved Mental Health Professional (AMHP)

The Approved Mental Health Professional (AMHP) will take the lead in all matters relating to the conveyance of patients who are liable to be detained under the MHA 1983, they will:

- consult appropriately with staff from other agencies
- establish the most appropriate conveyance arrangements
- complete and document a risk assessment
- share the risk assessment with Ambulance, Police and other colleagues
- be available to offer assistance if the Nearest Relative is the applicant
- ensure that all the necessary arrangements are made for the patient to be conveyed to hospital
- ensure the needs of the patient are taken into account and give particular consideration to:
  - The patient's wishes.
  - The views of relatives or friend(s) involved with the patient.
  - The views of other professionals involved in the application who know the patient.
  - His or her judgment of the patient's state of mind, and the likelihood of the patient behaving in a violent or dangerous manner.
  - Previous experience of conveying the patient.
  - The impact that the use of a police vehicle may have on the patient's relationship with the community, to which he or she will return.

5. POLICY FRAMEWORK

5.1 Who has the authority to convey the patient?

This applies in all cases where patients are compulsorily conveyed under the MHA 1983 (11.3 MHA Code of Practice)

The Approved Mental Health Professional (AMHP) will take the lead in all matters relating to the conveyance of patients who are liable to be detained under the MHA 1983.
A properly completed application for the detention of an individual under the MHA 1983, together with the required medical recommendations, gives the applicant

(AMHP or Nearest Relative) the authority to convey the patient to hospital. They are authorised under the MHA to convey a patient to hospital or appropriate placement and therefore have all the powers of a police constable in respect of, and for the duration, of the conveyance of the patient.

When the AMHP is the applicant he/she has a duty to ensure that all necessary arrangements are made for the patient to be conveyed to hospital. Where an application for compulsory admission to hospital appears likely to take place, it is considered best practice to inform Ambulance Service in advance of the assessment

When the Nearest Relative is the applicant, the assistance of an AMHP should be made available, to give guidance and help on all aspects of conveyance and other matters related to the admission.

A patient will be conveyed to hospital in the most humane and least threatening way, consistent with ensuring that no harm comes to the patient or to others.

5.2 Who is authorised to convey the patient?

All patients subject to an application for admission to hospital or alternative placement under the MHA 1983 will be conveyed by the Ambulance Service using an appropriate vehicle and with suitably trained staff.
In situations where the risk of injury to patient or staff is likely, the assistance of the Police may be required. When called upon to assist, the attending officers will consult with other professionals as to the most appropriate method of transporting the patient to a place of safety, making a joint decision based upon a dynamic joint risk assessment (Appendix 3).

The detained patient should never be conveyed by private car.

If the patient is unlikely to or unwilling to move, the applicant should provide the people who are to convey the patient (including any ambulance staff or police officer involved) with written authority to convey the patient (Appendix 1).
It is this authorisation, which confers on them the legal power to convey the patient against their will, using reasonable force if necessary, and to prevent the patient from absconding en route. Section 5 of the Mental Capacity Act provides powers to use reasonable force in order to act in the patients' best interests. It will be for the attending AMHP and other relevantly trained medical professionals to inform attending officers that the patient lacks the requisite capacity to make an informed decision about their proposed treatment. It will not be for attending police officers to make a capacity assessment. All such decisions should be appropriately documented. If officers are attending in circumstances whereby a warrant has been granted under Section 135 of the Mental Health Act 1983, then this grants powers to use reasonable force if required.

6. PROCEDURE/IMPLEMENTATION

6.1 AMHP responsibilities

6.1.1 <u>Risk Assessment</u>

Where the risk assessment conducted by the AMHP concludes that there is a threat of violence or harm or a risk that the patient will abscond, the AMHP will discuss whether the Police should be in attendance throughout the MHA assessment itself, and/or providing an escort in any subsequent conveyance of the patient to hospital. The risk assessment will be shared with Ambulance Service, Police, and other

colleagues and will be formally recorded (Appendix 3).

The AMHP should request the assistance of the Police if there is an assessed risk of violence during the assessment, conveyance, or admission process. The AMHP, upon acknowledging the need for a Mental Health assessment in the community, should carry out a risk assessment. If there are identified risks, then they should grade that risk in accordance with the attached flow chart (Appendix 6). Police assistance should then be requested from the Police Control Room by telephoning 101. (*this is the number for all police forces now and the call will be directed to the relevant force's control room*). The AMHP should quote 'Operation AMHP' to the call handler, together with the desired level of police support. This will then trigger the police action plan in place for such requests. The AMHP will be given an incident number for use when re-contacting the police. In the event of urgent and immediate assistance being required, then the AMHP should use the 999 system, giving as much information about the situation as is practicable in the circumstances.

If, following the initial request for police assistance, the attending AMHP requires further assistance, or if the situation develops or deteriorates, then the AMHP should re-contact the police, quoting the incident number.

In situations where an increased level of risk is identified prior to the assessment taking place, then the 'Additional Information for Police' sheets (Appendix 4) should be completed, with the information passed to the police. This will enable the rapid and appropriate deployment of resources to assist when required.

It is the AMHPs responsibility to conduct their own risk assessment. The Police will carry out their own risk assessment based upon this information, together with their own sources of information / intelligence in order to develop a deployment / assistance plan. Attending officers will carry out a dynamic risk assessment in consultation with the AMHP and other attending professionals, should they be deployed.

Where the Police have been urgently requested, due to an escalation of risk it would also be advisable to contact the ambulance service and upgrade the response so that there is an immediate ability to transport the patient.

6.1.2 <u>Needs of the patient</u>

The AMHP should ensure the needs of the patient are taken into account and give particular consideration to:

- The patient's wishes.
- The views of relatives or friend(s) involved with the patient.
- The views of other professionals involved in the application who know the patient.
- His or her judgment of the patient's state of mind, and the likelihood of the patient behaving in a violent or dangerous manner.
- Previous experience of conveying the patient.
- The impact that the use of a police vehicle may have on the patient's relationship with the community, to which he or she will return.

