



## Section 135 of the Mental Health Act 1983/2007: Warrant to Search for and Remove Patients

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## Revisions History

Version	Date	Author(s)	Principal Changes
Draft version	26/2/15	Karl Gluck	<ul style="list-style-type: none"><li>• Amalgamated previous s135 (1) and s135 (2) polices into single policy.</li><li>• Reviewed revised policy against the s135 recommendations contained in '<b>Review of the Operation of Sections 135 and 136 of the Mental Health Act 1983 : Review Report and Recommendations</b>' (DoH, 2014)</li><li>• Reviewed policy following publication of the revised MHA Code of Practice (DoH, 2015)</li></ul>

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## 1 Policy statement and purpose

- 1.1 It is the policy of Gloucestershire County Council and partner agencies to this policy to minimise the need for intrusive interventions in line with the principles of the MHA as outlined in the Code of Practice. Partners will work together to ensure that warrants of entry are only sought when all reasonable alternatives have been explored, dependent upon risk and the circumstances of the individual.
- 1.2 It is intended that through this policy we will enact recommendations made in the '**Review of the Operation of Sections 135 and 136 of the Mental Health Act 1983 : Review Report and Recommendations**'. For example the report recommended legislative change to reduce the maximum detention time from 72 hours to 24 hours. Ahead of this proposed legislative change we propose that this is adopted as a local standard.

## 2 Scope

- 2.1 All staff working as Approved Mental Health Professionals within Gloucestershire, registered medical practitioners, the police, ambulance staff and 2gether staff.

## 3 Definitions

<b>The Act / MHA</b>	Mental Health Act 1983 as amended by the Mental Health Act 2007
<b>AMHP</b>	Approved Mental Health Professional.
<b>Authorised person</b>	within this context this is any officer on the staff of the hospital at which the patient is liable to be detained, any person authorised in writing by the hospital managers to act on their behalf, an Approved Mental Health Professional, or in the case of a guardianship patient, any member of staff of the LSSA, any person authorised in writing by the LSSA or the private guardian (if there is one)
<b>AWOL</b>	Absent without leave
<b>Liable to be detained</b>	Within this context this includes people who are actually detained under the MHA (such as people who can be lawfully stopped from leaving hospital) and people who could be detained but for some reason are not (such as people on Section 17 leave or for whom an application for detention has been completed but they have not yet been admitted to hospital).
<b>LSSA</b>	Local Social Services Authority
<b>POS</b>	Place of Safety (as defined by the Mental Health Act 1983 as amended 2007)
<b>Recall</b>	Requirement that the patient, who is subject to the Act returns to hospital. This can apply to patients who are on Section 17 leave of absence, who are on a Section 17A Supervised Community Treatment Order or who have been Conditionally Discharged from hospital under Section 37/41.
<b>Subject to the Act</b>	Includes people who are not liable to be detained but whose treatment and care is provided within the context of an order under the MHA (such as Guardianship and Supervised Community Treatment) as well as those who are as above.

## 4 Legal Context and Guidance

- 4.1 S135 interferes with a mentally disordered person's home and private life. This must be justified under Article 8(2) of the European Convention on Human Rights i.e.

***"There shall be no interference by a public authority with the exercise of this right except such as is in accordance with the law and is necessary in a democratic society in the interests of national security, public safety or the economic well-being of the country, for the prevention of disorder or crime, for the protection of health or morals, or for the protection of the rights and freedoms of others"***

