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HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

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SECTION 136 PATHWAY AND HEALTH-BASED PLACE OF SAFETY SERVICE IMPROVEMENT

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Summary

This report seeks to inform the Committee of the proposed service improvement to the Section 136 (Mental Health Act 1983, as amended 2007) pathway and health-based places of safety (HBPoS) for the adult population of Kent and Medway. Section 136 of the Mental Health Act 1983 (as amended 2007) is the power that allows a police officer to detain and remove a person they believe to be mentally disordered and in need of immediate care or control to a health-based place of safety (HBPoS) for a period of up to 24 hours. A place of safety is commonly a designated assessment area/room in an NHS-provided mental health service that is staffed by a mental health nursing team. Once at a place of safety a Mental Health Act assessment is undertaken by two doctors and an approved mental health practitioner (AMHP) to determine whether or not the individual is suffering from a mental disorder and whether a period of inpatient admission is required.

In May 2022 NHS England invited integrated care systems across the country to bid for capital funding ringfenced for safety improvements to mental health urgent and emergency care pathways. A short timescale of three weeks was given for bid submission, precluding opportunities for wide reaching consultation. To help seize this funding opportunity, NHS Kent and Medway Integrated Care Board (ICB), commissioner, and Kent and Medway NHS and Social Care Partnership Trust (provider), with strategic/senior support from Kent Police, the two local authority approved mental health practitioner (AMHP) services and South East Coast Ambulance (SECAmb) NHS Trust, submitted a bid for service improvement to the Section 136 pathway and health-based place of safety, in the knowledge that a public consultation would nonetheless be required for a significant change and that comprehensive information would need to be provided to evidence the case for change and support a final decision.

Within Kent and Medway there is a very well-established joint planning structure in place with local partners with specific focus on Section 136 improvement which had produced the 2019 'Kent and Medway Crisis Care – Section 136 Pathway Standards and Health Based Place of Safety Specification' based on national standards and best practice. Plans for improvements focus on areas where the Section 136 pathway and HBPoS fall short of these standards and safety specification and it was this that formed the basis of the capital bid. The service improvement objectives, which are detailed further on in this report, seek to improve the overall experience for service users for what is a difficult assessment process and include:

- decreasing the length of time individuals spend in conveyance to a HBPoS
- decreasing the length of time of Section 136 detention
- expediting the clinical assessment process
- making much needed improvements to the HBPoS physical environment and estate
- improving the recruitment and retention of the HBPoS workforce and enabling agencies to fulfil their obligations under the Section 136 pathway standards and HBPoS safety specification.

There are two distinct but related components to the proposed service improvement - changes to the current Section 136 pathway, and changes to the existing HBPoS base and estate.

A longlist of potential options (Appendix 1) was identified for the purpose of the bid which was appraised against the service improvement objectives for improving the overall care pathway experience for service users, along with practical considerations such as: achievability, affordability, availability and acceptability. A reduced number of options have been short-listed for option appraisal and at this stage it appears that the option to centralise the places of safety is preferred, which is the option used to inform the capital bid in June, which was necessary to inform the bid. Further work to appraise the short-listed options is ongoing, and preparations for a full public consultation are underway, with work on the pre-consultation business case (PCBC) also in hand.

1. Budget and policy framework

1.1 The Section 136 service improvement relates to the following national and local health and social care policy and strategy.

1.2 The 2014 *'A Safe Place to be'* 2014 Care Quality Commission's (CQC) report sets out the role of effective partnership working, inter-agency training and support in helping to reduce the use of Section 136 and, as a result, the demand for places of safety. It describes emerging evidence from innovative triage schemes that joint working between the police and health care staff to provide people in crisis with the right help and support can contribute to reducing the use of Section 136 overall. However, it is clear that there will be a continuing need for health-based places of safety to which distressed and

vulnerable individuals will need to be taken by police officers and that these places must be fit-for-purpose.

1.3 The 2019 NHS England (NHSE) *'NHS Mental Health Implementation Plan'* sets out plans for delivery of a spectrum of mental health pathways, including development and provision of a whole system comprehensive 24/7 mental health urgent and emergency care pathway for people of all ages. As the mental health equivalent of an emergency service the Section 136 facility is by definition going to be used for people at a point of extreme distress, at least some of whom will be at a very acute stage of illness, when risks to self and others are highest. This makes it critical that, in addition to an excellent clinical service, the facility used is designed appropriately, to provide a therapeutic environment and the highest safety standards. As access to the service is likely to be urgent, the facility must have sufficient capacity to deal with times of peak demand and, most importantly, the professional staff resources to effectively assess people's needs in a timely way must be available when required.

