



Advice to Police Forces on the Interpretation of the Multi-agency Response for Adults Missing from Health and Care Settings Framework

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Introduction

The *Multi-agency Response for Adults Missing from Health and Care Settings Framework* was commissioned by the All-Party Parliamentary Group for Runaway and Missing Children and Adults and developed in consultation with a dedicated Task and Finish Group.

The framework provides a basis for multi-agency protocols for the strategic and operational response to adults who leave health and care settings including residential care homes. It seeks to ensure that the right care is provided by the right person in the best interests of patients and residents.

The framework can be accessed by clicking on the below link:

[Policy paper overview: The multi-agency response for adults missing from health and care settings: A national framework for England - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/policy-papers/multi-agency-response-for-adults-missing-from-health-and-care-settings-national-framework-for-england)

This supporting advice has been written to assist police forces to interpret the *Multi-agency Response for Adults Missing from Health and Care Settings Framework* in accordance with the intentions of the Task and Finish Group who developed the framework.

The NPCC Lead for Missing People is grateful to health and social care colleagues for acknowledging that the response to missing patients and residents from health and care settings requires a multi-agency response and there should not be an over reliance on police resources.

The framework recommends that health and care professionals should make initial enquiries to ascertain the whereabouts of the missing patient or resident before contacting the police unless there is '**critical concern**' for someone's safety. Police forces may wish to interpret the term '**critical concern**' in accordance with their legal duties as:

- a real, immediate risk of death or serious harm that creates an Article 2 ECHR duty and justifies an immediate police response,
- a 'real and immediate risk of cruel, degrading or inhuman treatment, and/or a prolonged period of pain or distress that creates an Article 3 ECHR duty that justifies an immediate police response,
- there are suspicious circumstances that indicate that the person may have been a victim of a serious crime.

The framework is intended to lead to a more consistent approach to missing from health and care settings throughout England. This framework is currently England specific as the Task and Finish Group, as set-up, was not able to consider the different statutory pictures in Wales, Scotland, and Northern Ireland. However, it is felt that there is potential to extend the application of this framework

to Wales, Scotland, and Northern Ireland, perhaps with local-specific amendments, if their national statutory organisations and bodies desire to do so.

Application of the Framework

The Missing Adults Framework only applies to adults who go missing from health and care settings, not to adults who go missing from their private or family home.

It therefore applies to:

- 1) Adult patients who go missing from temporary locations that they are visiting for treatment such as:
 - a) Acute Hospitals,
 - b) Doctor's Surgeries,
 - c) Medical Clinics.
- 2) Adult patients who have either been detained under the Mental Health Act, or are voluntary patients, who have been admitted to a mental health hospital for treatment.
- 3) Adults with care and support needs who are living in a residential care home providing care and accommodation such as:
 - a) residential care homes for the elderly; and
 - b) residential care homes for people with disabilities or learning needs.

Section 1 - Acute Hospitals, Doctor's Surgeries and Medical Clinics

This section applies to patients who go missing from temporary locations that they are visiting for treatment such as Acute Hospitals, Doctor's Surgeries and Medical Clinics.

Not all Missing Patients who leave a Health Facility are Missing People

Not all patients who leave a health facility without being formally discharged are missing people. Many patients go home and consequently their whereabouts can be easily established. A missing patient is not a missing person if they are at home.

Forces may therefore wish to agree with partner agencies when they should report a patient who leaves a health facility without being formally discharged as a missing person to the police. For example, police forces may decide with their partner agencies that when a patient has left a hospital, doctor's surgery, or medical clinic:

- 1) the patient will be immediately categorised as a missing person where there is ***critical concern*** for the patient's or public's safety that justifies an **immediate police response** (*i.e., an Article 2 or Article 3 duty, or there are suspicious circumstances that suggest the patient may have been a victim of a serious crime*);
- 2) the patient will not be categorised as a missing person where there is ***no critical concern*** for the patient's or the public's safety unless the health agency has conducted reasonable actions to locate the patient, including checking the patient's home address, and the patient is now considered to be missing from home, as well as missing from the medical facility.

If there is critical concern that justifies an immediate police response, the police would normally record the patient as a missing person and conduct enquiries to locate the missing patient.

If there is no critical concern that justifies an immediate police response and the health agency has not conducted reasonable actions to locate the patient, including checking the home address, the police may decide to advise the health agency to conduct those reasonable actions, including checking the home address, and close the incident log as 'other agency dealing' without recording the patient as a missing person.