*(Human Rights Act 1998, Schedule 1, Part 1 The Articles)*

- 4.2 Article 8 is a qualified right, which means that there are circumstances in which interference is permissible. The test of proportionality applies, which requires that, in all the circumstances, the action taken was proportionate to the aim to be achieved. (Human Rights Act 1998 Guidance for Departments, 2nd ed. 63).
- 4.3 Under Section 115 an Approved Mental Health Professional is permitted to enter and inspect any premises (other than a hospital) in which a mentally disordered patient is living, if (s)he considers that there is reasonable cause to believe that the patient is not under proper care
- 4.4 Force cannot however be used to effect entry unless the police are present and can use powers at their disposal. If entry is refused, the AMHP should point out that this is an obstruction and could constitute an offence under S.129 of the Act.
- 4.5 The Police and Criminal Evidence Act 1984 has not removed the common law power of police constables to enter private premises without a warrant to prevent a breach of the peace occurring if it is reasonably believed that an imminent breach of the peace is likely to occur on the premises. It is not uncommon for police to assist local social services authorities with MHA assessments carried out on private premises.
- 4.6 Police constables may also wish to consider their powers under s17 (1) Police and Criminal Evidence Act 1984, namely that **'a constable may enter and search any premises for the purpose of ...recapturing [any person whatsoever] who is unlawfully at large and whom he is pursuing, or ...of saving life or limb or preventing serious damage to property.'** Police officers should note that s17 (1)(e) Police and Criminal Evidence Act 1984 does not however provide authority to remove any person from the premises.
- 4.7 Where an AMHP receives a request to obtain a warrant they should review the request to ensure that all reasonable attempts have been made to gain entry. There is no minimum number of attempts required prior to requesting a warrant.
- 4.8 It may not be necessary to require a warrant if the co-owner or owner of the premises gives permission to enter. This would apply to hotel rooms.
- 4.9 Section 135 (1) states:

***“If it appears to a justice of the peace, on information on oath laid by an approved mental health professional, that there is reasonable cause to suspect that a person believed to be suffering from mental disorder:***

***(a) has been, or is being, ill-treated, neglected or kept otherwise than under proper control, in a place within the jurisdiction of the justice or***

***(b) being unable to care for himself, is living alone in such a place,***

***the justice may issue a warrant authorising any constable to enter, if need be by force, any premises specified in the warrant in which the person is believed to be, and if thought fit, to remove him to a place of safety with a view to the making of an application in respect of him under part II of this Act, or of other arrangements for his treatment or care.”***

- 4.10 This Section 135 (1) provides for a magistrate to issue a warrant authorising a police officer to enter premises, using force if necessary, for the purpose of removing a mentally disordered person to a place of safety (POS) in specific circumstances. Under the Act these are when the AMHP has reasonable cause to suspect that a person who is believed to be suffering from mental disorder has been, or is being, ill-treated, neglected or not kept under proper control, within the county or that they are not able to care for themselves or are living alone in such a place. The warrant provides a means by which an entry, which would otherwise be a trespass become a lawful act. The warrant is executed once entry to the premises has been affected by a constable; either by invitation or by force.
- 4.11 The warrant need not name the person, but must specify the premises to which it relates. In using the warrant the police officer must be accompanied by an AMHP and a registered medical practitioner. As the result of a House of Lords decision (*Ward v Commissioner of Police*), Magistrates may not apply additional requirements, e.g. naming the AMHP, doctor or police officer who would have to attend.
- 4.12 The place of safety to which the person is taken could be residential accommodation provided by the LSSA under Part III of the National Assistance Act 1948, a hospital as defined in the Act, a police station, an independent hospital or care home for mentally disordered persons or any other suitable place where the occupier is willing to temporarily receive the person (Sect 135 (6)). Currently the only approved place of safety in Gloucestershire is the Maxwell Suite or a police station. The latter should only be used in very exceptional circumstances.(see s136 Policy and Procedure).
- 4.13 Section 44 of the Mental Health Act 2007 allows a person to be conveyed to one or more places of safety. They can be taken there by an AMHP, police officer or somebody authorised

by them. The person can be kept legally for up to 72 hours or until the assessment is completed, whichever is sooner.

4.14 Under Regulation 10 of The Mental Health (Hospital, Guardianship and Treatment) (England) Regulations 2008 and S114 (10) of the Act an AMHP acting on behalf of Gloucestershire County Council, can apply for a warrant to a magistrates court in England or Wales with respect to a Gloucestershire patient.

4.15 Section 135 (2) states

***“If it appears to a justice of the peace, on information on oath laid by any constable or other person who is authorized by or under this Act or under section 83 of the [Mental Health (Scotland) Act 1984] to take a patient to any place, or to take into custody or retake a patient who is liable under this Act or under the said section 83 to be so taken or retaken:***

***that there is reasonable cause to believe that the patient is to be found on premises within the jurisdiction of the justice; and***

***(a) that admission to the premises has been refused or that a refusal of such admission is apprehended,***

***(b) the justice may issue a warrant authorizing any constable [ ... ] to enter the premises, if need be by force, and remove the patient***

4.16 Under S135 (2), a constable or any other person who is authorised by or under the Act can seek a warrant to enter a premises to search and take a patient who is liable under the Act to hospital, any place or into custody or can retake a patient by providing information on oath or affirmation to a justice when there is reasonable cause to believe that the patient is to be found within the justice’s area admission to the premises has been refused or it is expected to be refused. If the justice issues a warrant, it gives any constable the right to enter any premises named in the warrant, using force if necessary, to remove the patient to take them to where they should be.