1.4 The 2019 *'Kent and Medway Crisis Care – Section 136 Pathways Standards and Health-based Place of Safety Specification'* sets out those responsibilities for each partner within the Kent and Medway integrated care system, for the delivery of a Section 136 pathway that ensures effective partnership working and communication; timely access to assessment in a therapeutic place of safety staffed by highly competent staff.

1.5 Under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 the council may review and scrutinise any matter relating to the planning, provision and operation of the health service in Medway. In carrying out health scrutiny a local authority must invite interested parties to comment and take account of any relevant information available to it, and in particular, relevant information provided to it by a local Healthwatch. The council has delegated responsibility for discharging this function to this committee and to the Children and Young People Overview and Scrutiny Committee as set out in the council's constitution.

2. Background

2.1. Section 136

2.1.1 Section 136 of the Mental Health Act 1983 (as amended 2007) ('the Act') empowers a police officer without first obtaining a warrant to either remove a person to a place of safety or, if the person is already at a place of safety, keep them there or remove them to another place of safety for the permitted period of detention, usually 24 hours unless extended. This power can only be exercised if the police officer considers the person is suffering from a mental disorder and is in immediate need of care or control. The power may be exercised at any place other than a private dwelling.

2.1.2 The purpose of the detention is to enable examination by a registered medical practitioner (who for this purpose need not be approved under s.12 of the Act)

and interview by an approved mental health professional (AMHP), and for the making of any necessary arrangements for the person's treatment or care.

2.1.3 It is for the police to determine what is a place of safety in each case, irrespective of whether that place has been designated as a place of safety in local protocols. A place of safety could be:

- a designated assessment area/room in an NHS-provided mental health service (a health-based place of safety HBPoS)
- A&E (a health-based place of safety HBPoS)
- a care home
- a police station (in very exceptional circumstances due to level of aggression and risk of violence to others)
- the individual's or someone else's home or room (with the consent of the individual and/or other people they live with)
- other suitable premises where the manager of those premises agrees.

2.1.4 The outcome of the examination and interview by the registered medical practitioner and AMHP could be:

- discharge from Section 136 and sent home
- voluntary admission to a mental health inpatient bed
- if supported by written recommendations in prescribed form of two registered medical practitioners one of whom must be approved under s.12 of the Act, detention under a further section of the Act and admission to a mental health inpatient bed.

2.1.5 In Kent and Medway, on average, 75 per cent of individuals are discharged from Section 136 (in line with the national average) and conveyed home by patient transport with mental health follow up where appropriate.

3. Kent and Medway Mental Health Urgent and Emergency Transformation Programme

3.1 The Section 136 service improvement forms part of the wider Kent and Medway mental urgent and emergency care pathway transformation, aligned with the NHS mental health implementation plan (2019) and the provision of a seamless 24/7 urgent and emergency mental health care pathway that is person-centred, socially inclusive and delivered via a blended approach of voluntary, community and social enterprise (VCSE) and secondary care. A revised pathway will offer individuals in mental health crisis viable alternatives to using emergency services and should realise a reduction in incidence of Section 136, and includes:

Open access crisis (NHS 111 select option two)

3.2 From March 2023, nationally, individuals experiencing mental health crisis will be able to dial NHS 111, select option two and speak directly to a trained mental health triage call handler (as opposed to having to follow the lengthy

physical health algorithm). If an urgent secondary care response is required, a face-to-face or virtual urgent mental health assessment will take place by a trained mental health clinician within four hours.

Clinical advice service for Kent Police

3.3 Currently, Kent Police has telephone access to a trained mental health clinician via the '836 Police Advice Line' to discuss whether or not to use their powers of detention under Section 136; the mental health clinician is able to access clinical records where available and talk to the individual where appropriate. Recent investment has enabled expansion of this service. This has seen a significant reduction in the use of Section 136 over the last 24 months, with the current year being the lowest since 2018. (See Appendix 2).

Community crisis alternatives

3.4 There are currently five safe havens operating across Kent and Medway seven days a week between the hours of 6pm and 11pm (longer at weekends). The safe havens are delivered by VCSE providers and are based within community settings. They provide a physical and therapeutic space for individuals experiencing psychological crisis as an alternative to presenting at A&E or being detained under Section 136.