Examples of Critical Concern

Examples of where there is ***critical concern*** for the patient's or the public's safety that creates an Article 2 or Article 3 ECHR duty and requires an ***immediate police response*** include:

- where a patient is suicidal and there is concern that they have no intention of going home but are likely to go to a remote location to complete suicide,
- where a patient who has left a health facility is suffering serious mental health issues, is dangerous, and poses an immediate serious risk to the public's safety,
- where a patient is suffering from dementia, a learning difficulty, or is lacking capacity, and there is concern that they will be unable to find their way home safely,
- where a patient is suffering from a serious physical illness or injury and there is concern that before they arrive home, they may collapse, suffer serious bleeding, or exacerbate an injury that may result in a permanent disability or long-term medical complications. For example, a serious head injury, deep wound, compound or complicated fracture, or overdose.

The above is not an exhaustive list but are examples of the threshold that would justify immediately reporting a patient who has left a health setting as a missing person.

Considerations therefore include whether there is concern that:

- does not intend to go home and may complete suicide or cause serious self-harm,
- the person is dangerous,
- the person will be unable to make their way home safely, or
- the patient needs urgent treatment in the next few hours otherwise they may suffer life changing or life limiting injuries and they were either not aware of that when they made the decision to leave or the patient lacks capacity and is unable to understand the consequences of leaving.

Health Conducting a Joint Risk Assessment with Mental Health

In respect of patients suffering from mental health issues who go missing from Acute Hospitals, Doctor's Surgeries or Medical Clinics, it is best practice for the medical health professionals to contact their mental health professional colleagues to conduct a joint risk assessment before deciding to contact the police. The missing patient may already be known to mental health services and the mental health professionals will be able to assist the medical health professionals to assess whether there is ***critical concern*** for the missing patient's or the public's safety that would justify contacting the police.

Escalation before Contacting the Police

The Framework also recommends that *"the decision to report someone missing to the police should be agreed with an appropriate (in some cases more senior) member of staff"*. The rationale for this

recommendation is that experience has shown that where acute hospitals have introduced an escalation process to a senior or more experienced member of staff before contacting the police to make the assessment on whether there is **critical concern**, this has the biggest impact on reducing unnecessary reports of missing patients to the police, without having a significant impact on safeguarding.

Police Response if there is Critical Concern

If there is a real, immediate, substantial risk to life, serious injury, cruel, degrading or inhuman treatment, that creates an Article 2 or Article 3 ECHR duty, or suspicious circumstances that indicate the patient may have been the victim of a serious crime, the police must respond appropriately. Most forces would categorise these patients as **high-risk missing persons** and deploy immediately.

If the level of risk does not justify immediate police deployment, it is unlikely that the threshold of critical concern will have been met, and police forces are entitled to expect the health agency to conduct reasonable actions to locate the patient, including checking the home address, before the police will respond.

However, even when there is an Article 2 or Article 3 ECHR duty, the framework recommends a partnership response to these emergency incidents. On many occasions in the past, the police have voluntarily assumed complete responsibility to locate missing patients despite Health, Ambulance, and Mental Health having the same Article 2 or Article 3 duty, as those duties apply to all statutory agencies. Where more than one statutory agency is involved, the question is, which agency should be the lead agency? If there is a serious fire, no one ever questions that the Fire Service should be the lead agency. However, too often, the police assume primacy in some types of medical or mental health crises. When a patient leaves a medical facility, if they are suffering a medical or mental health crisis, health or mental health should be the lead agency. One controversial question is, which agency should check the home address?

The Task and Finish Group agreed that it is **in the best interests of the patient** if:

- a medical professional checks the home address if the person is suffering from a medical condition, and
- a mental health professional checks the home address if the person is suffering from mental health issues.

This is in recognition of the principle of deploying the most appropriate resource to the home address. Ambulance staff and mental health professionals have more relevant skills, training, and experience

than the police to treat and advise the missing patient if the patient has managed to find their way home.

The police are better focussing on the co-ordination of area searches, mobile phone checks, and ANPR checks to locate the patient if the patient has not gone home. The Task and Finish Group acknowledged that it is not in the best interests of the missing patient for a police officer to attend the patient's home address on behalf of health agencies in order to persuade the patient to return to a hospital, surgery or clinic for treatment. If police officers do attend, they must rely on persuasion as the police have no powers to force a patient to return for treatment even if that treatment is considered life-saving and essential. Police officers are not trained to explain the health consequences of not receiving treatment and should avoid attempting to do so as they may create legal liabilities. If the patient is suffering a mental health crisis, it can also exacerbate their condition if a uniformed police officer attends their home. However, across the UK, there has been a general assumption that the police should check the home address because of challenges around demands on ambulances and the unavailability of other health resources. This practice needs to change over time as we work towards the right care, right person principles.

