



## Conveyance under the MHA

### Strategic Intention:

- Ensure the safety, the dignity and the rights of the public are placed at forefront of all WMP decisions on policing and mental health.
- Ensure collaborative partnerships operate effectively.
- Ensure deployments to support MHA Assessments are timely, proportionate, necessary and lawful.
- Ensure WMP fulfils its responsibilities under the Mental Health Act 1983 and its Code of Practice.
- Ensure WMP is not operating beyond its legal authority.
- Ensure WMP officers are not operating beyond professional competence.

WMP recognises its role in undertaking some conveyance in limited circumstances of patients who have been detained under the Mental Health Act 1983 – whether detained by officers under Part X powers; or detained by mental health professionals or courts under Parts II and III. This guidance reflects learning to police forces nationally as well as the statutory framework and guidance to all agencies.

For example, if there is an urgent risk in a mental health unit and it has been decided to transfer the patient to higher level of therapeutic security, it may well be that the thresholds of ‘violent’ or ‘dangerous’ are satisfied. However, this does not automatically mean it will be appropriate for the police be involved; and certainly never act on their own.

It is the responsibility of CCGs to ensure appropriate arrangements are available, whether through commissioning or spot-purchase services, to meet the needs of the population they are responsible for. The role of the police is limited to situations where officers have used legal powers under the MHA or where they are required to support urgent, life-threatening or unexpected events in an emergency. Routine MHA admissions or transfers between healthcare facilities for non-emergency reasons, especially where either of these involve transfers over considerable distances, should be subject to planned, commissioned arrangements and not making use of police assets or capabilities

In order to give effect to WMP’s organisational learning, (including cases within the West Midlands Police area), the following restrictions are placed upon WMP officers’ scope of operations –

### **“NEVER EVENTS”**

There are four situations, when WMP’s position is not negotiable due to a combination of legal and safety reasons, as well as learning lessons from policing nationally –

- **Conveyance by non-police vehicle** – all conveyance after use of police powers (eg, s18/s135/s136/s138) will seek to avoid use of police vehicles. In the absence of any specified alternatives, WMP will seek support from WMAS. Only where that will involve protracted delay or heightened risk will consideration be given to moving a person in a police vehicle without clinical support. All decisions of this kind will be taken on a case by case basis.
- **WMP officers will not convey outside the Force area** – unless authorised by an inspector or above. Authority should only be given where a non-police vehicle is not able to be used and where the situation is considered to be *truly exceptional*, as assessed by that inspector. Where ongoing restraint may be required, officers conducting transfers within the Force area should insist on clinical support from WMAS or NHS MH staff.
- **Urgent transfers** – WMP will only assist in transferring someone to an Emergency Department for *urgent* treatment, without option for delay. Such a situation would ordinarily be life-changing or life-threatening and police involvement is necessary to assist in preserving life.
- **WMP officers will not transfer patients between mental health units** – however, officers may have a limited role to play in mitigating dangerous situations which have emerged unexpectedly until appropriate method of conveyance can be arranged. << [See Offer on inpatient units](#).

West Midlands Police may be involved in the conveyance of patients who are detained under the Mental Health Act 1983, either because our officers have used powers under the Act or where mental health professionals seek support for conveyance after their clinical decisions have been made. It is in this second category that Force Contact may expect to handle requests via 101 or 999.

Nothing in this guidance on conveyance prevents deployment to incidents where other mental health related risks are unfolding: ongoing disorder, threats to life, attempted suicide or self-harm involving weapons, etc.. << [See other Offers](#). This guidance relates to MHA conveyance *only*, whether it follows from another incident already involving the police, or not –

- **NHS responsibilities** – it is the responsibility of the NHS to ensure they have appropriate conveyance arrangements and can move or transfer patients between locations.
- **Non-police vehicle** – the MHA Code of Practice (CoP) states all conveyance should occur by non-police vehicle, *where possible*. Officers who detain someone under the MHA may require assistance from Force Contact to secure support from West Midlands Ambulance Service (WMAS). Requests for WMP to support others in conveyance should include early discussions of the method by which the requesting agency is proposing to move the patient.
- **Violent or Dangerous** – these terms are used in the Code of Practice as the threshold for police involvement after someone is ‘sectioned’. It is reasonable to consider that officers may be required to assist in ensuring safety if risks are high or where they urgently occur. A person may be considered ‘violent or dangerous’ in light of current or historic behaviours: NHS staff may have information about someone’s history not always available to WMP from PNC. However, ‘violent or dangerous’ behaviour is a considerably higher threshold than ‘resistant’ or ‘frightened’ – this is because there is a difference between fear and anger.