Crisis houses

3.5 NHS Kent and Medway intends to commission two crisis houses (one in Medway and one in east Kent) for implementation in October 2023, providing individuals experiencing mental health crisis with a 24hour supervised but supportive therapeutic space as an alternative to inpatient admission to a mental health inpatient bed. Through timely crisis intervention this may help to prevent a service user having to access emergency services or provide a safe space for the service user to step down to following a Section 136 mental health assessment for example. They are designed to provide 24hour crisis support and supervision for a limited period of time and are usually delivered though the VCSE sector with positive outcomes including high levels of service user satisfaction. In addition to the important benefits for service users in crisis, a crisis house will support effective patient flow across the system.

Enhanced home treatment

3.6 Currently the crisis resolution and home treatment (CRHT) team model has two functions (i) responding to unplanned urgent assessments within four hours; and (ii) providing planned home treatment interventions as an alternative to inpatient admission. These two functions are directly opposed and present challenges to providing timely assessment and home treatment interventions to individuals in crisis, to support individuals to remain at home. The intention is to separate out the two functions and create (i) a rapid response team (a team whose sole purpose is to respond to requests for urgent mental health assessment); and (ii) an enhanced home treatment team who solely provides intensive home treatment as a viable alternative to

inpatient admissions. This will support effective patient care, and also will positively impact upon time individuals spend within the HBPoS as described above.

Mental health ambulance

3.7 On behalf of the system, the Kent and Medway mental health team is working with South East Coast Ambulance Trust (SECAmb) colleagues on the development of a mental health urgent ambulance response. A bespoke mental health ambulance with a paramedic and mental health clinical crew would be able to respond urgently to SECAmb mental health related calls and assess and intervene at scene and possibly act as an alternative to detention under Section 136 or conveyance to A&E.

4. Section 136 Service – existing arrangements

4.1 There are currently five assessment spaces/rooms, provided by KMPT in Kent and Medway, spread across its three main hospital sites at Canterbury (two spaces), Maidstone (two spaces) and Dartford (one space).

4.2 Individuals detained on Section136 over the 24 hour period are taken to the HBPoS with immediate availability; the geographical origin of detention does not determine the destination of HBPoS. This can result therefore in a detained individual being conveyed from a north Kent public place to an east Kent HBPoS as an example.

4.3 There are significant challenges with recruitment and retention within the HBPoS. Each facility is isolated and, as the teams are small, staff are required to work a disproportionate number of unsocial hours, which for some is not attractive. Gaps in staffing due to vacancies have to be covered by temporary agency staff or staff pulled from the local crisis resolution and home treatment (CRHT) team. The CRHT team provides home treatment as an alternative to inpatient admission; having to cover the HBPoS reduces capacity within the CRHT for the provision of home treatment and home visits have to be rescheduled or cancelled at short notice. There have been occasions when a HBPoS has been closed due to staff being unavailable.

4.4 The bulk of Section 136 detentions (25%) occur out-of-hours (5pm-9am Monday to Friday and 24/7 at weekends and on bank holidays). Out-of-hours all Kent and Medway Section 136 assessments are undertaken by Kent County Council approved mental health practitioners (AMHP)s, along with two doctors. The AMPH and medical resource out-of-hours is reduced, covers the entire county and often requires the need to travel between the three disparate HBPoS. This delays the Mental Health Act assessment process, resulting in individuals being detained longer than is necessary and reduced capacity within the HBPoS. Only five per cent of Mental Health Act assessments are completed within the nationally and locally recommended four hours, 17 per cent within eight hours, and 40 per cent of assessments take place after 21 hours.

4.5 The facilities predate the creation of KMPT in 2006, and struggle to meet modern and recommended standards, despite trust investment in their maintenance and updated layouts at various points over the past 20 years. Two of the three facilities do not have access to fresh air or adequate de-escalation space. Each facility has been subject to intermittent closures due to damage and repair. The capital award is extremely timely and much-needed, providing a real opportunity to improve facilities as part of a wider care pathway improvement.

4.6 Temporary closures to the HBPoS result in police conveyance to A&Es as an alternative health-based place of safety. Police officers then have to remain with the detained individual in A&E until a Mental Health Act assessment has been convened. This is a drain on Kent Police resource.