6.1.3 <u>Arranging for the conveyance of the patient</u>

As soon as it becomes clear that NHS transport is required, the AMHP should contact:

For Rotherham and Doncaster services:
Yorkshire Ambulance Service Emergency Operations Centre on 0300 330 0244.

For North Lincolnshire services:
East Midlands Ambulance Service ……………………………………….

giving as much detail as possible (see Appendix 2).

NB: The AMHP should make it clear at this stage, to the emergency services call centre, as to whether the Police are or are not required to attend. The call centre staff will then pass this information to the Ambulance crew and advise if they can proceed directly to the address.

A patient's journey will be entered into the computer system, which will be assigned a unique incident number.

The AMHP may contact Ambulance Control at any stage giving the incident number, to update or discuss the progress of the incident.

If the admission is stopped at any stage it is the responsibility of the AMHP to contact Ambulance Control and cancel the journey.

Due to the complexity of some of the journeys, the discussion between the AMHP and Ambulance Control should make the exact circumstances of the situation completely clear.

If any difficulties arise, the AMHP should ask to be referred to the Emergency Operations Centre Team Leader.

6.1.4 Delegation of conveyance

The AMHP is permitted to delegate the task of conveying the patient to another person, such as personnel from the Ambulance Service or the Police. If the task is delegated, a form of authorisation should be given to the delegated person (Appendix 1).

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

In exceptional circumstances, the AMHP may delegate the responsibility for conveying the patient to a professional worker other than an AMHP and not accompany the patient to hospital. The AMHP must contact the hospital accepting the patient and confirm the papers have been received. It is considered good practice to fax a copy of the papers to the receiving hospital prior the patient arriving there. If the delegated organisation encounters difficulty with the arrangements, it will need a means of contacting the AMHP. The AMHP will provide their contact details on the delegation form (Appendix 1).

6.1.5 Accompanying the patient during conveyance

It is good practice and generally expected that the AMHP will personally accompany, or follow the patient to hospital in their own vehicle. The AMHP retains ultimate responsibility to ensure that the patient is conveyed in a lawful, safe and humane manner, and must be ready to give the necessary guidance to those asked to assist.

The AMHP should take into account the needs of the patient and the views of the Nearest Relative, the Ambulance Service or the Police when deciding whether to accompany the patient to hospital in the same vehicle. If the patient would prefer to be accompanied by another professional or by any other adult, that person may be asked to escort the patient, provided the AMHP is satisfied that this will not increase the risk of harm to the patient or to others.

A decision should be reached by negotiation with the above, depending on individual circumstances.

6.1.6 Escorts for the conveyance

An escort should only be provided if needed and appropriate. This will depend on individual circumstances, and must be agreed between the AMHP, the Section 12 (2) MHA approved doctor, the GP (if present), personnel from the Ambulance Service and, where appropriate, the Police.

The escort could be the AMHP or, with the AMHPs agreement, any other adult, or another professional person. The escort must have an appropriate level of training to meet the patient's needs and welfare. This should not preclude the Nearest Relative exercising their right to accompany the patient. If the patient has been sedated a suitably trained professional should accompany him.

As a guide, the use of escorts should be considered in the following situations:

- Where the protection and/or support of both the patient and transport service personnel is required;
- Where the presence of a particular escort, e.g. relative, friend, nurse, social worker, will assist in the patient's conveyance to hospital.
- Where the presence of the Police is needed to prevent a breach of the peace or because the patient presents a physical risk to others.

If an escort is required the Ambulance Service will be unable to return the escort to their starting point and provisions should be made for them to arrange their own transport.

Where the AMHP/applicant is not travelling in the same vehicle as the patient the application form and medical recommendations should be given to the person authorised to convey, with instructions that they should be given to the receiving member of hospital staff.

6.1.7 Patients who have been sedated and require conveyance

If the patient has been sedated, the Ambulance Service will advise on the most appropriate vehicle to be used. In such circumstances the patient should be accompanied by a nurse, a doctor or a paramedic experienced in this area.

Where no nurse escort is available for a patient who has been sedated prior to transportation, a paramedic crew with advanced life support skills should be requested in case of adverse drug reaction, cessation of breathing, etc., with the attending clinician giving clear instructions at handover on likely adverse reactions and treatment required.

Please Note: The professional who administers the sedation should be prepared to provide the ambulance service with details of the medication given and the expected duration of its effect.

Only suitably qualified medical practitioners can prescribe medication and/or authorise and arrange any nurse escort. If the medical practitioner has to leave prior to the patient being conveyed to hospital he/she must ensure that the AMHP is informed of how to contact him/her or the duty psychiatrist in his/her absence. In the event of detention under S.4 MHA the assessing doctor will have this responsibility.

6.1.8 Medical Intervention

If it becomes apparent to the AMHP, Assessing Doctor/s or Ambulance Personnel that the patient requires immediate Medical intervention for his/her physical health then the Patient should be conveyed to the appropriate A&E department. It is the responsibility of the AMHP to follow the Ambulance to the A&E department in order to provide necessary information to the treating clinician.

6.1.9 Transfer of the patient into hospital services

In order to expedite the transfer of responsibility for the patient to the hospital, the AMHP should ensure that the receiving hospital is expecting the patient, and telephone ahead with expected time of arrival. The AMHP should ascertain the name of the person who will be formally receiving the admission papers.

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

- The admission documents have been delivered, checked for accuracy and received, on behalf of the Hospital Managers.
- Any other relevant information (AMHP Outline Report) is given to the appropriate hospital personnel.
- The patient has been receipted into the care of the hospital.

6.2 Police Responsibilities

6.2.1 Police response

The Police will respond to a request for assistance where there is a threat of violence or harm to the patient, other persons or property, or a risk the patient will abscond. The AMHP and police will agree the most appropriate response to ensure the safety of all concerned - which may or may not require action by the police. The Police will ensure that any action they take is proportionate to the situation presenting. They will also, where this is not inconsistent with their duty to protect persons, or property, or the need to protect themselves comply with any directions or guidance given by the AMHP while the patient is being conveyed to hospital.
In the event that a patient absconds, then the police will respond according to identified risks and provide a tiered response accordingly. The police may apply their missing persons criteria and protocols to such circumstances. The police acknowledge that a person who absconds after they have been placed under a section of the Mental Health Act are classed as being ‘unlawfully at large’, unless advised otherwise by appropriate professionals.

