

Centralisation of section 136 Health Based Places of Safety (HBPOS) in Kent and Medway

1.1 The HBPoS Consultation

During eight weeks between 21 February 2023 to the 18 April 2023 NHS Kent and Medway undertook a formal public consultation on the preferred option to create a centralised HBPoS located on the Maidstone site. The consultation was an opportunity to test the thinking and more importantly hear from local people in response to the proposal.

NHS Kent and Medway are grateful to everyone who took part in the consultation whether it was filling in a survey, joining a focus group or online discussion or simply taking the time to email us. We have considered each and every one of those responses. We have heard personal and professional experiences and insights, along with hopes and ambitions for the future.

There is a clear groundswell of support for our proposal with many respondents understanding the benefits to improving the 136 pathway, enabling a more robust service and the important role the environment plays in the therapeutic process for this cohort of patients. This notwithstanding concerns have been highlighted with regards to travel and transport to and from a centralised site, and the risk of single point of failure with only one site being available. We have listened, reviewed, and looked at how these might be mitigated. For example, to support patients to return home from the Health Based Place of Safety, the implementation of mental health transport at the point of discharge has been implemented, with future plans to provide specific Mental health ambulance to support people in crisis.

To mitigate for a single point of failure, this will be addressed in design stage of the HBPoS however there is the intention to isolate each suite so that whilst one room may go out of action the other rooms will remain open and useable.

The cohort of staff that support this service are very positive about the proposed changes and the positive impact it would have on their work life experience through the provision of a robust supportive team, enhanced skill mix and training and career progression opportunities. Individual impact will be assessed as part of ongoing staff engagement with mitigations and options to be offered to support those individuals.

The consultation, independent review, have finished and the Decision-Making Business Case (DMBC) has been completed, therefor Kent and Medway NHS are returning to Kent HOSC to share the information and gain further insight from the committee.

The recommendation post consultation, independent review and within the DMBC is to continue with the preferred option. This centralisation is key enabler to providing a modern, fit for purpose and therapeutic physical environment, an improved, more resilient workforce, and a patient pathway that that will improve the quality, outcomes, and care for this vulnerable patient population.

This paper contains the executive summary from the DMBC, the Key performance Indicators/ benefits that will be monitored if the recommendation to approve the centralisation of the HBPoS is approved through NHS Kent and Medway board in September, and finally the answer to the question poses by the HOSC in May around residents who bordered neighbouring regions, and whether they could be sent to a HPBoS under a different Integrated Care System.

1.2 Executive Summary to the Decision-Making Business Case

Introduction

The decision-making business case (DMBC) has been produced and developed by NHS Kent and Medway working in collaboration with Kent and Medway NHS Partnership Trust (KMPT), Kent Police, South East Coast Ambulance Service (SECAmb), Kent County council AMHPs and Medway Council AMHPS.

Following the successful bid for £3.7m against national capital funding, ringfenced for Mental Health Urgent and Emergency Care (MHUEC), NHS Kent and Medway has worked with system partners, to develop proposals to improve the Section 136 Pathway and Health Based Places of Safety (HBPoS), and other critical components of the Mental Health Urgent and Emergency Care pathway.

This DMBC details the proposal to create a centralised HBPoS based at the KMPT Maidstone site. The proposal will see a transformation of the current Section 136 pathway, improving the experience for patients by providing a robust and resilient workforce, an improved therapeutic and fit for purpose estate, and quicker access to assessment and a reduction in the length of time people are detained in a section 136 HBPoS. This leading to a better quality of patient care and overall patient experience.

It is important that the work begins as soon as possible, to ensure the capital funding allocation meets the drawdown of funds and the new provision is completed by the end of 24/25 to meet the national deadline set by NHSE for Kent and Medway.

The proposed improved facility will be available for persons detained under a section 136 wherever they live in Kent and Medway. It will replace the current three smaller HBPoS sites at Maidstone, Dartford and Canterbury and create a single large facility with equal capacity. This will provide a modern fit for purpose therapeutic environment and the opportunity for improved patient experience, safety and care via an improved patient pathway, and additionally enables a more robust, resilient and sustainable workforce.

Background

In early 2019, the NHS published the NHS Long Term Plan¹ setting out an ambitious future for the next ten years. It included delivering a 21st century service model for the NHS, taking more action on prevention, and tackling the biggest health challenges in the population. With a renewed focus on mental health, the NHS Long Term Plan¹ outlined an ambition for significant transformation of mental health care.

¹ [NHS Long Term Plan](#)

The setup of a Nationally, ring-fenced local investment fund - the Mental Health Investment Standard (MHIS)² - worth at least £2.3 billion a year by 2023/24 was created. This has enabled trusts to create further service expansion and faster access to community and crisis mental health services for both adults, children, and young people.