5. Health-based place of safety locality activity and use

5.1 Appendix 2 provides a detailed breakdown of Section 136 Activity.

5.2 Individuals detained under Section 136 and requiring conveyance to a HBPoS, are taken to the HBPOS with immediate availability regardless of geographical origin of detention. It is not unusual therefore for an individual to be detained in the North of the County, and then conveyed to an East Kent HBPoS.

5.3 Analysis of detentions during the period June 2021 to July 2022 evidenced that 50 percent of Medway S136 detentions, 50 percent of Maidstone's and 40 percent of Swale were conveyed to the East Kent HBPoS. 45 per cent of East Kent S136s were conveyed to the Maidstone HBPoS. Centralisation of a HBPoS could, on the whole, reduce the time individuals in mental health crisis and distress spend being conveyed to a HBPoS.

6. Service improvement objectives and consideration of options

6.1 The table below is the full list of the Section 136 service improvement objectives

Number	Service improvement objective
1	To improve the quality of care for those detained under Section 136 by ensuring access to assessment in a high quality, robust and resilient physical care environment, enhancing safety for service users and staff.
2	To ensure timely access and assessment of those attending a place of safety by ensuring the availability of approved mental health practitioners (AMHPs) and Section 12 doctors.
3	To ensure timely access and assessment of those attending a place of safety by improving capacity.
4	To provide place of safety facilities which support and enable the roles of partner organisations in providing this emergency service, including the avoidance of use of A&E as an alternative HBPoS.

5	To ensure quality of care and assessment offered by clinicians to those accessing a place of safety, which meet place of safety standards.
6	To improve recruitment and retention of nursing staff in the place of safety and reduce the reliance on agency and temporary staffing.
7	To ensure that high quality clinicians are attracted to work within the service by providing a fully comprehensive range of mental health services which provide a professionally fulfilling experience of working across the whole care pathway, in particular for student medical and nursing staff.
8	To provide a place of safety service which meets the 2019 'Kent and Medway Crisis Care – Section 136 Pathways Standards and Health-based Place of Safety Specification'[3] by optimising capacity through dedication of the place of safety to Section 136 functions only.
9	To provide additional staff support to the place of safety in the event of serious behavioral incidents which threaten patient and/or staff safety.

6.2 There are two distinct components to the service improvement, obviously related, but needing to be considered separately for the purposes of appraising service improvement options. These are (i) care pathway improvement; and (ii) estates improvement/change. Generally, this approach would not be taken; the separation has been as a result of the capital bid requirements working faster than the overall co-design which is the fundamental ambition governing this work.

Pathway improvement

6.3 Work is underway with service users and system partners identifying additional areas of pathway improvement and quantifying service user and partner agency benefits. In addition to improved service user experience, these will include significant savings and reduced pressure on partner agencies, for example on the amount of time that the police need to wait with patients using A&E, as well as reducing the occasional disruption that can happen within A&Es by the behaviour of a minority of those detained. A series of workshops are arranged to review data from partner agencies to improve the development of the model of care and pathway.

Estates improvement/changes

6.4 A number of potential estates options have been identified. The long list of options considered at the time of the bid is set out in Appendix 1 with a brief description. From this, a shortlist has been identified and these options will be subject to a detailed option appraisal. For the purpose of short-listing, each option has been considered against the service improvement objectives, plus practical considerations such as achievability, affordability, availability and acceptability. In addition, co-location with other mental health wards is

important, HBPoS staff must be able to summon extra help at short notice from the staff on the wards if required. Whichever option is eventually agreed it will need to realise all of the scheme's benefits and objectives and enable individual organisations to meet the obligations under the standards set out within the 2019 'Kent and Medway Crisis Care – Section 136 Pathways Standards and Health-based Place of Safety Specification'.

6.5 At the time of the bid it was agreed by commissioners and the provider (KMPT) that Maidstone was the site which best met the criteria, and that investing in centralisation was preferred to investing in all three existing sites. Since then, bid work has been ongoing to further appraise all options and the centralised Maidstone option currently remains the preferred option. The work is not yet finished however and any preferred option for change will be consulted upon.

6.6 Having a centralised HBPoS in Maidstone will ensure that east Kent patients will not need to be conveyed further than Maidstone (to Dartford) which sometimes happens now. A centralised health-based place of safety at Maidstone will have some negative impact on residents in the furthest eastern parts of the county (whereas, Ashford, for example, is almost equidistant between Maidstone and Canterbury). Overall more Kent and Medway individuals will benefit from a centralised HBPoS at Maidstone and the consequent reduction in conveyance time. Further, the duration of time spent in the HBPoS for all (including east Kent residents) will reduce due to the efficiencies realised from the centralising of the AMPHs, HBPoS nursing team and medical team.