Where an AMHP requests the assistance of the Police, this will be met as far as practicable. The Police will use their discretion on the number of officers to be deployed but their overriding duty is to protect the patient from harm to themselves or others. Where, for operational reasons, the Police find this difficult, there will be discussion between the Duty Inspector or Sergeant for the division concerned and the AMHP.

In exceptional circumstances where there is concern about the safety of the patient or other persons, a police vehicle may be used with the police and AMHP as an escort, if appropriate. If the patient is to be conveyed by the Police, for the safety of the patient and escorts the patient will be searched by the Police to identify if the patient has anything on their person that could cause harm or damage.

Where there is a risk of violence or harm to persons or property, and the police have conveyed the patient to hospital, the admission should be effected as efficiently as possible and the time spent by the Police in hospital should be restricted to the minimum required for safe transfer of responsibility.

6.3 Ambulance Responsibilities

6.3.1 Ambulance Response

When requested, the Ambulance Service has a duty to provide an appropriate vehicle and staff competent to manage the patient's presenting condition and convey the patient to hospital.

Staff employed by the Ambulance Service should, where it is not inconsistent with their duty, comply with any directions or guidance given by the AMHP.

If the crew of the vehicle provided by the Ambulance Service believes that by conveying the patient in their vehicle they would put themselves, the patient or other road users at risk, they may refuse to convey the patient and Police assistance should be requested.

The assessing doctors and AMHP need to agree the estimated time of the patient's arrival at the receiving hospital. The timeframe must be agreed between the AMHP and Ambulance Control and this will normally be within the agreed 2 hour response.

All patients detained under the Mental Health Act who require NHS transport to convey them to hospital are considered an 'emergency' in the sense of requiring transport within two hours.

6.4 Restraint

In the process of conveying a patient to hospital any of the parties can use such force as is proportional and reasonable in the circumstances. Although it is not possible to be definitive as to what proportional means in practice, there should be consultation with the patient, the Nearest Relative and other professionals to assist in this judgement. Each situation must be assessed on its individual merits and be informed by the medical assessment(s) and the AMHP assessment.

All AMHP's must work in line with the RDASH Policy for the prevention and management of work related violence and aggression.

If physical intervention is necessary then the use of minimum force, acting under common law or if the patient lacks capacity then the MCA 2005 may be used to maintain the safety of the staff and others involved in the conveyance arrangements. Ambulance staff have not been trained in restraint and therefore they may be required to call Police assistance if necessary. The circumstances and reasons for doing this must be recorded in the Mental Health Act assessment documentation.

6.5 Geographical boundaries in relation to conveyance

Where it is necessary to use NHS transport services to convey the patient to hospital the responsibility lies with the area the journey arises. This is the situation for both NHS and private healthcare patients.
Where a privately funded patient is requesting admission to a particular private hospital, the patient will be responsible for the cost of the transport.

In the geographical area covered by RDASH, NHS transport services are provided by the Yorkshire Ambulance Service (Rotherham and Doncaster localities) and the East Midlands Ambulance Service (North Lincolnshire locality). The patient must be conveyed to a named hospital except in the case where bed availability dictates the use of a bed in another geographical area.

Where patients need to be conveyed longer distances because of a lack of, or suitability of, an appropriate bed locally, the Commissioners in whose area the journey arises remains responsible. Where the AMHP is the applicant in these circumstances, he/she has the duty to ensure that all necessary arrangements are made for the patient to be conveyed to the hospital and will consult closely with the Access Team or receiving inpatient staff.

Where police escorts and/or ambulance transport may be required for conveying patients longer distances, close co-operation between agencies will need to agree the most practical time and suitable way to achieve the conveyance.

6.6 Out of Area patients

For patients who originate from out of area (that is, beyond the geographical boundary covered by this policy and procedure) and require NHS transport to return them home, this remains the responsibility of their Primary Care Trust for that area.
A joint discussion with Ambulance Service should initially take place and focus on the patient's presenting issues and needs. Given that the Ambulance Service is normally involved in the transportation of patients locally, there maybe circumstances where such cases can be transported by the local Ambulance Service as an extra contractual referral and the costs will be fully met by the appropriate receiving authority. However in cases where the Ambulance Service is not able to provide this service staff should seek the services of a Private provider (i.e. Rapid and Secure) to facilitate this conveyance. The needs of the patient are paramount and there should be no delay in conveyance whilst discussions happen over funding, which can be dealt with retrospectively

6.7 Patients requiring specialist placements

For patients who require admission to a specialist hospital where the journey is deemed to be excessive and potentially detrimental to the patient's overall presentation at the time of assessment, consideration should be given, to admitting the patient to a RDASH hospital in the first instance and transfer should then be facilitated between hospitals under section 19 of the MHA 83.

NB: For those patients who are under the age of 18, a Tier 4 CAMHS bed should be sought either, during working hours by the Specialist Commissioners or out of hours by the Consultant on-call.

6.8 Other situations where conveyance will be required

6.8.1 <u>Section 135 (1)</u>

Where a member of the public has had a warrant served on them under s.135 (1) of the MHA 1983, and is required to be conveyed to a hospital subject to detention under the MHA 1983, or to a place of safety for the purpose of a full MHA assessment, the organisation of the conveyance arrangements will be the responsibility of the AMHP.

6.8.2 Section 135 (2)

Where a person who is liable to be detained in hospital has to be taken, or retaken, in the case where they have absented themselves from hospital and a warrant under s.135(2) of the MHA 1983 has been issued to a Police Officer to enter the premise by force. The most appropriate method of conveyance will be organised by a nominated member either of the hospital staff or in the case of a patient who is subject to Supervised Community Treatment (SCT) a staff member who knows the patient. There may be occasions where this conveyance is via the Ambulance Service.