## **5 Legal Rights and s135**

5.1 Detaining a service user in a place of safety under Section 135 **does not** confer any power under Part IV of the Mental Health Act to treat them without their consent.

5.2 If the patient is assessed as having the capacity to make decisions about treatment they can refuse to be treated. If the person is assessed as lacking capacity to make decisions regarding

treatment can be provided under the Mental Capacity Act (MCA) if it is deemed to be in their best interests (see Multi-Agency MCA Policy for further details)

- 5.3 The maximum duration of the detention is 72 hours and it is not renewable. The patient or the patient's nearest relative cannot apply to the Mental Health Review Tribunal. There will not be an automatic Mental Health Review Tribunal hearing.
- 5.4 Whilst current legislation allows for individuals to be held for up to 72 hours at a POS it is the policy of Gloucestershire County Council/2getherNHSFT and Partner agencies that individuals should be assessed within 24 hours.
- 5.5 Further Guidance can be found in the following sources:
  - 5.5.1 MHA Code of Practice 2015
  - 5.5.2 Reference Guide to the Mental Health Act
  - 5.5.3 Section 136 Multi-agency Policy and Procedure
  - 5.5.4 Police Assistance for AMHPs Policy and Procedure
  - 5.5.5 Conveyance Policy and Procedure
  - 5.5.6 Protection of Property Policy and Procedure

## **6 S135 – Nearest Relative/Carers**

- 6.1 Law on confidentiality is the same for patients subject to the Act as it is for any other patient except where the Act states otherwise (MHA Code of Practice)
- 6.2 Prior to obtaining the warrant and in line with the MHA Code of Practice the AMHP (See chapter, para 4.37-4.47, chapter 10, para 10.15-10.17, chapter 14, para 14.66-14.70 & 14.100-14.102), they AMHP may choose to liaise with the Nearest Relative/Carer. This need not constitute a breach of confidentiality. Nearest relatives/Carers may be in a position to facilitate access to premises thereby removing the need for a warrant or through supporting the assessing team if a warrant is required to minimise disruption to the individual in question (e.g. provision of keys to enter).

## **7 Obtaining a s135 (1) Warrant (See appendix 1 flowchart)**

- 7.1 Consideration must be given by the AMHP in consultation with the registered medical practitioner as to the following:

- 7.1.1 Identify risks and consider what might be an appropriate place of safety, if needed.
  - 7.1.2 Consider the benefits of taking a second registered medical practitioner.
- 7.2 The AMHP must create a police incident number by informing the police that a warrant is to be sought which will require their assistance at a later point.
- 7.3 Prior to the warrant being executed, consideration must be given to securing the premises after entry has been made. This will need to be discussed beforehand by the AMHP, police and relatives. The **Care Act 2014 section 47** places a duty on the local authority in this respect. Arrangements should be made for any damage to be made good, or the landlord/ housing association informed so that they can arrange for this. If a forced entry is needed then careful consideration should be given to make sure the least damaging means has been chosen and to agree who is to arrange and or pay for any short term or full repair e.g. owner, occupier, police, Social Services, or NHS Trust.
- 7.4 The AMHP must ensure that they have a supply of forms; '**Information In Support Of Application For Warrant To Enter Premises And Remove patient**' and '**Warrant to Search for and Remove Patient.**' The AMHP should liaise with social care specialists. The warrant itself is made up of four carbonated sheets. Both forms are ordered and stocked in 2gether NHS Trust hospital health records offices. Out of Hours/Weekends 2gNHSFT on call manager will be able to access these documents if required.
- 7.5 The AMHP must contact Gloucestershire Magistrates Service on **01452 334400** and select **option 1** followed by **option 2** in order to arrange to see a Justice of the Peace. Ideally this should be in the normal way via Court with the Court Clerk accompanying the Justice of the Peace. Where possible AMHPs should obtain warrants during normal working hours (between 8.30 and 17.00 on weekdays). If the need arises out of these hours then the local police (non emergency number 101) should provide a contact number for the duty Court Clerk. In such a situation or in an emergency the meeting with the Justice of Peace can take place anywhere.
- 7.6 When meeting with the Justice of the Peace, the following is needed:
  - 7.6.1 The written information, which must be provided before a Justice of the Peace can consider the issues of a warrant. This should not be signed until the oath has been sworn, or an affirmation has been made, using the words, "I do solemnly, sincerely and truly declare and affirm that the evidence I shall give shall be the truth, the whole truth and nothing but the truth"
  - 7.6.2 A warrant, but it is not necessary to name the police officer. AMHPs should attend with the completed information on the warrant.
  - 7.6.3 Identification/ AMHP authorisation card.
- 7.7 All the three documents named above must be taken to the Justice of the Peace and an oath sworn or affirmed stating the reason why it is believed that the person is suffering from mental

