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The transfer and remission of immigration removal centre detainees under the Mental Health Act 1983

Good practice guidance 2021

Version 1, 10 June 2021

Contents

1. Introduction

Detainees with mental illness, learning disability and autism who require inpatient treatment can only be transferred to hospital under the Mental Health Act 1983 (MHA) with the agreement of the Secretary of State for Justice. Detainees are usually transferred under section (s) 48 of the MHA. The Secretary of State for Justice is most likely to add a restriction under s49 of the MHA.

This guidance sets out the timeframe for completing an assessment, transfer and remission to and from Mental Health, Learning Disability and/or Autism (MHLDA) services and immigration removal centres (IRCs). It applies to adult detainees aged 18 and over and remissions from high, medium, and low secure services and psychiatric intensive care units (PICU) in general adult mental health.

The presenting clinical indication and the clinical risk will determine the priority and pace for the transfer to be completed.

1.1 Purpose and scope

The purpose of this guidance is to promote good practice and support effective joint working between the agencies involved in transfer and remission processes, providing benefit to the patient and timely and effective treatment.

This guidance relates to the transfer and remission process to and from IRCs and MHLDA inpatient services for patients in IRCs in England. It does not cover the procedure in Scotland, Wales or Northern Ireland.

The guidance is intended for use by:

- IRC mental health services
- NHS England and NHS Improvement, or parties where there are devolved commissioning arrangements, such as NHS-led provider collaboratives (PCs), integrated care systems (ICSs) or equivalents.
  - Note: throughout this document, take NHS England and NHS Improvement specialised commissioning as the commissioner of adult high, medium and low secure services to be an inclusive term, to include where other parties have taken on devolved commissioning arrangements.

- Clinical commissioning groups (CCGs)
- MHLDA inpatient providers
- Ministry of Justice
- Home Office
- Custodial providers on behalf of the Home Office.

Information about the wider application of the MHA is contained in the Reference Guide to the Mental Health Act 1983 and Mental Health Act 1983: Code of Practice.

The Mental Health Act is undergoing reform. At the time of publication, the Government has opened a consultation on the White Paper (as of 13 January 2021; closing 21 April 2021) in response to the Independent Review of the MHA carried out in 2018. The White Paper accept the time limit set out by the review (28 days), and agreed that this should be statutory, but does not plan to legislate in relation to this immediately, to allow this document to be properly embedded.

The key elements of health care service improvements set out in the NHS Long Term Plan (LTP) have been integrated throughout this guidance.

2. Commissioning

NHS England and NHS Improvement health and justice commissioning is responsible for commissioning all healthcare services delivered within IRCs, including MHLDA services.

Arrangements for commissioning MHLDA inpatient services dictate responsibility for agreeing to meet the costs of inpatient treatment. While a local commissioner is responsible for an individual, the MHLDA inpatient service they require may be commissioned under regional or national commissioning arrangements.

NHS England and NHS Improvement specialised commissioning is responsible for commissioning adult, low, medium and high secure mental health services, in addition to a wider range of other specialised mental health services.

Adult secure NHS-led PCs are being developed across England. A PC is a group of providers taking collective delegated responsibility for a specific type (or group) of service specialism(s), through a lead provider for their originating population. They

manage the pathway and budget for their population and have responsibilities for quality assurance and service improvement. They are accountable to NHS England and NHS Improvement for decisions made and the quality of care.

CCGs are responsible for commissioning healthcare services for their area, which includes adult mental health inpatient services together with adult PICUs. A referral to a PICU will go directly to the service via the CCG.

The local clinical assessments in response to a referral, and the access assessment process will recommend the service specification (high, medium, low secure or PICU) of inpatient care and treatment required (Specialised Secure Mental Health Services Specifications). It is acknowledged that clinical presentation, which determines the level of restrictive environment of the inpatient care, can change during the assessment process and this can be challenging.

2.1 Establishing the responsible commissioner

Guidance on determining which NHS commissioning organisation is responsible for arranging and paying for an individual's care in different circumstances is set out in the NHS England and NHS Improvement Who Pays? guidance. It includes the following important principle, which applies to cross-border issues within the UK that should be adhered to when disputes regarding funding arise:

> **"No treatment should be refused or delayed due to uncertainty or ambiguity as to which CCG is responsible for funding an individual's healthcare provision."**

In difficult cases, advice can be sought from the national team via england.ResponsibleCommissioner@nhs.net.

3. Implementing the guidance for referral, assessment and transfer

The effective implementation of IRC referral, assessment, transfer and remission is dependent on co-operation between a number of organisations and agencies. Early and timely information sharing will support the transfer and remission process and improve patient outcomes.

The process should continue to be followed during any disputes over funding responsibility. Access to inpatient treatment should not be delayed while this is resolved and should continue without prejudice. Unknown responsibility is not a reason to delay transfer.

In such circumstances, commissioners should agree interim arrangements for meeting the costs of inpatient treatment while the dispute is resolved or contact england.ResponsibleCommissioner@nhs.net.

In some circumstances, the Secretary of State for Justice may decide to direct admission to a specific service regardless of who is responsible for meeting the costs of the admission.

3.1 Referral, assessment and transfers

The referral should be initiated as soon as it is identified that a person's mental health needs cannot be appropriately treated within an IRC, they fit the criteria for detention under the MHA and require a transfer to an MHLDA inpatient service.

Determining the level of clinical priority of a referral is key to ensuring that the assessment and any subsequent transfer takes place within appropriate timescales. The assessment and transfer process does not stop while the level of priority is determined or if a decision is made to re-categorise this. Timescales will be monitored so that support can be provided if difficulties are experienced. This support can be accessed through regional NHS England and NHS Improvement

health and justice commissioning teams or specialised commissioning teams, NHS-led PCs or CCGs.

Where it is believed, or has been formally determined, that the patient lacks capacity to make decisions about their care and treatment, provision within the Mental Capacity Act 2005 should also be considered and applied where indicated.