Before the patient is conveyed the applicant should contact the receiving hospital to ensure that they are expecting the patient and provide an estimated time of arrival.

6.8.3 Section 17 / Supervised Community Treatment – non compliance

Where a patient is subject to S.17 MHA leave or supervised community treatment and is non-compliant with the care plan and needs to be returned to hospital, the Responsible Clinician, or other staff acting on his/her behalf, will need to decide the most appropriate form of conveyance. They will also be responsible for the co-ordination of the process to effect the patient's return or recall to hospital.

6.8.4 Supervised Community Treatment – recall

In the situation where a SCT patient is recalled to hospital it is the responsibility of the Responsible Clinician or the hospital managers to provide written authorisation to the most appropriate person to convey the patient -which could be to be any officer on the staff of the hospital to which the patient is to be recalled, any police officer or any AMHP.

7. TRAINING IMPLICATIONS

"There are no specific training needs in relation to this policy, but the following staff will need to be familiar with its contents: (Approved Mental Health Professionals South Yorkshire and Humberside Police personnel and Yorkshire and East Midlands Ambulance personnel and any other individual or group with a responsibility for implementing the contents of this policy).

As a Trust policy, all staff need to be aware of the key points that the policy covers. Staff can be made aware through: A number of a variety of means such as;

- Trust wide Email
- AMHP refresher Training
- Team meetings
- AMHP Specialist Meeting
- Group supervision
- One to one meetings / Supervision
- Practice Development Days
- Mental Health Legislation Training

The Training Needs Analysis (TNA) for this policy can be found in the Training Needs Analysis document which is part of the Trust's Mandatory Risk Management Training Policy located under policy section of the Trust website.

8. MONITORING ARRANGEMENTS

- **Monitoring and Review**

The effectiveness of the local conveyance arrangements will be formally reviewed on an annual basis. This annual review will be undertaken by the Mental Health Legislation Group, convened and chaired RDASH Mental Health NHS Foundation and reported through to relevant Council Senior Management Teams and relevant partners.

Area for Monitoring	How	Who by	Reported to	Frequency
Implementation	Dissemination	Social Work Consultant / Mental Health Act Manager/ in partnership with SY& H Police and YAS and EMAS	MHLC	3 monthly
Compliance with content of policy particular attention being given to waiting time	Through AMHP report	Social Work Consultant / MHA Manager	MHLC who will ensure that any recommendations made will be forwarded on to partner organisations	3 monthly
Any Incidents which identify issues or concerns relating to implementation of this policy	Issues or concerned will be reviewed and recommendation will be made	Social Work Consultant / MHA Manager/ Liaison officers from SY & H police and YAS &EMAS	MHLC who will ensure that any recommendations made will be forwarded on to partner organisations	As required

9.1 Privacy, Dignity and Respect

Central to any aspect of care delivered to adults and young people aged 16 years or over will be the consideration of the individuals capacity to participate in the decision making process. Consequently, no intervention should be carried out without either the individuals informed consent, or the powers included in a legal framework, or by order of the Court Therefore, the Trust is required to make sure that all staff working with individuals who use our service are familiar with the provisions within the Mental Capacity Act. For this reason all procedural documents will be considered, if relevant to reflect the provisions of the Mental Capacity Act 2005 to ensure that the interests of an individual whose capacity is in question can continue to make as many decisions for themselves as possible.	**Indicate How This Will Be Achieved.**
	All individuals involved in the implementation of this policy should do so in accordance with the Guiding Principles of the Mental Capacity Act 2005. (Section 1)

The Mental Capacity Act	**Indicate how this will be met**
The NHS Constitution states that all patients should feel that their privacy and dignity are respected while they are in hospital. High Quality Care for All (2008), Lord Darzi's review of the NHS, identifies the need to organise care around the individual, '*not just clinically but in terms of dignity and respect'*. As a consequence the Trust is required to articulate its intent to deliver care with privacy and dignity that treats all service users with respect. Therefore, all procedural documents will be considered, if relevant, to reflect the requirement to treat everyone with privacy, dignity and respect, (when appropriate this should also include how same sex accommodation is provided).	*All individuals involved in the implementation of this policy should do so in accordance with the Mental Health Act Code of Practice – Chapter one*

10. LINKS TO OTHER TRUST PROCEDURAL DOCUMENTS

Policy for the prevention and management of work related violence and aggression
Mental Capacity Act Policy
Procedure on the receipt and scrutiny of section papers

11. REFERENCES

Statutory Framework:

- Mental Health Act 1983 as amended by the Mental Health Act 2007
- Police & Criminal Evidence Act 1984
- Criminal Law Act 1995
- Human Rights Act 1998

Guidance:

- Mental Health Act – Code of Practice 2008 (*particularly chapter 11*).
- Police & Criminal Evidence Act 1984 – Codes of Practice
- European Convention on Human Rights – specifically Articles 2, 3, 5, 10, 14

Definitions used in this document:

- The Mental Health Act 1983 as amended by the Mental Health Act 2007
- Local Social Services Authority: Section 145 (1)
- Approved Mental Health Professional: Section 145 (1)
- Community Treatment: Section 17A
- Nearest Relative: Section 26 (3) Patient

Case law:

- There is no recent case law of relevance to this policy and procedures.

12. APPENDICES

APPENDIX 1 – Delegation Of Authority To Convey
APPENDIX 2 – Information required by Ambulance Service during booking
APPENDIX 3 – Risk Assessment
APPENDIX 4 - Additional information to be provided when requesting Police Assistance
APPENDIX 5 - Risk Assessment Options
APPENDIX 6 - Conveyance Flowchart

APPENDIX 1

DELEGATION OF AUTHORITY TO CONVEY

Delegation of Authority to Convey a Patient to a Hospital under the Mental Health Act 1983 as amended by the Mental Health Act 2007

……………………………………………………………………… (Name of Patient)

………………………………………………………………………

………………………………………………………………………

I, ………………………………………………………………… (Your name)

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

……………………………………………………………………… (Name of Hospital or Registered nursing home)

………………………………………………………………………

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

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

……………………………………………………………………… (Name)

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

Signed: ……………………………………………………………………… (Your signature)

Of: ……………………………………………………………………… (Address on forms)

………………………………………………………………………

Contact mobile telephone details if you need to speak with me about this delegation arrangement: ………………………………………………………………………

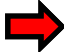
Date authority issued: ………………………………………………………………………

Date authority expires: ………………………………………………………………………

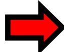
APPENDIX 2

Do not disclose this number to members of the public.