An accompanying implementation plan provided a framework to deliver the mental health commitments, including funding, transformation activities and expected expansion in workforce numbers, so that local partners and providers had clear targets to work towards. To help deliver the NHS Long Term Plan¹, £51m of additional funding for mental health will be invested into the Kent and Medway system over the next five years.

NHS Kent and Medway have submitted a plan to NHSEI for 2023/24 for £18m (see appendix 1) and this plan has been compiled with all system partners and will see investment in a wide range of services that will benefit the community and improve access across Kent and Medway.

Our local case for change

The 2014 Care Quality Commission's (CQC) report 'A safer place to be' 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 with joint working between the police and health staff to provide people in crisis with the right help and support which can contribute to reducing the use of section 136 overall.

NHS Kent and Medway have seen a reduction over the last two years in section 136 detentions from an average in 2018-2021 of 1494 detentions per year period down to 656 detentions between May 2022 to April 2023. This has mainly been attributed to the implementation and expansion of the 836 Clinical advise line for police. This line provides the officer with a link to a clinician who may have access to pertinent information, patient records and who can and give advice that support the officer making an informed and improved decision.

However, there will of course continue to be need for HBPoS to which distressed and vulnerable individuals can be taken by police officers from time to time, and these places must be fit for purpose.

As the mental health equivalent of an emergency service the section 136 HBPoS will be used for people at a point of extreme psychological distress, at least some of whom will be at a very acute stage of illness/crisis, when risks to self and others are highest. This makes it critical that, in addition to an excellent clinical service, the facility is designed, to provide a comfortable therapeutic environment and meet 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.

² [NHS England » Mental Health Investment Standard \(MHIS\): Categories of Mental Health expenditure](#)

The KMPT estate strategy 2019-2024 describes how KMPT will invest in and manage its estate effectively to ensure the right kinds of buildings in the right locations to support clinical care delivery.

Across Kent and Medway, good progress has been made in improving the safety and quality of our mental health sites and facilities. The HBPoS are the next area that require urgent attention.

The current facilities pre date the creation of KMPT in 2006 and struggle to meet modern standards, despite investment in maintenance and updated layouts at various points over the past 20 years. The only way to bring the accommodation up to standard is to provide more space for the HBPoS to be able to incorporate all the facilities that should be available. Maintaining the current sites and space available would mean that KMPT HBPoS would never be able to meet all expected standards.

Additional benefits to the wider health and care system

System wide benefits will be seen through the implementation of a centralised HBPoS. Multiple services that currently support the HBPoS will see improved efficiency. Kent police and the South East Coast Ambulance Service (SECAmb) will see reduced time and travel commitment meaning resources can be used to support the local population elsewhere. There will be dedicated ringfenced staff for patients in the HBPoS, inpatient ward doctors will not be pulled from the wards to support the Mental Health Act assessment and will in fact be supported by the HBPoS doctor if capacity allows AMHP will see a reduction on their travel time and an increase in patient facing time, as patients will not be spread across the County.

Vision

Across Kent and Medway, NHS organisations, local authorities and social care, and the voluntary and community sector all play a role in supporting local residents with their mental health. Together, through the Kent and Medway Mental Health, Learning Disability and Autism Improvement Board, there is an ambitious mental health service improvement strategy.

The aim is for the mental health system to be the very best it can

- Helping people stay well.
- Making sure people are aware of their mental health as much as their physical health.
- Offering accessible support for people in their own communities close to where they live.
- Providing specialist inpatient care and support for people when they need it.

The ambition is to improve people's mental health and wellbeing and provide a comprehensive range of mental health care and support services for people when they need them.

Kent and Medway are in the middle of unprecedented levels of funding and investment to transform mental health services and support over a five-year period. There are some great programmes and initiatives, with some that are improving mental health already up and running across the area, with more planned for the coming months and years. These include:

- Eradication of KMPT's last dormitory ward (Ruby ward).

- Implementation of NHS 111 select 2 for mental health crisis line.
- Increased investment for an enhanced Home Treatment team.
- Introduction of Crisis Houses provision.
- A 24/7 Crisis Line run by the VCSE Sector.
- Reducing the number of out of county mental health placements, so that if people do need to be admitted to hospital, they are cared for within Kent and Medway in a place best suited to their needs and as close to home as possible.
- 'Safe havens' in key locations across Kent and Medway where people can get support, advice and help out-of-hours, 365 days a year.
- Implementation and expansion of the 836 clinical advice line for Kent police advice line providing clinical support to improve decision making.
- Implementation of a Rapid Response Service for urgent clinical mental health assessment with a 1hr response extended to the NHS ambulance Trust.
- Providing specialist dementia services for people with complex needs by introducing dementia care coordinators across all the PCNs.