The threshold for the priority of a transfer is determined through a clinically informed discussion between the referrer and assessing service, considering the following questions:

- Is there evidence of a rapid deterioration in mental health presenting a risk to self, other detainees and staff?
- Is there evidence of a rapid deterioration in physical health due to mental health problems?
- Is there a need for restrictive practices in the IRC to maintain safety due to mental health presentation?

The monitoring of time to transfer ends:

- if the assessment of MHLDA inpatient services concludes inpatient treatment is not required as the criteria for detention are not met; or
- when the patient has been transferred to hospital.

The monitoring of time to transfer does not stop during processes to resolve differences of clinical opinion or disputes over commissioning responsibility. The clock will only stop when the patient is either accepted to hospital or the patient is deemed not suitable for detention under the MHA.

3.2 Timescales for referral, assessment and transfer

In line with the Independent Review of the Mental Health Act 1983, December 2018, this guidance introduces two new, sequential, time limits of 14 days each from the:

- point of initial referral to the first psychiatric assessment
- first psychiatric assessment until the transfer takes place.

This incorporates the time between the first and second psychiatric assessments and the time to transfer.

The timescales that services should work to are described on the following page in table 1. It should be noted that calculations are made in calendar days over a seven-day week.

Table 1: Timescales for referral, assessment and transfer

Day 0	• Once a need for referral for inpatient assessment is identified, establish the responsible commissioner. • Depending on the type of inpatient assessment required, contact relevant adult secure case manager where prisoner originated if secure care is indicated; or the relevant CCG if a PICU is felt appropriate. • IRC mental healthcare staff and the Home Office staff collaborate to gather all offending, security and medical information to support the process. Contact DES Security at DESSecurity@homeoffice.gov.uk to obtain a view on appropriate level of security. • Formal referral sent from assessing IRC clinician. **Monitoring of timeframe commences at this point**.
Days 1-2	• IRC mental health team contact mental health casework section (MHCS) to obtain advice on level of security which may be required. • IRC mental health staff inform the national removal command, immigration compliance and enforcements team and the criminal casework case owner that transfer under the MHA is being considered. • Referral information must include the risks and information required in the access assessment specifications. If further information is required following referral, this must be discussed between the IRC healthcare staff, Home Office staff and receiving clinician or organisation to ensure all information is collated and shared. Any delay in information sharing does not stop the timeframe.
Days 3-5	• Any disagreements in commissioning responsibility will not delay the timeframe, and all referrals need to be accepted without prejudice. • Acknowledgement of referral by receiving unit within three days of referral being sent, not from when received. • Arrangement of access assessment commenced.
Before day 14	• An access assessment or equivalent should be completed by the relevant MHLDA inpatient service, a subsequent medical report generated, and an appropriate bed identified. • If admission to hospital is required arrangements to be commenced. • If admission is not recommended, monitoring of timeframe ceases.
Days 15-25	• Monitoring of second timeframe commences and arrangements for second assessment made. • First and second medical reports (one must be completed by a s12 approved doctor) are completed for sending to the MHCS with all information and completed documents to enable transfer. The Secretary of State must be satisfied, by reports from at least two registered medical practitioners, that the person is suffering from a mental disorder of a nature or degree which makes it appropriate for them to be detained in hospital for medical treatment, and that appropriate medical treatment is available. The Secretary of State must also be of the opinion, having regard to the public interest and all the circumstances, that it is expedient to direct transfer to hospital.
Before day 28	• The MHCS approves and issues a warrant. • There are occasions where the Secretary of State for Justice might refuse such a transfer. This stops the process. • The MHLDA inpatient service confirms the admission date to the IRC. • The IRC staff and IRC mental health teams make the appropriate transport arrangements to transport the patient to hospital with the required escorts. • Admission. **Monitoring of time frame stops. Not to exceed 28 days from referral**.

3.3 The referral, assessment and transfer process in more detail

- The IRC psychiatrist's assessment generates one of the required medical reports.
- The IRC mental health team should work in conjunction with on-site Home Office staff to get advice on the level of security likely to be required to satisfy the Secretary of State for Justice, collating the H1004 form (Appendix 1) and first medical report.
- The National Removal Command, Immigration Compliance and Enforcements team and criminal casework case owner need to be informed that transfer under the MHA is being considered.
- The IRC mental health team must work with custodial staff to gather all offending history/intelligence, security and medical information to support the transfer process.
- Keep the patient informed about the process and what they can expect to happen throughout each stage.
- The introduction of telemedicine licences across the IRC estate in England and agreed strategy for use within adult secure services could result in assessments being carried out using video conferencing.
- The Home Office case worker is informed of the transfer to ensure any appropriate continuance of the review of their immigration detention while detained in hospital. If the immigration detention is removed at this point, the patient can no longer be detained in hospital under S48 of the MHA.

3.4 Monitoring the timescales

Monitoring of time to transfer begins on the day that the initial referral is made to the appropriate clinical team (access assessment team or CCG team) by the relevant IRC mental health team.

The monitoring of time to transfer ends:

- if the assessment of MHLDA inpatient services concludes inpatient treatment is not required as the criteria for detention is not met; or
- when the patient has been transferred to hospital.

The monitoring of time to transfer does not stop during processes to resolve:

- differences of clinical opinion
- disputes over commissioning responsibility.

3.5 Problem solving (dispute resolution)

Differences of clinical opinion should be resolved through a discussion between the relevant clinicians.

Any disputes are required to be enacted regionally through the relevant team. This can be all or one of the following: health and justice, specialised commissioning, CCG or the NHS-led provider collaborative. Any referrals for dispute should include a chronological timescale of discussions to date and include all parties involved in the communications.

All decisions to admit a patient are determined by meeting the criteria for detention under the MHA 1983.