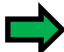
Press 1 for a life threatening emergency or 2 for a 1 to 4 hours response.



Press 1 to have your call dealt with as a medical emergency, e.g. chest pain, difficulty breathing or O/D.



In exceptional circumstances where a two hour response would be detrimental to the patient then answer “No but with lights & sirens” which will prompt an ambulance response within 30 minutes. AMHPs are asked to balance the safety implications of a blue light response against the risk to their patient when considering this option.



The following additional information will be required:

- Patient name, age, date of birth and gender.
- Address ambulance is to attend.
- Address patient is to be conveyed to.
- Name and contact telephone number of the person making the booking.
- Does the patient require any assistance e.g. a wheelchair or stretcher.
- Does the patient require Medical Intervention?
- Is the patient ready to travel immediately?
    - Has the paperwork been signed?
    - Are the police required or present on scene?
    - Has sedation been given, and what is its expected duration of effect?

Rotherham Doncaster and South Humber NHS
NHS Foundation Trust

Yorkshire Ambulance Service NHS
NHS Trust

An Aspirant Foundation Trust

APPENDIX 3

Risk Assessment

Has there been any recent (12 months) violence towards others?	**Y / N**	What happened?	**Low Medium High**
Have there been any recent attempts at self harm?	**Y / N**	What?	**L/M/H**
Recent police involvement?	**Y / N**	What? When?	
Any evidence that person is reliant upon or uses intoxicants (legal or otherwise)?	**Y / N**	What? How?	**L/M/H**
Uncharacteristic behaviour?	**Y / N**	Witnessed by who? What?	**L/M/H**
Risk of abuse/ exploitation by others?	**Y / N**	Witnessed by who? Suspicion or belief?	**L/M/H**
Any safeguarding issues? Risk to others or self?	**Y / N**	Evidence?	**L/M/H**
Identified health care issues eg medical complaints or surgery (ie pacemaker)	**Y / N**		**L/M/H**

Risk:	**Low**	**Medium**	**High**
Violence			
Challenging Behaviour			
Resistive Behaviour			
Absconding			
Suicide			
Self Harm			

APPENDIX 4

Additional information to be provided when requesting police assistance

Type of premises (house/flat etc) & precise address	
Where in the property does the person live? (ground floor/front bedroom/first floor)	
How many rooms? Condition of rooms? Hygiene? Living standards?	
Does anyone else live there or is likely to be there? Who? Relationship to person?	
How is access to the property gained? (communal entrance/Key code/Phone entry)	
Have measures been taken to facilitate access? Key? Family/Neighbour/Landlord assistance?	
Is there access to the rear of the premises?	
Is the address fortified? (Substantial locks? Security gate? Barred windows?)	
Are there any weapons in the house (other than normal household items)? If so, what?	

APPENDIX 5

Risk Assessment Options

Option 1

Atlas Court create an RWD incident. Pass to the relevant duty Sergeant on patrol for their attention and information only. Previous Incidents at address, Police National Computer and local intelligence checks to be carried out at discretion of supervisors.

Option 2

Incident created. Police National Computer and local intelligence checks carried out on address and nominal details given. Previous incidents checked. The Duty Sergeant to liaise, where appropriate, with the AMHP and internal colleagues to make a decision on the deployment of SYP.