Clinical model of care

The fundamental premise of the model of care is to ensure that a person experiencing a mental health crisis receives the best possible care at the earliest possible point and to ensure the competent and timely assessment of the person detained under Section 136 Mental Health Act.

Mental illness is a challenge for everyone and when a person's mental state leads to a crisis episode, this can be very difficult to manage for the person in crisis, for family and friends and for the services that respond.

Failure to provide the right level of care early on has a direct impact on the acute point of mental health care which is and has been under immense pressure.

In recognition of this Kent and Medway Crisis Care Concordat (KMCCC) has built on the mandate from the Government to NHS England (2014) that every community should have plans to ensure the delivery of a shared goal and to have crisis services that are always accessible, responsive, and as high quality as other health emergency services. Adding to work already completed in delivering the long-term vision for a 24/7 Mental Health Crisis Response Pathway in Kent and Medway.

The Integrated Care System (ICS) is unified on the goal to ensure that consistent arrangements are in place to enable delivery on crisis care and facilitate implementation of the Kent and Medway Mental Health and Well Being Standards.

Demand for services

Until recently, Kent and Medway were a national outlier for incidence of Section 136, having one of the highest rates of detention in the country. Over the last 24 months however, Section 136 incidence has significantly decreased as consequence of improved partnership working, the introduction of a Clinical Advice Line for Kent Police and delivery of joint health and police training.

The total average number of detentions per annum between 2018-2021 was 1,494.

The numbers reduced in 2021-2022 to 697 and NHS Kent and Medway have continued to see this reduction in numbers into 2022-2023 to 656.

When considering capacity in light of the reduced demand, NHS Kent and Medway evaluated the utilisation of the suites over the 12 months from 01/12/21- 30/11/22.

The HBPOs had a 92.1% utilisation (including the Dartford closure) over the 12 months monitored, where one or more rooms were occupied. Excluding the Dartford closure, it was at 86.7% utilisation where one or more rooms were occupied.

The data showed that five spaces were in use for 2.7% of the year, equating to just over 239 hours. One of the 5 spaces was closed for a period of time removing the closure of that space from the evaluation during its closure, showed that all available spaces were in use for 1.1% of the year equating to 94 hours. Whilst this is a comparatively low level of utilisation, due to the nature of the service (an emergency mental health service). To manage demand in peak times and provide flexibility a fifth room is required.

Maintaining current capacity also provide some level of future proofing for a growing requirement given forecasted population growth. Reducing the number of spaces below five would also impact on our partner organisations. For example, the default position when KMPT's HBPOs are at full capacity is conveyance of a patient to an Accident and Emergency Department (A&E). Currently the average wait time in A&E for officers supporting people sectioned under 136 is around 10 hours which prevents these officers responding to other calls with a cost running into £000's, each month.

Due to the complexity of the service, the demand and capacity work and the knowledge around population growth there is no plan at this time to reduce the number of HBPOs spaces.

Centralisation of HBPOs our proposal

Following the successful bid for £3.7m of government funding as part of the national Urgent and Emergency Care (UEC) pathway capital funding in May 2022, it is proposed that the current three separate HBPOs sites be centralised to one site based at Maidstone creating a larger fit for purpose HBPOs.

The new facility will have:

- Spaces for up to five individuals at any one time.
- Access to seclusion rooms
- Assessment rooms
- Nursing and medical office
- Access to outside space
- Waiting/lounge area
- Circulation, kitchen/beverage facilities

The accommodation will be delivered in a fit for purpose, modern, therapeutic layout and interior.

Options development

The process to access the national Urgent and Emergency Care (UEC) pathway capital funding required a bid to be submitted by May 2022.

Despite the challenging timescale for the submission for funding, NHS Kent and Medway (commissioner) and KMPT (provider) were able to engage with stakeholders in a limited way, engaging with South East Coast Ambulance Service NHS Foundation Trust Service (SECamb), Medway and Kent local authorities and Kent Police in advance of submitting the bid to ensure their support and endorsement.

NHS Kent and Medway utilised previously established planning, that had taken place with the local partner organisations that was specifically focused on Section 136. The established work outlined plans for proposed improvements which included reducing the number of sites for Health-Based Place of Safety (HBPoS) to optimize the benefits from those improvements. Indeed, the KMPT “Improving Mental Health Services (IMHS)” capital development program included a plan for a new, single, “centralized” HBPoS in 2019.

On approval of the funding further engagement took place to ensure that centralisation of the HBPoS was still the preferred option and gave the best value for money.

This engagement was done through several workshops involving all partner organisations in attendance.