The Secretary of State seeks to balance the needs of the patient to receive treatment against the arrangements made by hospitals. For those potentially delaying transfers, it is important to note that the Secretary of State is:

> "under a duty to expeditiously take reasonable steps to obtain appropriate medical advice, and if that advice confirms the need for transfer to a hospital, to take reasonable steps within a reasonable timeframe to effect that transfer".
> [*R (on the application of D) v Secretary of State for the Home Department and National Assembly for Wales*].

4. Implementing remission from mental health, learning disability or autism inpatient service

Remission to IRC may be requested under s50, 51 or 53 of the MHA if the responsible clinician, any other approved clinician or a mental health tribunal advises the Secretary of State for Justice that:

- treatment in hospital is no longer required; or
- no effective treatment is available in the hospital where the patient is detained.

In these circumstances, and where allowed under the legislative framework, remission to IRC should be achieved with the minimum delay and within 14 days.

It is essential that the patient understands and is involved in the remission process and knows what to expect at each stage.

4.1 Remission process and timescales

The remission process should be completed within a maximum of 14 days. The timescales services will work to be can be viewed in table 2 on the following page:

Table 2: Remission process timescale

Day 0	• Responsibility for co-ordinating, overseeing and managing the remission process is shared between the mental health inpatient service, the receiving IRC and the MHCS. • A decision to remit to IRC is made by the multidisciplinary team in the mental health inpatient service that conditions have been met and then communicated with the IRC mental health team, the prison operational staff and the MHCS. • **This is when the timeframe commences**.
Days 1-2	• Home Office and MHSC contacted by the unit to advise of remission request. • The inpatient MHLDA service invites the IRC mental health team to a s117 planning meeting. The s117 meeting must provide detailed information of the management of risk and treatment whilst the patient IRC. • Joint extremism unit (JEXU) to be contacted via the National Operational Assurance team (NOAT). JEXU will liaise with MHCS to ensure placement to appropriate establishment. • MHCS to be sent completed remission proforma by the inpatient unit to advise that the remission criteria have been met.
Before day 4	• If further information is required, then the IRC staff and the treating MHLDA inpatient staff must work together to ensure all information is collated and shared. **This does not stop the timeframe**. • MHCS confirms that the criteria for remission have been met. • MHCS produces remission warrant.
Before day 10	• Section117 meeting held with all staff involved and the sharing of treatment information, patients' needs and requirements. • The MHCS must be informed in writing of confirmation of acceptance by the relevant IRC senior operational manager. This can be done via email.
Before day 14	• When the transfer warrant is issued by the Secretary of State for Justice, IRCs are expected to plan to accept the patient, once informed by the clinical team that the criterion for detention in hospital is no longer met. Remission to prison should be completed soon after the s117 meeting has been held and within the 14-day period stated above. If for any reason, the nearest IRC is unable to accept the patient, it is the responsibility of the relevant Home Office to source an alternative IRC. • Patient remitted back to IRC establishment.

Not all transferred patients will return to an IRC. There are certain instances when changes in circumstance or legal status make the Home Office duty bound to release a patient from immigration detention. The treating MHLDA inpatient service should be informed of any decision not to continue immigration detention and the Home Office should work with the treating MHLDA service to facilitate the appropriate release from immigration detention and any onward management.

Should the Home Office consider a patient transferred to MHLDA inpatient services as ‘adult at risk level 3’ and then want to release the detainee, a section of the MHA can be considered, if it is clinically appropriate, by the treating clinician for continued detention under a civil section of the MHA.

Should it not be appropriate for continued detention under a civil section, onward management of release from the MHLDA inpatient service should be supported.

Release from detention can place an inappropriate burden on the treating MHLDA inpatient service as accommodation and support measures need to be found in the community for the patient.

It is likely that transfer of detainees back into an IRC would not be appropriate unless there is a clear and agreed route to repatriation. Regardless of their immigration status, immigration detainees are entitled to care and support (including accommodation if required) under s117 of the MHA, as well as under the Care Act. They may also be entitled to support from the Home Office or a relevant local authority under a variety of provisions, depending on their immigration position. It would be appropriate, with the patient’s consent, for the hospital team to liaise with the patient’s representatives or to make referrals to relevant services.

In certain instances, it may be deemed appropriate by immigration enforcement officers to consider removal from the UK directly at the point of release from the inpatient unit without a period of return to the IRC. In this instance, it is for immigration enforcement to co-ordinate and manage this process, ensuring this measure is lawful and in the best interests of the individua. It should not, however, cause an imposition on the inpatient unit to hold the patient beyond the period of required treatment or criteria of detention under the MHA. This will occur when the individual is willing to return voluntarily or non-enforced.

4.2 Receiving IRC

Male patients returning to IRC from MHLDA inpatient services will return to the reception IRC in the area where the inpatient treatment has been provided, unless there are exceptional circumstances that prevent this.

Female patients will be transferred back to the appropriate women's establishment.

When the transfer warrant is issued by the Secretary of State for Justice, IRCs are expected to make arrangements to accept the patient once informed by the clinical team that the criterion for detention in hospital is no longer met. Remission to IRC should be completed soon after the s117 meeting has been held and within the 14-day period stated above.

5. Information sharing and confidentiality

All staff involved in transfers and remission should understand the rules governing the appropriate sharing of confidential information between agencies, ie healthcare, MHCS and IRCs.

There are no data protection issues preventing custody staff from passing information about a patient's conviction and offending history to IRC healthcare staff for the purposes of a transfer to hospital under the MHA.

All transfer and remission information is exchanged electronically and must only be shared using secure email systems. Personal email accounts must never be used.

Necessary and proportionate personal information may be shared with other organisations to protect children and adults at risk, assess need, service delivery and treatment on a need-to-know basis.

The data protection officer, local Caldicott Guardian or information governance specialist should be contacted in any exceptional or difficult circumstances.

6. Patient, family and carer involvement

Patients, family members and carers, where appropriate, should be kept informed and be involved in decision-making as far as possible, at every stage within the process. Written information should be available for patients to aide understanding.