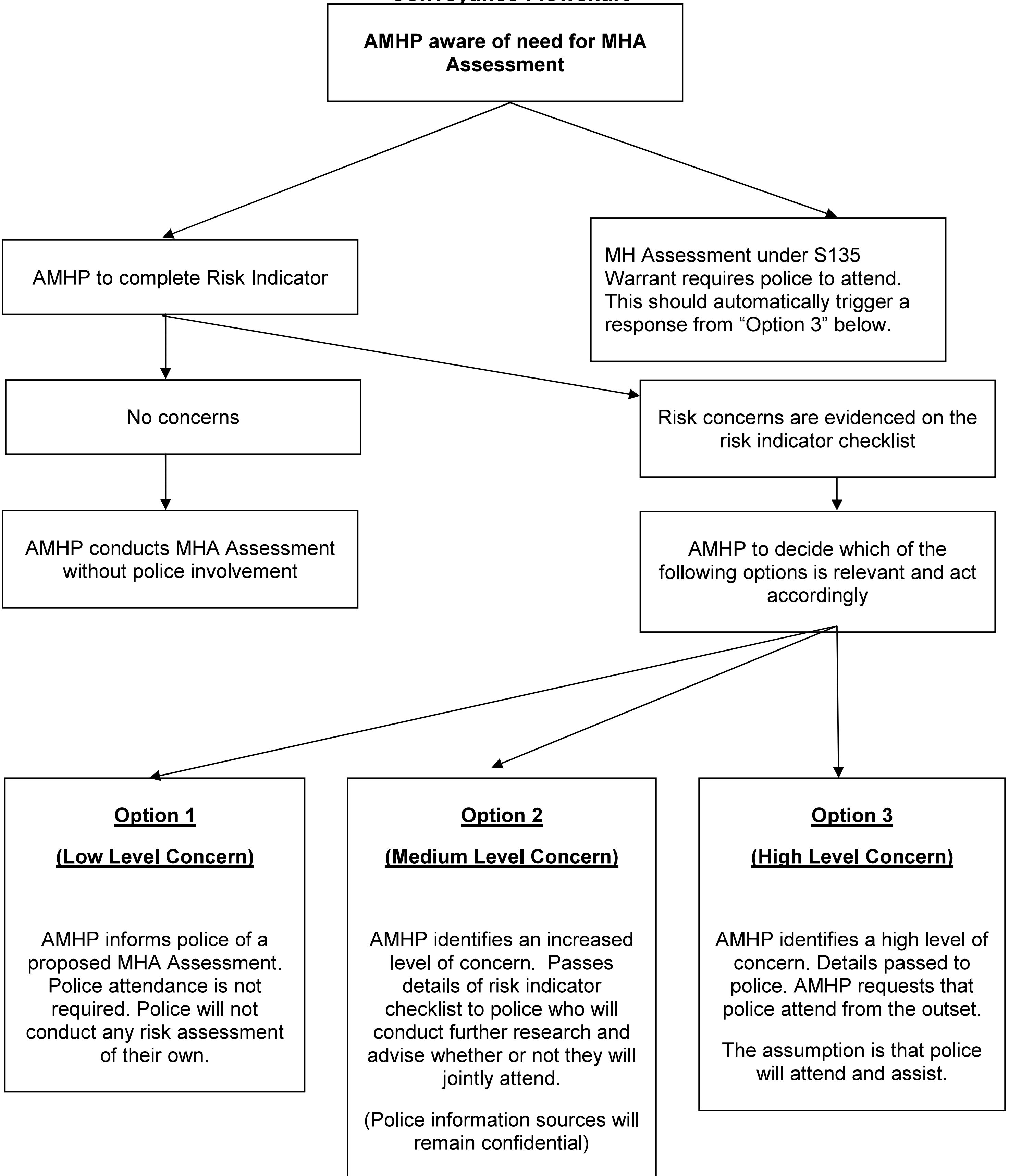
Option 3

Incident created. Police National Computer and local intelligence checks carried out on address and nominal details given. Previous incidents checked. The Duty Sergeant to liaise, where appropriate, with the AMHP and internal colleagues to make a decision on the deployment of SYP.

Liaison with Force Incident Manager/Duty Inspector may be required to make decisions on resources deployed and any specialist resources. May require a police risk assessment to be carried out.

Expected outcomes to be discussed and agreed, together with incident command structures and individual roles. If level of concern is sufficiently severe, then AMHP should give consideration to a S135 Warrant application.

APPENDIX 6



ROTHERHAM METROPOLITAN BOROUGH COUNCIL

Environment and Climate Change Group

14th October 2013 @ 12:30pm
Conference Room 2, Town Hall

Present:

Cllr K Wyatt **(Chairperson)**	RMBC
Laura Mellor **(Minutes)**	RMBC
Zafar Saleem	RMBC
David Rhodes	RMBC
Paul Smith	RMBC
Carolyn Jones	RMBC
Phil Gill	RMBC
Richard Pett	RMBC
Shirley Hallam	RMBC
Bronwen Knight	RMBC

		Action
1.	**Apologies for Absence** Cllr Wallis & Cllr Watson	
2.	**Previous Minutes** Cllr Wyatt gave an update on the LGA scheme Climate Local and RMBC's commitment and future actions. DR stated that the Environment and Climate Change Strategy has been sent to the LGA with the signed commitment and annual updates will be required.	**All to note** **DR**
3.	**Report on Environment and Climate Change Strategy key area and objectives "Built and Natural Environment"**	
	2.1.1 Development of Site Management Plans - Phil Gill See attached Site Management Plans Report at Appendix A	**All to note**
	2.1.2 Implementation of Rights of way improvement plan - Richard Pett A verbal report was given covering the following points: • Ramblers; cyclists and landowners project work with £15,000 funding. • 16 specific objectives covering various projects.	**All to note**
	2.2 Improve street cleanliness by reducing litter, graffiti, fly tipping and other enviro-crime - Shirley Hallam A verbal report was given covering the following points: • Budget cuts have resulted in reduced resources and a review of current and future work practices. • Litter bin review being carried out to identify those that are fit for	**All to note**

		Action
	purpose; levels of use; misuse e.g. those used for household waste. • Plastic replacement bins cost £300 each hence a phased programme. • Schedules being reviewed and a new approach (named the Blitz) being trialled (involves the entire team doing one day a week in targeted areas). Early results are not positive due to a lack of staff to retain full borough reactive coverage. Lessons learnt will assist in developing alternative approaches. • Mechanical sweeper schedules under review due to an equipment reduction (3 to 2) to improve efficiency. • Awareness campaign reduced to a lack of resources. DR asked about photovoltaic compactor bins – SH explained the bins are only for lease not for sale and the company wanted a % of savings made hence the arrangement wasn't acceptable and didn't fit with Streetpride plans.	
	2.3 Conserve existing biodiversity and reduce sources of harm; **2.4 Establish ecological networks through habitat protection, restoration and creation to create ecologically resilient and varied landscapes;** **2.5 Maintain environmental evidence base to allow sound ecological decisions to be made;** **2.9 Ensure Biodiversity Duty (NERC Act 2006) is implemented in line with recommended Best Practice - Carolyn Jones** See attached Biodiversity Report at Appendix B Verbal update on: • Current work with the Biodiversity Forum looking at Council owned sites. • Work with the Countryside Team on a stewardship programme. • 10 year action plans have been set up for 5 sites – Throapham Manor, Ulley Country Park, Thrybergh Country Park, Forgemasters Tip and Warren Vale Nature Reserve. • Local Wildlife Site System is in place and the annual figure is improving 29% last year to 26% this year. • 42% of Council owned sites are in positive management. Cllr Wyatt commented on: • Benefits of the Rivers Project. • Asked about progress of the BEE Project - CJ said that they were in the very early draft stage but a meeting to progress the project has been arranged.	**All to note**
	2.6 Manage Rotherham Woodland - Kevin Burke (Presented by Phil Gill) See attached Woodland Report at Appendix C DR to set up a meeting with KB to discuss wood management by-products and the RMBC biomass supply contract.	**All to note** **DR/KB**