The options were identified, discussed, and then reviewed. Information was received from all partners around the strengths, weaknesses, opportunities, and threats of each option, and each option was then assessed using the HM Treasury long list options framework to identify the preferred way forward:

- The HM Treasury long list options framework
 - Service Scope – the what
 - Service Solution – the how
 - Service Delivery – the who
 - Implementation – the when
 - Funding – the funding
- The scheme objectives
 - To improve the quality of care, improved privacy and dignity, patient, and staff experience for those involved in the Section 136.
 - To ensure timely access to, and assessment for those attending HBPoS
 - Promote improved internal and system operating resilience within 2 years of opening
 - To meet all required statutory standards for HBPoS within 12 months of opening
- The short list – deliverable criteria
 - Achievability
 - Affordability
 - Availability
 - Acceptability

Having the Section 136 suites on the same site as other mental health services, specifically in-patient services, was a key consideration. Co-located services enhance patient and staff safety by ensuring timely access to a wider pool of staff and resource if required. As importantly, colocation makes the transition process smoother for patients requiring inpatient admission. It would also be a major benefit, particularly for objectives 1, 3 & 4 The options rating is indicated in table below:

Other key clinical considerations were:

- Co-location with in-patient services.
- Access to seclusion facilities.
- Enhanced safety.
- Robust and resilient environment.
- Timely access and assessment.
- A professionally fulfilling workplace.
- Additional staff on-site for emergencies.

If the objective or the key considerations could not be met by the option on any points it was rejected - do minimum was carried forward purely to provide a comparison to other options.

During the consultation two options were mentioned at the workshops and engagement, however these options had been looked at previously and discounted, the team did review the options again to run through the feasibility and double check the original position.

On review neither option was viable. No additional suitable site was identified in consultation. This means that the option which formed the basis of the original bid for capital funding – Centralisation of the HBPOS at Maidstone - which meets all the identified hurdle criteria, remains the recommended option and preferred way forward.

An overview of the option evaluation is shown in the table below.

Key for the table

× = The objective or key considerations cannot be met with this option

✓ = The objective or key considerations can be met with this option

? = The objective or key consideration are unlikely to be met, however, it may be possible.
(Further analysis would be required)

Table 1 Overview of options analysis

		BAU	Do minimum - investment in the three existing sites to meet acceptable standards	Intermediate 1a Maidstone and Canterbury - Invest in 2 sites upgrading to meet standards and maintain capacity	Intermediate 2 - Invest in new facilities at District General Hospital sites	Intermediate 3a Canterbury - investment in larger single site for the whole of the county	Intermediate 3b Maidstone - investment in larger single site for the whole of the county	Do Maximum - Investment in acquisitioned creation of a new single site
Objectives	1) To improve the quality of care, improved privacy and dignity, patient, and staff experience for those involved in the Section 136.	x	?	✓	?	✓	✓	✓
	2) To ensure timely access to, and assessment for those attending HBPoS	x	x	?	x	✓	✓	✓
	3) Promote improved internal and system operating resilience within 2 years of opening	x	x	?	x	✓	✓	✓
	4) To meet all required statutory standards for HBPoS within 12 months of opening	x	x	?	x	✓	✓	✓
Objectives outcome		Option rejected	Taken forward for financial analysis	Option carried forward	Option rejected	Option carried forward	Option carried forward	Option carried forward

Short listed site options								
Other criteria	Achievability		✓	?		x	✓	x
	Affordability		x	X		?	✓	x
	Availability		✓	?		x	✓	✓
	Acceptability		x	X		✓	✓	✓
	Outcome		Option rejected	Option rejected		Option rejected	Preferred option	Option rejected

1.3 Benefits framework

Throughout our work several benefits to the proposed single larger centralised HBPoS facility have been identified. The case sets out a high-level summary of the benefits identified to date. Further work has continued during the preparation of the DMBC and will continue if approved in the implementation phase of the project to make sure these benefits are described in detail, with clear baseline data so KMPT can quantify and evaluate. This will provide a clear benefits realisation framework against which the implementation of any chosen solution can be measured, monitored, and assessed.

Each of the benefits link back to the strategic and investment objectives for the improvement of mental health care in Kent and Medway. These are encompassed within the objectives set out in the NHS Long Term Plan¹ and Long-Term Plan for Mental Health, and at local level in Kent and Medway NHS and Social Care Trust's strategic objectives and Kent and Medway's health and care system's response to the Long Term Plan¹.

1.4 Engaging with stakeholders

The pre-consultation business case (PCBC) detailed the significant stakeholder engagement effort that had been undertaken during the evaluation of options for consultation and described work to plan and deliver a formal public consultation on the options.

This decision-making business case outlines the delivery and outcomes of that consultation, illustrates the key themes and findings elicited from those who engaged in the consultation, and details on how we have considered what we heard during the consultation.