7. Appendices

Appendix 1: Home Office UKBA form

Home Office
UK Border Agency

Port Ref: DC Ref: IS.91
HO Ref:

United Kingdom Border Agency
Becket House
60-68 St Thomas Street
London
SE1 3QU
Tel: 0207 238 1300 Fax: 0207 238 1413

Details of Port Responsible for Case (If Other Than Above)		
Port:	Reference:	Tel:

IMMIGRATION ACT 1971/CHANNEL TUNNEL (INTERNATIONAL ARRANGEMENTS) ORDER 1993
NATIONALITY, IMMIGRATION AND ASYLUM ACT 2002
UK BORDERS ACT 2007

IS 91: DETENTION AUTHORITY

IMPORTANT: THIS AUTHORITY MUST BE PASSED ON TO EACH SUCCESSIVE CUSTODIAN AS APPOINTED BY THE IMMIGRATION SERVICE

1. To the custodian. This is to authorise the detention of:	
NAME:	
D.O.B:	Photo
Sex:	
Nationality:	
Alias:	
Is this person claiming to be a minor but is believed to be an adult? Yes/No If Yes: The Detainee is to be treated as an adult for detention purposes	Photograph should be attached

Valid EC/WP/C. of E. held?	**Y/N/NK**
If forged EC/WP/C.of E. held is it readily apparent?	**Y/N**

Last UK arrival*	**Date N/K**
	Time N/K
	Place N/K
	Flight/Ship/Train N/K
	Carrier Responsible N/K
* Enter only confirmed arrival details or, if none, write "N/K" (Not Known) or"N/C" (Not Confirmed).	

Sign _____ **Print Name** _____ **Date** _____

2. DETAINEE INFORMATION: To be completed by the Immigration Officer/on behalf of the Secretary of State.

☐ **A passenger who has been informed on arrival or embarkation that he/she is subject to examination/further examination[i] or who has been refused leave to enter the United Kingdom[ii].**

☒ **An illegal entrant or a person to whom section 10 of the Immigration and Asylum Act 1999 applies.[2].**

☐ **A person served with a Notice of Decision to make a deportation order, whose detention has been authorised by the Secretary of State[iii].**

☐ **The subject of a Deportation Order whose detention has been authorised by the Secretary of State[iv].**

☐ **A person recommended for deportation by a court[v].**

☐ **A person or the dependant of a person who has claimed asylum and has failed to provide their fingerprints[vi].**

☐ **A foreign national who has served a period of imprisonment and the Secretary of State is considering whether section 32(5) of the UK Borders Act 2007 applies.[vii]**

☐ **A foreign national who has served a period of imprisonment and the Secretary of State considers that section 32(5) of the UK Borders Act applies (though a Deportation Order is still pending).[viii]**

☐ **A person whose leave to enter has been suspended under paragraph 2A of Schedule 2 to the Immigration Act 1971[ix].**

Languages spoken: _____

Other relevant information (including any particular dietary and religious requirements where known)

_____

_____

_____

3. RISK FACTORS:
It is considered that this detainee may require special monitoring or supervision due to:
(PLEASE STATE CLEARLY IF NO SPECIAL CONDITIONS / RISK FACTORS ARE IDENTIFIED)

- ☐ **National Security Case.**
- ☐ **Serious criminal activity.**
- ☐ **Known Associations.**
- ☐ **Violence Toward Or Assaults On Others.**
- ☐ **Escape Attempts.**
- ☐ **Suicide/Self Harm Risk.**
- ☐ **Disruptive behaviour.**
- ☐ **Fluid refusal.**
- ☐ **Food refusal.**
- ☐ **Psychiatric Illness.**
- ☐ **Disability.**
- ☐ **Pregnancy.**
- ☐ **Other Medical Concerns.**
- ☐ **Minor.**
- ☐ **Other.**
- ☐ **None**

Comments:

Medication: (Provide details of any known medical condition and the type and location of any prescribed medicine)
None

	Place of Detention	Detaining Agency	Time commenced	Date commenced
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
Once rows1 to10 are complete, start a continuation sheet 'IS 91 cont' which must be attached to this form.				

For notes 1 to 9 see next page.

4. TRANSFER RECORD: Row 1 to be completed by the authorising Immigration Officer. Thereafter for completion by *each receiving* Detaining Agency (eg Detaining Agency company, Prison Service, Police).

** Delete/amend as applicable

5. **OUTCOME**	**DATE & TIME**
This action to be completed by custodian at the time of removal or release.	
Removed from the UK	_____
Released on Temporary Admission/Release or Restriction Order	_____
Released on bail	_____
Released - case withdrawn/granted leave	_____

6. To be completed with the authority of DEPMU staff only

Risk Factors Reviewed and Withdrawn

On (date/time): _____

Signed: _____

Print: _____

IMPORTANT: To facilitate recovery of detention costs, this document must be completed and sent to:
Detention Costs Recovery Unit, 9th Floor, Lunar House, 40 Wellesley Road, Croydon CR9 2BY
within 48hrs of a detainee being removed or released.

Immigration and Nationality Directorate

[i] under paragraph 16(1) of Schedule 2 to the Immigration Act 1971
[ii] under paragraph 16(2) of Schedule 2 to the Immigration Act 1971
[iii] under paragraph 2(2) of Schedule 3 to the Immigration Act 1971
[iv] under paragraph 2(3) of Schedule 3 to the Immigration Act 1971
[v] under paragraph 2(1) of Schedule 3 to the Immigration Act 1971
[vi] under section 141 of the Immigration and Asylum Act 1999.
[vii] under section 36(1)(a) of the UK Borders Act 2007
[viii] under section 36(1)(b) of the UK Borders Act 2007
[ix] under paragraph 16(1A) of Schedule 2 to the Immigration Act 1971

Appendix 2: Rule 35(1)/Rule 32(1) report

Detention services order 9/2016 – Detention centre rule 35 and Short-term Holding Facility rule 32

Rule 35(1) report/Rule 32(1) report [Delete as appropriate] – a detainee whose health is likely to be injuriously affected by continued detention or the conditions of detention

Section 1: Detainee's details

Forename(s):	
Surname:	
Date of Birth:	
Home Office reference number	
Immigration Removal Centre/Residential Short-term Holding Facility:	

Section 2: Detainee's authority to release medical information

The detainee named above has authorised the release of the medical information in this report in line with the guidance in DSO 1/2016 – The Protection, Use and Sharing of Medical Information Relating to People Detained Under Immigration Powers.