disorder. The AMHP may include information received from other people. This information can be given verbally.

- 7.8 A photocopy of the information must be taken before the AMHP meets with the Justice of the Peace and the copy placed on the file. If the Justice of the Peace agrees to issue the warrant, *they sign and keep* the information sheet, showing their acceptance of the information. They also sign the warrant which has four carbonated sheets. These are the original, and copies (a), (b), & (c) whose use is detailed in 6.6.

## **8 Executing the s135 (1) Warrant**

- 8.1 Under Section 135 (1) the patient can be assessed on the premises. However “if thought fit” the patient can be removed by the police to a place of safety, *accompanied by the* AMHP and the registered medical practitioner with a view to completing an assessment, or for other arrangements to be made for the person’s treatment or care. Paragraph 16.7 of the MHA Code of Practice states that the determination of whether or not to remove to a POS is a joint responsibility between the AMHP and the doctor.
- 8.2 The police have the right to authorise others to take the person to a place of safety (e.g. ambulance service). With regards to the choice of transport the AMHP and registered medical practitioner must comply with the requirements of the Mental Health Act Code of Practice (chapter 17).
- 8.3 If it is deemed necessary to remove to the POS then immediate consideration should be given to calling an ambulance, the preferred method of transport under the MHA Code of Practice (16.32 & 16.41). Police vehicles should only be used where there is extreme urgency, or where there is an immediate risk of violence. An ambulance should always be used where there is risk of collapse & death or prolonged restraint. Where police transport has to be used a member of the ambulance crew can be asked to be present in the police vehicle & the ambulance requested to follow behind to enable a response to any medical emergency.
- 8.4 It is important to note that the warrant allows entry to the premises concerned on one occasion only. If the person is not found there, and at a later date the person again denies access, a further warrant will be needed. If on arrival at the premises with the warrant access is then given, the warrant should be retained as evidence in any future dispute that a right to entry had been obtained.
- 8.5 Whenever a warrant is executed the AMHP should make every attempt to explain to the person what is happening and why.
- 8.6 The original should be kept by the AMHP until it is executed or expired.

- 8.7 The Warrant is endorsed by the police officers. The AMHP must ensure that the police officers complete the endorsement section of the form.
- 8.8 Copy (a) should be left with the occupier of the premises or in their absence left with a person in charge of the premises. If no such person is present it must be left in a prominent place at the premises. The police will retain copy (b); copy (c) is given to the person in charge of the place of safety.

## **9 Assessment under the Act and s135 (1)**

- 9.1 If it is deemed appropriate then the assessment can take place in the premises identified in the warrant then this should take place and should be in line with the relevant sections of the Code of Practice (Chapter 14)

## **10 Identifying the Place of Safety for purposes of s135 (1)**

- 10.1 This should normally be the Maxwell Suite though other venues can be legitimate as in 4.6 above. The intended place of safety should be contacted in advance of the assessment to ensure it is prepared to receive the patient.
- 10.2 Transfer to alternative place of safety. A person can be moved from one place of safety to others before the expiry of the maximum of 72 hours detention. The time of the detention begins at the person's time of arrival at the first place of safety. The person can be taken to the other place(s) of safety by a police officer, an AMHP or somebody authorised by either the police or the AMHP. The benefit of the move should be weighed against any delay to the assessment and possible distress caused by the journey. The transfer can be arranged at any stage: before the assessment, during the assessment or after the assessment according to the circumstances. See the Code of Practice 2015 chapter: 16 (Police powers and places of safety), chapter 17 (Transport of patients) and the Multi-agency Conveyance Policy for further guidance.
- 10.3 In anticipation of future legislative changes the Police cells should not be used for children and individuals under the age of 18 unless in exceptional circumstances outlined in the s136 policy and procedure.
- 10.4 Whilst current legislation allows for individuals to be held for up to 72 hours at a POS it is the policy of Gloucestershire County Council/2getherNHSFT and Partner agencies that individuals should be assessed within 24 hours.