The proposal was taken to formal public consultation between 21 February to 18 April 2023 the aim of the communication and involvement plan was two-fold:

- To involve people with an interest in mental health crisis care and health-based places of safety (HBPoS) in Kent and Medway about the public consultation on proposals to improve services by bringing together HBPoS on a single site Maidstone, enabling people to feel able to share their views in ways sensitive to their personal situations.
- To share publicly to the wider audience of stakeholders, people, and communities the information and means to contribute their views should they wish to anonymously and safely

Throughout the consultation NHS Kent and Medway attended a number of events and workshops detailed below to gather insight, comments, and feedback around the HBPoS and the wider Urgent and Emergency Mental Health Services.

- MHEUC partnership workshop – alternative to crisis care 30 people

- Healthwatch website article, two newsletters membership 830 and 804 read rate of 43% and 60% and attended seven local area health networks Ashford, DGS, Maidstone, SKC, Swale, Thanet and Medway 89 people/organisations attending
- Attended peer support groups with NK MIND in Dartford and Medway, Speak Up CIC in person in Thanet and online for east Kent, and Mid Kent Mind in total heard from 107 people who attended.
- Went to Safe havens in Thanet, Canterbury and Maidstone speaking to individuals and families 18 people took part.
- Attended community meeting in Dartford with Youth Ngage young people and family 13 people, attended health and wellbeing conference hosted by Rethink and Kent Equality Cohesion council had two speakers with lived experience who spoke about mental health peer support and the impact of suicide we shared information and discussed community's response 160 people in attendance.
- Met with Armed forces veterans' association representative who agreed to cascade information to people who would be interested.

NHS Kent and Medway signposted people to the Have Your Say in Kent and Medway HBPOs public consultation page (Public consultation: Improving Section 136 health-based places of safety | Have Your Say in Kent and Medway).

There were 1,000 visitors to the consultation page within days of the launch.

KMPT also held a staff engagement workshop, this was led by the Deputy Chief Operating Officer and the Service Manager for the HBPOs and was attended by nineteen members of the team.

- 85% of the team were excited about the changes 15% were happy and could see the benefit for both patients and staff. None of the team were unhappy around the proposal.
- Key benefits that the team identified were
 - Love the idea of working as part of a larger team.
 - There would be less reliance on support from inpatient wards.
 - Looking forward to the outside space and the positive impact this will have on patients and the team.
 - Disappointed that it will take until 2025 to implement.
 - Provide more robust fixtures and fittings.
 - Hopeful that partner relationships will improve.
 - Looking forward to a new therapeutic environment.

NHS Kent and Medway are grateful to all the community, voluntary organisations staff and other stakeholders for taking the time to complete the survey and provide feedback around the proposal.

1.5 Scrutiny committees

NHS Kent and Medway have engaged with the Medway HASC and Kent HOSC before consultation and post consultation to gain feedback and insight from the wider constituents of Kent and Medway.

Medway HASC

The Proposal was taken to the Medway Health and Adult Social Care Scrutiny Committee (HASC) on the 12 January 2023. The HASC were provided with the PCBC and feedback from the consultation was presented at their 20th June 2023 meeting. Medway HASC members did not feel the changes proposed constituted a substantial variation of service and were generally supportive of the proposal and highlighted the importance of ensuring dedicated mental health transport provision. There were also keen to ensure that Medway residents had access to adequate and robust community crisis alternatives mental health provision, particularly given that Medway no longer had an acute mental health inpatient unit.

Kent HOSC

NHS Kent and Medway initially consulted the Kent Health Overview and Scrutiny Committee (HOSC) on 31st January 2023. HOSC Members decided that the changes proposed constituted a substantial variation of service which invoked the statutory process for the need for Kent and Medway NHS to work with HOSC on this proposal. The PCBC was submitted to the HOSC and presented by Kent and Medway NHS on the 10th May 2023 with the agreement that NHS Kent and Medway will attend again on the 19th July 2023 to discuss the draft DMBC prior to the final DMBC going through the authorisation process.

The Proposal was also subject to NHS England (NHSE) stage 2 assurance process. Kent and Medway gained valuable insight and feedback from both NHSE assurance team and NHSE's clinical senate. Following review of the PCBC, and meeting with the Project Team and Clinical Lead, it was concluded that there was sufficient clinical evidence to support the proposal and that the assurance panel had confidence in the proposal, however advised that the financial and workforce model needed to be fully detailed once the public consultation had taken place.

1.6 Legal duties, governance, and quality assurance

There are a number of legal and statutory duties the NHS must discharge, and guidance it must adhere to, when developing proposals for substantive service change. The main areas for consideration are outlined in Chapter 11 and include involvement and consultation requirements, having due regard to the need to reduce health inequalities, and meeting the Public Sector Equality Duty, particularly in taking account of the nine protected characteristics under the equalities legislation.

The ‘Gunning Principles’ are legal principles for demonstrating a fair consultation. They are set out that:

- (i) Consultation must take place when the proposals are still at a formative stage.
- (ii) Sufficient information must be put forward for the proposal to allow for intelligent consideration and response.
- (iii) Adequate time must be given to consultees for consideration and response.
- (iv) The product of consultation must be conscientiously considered by decisionmakers.