Police forces may therefore decide it is in the best interests of the patient to request an ambulance, health professionals, or mental health professionals to conduct the welfare check at the home address whilst they conduct area searches and other specialist enquiries. In some force areas, an ambulance is now attending to check the home address in up to 50% of cases. No one expects the ambulance service to pick up this extra demand overnight, but we should be working as a partnership towards sending the most appropriate resource on all occasions.

If Health Refuse to Check the Home Address

Some health and mental health trusts are reluctant to deploy an ambulance or mental health professionals to conduct a welfare check at the home address until the police have attended and confirmed that the patient has returned home. However, the police have no legal duty to conduct welfare checks on behalf of other agencies. If a patient has left a health setting, that health agency not only may have an Article 2 or Article 3 ECHR duty, they also have a legal duty of care that continues even when the patient has left the health facility. Any health policy that requires the police to conduct a welfare check at the home address to confirm the patient has returned home before deploying an ambulance, health professionals, or mental health professionals should be challenged.

However, where there is an Article 2 or Article 3 ECHR duty and the health agency refuses to deploy an ambulance, health professional, or mental health professional, the police should not also refuse to

attend, as the failures of other agencies does not absolve the police from their own Article 2 and Article 3 duties even if the other agency is the lead agency and the most appropriate resource to respond. However, any refusal of the health agency to check the home address should be escalated and challenged through partnership arrangements as they are the lead agency, and it is not in the patient's best interests that police officers are involved when that is not necessary.

In some partnerships, there has been agreement that the fire service will check the home address in these circumstances. The fire service has greater powers to force entry into premises, although it should be acknowledged that they are also not health and mental health professionals. However, how the fire service can assist when health resources are stretched is another issue that local partnerships may want to consider when developing their local protocols.

If the Home Address is Unknown or the Patient is No Fixed Abode

If the home address of the patient is unknown or the patient is no fixed abode, then consideration should be given to whether the patient had capacity, was aware of their medical condition, was aware of the consequences of not receiving treatment and has made an informed decision to leave a health facility prior to treatment. An adult with capacity is entitled to refuse treatment even if they consequently suffer death or serious injury. If the health care setting has reported the patient missing to the police, the police should discuss that risk assessment with the health care setting to decide whether it is more appropriate to consider the patient as a self-discharge.

Police Response if there is No Critical Concern

The Task and Finish Group accepted that where the concern for the patient's safety is ***not critical*** and ***does not require an immediate police response***, the police are entitled to expect health facilities to conduct reasonable actions to locate the patient and to establish for themselves whether a missing patient has gone home before reporting the matter to the police. Even if the staff at the health facility cannot themselves physically check the home address, the health facility is responsible for considering alternative ways of doing so. For example, the health facility may consider requesting a relative, friend, ambulance, the community health team, or the mental health team to check the home address on their behalf. Police forces may wish to ensure their local protocols address this issue.

Traditionally, police officers have felt obliged to take responsibility where health are struggling to deploy resources to the home address. However, if there is no critical concern that justifies an emergency police response, police forces may decide not to respond and allow the health facility to resolve the issue in their own time. The police do not owe a duty of care under the common law to conduct welfare checks on behalf of other agencies unless the police create a legal duty of care by

agreeing to complete that welfare check. In those cases where the police decide not to complete the welfare check, the police should make it clear to the reporting person that the police will not be responding so that no legal duty of care is created.

If there is a delay in the home address being checked by health, this is acceptable as the risk assessment has indicated that there is no critical concern that justifies an emergency response. Ambulance, mental health professionals and other health professionals have their own systems for prioritising calls for service and it is their responsibility to resolve the issue.

The police do not need to be informed about these incidents where the health facility has not conducted reasonable actions to locate the patient and there is no critical concern.

If the Health Agency has Conducted Reasonable Enquiries

If the health agency recontacts the police after conducting reasonable actions to locate the missing patient and confirms that the home address has now been checked, and the patient has not returned home as expected, and is therefore also missing from their home address, police forces may then decide to categorise the patient as a missing person if there are any suspicious or concerning circumstances. The police would then conduct a risk assessment and categorise the risk as high, medium, low, or very low risk in accordance with their *'Missing Person policies'* and respond in the same way that they would do to any other report of a person missing from home.

Section 2 - Mental Health Detained Patients

This section applies to voluntary patients and patients detained under the Mental Health Act who have been admitted to a mental health hospital for treatment. Most of these patients will have a permanent home that they will return to when released from hospital, although some may be homeless.