Section 3: Medical practitioner's/Registered nurse's [Delete as appropriate] report

(Please read the notes at the end of this form)

I write in respect of the detainee named above in my capacity as an immigration removal centre doctor/short-term holding facility healthcare professional [Delete as appropriate]. I hereby report that this detainee's health is likely to be injuriously affected by continued detention or the conditions of detention.

Section 4: Relevant clinical information

i) Why is the detainee's physical and/or mental health likely to be injuriously affected by continued detention or the conditions of detention? Please include as much detail as possible to aid in the consideration of this report. This must include an outline of the detainee's relevant physical and/or mental health condition(s).

ii) What treatment is the detainee receiving? Is specialist input being provided, either within the IRC/STHF or as a hospital outpatient or inpatient?

iii) In the case of mental health problems, has there been a detailed mental health assessment and, if so, carried out by whom and with what result/recommendation? If not, is an assessment scheduled to take place and, if so, when? Please attach the report of any assessment or give a brief overview.

Section 5: Assessment

i) What impact is detention or the conditions of detention having (or likely to have) on the detainee's health and why?

ii) Can remedial action be taken to minimise the risks to the detainee's health while in detention? If so, what action and in what timeframe?

iii) If the risks to the detainee's health are not yet serious, are they assessed as likely to become so in a particular timeframe (ie in a matter of days or weeks, or only if detention continued for an appreciably longer period)?

iv) How would release from detention affect the detainee's health? What alternative care and/or treatment might be available in the community that is not available in detention?

v) Are there any special considerations that need to be taken into account if the detainee were to be released? Can the detainee travel independently to a release address?

Other comments:

Section 6: Signature

Signed:……

Printed name:……..

Position and qualifications:
……

Date……..……

If other healthcare professionals have supported you in examining the detainee and/or in producing this report their details must be given below:

Signed:……

Printed name:……..

Position and qualifications:
……

Date……..……

Signed:……

Printed name:……..

Position and qualifications:
……

Date:……..……

Signed:……

Printed name:……..

Position and qualifications:
……

Date:……..……

Notes – for the doctor/registered nurse

Your report must be completed legibly, with all questions being completed fully. Consideration of the report will be delayed if Home Office officials have to return the report to seek clarification.

If the Home Office requests clarification of any point in this report, this must be provided promptly.

Once completed this report must be emailed to the Home Office Detention engagement team (in relation to IRC rule 35 reports) or to the DEPMU duty HEO (in relation to STHF rule 32 reports).

A signed copy of this report must be placed on the detainee's medical record and another signed copy provided to the detainee free of charge.

The Home Office response must on receipt be reviewed by the medical practitioner/registered nurse. If it is considered to unsatisfactorily address the original concerns, it must be escalated to the Home Office Detention engagement team (in relation to rule IRC 35 reports) or the DEPMU duty HEO (in relation to rule STHF 32 reports).

Notes – for the Home Office caseworker

You must consider and respond to this report in line with the guidance and instructions in:

Adults at risk in immigration detention policy guidance.

Detention services order (DSO) 9/2016 – Detention centre rule 35 and Short-term Holding Facility rule 32.

Appendix 3: H1004 form

***where this states prisoner, please read detainee**

MEDICAL IN CONFIDENCE
H1004 FORM

INFORMATION ON MENTALLY DISORDERED DETAINEE RECOMMENDED FOR TRANSFER TO HOSPITAL UNDER SECTIONS 48/49 OF THE MENTAL HEALTH ACT 1983

PLEASE FILL OUT THIS FORM IN FULL

SECTION 1 – DETAILS OF REQUESTING PRISON	
NAME: HMP	**TELEPHONE NUMBER:**
EMAIL:	**CONTACT NAME:**

SECTION 2 – DETAILS OF INMATE

SURNAME:	**FIRST NAMES:**	
ALIASES:		
PRISON NUMBER:	**DATE OF BIRTH:**	**SEX: M / F**
SECURITY CATEGORY (please circle): A B C D OTHER (please specify for female detainees) **ON THE ESCAPE LIST? Y / N**		

SECTION 3 – TYPE OF INMATE

Inmate's status	**( )**	**Remanded in custody by magistrates' court**
	( )	**Committed for trial, remanded in custody by crown court etc**
	( )	**Convicted but awaiting sentencing**
	( )	**Civil prisoner**
	( )	**Detained under the Immigration Act 1971**
Name of magistrates court and court references (if known):		
Name of crown court (if applicable) and court references (if known):		
Offence(s) with which charged:		
Date(s) of first subsequent remand:		

Remanded until (if applicable):
Date committed for trial (if applicable):
Date of conviction if unsentenced (if applicable):
Date became civil prisoner (if applicable):
Date became detained under Immigration Act 1971 (if applicable):

SECTION 4 – DETAILS OF DISORDER
Type(s) of mental disorder from which the inmate is suffering:
Is the inmate suicidal, or has he/she a history of suicidal tendencies? Y / N **If yes, please give full details:**
Is the inmate dangerous to others, or has he/she a history of violence? Y / N **if yes, please give full details:**
Has the inmate a history of alcohol/drug abuse? Y / N **If yes, please give full details:**
Has the inmate received psychiatric treatment previously? Y / N **If yes, please give full details:**