In addition, there are ‘five tests’ for service change. To meet these tests in any service change proposals the NHS must show:

- Strong public and patient engagement
- Consistency with current and prospective need for patient choice (exception to this is delivery of emergency services section 136 delivery falls under this).
- Have a clear, clinical evidence base
- Support for proposals from clinical commissioners
- In any proposal including plans to significantly reduce hospital bed numbers NHS England will expect commissioners to be able to evidence that they can meet one of the following three conditions:
 - i. Demonstrate that sufficient alternative provision, such as increased GP or community services, is being put in place alongside or ahead of bed closures, and that the new workforce will be there to deliver it; and/or
 - ii. Show that specific new treatments or therapies, such as new anti-coagulation drugs used to treat strokes, will reduce specific categories of admissions; or
 - iii. Where a hospital has been using beds less efficiently than the national average, that it has a credible plan to improve performance

without affecting patient care (for example in line with the Getting it Right First-Time programme³).

The evidence for how we have met these tests are in chapter 11.

The governance structure that the programme follows is also described with clarity on the roles and responsibilities of different health and social care system partners within the programme, and the overarching process being followed.

1.7 Impact assessment

An Integrated Impact Assessment (IIA) is an assessment of the potential impacts which may be experienced because of proposed changes and helps to ensure that genuine consideration is given to equality as part of the decision-making process.

Part of the IIA is to undertake an equality impact assessment (EqIA) to demonstrate that the decision-making process has been undertaken in a timely fashion and with full knowledge of the local commissioners' obligations under the Equality Act 2010⁴ and the duties as to reducing inequalities under section 14T of the National Health Service Act 2006⁵.

The integrated impact assessment concludes that there will be a substantial positive impact on quality, safety, and patient experience outcomes.

The centralisation of the HBPOs to Maidstone will improve privacy and dignity of care, potentially reduce the length of stay, reduce adverse incidents, improve the therapeutic environment, and improve patient safety. Ligature points within the HBPOs environment will be minimised. Robust compliance with fire safety and estates regulations to improve overall safety and prevention and control of infection procedures will be further enhanced. Flexibility will be built into the accommodation enabling the ability to adapt the environment according to the need of the individual users with the additional benefit of co-location with other services to improve safety, quality, and improved infection control.

As part of the Impact Assessment a travel assessment was undertaken looking at the impact of centralising the HBPOs to Maidstone. The assessment showed a positive impact on journey times and miles to the HBPOs over the 12-month period that was analysed.

[3 Mental Health - Adult Crisis and Acute Critical Care - Getting It Right First Time - GIRFT](#)

⁴ <https://www.legislation.gov.uk/ukpga/2010/15/contents>

⁵ <https://www.legislation.gov.uk/ukpga/2006/41/section/14T>

Table 2 - Travel assessment in miles current sites compared to the proposed centralisation on Maidstone site.

Travel Distance (miles) comparison			
Town	Current position	Proposed Centralisation	Variance current V proposed less or (more) miles
Ashford	1120.7	1185	(64.3)
Canterbury	1743.7	2626.5	(882.8)
Dartford	1885.9	1603.8	282.1
Gillingham	2903	1649.2	1253.8
Southend	3593.4	3118.6	474.8
Folkestone	1993.6	2362.5	(368.9)
Sittingbourne	665.4	558.6	106.8
Margate	2380.8	2898	(517.2)
Maidstone	422.2	52.2	370
Sevenoaks	2777.6	2136	641.6
Totals	19486.3	18190.4	1295.9

Table 3 - Travel assessment in mins current sites compared to the proposed centralisation on Maidstone site.

Travel Time (mins) Comparison			
Town	Current position	Proposed Centralisation	Variance current V proposed Less or (more) mins
Ashford	1901	1600	301
Canterbury	2580	3655	(1075)
Dartford	2709	2310	399
Gillingham	4958	3724	1234
Southend	4936	4340	596
Folkestone	2664	2772	(108)
Sittingbourne	1261	950	311
Margate	3310	3780	(470)
Maidstone	703	234	469
Sevenoaks	4440	3840	600
Totals	29462	27205	2257

The proposal will result in some patients travelling further however a reduction in travel overall was identified, shown in miles in table 2 and time in table 3. The impact on the providers is that time will be freed up to support the population elsewhere improving efficiency and effectiveness to their services.

There is no disproportional impact on any of the nine 'protected characteristic' groups and minimal impact on the wider society and health inequalities due to the small cohort of patients that access the HBPOS within the Kent and Medway area.