Notifying the Police

When a patient from a mental health hospital goes missing, or fails to return from authorised leave on time, the police are entitled to expect the hospital to conduct reasonable actions to locate the patient before contacting the police unless there is ***critical concern***. Forces may therefore wish to agree partnership protocols whereby the hospital does not immediately notify the police of these incidents unless there is ***critical concern*** for the missing patient's or the public's safety that requires an ***immediate police response***.

If there is Critical Concern

The police should always be contacted immediately if there is ***critical concern*** for the patient's or the public's safety that requires an ***immediate police response***.

If there is a real, immediate, substantial risk to life, serious injury, cruel, degrading or inhuman treatment, that creates an Article 2 or Article 3 ECHR duty, the police must respond appropriately.

Most forces would categorise these patients as ***high-risk missing persons*** and deploy immediately.

However, forces may wish to seek a partnership response to these emergency incidents and obtain agreement that hospital staff or mental health professionals will check the home address while the police conduct area searches, mobile phone checks and other relevant enquiries.

However, if there is critical concern and the hospital staff and mental health professionals are unable to attend the home address, the police will need to check the home address as there is an Article 2 or Article 3 duty on all statutory agencies. The failure of one statutory agency to respond, even if they are the lead agency and the most appropriate resource, will not negate the legal liability of the other statutory agencies.

If the Concern is Not Critical

Where the concern for someone's safety is ***not critical*** and ***does not require an immediate police response***, the police do not need to be notified immediately. The hospital staff have a legal duty of care in these circumstances whereas the police do not.

Forces may therefore wish to consider requiring hospital staff to conduct reasonable actions to locate the patient, including checking their home address and allowing the patient a reasonable time to return of their own accord, before reporting the matter to the police.

On some occasions, the hospital may request the assistance of the police to conduct a joint home address check if there are concerns that the missing patient may be violent. The police may then decide to attend to support the hospital or ambulance staff to prevent a breach of the peace and to assist the hospital or ambulance staff to recover the patient.

If the Missing Patient has not been found by the Hospital Staff

If the hospital staff have undertaken reasonable actions to try and establish the whereabouts of the missing patient and they have been unable to locate the missing patient, and the circumstances suggest that the patient is missing from home as well as missing from hospital, police forces may then wish to apply their *'Missing Person policies'* when they are contacted or re-contacted. The police would then conduct a risk assessment and categorise the risk as high, medium, low, or very low risk and respond in the same way that they would do to any other report of a person missing from home.

Powers and Responsibilities

Powers to Take a Patient into Custody and Return them to Hospital

Section 18 Mental Health Act 1983

If the missing patient was detained in a hospital under the Mental Health Act and is absent without leave (AWOL), the police will have a power to take the patient into custody and return the patient to hospital if found under Section 18 of the Mental Health Act 1983. However, police assistance in transporting a patient back to hospital should not be considered as a matter of routine.

S138 Mental Health Act 1983

If a patient has escaped from legal custody (for example from S136 detention), the police have a power to take the patient into custody under S138 Mental Health Act 1983 and a power to return the patient to hospital under S137 Mental Health Act 1983.

The College of Policing APP states:

According to the [Mental Health Act 1983 Code of Practice](#), responsibility for the return transport arrangements rests with the hospital as follows:

- where a patient who is AWOL from a hospital is taken into custody by someone working for another organisation, the managers of the hospital from which the patient is absent are

responsible for making sure that any necessary transport arrangements are put in place for the patient's return;

- *when making arrangements for the return of patients temporarily held in police custody, hospital managers should bear in mind that police transport to return them to hospital will not normally be appropriate – decisions about the kind of transport to be used should be taken in the same way as for patients being detained in hospital for the first time;*
- *if the patient's location is known, the role of the police should, wherever possible, be only to assist a suitably qualified and experienced mental health professional in returning the patient to hospital.*

Similar guidance is given in chapter 17 of the [Mental Health Act 1983 Code of Practice](#) (for Wales).

[Section 17\(1\)](#) covers the responsible clinician's (RC's) entitlement to grant leave with any conditions that may be necessary in the interests of the patient or for the protection of other people. The RC also has a right under section 17(4) to recall patients from leave, revoking their leave of absence.

Where a patient who has been granted leave fails to return to hospital on its completion, or where they fail to return if recalled from such leave when it is revoked, then they become AWOL under MHA 1983. This then entitles an AMHP, anyone on the staff of the relevant hospital, a constable or anyone else authorised (in writing) by the hospital managers to take the patient into detention under [section 18](#) MHA 1983 and return them to the hospital.

There is no power of entry in respect of this authority. Should entry need to be forced in order to detain someone under section 18 who is AWOL from section 17 leave, then a warrant needs to be obtained under [section 135\(2\)](#) MHA 1983.