6.7 Maidstone is the only site that has the physical space to develop the existing HBPoS to the required national standard. The option of having a dual East and West Kent HBPoS has been retained for appraisal but will not realise all of the S136 pathway wider benefits aforementioned to the same extent. However, the on-going work is looking closely at the detailed financial and non-financial benefits and costs of each short-listed option to allow confirmation of a preferred option.

7. Demand and capacity

7.1 In considering centralisation of the service the NHS Kent and Medway and KMPT have reviewed whether the current provision of five HBPoS assessment rooms/spaces should be reviewed as part of that process, and either increased or reduced to meet demand. Appendix 2 sets out demand in terms of numbers and sources of origin of those people detained. The total average number of detentions per annum between 2018-2021 was 1,494, masking considerable fluctuations, with an increase in 2018 and a significant decrease in 2021. The reduced numbers in 2021 (which have continued to reduce this year) are attributed largely to the introduction of the 836 special advice line for police officers staffed by KMPT, and to investment in training for police officers. Given the sustained reduction in the last 18 months, increasing HBPoS capacity would not be deemed necessary.

8. Risk management

Risk	Description	Action to avoid or mitigate risk
Poor Service User experience	Delays in undertaking S136 Mental Health Act Assessments combined with substandard Health Based Place of Safety physical environments impact negatively upon service users' experience when they are already in a mental health crisis and do not meet recommended national and local standards.	Revised S136 pathway and workforce model and re-provision of health based places of safety

Likelihood	**Impact:**
B High	2 Critical

9. Consultation

9.1 As part of the process of improving care for people removed to a place of safety pursuant to Section 136 of the Act and using our health-based places of safety, we have already been working with patients, public, partners, staff, and stakeholders to develop our plans.

9.2 Key activities have included:

- reviewing all patient and partner insights on crisis care so that we can learn from what people have already told us. This has included looking at what people told us during the Kent Listens project, Kent and Medway NHS and Social Care Partnership Trust's work with experts-by-experience, and wider engagement on transforming services
- offering one-to-one interviews or small focus group discussions with individuals and families affected to listen to existing users of services and partner agencies
- jointly developing the proposals with partners and people with lived experience through the integrated transformation programme
- listening to the views of frontline staff working in health-based places of safety
- wider engagement, led by a clinical and professional board, with psychiatrists, GPs, ambulance teams, police officers and social care staff
- joining discussions with peer support and advocacy services on potential improvements with existing service user and carer groups for those with complex emotional disorders
- reaching out to communities which are most affected through Voluntary, Community and Social Enterprise (VCSE) groups.

9.3 This is what they have told us:

- We need support and an environment with access to fresh air and the outside, a place which is well-staffed and comfortable rather than bland and municipal.
- Any new facility must be easily accessible, with transport there and back provided safely and in a timely manner, with parking for staff.
- Staff who are comforting and consistent for you to feel safe and supported.
- Sensory needs must be considered; sound should be soothing and not overwhelming, especially for those with autism.
- Activities to occupy you if there are delays, comforting food and facilities.
- Having different spaces for assessment, and sleeping, not built like a ward – purpose built and codesigned.
- Places for de-escalation and seclusion for the volatile and vulnerable, and to keep everyone safe, so that the facility doesn't close if someone is 'kicking off'.
- Carers and families can supply vital information on individuals to help with the assessment, if patient care plans could enable those close advocates to assist without breaching patient confidentiality

9.4 We will deliver a formal public consultation in line with best practice that complies with our legal requirements and duties.

9.5 Our aims for the consultation are to:

- raise awareness of the plans and how people can have their say across Kent and Medway and how these views will be considered
- collect views from the full spectrum of people who may be affected – including staff, people with lived experience and their friends and families, stakeholders, and the public - gathering feedback from individuals and representatives in a sensitive and supportive way
- ensure we use a range of methods to reach different audiences including activities that target specific groups with protected characteristics and those quieter more diverse communities affected by health inequalities working closely with VCSE organisations to support their involvement in a safe and inclusive way
- explain how the proposals have been developed, what this means in practice, so people can give informed responses to the consultation
- ensure the integrity and legality of the consultation process to the best of our ability, working with both Kent and Medway's health overview and scrutiny committees
- meet or exceed our objectives and deliver our plan within the timeframe and budget allocated
- provide the ICB board with an independent report on the consultation responses to consider in decision-making, with sufficient time to give them thorough consideration
- feedback to all those who have contributed any decisions and actions agreed in a timely and consistent way using all appropriate channels.