## **11 Obtaining s135 (2) Warrant (See appendix 1 flowchart)**

- 11.1 A warrant may be sought under this section if the patient is either:

- 11.1.1 Absent without leave from detention in hospital or
  - 11.1.2 Subject to a Guardianship order and needs to be returned to the address specified in the order.
  - 11.1.3 Liable to be detained but has not yet been admitted to hospital.
  - 11.1.4 Subject of recall with respect to leave of absence under Section 17.
  - 11.1.5 Subject of recall under s17A
- 11.2 Before seeking a warrant under section 135 (2) staff should consider the needs of the patient and the risks related to them not being in hospital or the address specified in the Guardianship Order in consultation with the Responsible Clinician and the patient's carers and nearest relative if practicable .
- 11.3 Consideration should be given to identifying the place to which the patient is to be taken and to the means of conveying the patient.
- 11.4 Attempts should be made to contact the patient, to reinforce their current status under the Act, the proposed plan for their care and treatment and to invite them to work with those responsible for their safety and wellbeing
- 11.5 AWOL: For those detained under sections 2, 3, 4, 37, 47 or 48 it is most appropriate if a member of the hospital staff, or another person authorised by the Hospital Managers, makes the application for the warrant. AMHPs based in inpatient units or duty AMHPs may be able provide advice but do not have to be the applicant. However AMHP's are authorised to act in this situation and in very exceptional circumstances an AMHP may agree to a request from an NHS Trust for an AMHP to seek a warrant on their behalf. The Emergency Duty Team may also be able to provide advice (Monday-Friday (9AM-5PM, Weekends and Bank Holidays).
- 11.6 **Liable to be detained but not yet admitted:** If a patient has absconded after being detained under s2, s3 or s4, but before being admitted to hospital, the responsibility for obtaining the s135 (2) warrant rests with the AMHP.
- 11.7 **Guardianship:** A warrant may be sought under this section if the patient is absent from the address at which they are required to reside under guardianship. The information for this will normally be provided by the person who is acting as the patient's Guardian on behalf of the LSSA (with authorisation by the LSSA) or privately.
- 11.8 **Recall from s17 Leave:** Regarding b) recall from Sect 17 leave, responsibility for information provision and warrant application may depend upon the length of the leave and consequent degree of involvement of community teams. Recall from very short term leave may rest largely with the hospital. Recall from longer periods will be the responsibility of care co-ordinators or CRHT team if involved.

- 11.9 **Recall from s17A:** A warrant may be sought under this section if the patient is the subject of recall with respect to a Supervised Community Treatment Order (Section 17A). The information for this will normally be provided by the community care coordinator, (authorised by the hospital managers) if the patient is liable to recall and by the inpatient named nurse if AWOL following recall to hospital.
- 11.10 A warrant may be sought under this section if a patient absconds while being transferred from one place of safety to another under Section 135 (1) or Section 136. The information for this will normally be provided by whoever has been authorised to convey the patient and usually the police.
- 11.11 The warrant may be applied for by any constable or any other person who is authorised to take or return the patient. In practice it is likely to be one of those listed in the preceding paragraphs.
- 11.12 The information to the Justice of the Peace should be in writing on the “**Information in Support of an Application for Warrant to Enter Premises and Remove Patient**” form which is stocked in Health Records offices in 2gether Trust hospitals. Out of Hours/Weekends 2gNHSFT on call manager will be able to access these documents if required.
- 11.13 The person requesting the warrant must contact Gloucestershire Magistrates Service on **01452 334400** and select **option 1** and then **option 2**. This service will arrange for the informant to see a Justice of the Peace. Normally this would be via Court with the Court Clerk accompanying the Justice of the Peace during day time working hours (between 8.30 and 17.00 on weekdays). If a need arises outside these hours the police (non-emergency contact number 101) should provide a contact number for the duty Court Clerk. In such a situation or in an emergency the meeting with the justice can be at any place.
- 11.14 The person requesting the warrant should immediately contact Gloucestershire Constabulary (non-emergency contact number 101) to discuss with the Duty Sergeant for the location of the patient, the need to apply for a warrant and to clarify whether under all of the circumstances it is most appropriate for the police to seek the warrant. This should generate a police incident number and notification of a direct line phone number for future liaison. Preliminary decisions should be made at this stage regarding who would accompany the police when the warrant is executed.
- 11.15 When meeting with the justice the informant must have identification which demonstrates that they are authorised to apply for the warrant. This would be their ID issued by 2gether NHS Foundation Trust for inpatient staff, the written authorisation provided by the hospital managers for community staff, the AMHP authorisation warrant or, in the case of guardianship, authorisation by the LSSA.