SECTION 5 – PROGRESS WITH ARRANGEMENTS FOR ADMISSION TO HOSPITAL

Name of any hospital consultant (who may be the Responsible Clinician) who has been approached with a view to providing a place for the inmate (including secretary or hospital admin contact details as relevant)	**NAME:** **EMAIL:** **PHONE:**
Contact details of hospital to which prisoner will be transferred **Security Level (circle correct level) PICU / ACUTE (Open)**	**Email:** **Phone:** **HIGH / MEDIUM / LOW / LOCKED /**
Names and contact details of reporting medical practitioners: **Dr.** **EMAIL:**	 **Dr.** **EMAIL:**
Name of Medical Officer: **HMP:** **Date:**	
SECTION 6 – NATIONALITY AND ETHNICITY	

NATIONALITY OR PLACE OF BIRTH (IF KNOWN):
ETHNIC ORIGIN: **A White** ☐ **British** ☐ **Irish** ☐ **Any Other White Background (Please Specify)** …….. **B Mixed** ☐ **White & Black Caribbean** ☐ **White & Black African** ☐ **White & Asian** ☐ **Any Other Mixed Background (Please Specify)** …….. **C Asian or Asian British** ☐ **Indian** ☐ **Pakistani** ☐ **Bangladeshi** ☐ **Any Other Asian Background (Please Specify)** …… **D Black or Black British** ☐ **Caribbean** ☐ **African** ☐ **Any Other Black Background (Please Specify)** …… **E Chinese or Other Ethnic Group** ☐ **Chinese** **Any Other (Please Specify)** ……..

ONCE FULLY COMPLETED, PLEASE EMAIL THIS FORM TO MENTAL HEALTH CASEWORK SECTION AT:
PRISON.TRANSFERS@HMPS.GSI.GOV.UK

PLEASE ALSO PROVIDE THE FOLLOWING DOCUMENTATION TO SUPPORT THE APPLICATION – TWO MEDICAL REPORTS, ANY CASE INFORMATION, PNC PRINTOUT & ORDER OF DETENTION.

Appendix 4: Remission form

*** where this reads prisoner please read detainee**

Ministry of Justice

HM Prison & Probation Service

Remission to prison of s.47 or s.48 patients
Mental Health Casework Section

Please send the completed form to the Mental Health Casework Section:
MHCSmailbox@justice.gov.uk

NB: If the situation is urgent (due to security or safeguarding issues for example), please telephone the Team Manager or Deputy Head of Casework for the relevant team to make them aware of the situation. Contact details: https://www.gov.uk/guidance/noms-mental-health-casework-section-contact-list

Patient's details

Full name of patient	
MHCS reference	

Section 47 Patients only

1. Has the patient passed his or her release date? ☐ Yes ☐ No

   ***If yes**, remission does not apply*.

Section 48 Patients only

2. Was the patient remanded in custody by a magistrates' court and transferred to hospital under s.48(2)(b)? ☐ Yes ☐ No

   ***If yes**, please go to question 3 below. **If no**, please go to question 4.*

3. Has the patient now been committed to the Crown Court? ☐ Yes ☐ No

If no, remission by the Secretary of State is not appropriate. Please refer to the magistrates' court for advice.

Cont.

All Section 47 & 48 Patients

4. Please confirm which of the following statements accurately reflect the current status of the patient:

(Tick one box only)[1]

The patient no longer requires treatment in hospital for mental disorder? ☐

OR

No effective treatment for the patient's disorder can be given in the hospital to which he/she has been removed ☐

Please provide information to support the response to question 4.

5. Have you convened a section 117 meeting? ☐ Yes ☐ No

[1] If both criteria can be said to apply, contact the MHCS for advice.

This should be arranged before remission unless exceptional circumstances apply (eg the patient poses a serious management problem or risk).

6. Will a copy of the minutes of the section 117 meeting be sent to the prison on remission? ☐ Yes ☐ No

7. Has the prison agreed to this remission? ☐ Yes ☐ No

(NB: MHCS can only accept the authority of the Prison Governor, or other appropriate Operational Manager (including OMU) – Healthcare staff do <u>not</u> have the authority to agree.)[2]

Please give the name, status, email address and telephone number of the person in the prison who agreed to accept the patient on remission.

8. What is the security category of the prisoner? A / B / C / D / Restricted Status / not known

(delete as applicable)

9. Is the patient a **Category A** prisoner (or "Restricted Status" if under 18 or female) ☐ Yes ☐ No

If yes, *please ensure that the High Security Prisons Group has been contacted on 0300 047 6358.*

10. Is the patient **under the age of 18 years**? ☐ Yes ☐ No

If yes, *please ensure that the Youth Justice Board is engaged at an early stage. Contact:* YJB Placements: 08453636363 Email: YJBPlacements-MentalHealthTransfers@yjb.gsi.gov.uk

[2] If the patient is under the age of 18, (or 18 years old and subject to a DTO) the Responsible Clinician must contact the Youth Justice Board immediately. The Youth Justice Board must attend the s.117 meeting and is the placing authority for these detainees. See question 10.