9.6 Recognising the specialist nature of the service which affects a small number of individuals we suggest a two-month timeframe is appropriate to enable an inclusive but sensitive approach to public consultation and collating views on the best use of this capital funding opportunity to enable optimal service improvement to the Section 136 pathway and health-based place of safety and to improve the overall experience for service users for what is a difficult assessment process.

9.7 The detailed plans and objectives are set out in Appendix 3, our consultation plan.

10. Financial implications

10.1. There are no financial implications to Medway Council arising directly from the recommendations of this report.

11. Legal implications

11.1 The Section 136 service improvements affect residents and service partners in Kent and Medway. If this Committee and Kent County Council's Health Scrutiny Committee were to both decide the proposals are a substantial variation then scrutiny of the proposals would be carried out by the Kent and Medway NHS Joint Overview and Scrutiny Committee. We also recognise that council elections are due to take place and we will take account of guidance on purdah.

11.2 Provision for health scrutiny is made in the Local Authority (Public Health, Health and wellbeing Boards and Health Scrutiny) Regulations 2013 and includes a requirement on relevant NHS bodies and health service providers (including Public Health to consult with local authorities about any proposal which they have under consideration for a substantial development of or variation in the provision of health services in the local authority's area. This obligation requires notification and publication of the date on which it is proposed to make a decision as to whether to proceed with the proposal and the date by which Overview and Scrutiny may comment.

11.3 Where more than one local authority has to be consulted under these provisions those local authorities must convene a Joint Overview and Scrutiny Committee for the purposes of the consultation and only that Committee may comment.

11.4 The legislation makes provision for local authorities to report a contested substantial health service development or variation to the Secretary of State in certain circumstances, after reasonable steps have been taken locally to resolve any disagreement between the local authority and the relevant responsible person on any recommendations made by the local authority in relation to the proposal. The circumstances in which a report to the Secretary of State is permitted are where the local authority is not satisfied that consultation with the local authority on the proposed substantial health service development or variation has been adequate, in relation to content or time

allowed, or where the authority considers that the proposal would not be in the interests of the health service in its area.

11.5 Revised guidance for health service Commissioners on the NHS England assurance process for service changes was published in March 2018. The guidance states that broadly speaking, service change is any change to the provision of NHS services which involves a shift in the way front line health services are delivered, usually involving a change to the range of services available and/or the geographical location from which services are delivered.

11.6 The NHS England guidance acknowledges that the terms “substantial development” and “substantial variation” are not defined in the legislation. Instead commissioners and providers are encouraged to work with local authorities to determine whether the change proposed is substantial thereby triggering a statutory requirement to consult with Overview and Scrutiny.

11.7 The NHS England guidance also states that public consultation, by commissioners and providers is usually required when the requirement to consult a local authority is triggered under the regulations because the proposal under consideration would involve a substantial change to NHS services.

11.8 However, public consultation may not be required in every case, sometimes public engagement and involvement will be sufficient. The guidance says a decision around this should be made alongside the local authority.

11.9 Government Guidance on Local Authority Health Scrutiny says that constructive dialogue with health scrutiny when communicating on timescales for comments or decisions in relation to substantial developments or variations should help ensure that timescales are realistic and achievable. In addition, the Guidance says “it sensible for health scrutiny to be able to receive details about the outcome of public consultation before it makes its response so that the response can be informed by patient and public opinion”.

12. Recommendations

12.1 Members are asked to:

a) Comment on the proposals to improve the mental health urgent and emergency care pathway and support the plan for a two month public consultation period.

b) Decide whether the proposals constitute a substantial variation in the provision of health services in Medway.

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Appendices

Appendix 1: Health-based Place of Safety - Long List of Options
Appendix 2: Section 136 Activity Report
Appendix 3: Consultation Plan

Background papers

Kent and Medway Crisis Care – Section 136 Pathway Standards and Health Based Place of Safety Specification

Care Quality Commission (2014) 'A safe space to be'
https://www.cqc.org.uk/node/1496

NHS England (NHSE) 2019 'NHS Mental Health Implementation Plan'
https://www.longtermplan.nhs.uk