There will be minimal impact on the wider society and health inequalities due to the small cohort of patients that access the HBPOS within the Kent and Medway area. However, for the individuals who access the HBPOS they will see an improved environment with disabled facilities and improved therapeutic support. It is expected that the improved environment will aid de-escalation thus reducing the need for sedating medication and improve recovery whilst in the HBPOS.

NHS Kent and Medway are implementing a suite of mental health community crisis alternatives for example Crisis Houses and additional Safe Haven facilities with the aim of providing earlier crisis intervention and de-escalation, which will support people earlier in the pathway and see fewer people being detained under Section 136.

- **Financial**

This DMBC demonstrates that the proposal to centralise the HBPOS at Maidstone is affordable and supported by appropriate capital and revenue modelling, including a review of workforce requirements.

This detailed financial planning work assessed the financial impact of the proposed site options. The analysis concludes that centralisation of the HBPOS on the Maidstone site is affordable and sustainable to the local health and care system and the plans are supported by the wider Integrated Care System.

- **Implementation planning**

A robust and comprehensive implementation planning process is underway to support the delivery of the programme. Strategically led by a group of senior managers and clinicians from KMPT and NHS Kent and Medway.

Work to design the New HBPOS is in the early stages, a schedule of accommodation has been agreed. However, the full redesign involving architects, clinical, operational, support services and patient experts by experience will commence if the proposal in the DMBC is approved. The designs will consider and incorporate feedback from the public consultation.

The design process and involvement of stakeholders will ensure that the final design has clinical best practice and service users at the heart of the design. The design work is planned to start in the second half of 2023. The appointment of a design team will bring

experience ensuring project benefits from best practice and lessons learned from similar projects elsewhere. The design group will meet regularly to ensure all thoughts are captured and the design is a system wide agreed solution.

Significant focus is being given not just to the building and fitting out of the new facility, but also to how it will get up and running and how transition will be managed from the existing HBPOs to the new facility. The Deputy Service Director for Acute inpatient Care and Health Based Place of safety and HR business partners have and will continue to, work closely with the programme's leadership team to plan and deliver staff engagement and the necessary formal HR consultation with all staff who would be impacted by the proposed centralisation. More detail about the workforce consultation can be found in chapter 12.

There is a comprehensive programme implementation plan, with associated activity which will be driven by the Trust-based project group, chaired by the project manager, and attended by client advisors from the design team and senior members from the project management and finance functions within KMPT. Timing of relevant pieces of work by the project group will be driven by a variety of lead-in times including materials, equipment, staff consultation, engagement, and recruitment. Work to plan for these in detail will be woven into the design and construction timetable. Resources will also be devoted to ensuring a robust post-project evaluation in due course to capture any lessons learned to benefit future projects. More detail on implementation planning can be found in chapter 14.

- **Consulting – planning and approach**

Our approach to consultation is informed by best practice principles, complying with our legal and statutory duties.

The comprehensive and proportionate public consultation on the proposal to centralise the HBPOs on the Maidstone site was launched on Tuesday 21 February 2023 and ran for eight weeks until midnight on 18 April 2023.

The consultation plan was developed with an emphasis on holding sensitive and safe conversations as it was identified that people may not be willing to share experience in a larger forum public forum and the conversation might be triggering so having support organisations there to assist people to feel safe and comfortable was vital. As part of the consultation targeted conversations took place and conversations were targeted to highlighted areas of the population, where known health inequalities lead to poorer health outcomes (those from areas of deprivation, people with complex emotional disorders, BAME communities, those with disabilities, prisoners, veterans, victims of domestic violence). The wider public were supported by broader public appeal via the website

information and a cascade of information via system wide network of communication channels.

The consultation plan was reviewed and scrutinised by a range of stakeholders and partners (including HASC at their meeting on the 20 June 2023 and HOSC at their meeting on the 10 May 2023 meeting) and was informed by best practice principles and complied with our legal and statutory duties. The plan and its delivery have also been supported by Healthwatch as system partners.

Core consultation materials (including the consultation document, a summary version, a survey, frequently asked questions, an animation explaining the proposals, as an alternative to complex documents, and the pre-consultation business case) were published on the NHS Kent and Medway website to support the consultation with the public, staff, and stakeholders. Ensuring widespread awareness and understanding of, and engagement with, these materials formed the basis of consultation activity.

- NHS Kent and Medway had a dedicated website project page, Have your say in Kent and Medway Kent and Medway NHS and Social Care Partnership Trust's website, engagement pool (140) and social media
- Kent and Medway Better Mental Health (membership 500+) and Suicide Prevention Newsletter (714 membership), KCHFT newsletter to 900 stakeholders and 3,650 public members with a 35% read rate on both
- Kent Police's staff intranet and social media
- Kent and Medway ICB: community bulletin (7,645 members), stakeholder news (780) and GP bulletin (1,600), MP briefing, articles, main websites and project page on Have Your Say in Kent and Medway
- ICB social media - launch via ICB social media - Twitter 13 retweets, seven likes, zero comments and 5,126 views, Instagram 10 likes, zero comments and 183 views
- Targeted mail out to 166 VCS organisations, all NHS Trusts, and councils likewise
- Media release shared with local media outlets, Health Care Partnerships, and stakeholders.