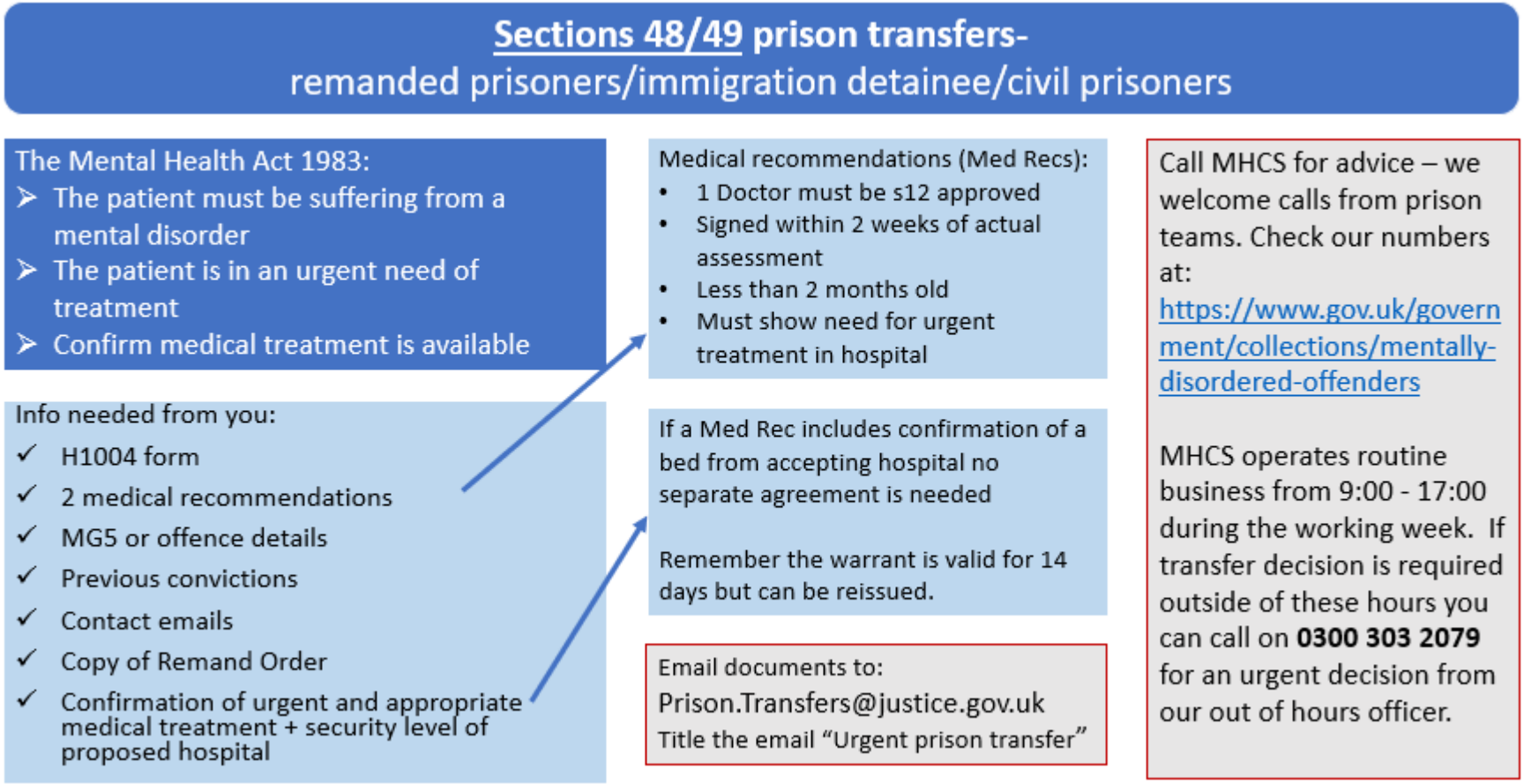
Please give the name and secure email address of the person in the hospital requiring the remission warrant.