		Action
	Cllr Wyatt requested an update on the ponds project – PG to discuss with KB.	**PG/KB**
	2.7 Ensure that asset portfolio's are sustainable by integrating sustainability into all capital and asset management strategies, plans, programmes and projects - Paul Smith See attached Estates Report at Appendix D PS commented that the Corporate Landlord goes online from April 2014. Phil Gill informed PS that the Biomass Boiler at Clifton Park was down again. DR said that Steve Cope had been out to have a look at it. DR to look into it. Cllr Wyatt enquired about an old, disused allotment site at Swinton. PG said that they are currently looking at how best to use these sites.	**All to note** **DR**
	2.8 Employ planning policy to address climate change Bronwen Knight See attached Planning Report at Appendix E	**All to note**
4.	**Key Area Objectives to be reviewed at the next meeting:** 1. Strategic Planning and Policy ~~**2. Built and Natural Environment**~~ 3. Emergency Planning and Recovery, Social Care and Health ~~4. Energy and Water~~ 5. Engagement, Education And Awareness Raising **6. Housing** **7. Procurement and Resources** 8. Regeneration and Business 9. Transport 10. Waste and Recycling	**All to note**
5.	**<u>Any Other Business</u>** A meeting had been arranged with Tom Sweetman to discuss publicising the Climate Local commitment and benefits to Rotherham. DR requested that if anyone could think of any examples of good practice they would like to be communicated to send them through to him.	**All to note**
6.	**<u>Date and Time of Next Meeting</u>** Monday 14th January 2014 - 12:30pm – 1:30pm, Town Hall	**All to note**

Appendix A to ECCG Minutes 14th October 2013

key Area	*BUILT AND NATURAL ENVIRONMENT*
Reporting Officer	*Phil Gill, Leisure and Green Spaces Manager*
Date	*September 2013*

Objective 1: 2.1 Manage and improve the quality and accessibility of parks, open spaces and public rights of way

Key Action 2.1.1 Development of Site Management Plans

Management plans have been updated for 2 country parks (Rother Valley and Thrybergh) and 3 urban parks (Clifton, Bradgate and Rosehill). These have been independently scrutinised and approved as part of the Green Flag award scheme, all five parks having received the award in July 2013.

Management plans are also in place for RMBC countryside sites; this is reported on separately under *'Objective 2.3 Conserve existing biodiversity and reduce sources of harm'*

a. Links to national / local performance indicators

n/a

b. Obstacles

n/a

c. Resources

Management plans and green flag entries have been prepared from within existing resources

Next Steps and Future Actions

Review whether cost of applying for Green Flag can be justified in the context of reducing financial resources, including exploration of Natural England's 'Country Parks Accreditation' scheme as a lower cost alternative for the country parks.

Appendix B to ECCG Minutes 14th October 2013

key Area	*Built and Natural Environment*
Reporting Officer	*Carolyn Jones*
Date	*14 Oct 2013*

Objective 1: 2.3 Conserve existing biodiversity and reduce sources of harm

Rotherham's 2012 Biodiversity Action Plan is now adopted and available on the RMBC website; a delivery plan has been drafted to consider actions to be taken by RMBC and by other BAP partners.

RMBC Green Spaces priority countryside sites are managed according to management plans; a small number of plans require updating and they will be reviewed during 2013. Management is being supported by a successful Higher Level Stewardship agreement with Natural England.

The Local Wildlife Site system is in place to identify sites of substantive interest and to protect these sites within the planning system. An annual performance figure is calculated each year and submitted to Defra to show the proportion of Local Sites that are in positive conservation management; the 2012 figure was 29%, the 2013 figure will be calculated in September 2013.

Biodiversity and geodiversity have strategic objectives for conservation within the Local Plan Core Strategy; development management policies for these areas have been prepared and included in the draft Sites & Policies document.

Objective 2: 2.4 Establish ecological networks through habitat protection, restoration and creation to create ecologically resilient and varied landscapes

Green Infrastructure has been included in the Core Strategy and the draft Sites & Policies document. We are currently relying on mapping and project coordination at a South Yorkshire level. There have been no resources identified at this stage for a Rotherham GI strategy or detailed mapping.

RMBC has worked in partnership with the Wildlife Trust (Sheffield & Rotherham) and the Environment Agency on a Rotherham Rivers project as part of the Living Don Programme. The project has been successful in agreeing funding with WREN and Natural England (£226,929.00 and £13,880.00 respectively) and will be delivered September 2013 to 2016 enhancing and connecting 11 river and wetland sites.

Additional work is needed to adequately map and understand Rotherham's ecological networks and ecosystem functions.

Objective 3: 2.5 Maintain environmental evidence base to allow sound ecological decisions to be made

The Rotherham Biological Records Centre service has been reduced from 1FTE to 0.6FTE in recent years. The BRC database currently holds over 1.5million records of wildlife in Rotherham and validation systems are in place to ensure the data is sound.

Data submitted is mostly from members of the public and in the main relates to publically accessible areas or residential gardens. Additional resources would enable focused ecological survey work to fill data gaps and monitor changes.

Objective 4: 2.9 Ensure Biodiversity Duty (NERC Act 2006) is implemented in line with recommended Best Practice.

NERC Act Biodiversity Duty promotion has been limited in the last year although most service areas are aware of the Duty and its implications for work.

a. Links to national / local performance indicators

SDL160 – Number of Local Sites in positive management

b. Obstacles

Limited staff time to cover the full extent of biodiversity work.

c. Resources

Next Steps and Future Actions

Continue to deliver Ecology and Biological Records work programmes.

Appendix C to ECCG Minutes 14th October 2013

key Area	Built and Natural Environment
Reporting Officer	Kevin Burke
Date	30th Sept 2013

Objective 1 2.6.1 Manage Rotherham's Woodlands: Maintain, manage and conserve trees & woodlands in the borough.