## **“NEVER EVENTS”**

- **Conveyance by non-police vehicle** – all conveyance after use of police powers will try to avoid use of police vehicles. In the absence of other direction, WMP will seek support from WMAS. Only where that will involve protracted delay will consideration be given to moving a person in a police vehicle without clinical support. All decisions of this kind are taken case by case.
- **WMP officers will not convey outside the force area** – unless authorised by an inspector or above: authority should only be given where a non-police vehicle is used and where the situation is *truly exceptional*, as justified by that inspector. Where ongoing restraint is involved, transfers within the force area should insist on clinical support from WMAS or NHS MH staff.
- **Urgent transfers** – WMP will only assist in transferring someone to an Emergency Department for *urgent* treatment, without option for delay. Such a situation would ordinarily be life-altering or life-threatening and police involvement is necessary to assist in preserving life.

**WMP officers will not transfer patients between mental health units** – officers may have a limited role to play in mitigating dangerous situations which have emerged unexpectedly until appropriate method of conveyance can be arranged. << [See Offer on inpatient units](#).

WMP officers may find themselves involved in decisions about the conveyance of patients detained under the Mental Health Act 1983 OR Mental Capacity Act 2005 in two circumstances:

- **Police-led decisions** – where officers have detained someone under s136, used a warrant to detain or redetain someone under s135(1) or s135(2) or redetained someone who is missing or AWOL under s18 or s138 MHA, the question arises about conveyance.
- **Requests for police support** – WMP can expect to receive requests from other agencies on occasion, to support the conveyance of patients detained under the MHA. This could include transport to hospital after someone is 'sectioned', transfers between healthcare establishments, especially where life is at risk.

### **POLICE-LED DECISIONS**

If officers have detained or re-detained someone under the MHA, they become responsible for removing or returning that person to hospital. Officers should attempt to secure the support of West Midlands Ambulance Service **via 999** to support that process, for two key reasons –

1. It is a requirement of the Code of Practice MHA to convey by non-police vehicle, wherever possible – this is about ensuring the safety, the dignity and the rights of patients by adhering to statutory guidance; but also to ensure support for the patient, if required and protection for officers who will be inherently making decisions with a clinical impact.
2. Paramedics and ambulance crews have clinical skills which may assist in supporting the patient more appropriately - history shows they have often been able to advise officers that someone's presentation is due to factors which require urgent treatment in an Emergency Department when the officers reasonably believed removal to a MH unit was appropriate.

Nothing prevents officers moving detained MHA patients by police car where risks indicate this is unavoidable, but it should only occur where attempts to avoid this have failed and / or where WMAS or NHS staff are travelling in the vehicle, to ensure clinical supervision of the person throughout.

### **POLICE SUPPORT**

Nothing prevents police support to a partners' conveyance – it may be necessary that mental health professionals call upon WMP support where they have 'sectioned' patients and risks have unexpectedly arisen or are being urgently managed. It is also important to be realistic about the levels of resistance, aggression or violence which can be managed by NHS staff. WMP officers will normally be deployed only where initial assessment indicates it is absolutely necessary.

**Officers and supervisors should familiarise themselves with the four 'NEVER EVENTS'** on the previous page of this guidance, when making their operational decisions about what they should or should not do. Each of these limitations on action arise from lessons learned nationally, following police-involved conveyance or they reflect primary legislation, statutory guidance or case law. Nothing prevents WMP from deciding to address a real risk of serious violence whilst appropriate conveyance arrangements are made.