Name of Doctor (please print)	
Doctor's signature	
Date	

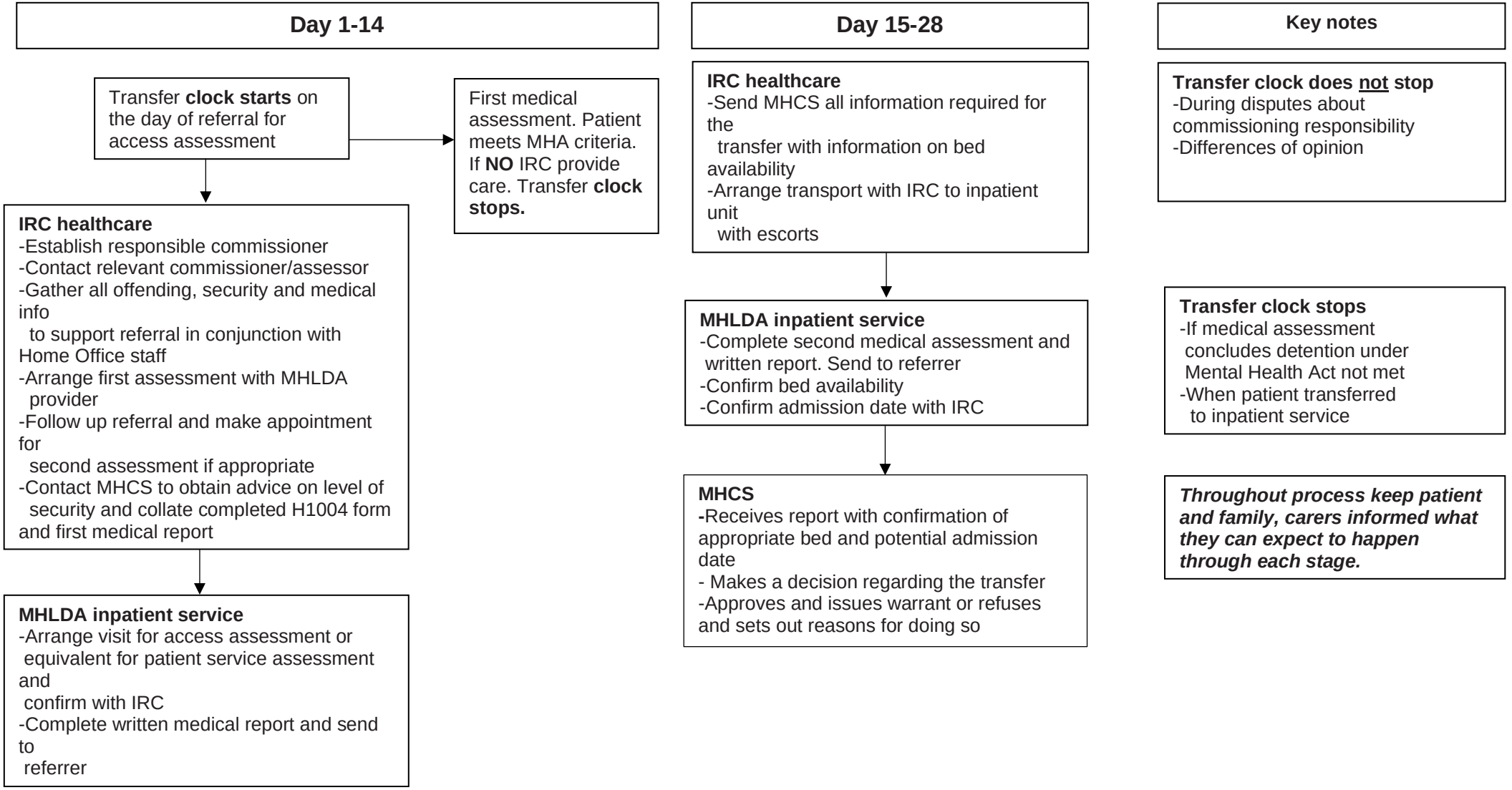
For MHCS use only

1. Ascertain whether prisoner is Cat A (or "restricted status" if under 18 or female). If so, refer to High Security Prisons Group before remission agreed. Copy warrant to HSPG.
2. If patient is under 18, Band 5 to contact Youth Justice Board *before* remission is agreed.
3. Confirm with prison that remission is agreed and obtain email contact. NB: Confirmation must be from the prison, not from Health Care or Psychology Department.
4. If mental disorder is continuing or if there are exceptions or difficulties with this case (including urgency), refer to a Senior Manager (Deputy Head or Head of Team)
5. If Lifer/IPP– copy warrant to PPCS.
6. In Foreign National cases, B3 to notify Home Office when remission occurs – milestone 05A on the case management system.

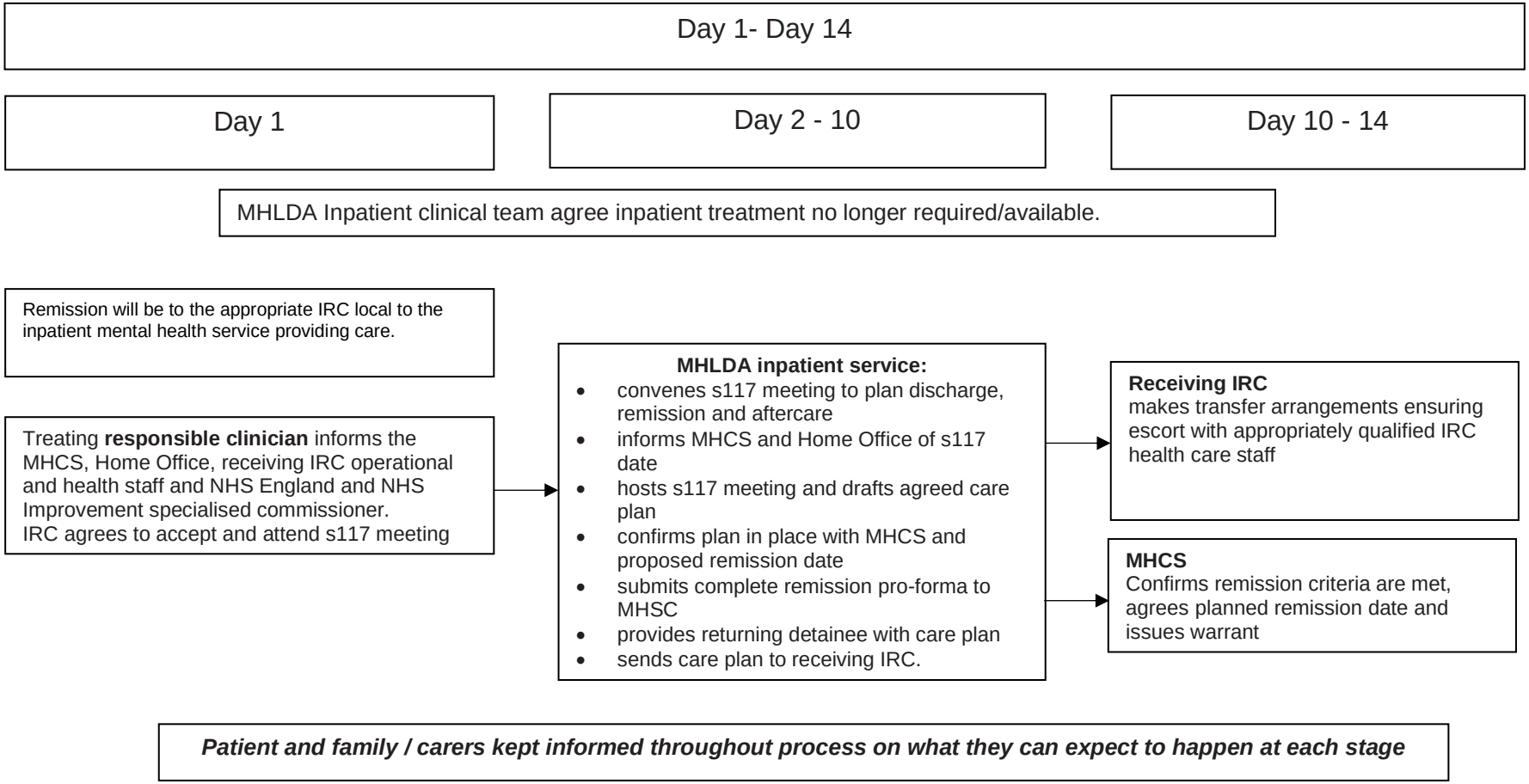
Appendix 5: Section 48/49 remanded prisoner / immigration detainee / civil prisoners transfer



Appendix 6: Immigration removal centre transfer process



Appendix 7: IRC remission pathway



NHS England and NHS Improvement
Skipton House
80 London Road
London
SE1 6LH

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