Grant funding has be awarded by the Forestry Commission under the Woodland Grant Scheme. The fund of £11,000 covers a 5 year period. Its primary focus is:

- to contribute to the additional costs of providing public benefits that arise from meeting the UK forestry standard for sustainable woodland management;

- to protect, increase and maintain the area of woodland under sustainable management and;

- to identify and address threats to woodland, prevent decline and increase the capacity for sustainable management.

In addition funding by Natural England will support work at Throapham Manor (Throapham) and Birch Wood (Rawmarsh). The grant will be used to enhance the biological diversity of both woodlands.

Objective 2: 2.6.2 Identify local market for wood management by-products

This has not yet been achieved but visits to both Doncaster and Sheffield Council's woodland teams have indicated that there is potential to develop local markets. FCS certification is currently being reviewed.

Objective 2 2.6.3 Support woodland management projects for socially excluded communities

This objective is yet to be investigated and developed. However, events are planned for a number of woodlands which aim to encourage wider use by communities of the woodlands.

a. Links to national / local performance indicators

Corporate Priority Plan: Improving the environment, 24 planning to adapt to climate change, 27 Reduce CO2 emissions.

b. Obstacles

There has been a re structure of the Trees and Woodland Team. Woodland Management is now carried out by the Countryside and Ecology Manager. Individual tree and highway tree issues are managed by the Tree's team. The restructure has achieved a saving of £70,000. Due to the restructure there has been has been a period of resettlement and information gathering.

c. Resources
Countryside and Ecology Team
Next Steps and Future Actions
Investigate market for woodland products Assess woodland priorities Ensure aims of Woodland Grant Scheme and High level Stewardship are met.

Appendix D to ECCG Minutes 14th October 2013

key Area	2. Built and Natural Environment
Reporting Officer	Paul Smith
Date	14 October 2013

Objective 1: 2.7 Ensure that asset portfolio's are sustainable by integrating sustainability into all capital and asset management strategies, plans, programmes and projects

Key Actions:

2.7.1 Promote sustainable design and construction through asset management and procurement practices.

RMBC are members of the YORbuild contractors framework (construction framework for Yorkshire and Humber). The framework aims include:

- Carbon reductions from the supply chain.
- Reduce waste to landfill by 50%.
- Providing Employment and Skills benefits aiming to increase local employment. A similar process has been adopted on other procurement/projects such as the Responsive Repairs and Maintenance contract with Morrisons

Materials are sourced sustainably where appropriate – for example timber is purchased from sustainable sources and certified.

Sustainable features within the design are heavily dependent on the client's budget. A whole-life costing model that could inform the project approval better is in the early stages of development.

2.7.2 Adopt environmental sustainability measures within estates management.

Sustainability within the management of Corporate property is ensured through:

1. Energy and Green House Gas Emissions – Energy and water efficiency measures were reported to the group in July 2013, however since that report the RMBC Green House Gas Report has been submitted to DECC identifying year on year reductions:

	2010/11	**2011/12**	**2012/13**
Total Emissions	44,586	41,681	38,718
Emissions from Operational Buildings	32,969	30,110	27,348

2. "Leaner and Greener" - The Westminster Sustainable Business Forum (WSBF) examined how the public sector could efficiently manage public sector estate to improve economic and environmental efficiency in a time of austerity whilst maintaining and improving service delivery. A further review focused on how savings could be achieved by improving workplace conditions and implementing more flexible ways of working, through reinvesting money saved in rationalising the property portfolio and improving the performance of the retained estate. Corporate Property Team has adopted the best practice recommendations of the 'Leaner Greener Report' through the adoption of Corporate Landlord and assessing and managing property as a resource for service delivery, economic growth and housing provision. Changes in property should be informed by long term service needs, condition and efficiency.

3. Riverside House / Workstyle – Monitoring shows reductions in carbon emissions and

subsequently cost since staff moved into Riverside House and the old Town Centre Civic Buildings were closed. Figures show (2012):

Electricity kWh	Gas kWh	Total kWh	Floor Area m^2	kWh / m^2	Electricity	Gas	Total
Civic Buildings Pre Riverside							
6,181,495	5,674,042	11,885,537	45,449	260.85	£556,335	£170,221	£726,556
Civic Buildings inc. Riverside House							
4,965,962	2,057,042	7,002,967	30,167	232.8	£446,937	£61,710	£508,647

4. Environmental Management – Legal compliance and environmental improvements across Corporate property is driven and supported through Facilities Management and Corporate Environmental Team.

a. Links to national / local performance indicators

- Corporate Plan Outcome 27 - Reduce CO2 emissions and lower levels or air pollution
- Corporate Plan Outcome 24 - Rotherham is prepared for present and future climate change

b. Obstacles

1. Funding and budgets

Appendix E to ECCG Minutes 14th October 2013

key Area	Built and Natural Environment
Reporting Officer	Bronwen Knight – Planning Manager
Date	14 October 2013

Objective 1: Employ planning policy to address climate change

Rotherham's Core Strategy (a key element of the Local Plan) was submitted for independent examination by the Planning Inspectorate, which is scheduled to take place in late October through to early November 2013. Climate change is a broad aim that is referred to throughout the document, with numerous strategic policies identified that will serve to mitigate its impacts. These include green infrastructure, dealing with flood risk and renewable energy. Allied to this, a further round of public consultation took place during the summer of 2013 regarding the Sites & Policies document, which identifies where new homes and businesses will be located and also establishes development management policies, which when considered alongside those found in the Core Strategy, will be the basis for the determination of planning applications.

a. Links to national / local performance indicators

National Planning Policy Framework

Annual Monitoring Report as the main mechanism to assess the Local Plan's performance and effect

b. Obstacles

Viability of development

Changes in Central government stance e.g. current consultation on housing standards review

Transition towards integration in Building Regulations

c. Resources

Staff & budgetary resources available from:

Development Management

Planning Policy

Building Regulations

Opportunities explored to utilise external knowledge base

Next Steps and Future Actions

In next 12 months:
Examination & Adoption of Rotherham's Core Strategy
Continued progression of the Sites & Policies document
Production of Annual Monitoring Report
Ongoing determination of Planning Applications as necessary