11.16 The unsigned written information to the justice must be copied and placed on the relevant case file. The information should be made available to the justice and signed by the informant after the oath has been sworn or the affirmation made. Additional verbal information may be requested and provided.

11.17 The informant should also have the warrant, clearly issued under the Mental Health Act, completed with the name of the person making the application, deletions to the standard document to identify the grounds, on which the authority is sought, the name of the patient and the address at which it is expected that they will be found. The form should be used to provide relevant information regarding (e.g. risk to the patient or others) and the basis of the authority to take or retake the patient (e.g. an application having been completed for detention under Section 2 or for recall under S17). If the justice agrees to issue the warrant they will sign and keep the information sheet. The dated signature of the justice on the warrant provides the authority for any constable to search and remove the patient within one month from the date of issue. It should be kept by the applicant until it is executed or has expired. A photocopy of the original should be placed on the health/social care case file.

## **12 Executing the s135 (2) Warrant**

12.1 The person who has obtained the warrant should liaise immediately with those who will be participating in the execution of the warrant. The constable should be accompanied, wherever possible by a registered medical practitioner or any person with authority from the hospital managers or LSSA to take or retake the patient. The "Warrant to Search and Remove Patient" can be used on one occasion only.

12.2 When the warrant has been used the white top (original) copy should be completed by the constable and forwarded to the Clerk to the Justices at the above address. The pink copy A should be left with the occupier of the premises searched or in a prominent place at those premises if no occupier is present. A phone number and invitation to make contact could be left on behalf of the applicant. The green copy B should be taken by the constable for the police records. The yellow copy C should be provided to the person in charge of the place to which the patient has been taken (e.g. hospital or address named in the Guardianship Order).

12.3 With regards to the choice of transport the AMHP and registered medical practitioner must comply with the requirements of the Mental Health Act Code of Practice (chapter 17).

12.4 Immediate consideration should be given to calling an ambulance, the preferred method of transport under the MHA Code of Practice (16.32 & 16.41). Police vehicles should only be used where there is extreme urgency, or where there is an immediate risk of violence. An ambulance should always be used where there is risk of collapse & death or prolonged restraint. Where police transport has to be used a member of the ambulance crew can be

asked to be present in the police vehicle & the ambulance requested to follow behind to enable a response to any medical emergency.

12.5 It is most likely that under s135 (2) the individual will be taken to the hospital they were detained at or liable to be detained at or in the case of Guardianship the address specified on the Guardianship order. However, s135 (2) does allow to remove the person to the POS.

12.6 Please see appendix 1 for s135 (1) and (2) flowchart.

### **13 Unexecuted Warrants**

13.1 If the warrant has not been used within one calendar month, it should be returned by the applicant, with a brief explanation regarding why it has not been used, to the Clerk to the Justices at:

**HMCTS  
PO Box 9051  
Gloucester  
Gloucestershire  
England  
GL1 2XG**

### **14 Implementation**

14.1 This procedure will be formally introduced by the Head of Profession for Social Care for implementation from xx/xx/xxxx. There will be a series of briefing sessions for key staff groups across Gloucestershire

14.2 The policy will be made available on the County Council website.

14.3 Each partner agency should have in place a process for ensuring that the policy is disseminated to all relevant staff

### **15 Monitoring and Review**

15.1 The protocol will be reviewed via the Inter Agency Monitoring Group within the 2 years of publication/ and/or in response to any legislative/case law changes which directly impact on s135 (1) and s135 (2).

15.2 Practical issues relating to s135 will be discussed at the Inter Agency Monitoring Group.

# 16 Appendix 1: s135(1) and (2) Flowchart

**Legend**

- Blue: Police process and decision
- Red: Together NHSFT process and decision
- Dark Green: Ambulance Service process and decision
- Light Brown: GCC process and decision
- White: Depends on the circumstances of the case
- Orange: Joint decision between AMHP, Mental Health Team, Police, Ambulance & others relevant agencies, *assess in situ*
- Yellow: *assess in situ*