<https://www.app.college.police.uk/app-content/mental-health/awol-patients/#police-involvement-in-transporting-awol-patients>

Although the above paragraph on power of entry is quoted from the Code of Practice for Wales, the power of entry arises from statute, not from the Code of Practice itself. The power of entry is identical in both England and Wales.

Powers of Entry

Section 17(1)d Police and Criminal Evidence Act 1984

This section states: "A constable may enter and search any premises for the purpose of recapturing [any person whatever] who is unlawfully at large and **whom he is pursuing.**"

Under S17(1)d, the constable must be actively pursuing the individual. Basically, if the officer is chasing the patient and the patient runs into a house, the officer can then enter the house to pursue the patient. However, there is no power of entry under S17(1)d if the officer is not actively chasing the patient at the time. There is case law on what constitutes 'pursuing' but basically if there is any significant time lapse between chasing the patient and the patient entering the house, then it will not constitute a pursuit. Therefore, if the officer lost the patient and the patient is then seen to enter the house an hour later, the officer will no longer be considered in pursuit of the patient, so the officer will not have a power of entry.

Section 17(1)e Police and Criminal Evidence Act 1984

This section states: *"A constable may enter and search any premises for the purpose of saving life or limb or preventing serious damage to property."*

Under S17(1)e, there must be an actual immediate risk to life, limb or of serious damage that would render it inappropriate to wait for a warrant. This enables the police to enter if the person is in the process of attempting suicide, causing self-harm, or is smashing up the property.

S135(2) Mental Health Act 1983

Under this section, a Justice of the Peace can issue a warrant authorising a police officer to enter premises, using force if necessary, to take a patient who is liable under the Mental Health Act to be taken or retaken into custody. However, there must be reasonable cause to believe that the patient is to be found on the premises, and that admission to the premises has been refused or refusal is likely. The police officer can be accompanied by a doctor, and anyone authorised under the Act to retake the patient and return them to hospital.

Application of the Powers of Entry and Powers to Detain

- 1) If the police are chasing a patient who is unlawfully at large and the patient enters a premises, the police can enter under S17(1)d of PACE to search for the patient. If found, the police can then detain and return the patient under S18 of the Mental Health Act 1983.
- 2) If there are reasonable grounds to believe that the patient is about to commit suicide or cause serious self-harm, or the patient is smashing up the property, then the police can enter the premises under S17(1)e of PACE to save life or limb or prevent serious damage and then detain and return the patient under S18 of the Mental Health Act 1983.
- 3) Otherwise, a warrant needs to be obtained under S135 Mental Health Act 1983 that authorises the police to enter the premises, detain the patient, and return the patient to hospital.

Section 3 - Residential Homes providing Care and Accommodation

When an adult resident goes missing from a residential care home or fails to return to the residential care home on time, the police are entitled to expect those with responsibilities as carers to undertake reasonable actions to try and establish the whereabouts of the missing resident before contacting the police unless there is ***critical concern*** for the missing resident's or public's safety that requires an ***immediate police response***.

If there is Critical Concern

Where there is ***critical concern*** for the missing resident's or public's safety that requires an ***immediate police response***, forces may decide to categorise the missing resident to be a missing person from the outset and apply their '***Missing Person policies***' even if the carer has not undertaken reasonable actions to try and establish the whereabouts of the missing resident.

If there is a real, immediate, substantial risk to life, serious injury, cruel, degrading or inhuman treatment, that creates an Article 2 or Article 3 ECHR duty, or there are suspicious circumstances that suggest the patient may have been a victim of a serious crime, the police must respond appropriately.

Most forces would categorise these patients as ***high-risk missing persons*** and deploy immediately.

If the Concern is Not Critical

Where the concern for the missing resident's or public's safety is ***not critical*** and an ***immediate police response is not required***, and the police are contacted before the carer has undertaken reasonable actions to try and establish the whereabouts of the missing resident, forces may decide it is appropriate to delay police deployment until those reasonable actions have been completed and the resident has been given a reasonable time to return of their own accord.

If the Missing Resident has not been found by the Carer

If the carer has undertaken reasonable actions to try and establish the whereabouts of the missing resident but the carer has been unable to locate the missing resident, and the missing resident has been given a reasonable time to return of their own accord, police forces may then decide to apply their '***Missing Person policies***' when they are contacted or re-contacted. The police would then conduct a risk assessment and categorise the risk as high, medium, low, or very low risk in accordance with their '***Missing Person policies***' and respond in the same way that they would do to any other report of a person missing from home.