The website was updated as new information or details about events and activities went live. Consultation activity was a mix of online and face-to-face engagement, including:

- MHEUC partnership workshop – alternative to crisis care 30 people
- Healthwatch website article, two newsletters membership 830 and 804 read rate of 43% and 60% and attended seven local area health networks Ashford, DGS, Maidstone, SKC, Swale, Thanet and Medway 89 people/organisations attending

- Attended peer support groups with NK MIND in Dartford and Medway, Speak Up CIC in person in Thanet and online for east Kent, and Mid Kent Mind in total heard from 107 people who attended.
- Went to Safe havens in Thanet, Canterbury and Maidstone speaking to individuals and families 18 people took part.
- Attended community meeting in Dartford with Youth Ngage young people and family 13 people, attended health and wellbeing conference hosted by Rethink and Kent Equality Cohesion council had two speakers with lived experience who spoke about mental health peer support and the impact of suicide we shared information and discussed community's response 160 people in attendance.
- Met with Armed forces veterans' association representative who agreed to cascade information to people who would be interested.
- Online survey had 59 responses

The table 4 sets out the headline activity throughout the consultation period:

Table 4 Overview of consultation activity 21 February - 18 April 2023

Event Date	Organisation	Participants
21/02/2023	Dartford NK Mind	16
22/02/2023	Medway NK Mind	14
28/02/2023	Speak Up CIC Thanet	10
03/03/2023	Youth Ngage	13
07/03/2023	Speak Up Thanet Group	11
10/03/2023	Thanet Safe Haven drop-in	2
10/03/2023	Thanet Safe Haven drop-in	3
22/03/2023	South Kent Coast Mind group	12
03/04/2023	Healthwatch Ashford	10
03/04/2023	Porchlight Canterbury	12
03/04/2023	Canterbury Safe Haven	7
05/04/2023	Maidstone Safe Haven	6
04/04/2023	Porchlight Dover drop-in	26
11/04/2023	Healthwatch DGS group	18
12/04/2023	Local Mental Health Network South Kent Coast	16
13/04/2023	Local Mental Health Network Swale	14
13/04/2023	Porchlight meeting in Folkestone, St John's Church	6
14/04/2023	Thanet Local mental health network hosted by ek360	15
17/04/2023	EK360 Local MH network meeting Medway	16

Expected Benefits and Key performance indicators

The DMBC identifies a number of expected benefits and NHS Kent and Medway will work with partners to acquire baseline data prior to the implementation of the centralised HBPOs this Data will be used to monitor the impact of the improvements and the overall service performance.

The current proposed Key Performance Indicators (KPI's) that NHS Kent and Medway are in the progress determining are:

- Achievement of 80% of Mental health assessments started within 4 hours.
- 90% of patients admitted to the HBPOs unit within 30 minutes of arrival.
- 90% of patients requiring admission - admitted to a ward within 24 hours.

Benefits realisation needs careful management and close measurement throughout and beyond the implementation phase will be put in place.

The KPI's need to be a realistic, achievable to ensure full partnership buy in and ownership of the measurable performance.

Ref	Objective	Supporting strategies	Expected benefits	How this will be achieved and monitored
1	<p>To improve the quality of care, improved privacy and dignity, patient, and staff experience for those involved in the Section 136.</p>	<p>NHS Long Term Plan</p> <ul style="list-style-type: none"> • Make better use of capital investment and its assets to drive transformation. • Reduce the growth in demand for care through better integration and prevention <p>Kent and Medway ICS 4 key purposes</p> <ul style="list-style-type: none"> • Improving outcomes in population health and healthcare. • Tackling inequalities in outcomes, experience, and access. • Enhancing productivity and value for money. <p>KMPT 6 Objectives</p> <ol style="list-style-type: none"> 1. Increase our focus on improving the quality of services and support we provide 2. Address health inequalities to improve outcomes for people 3. Implement programmes that drive improvement of clinical care pathways through a culture of learning to reduce variation and maximise outcomes 5. Embed quality improvement in everything we do <p>KMPT Estates strategy aims</p> <ul style="list-style-type: none"> • Provide safe, secure, effective, and therapeutic environments • Use the right kinds of buildings in the right location • Reduce overall costs • Constantly improve the appropriateness and quality of environments for patients and staff • Provide staff with safe and healthy workplaces 	<ul style="list-style-type: none"> • Reduction in the number of maintenance calls and cost • Reduction in restrictive practice • Improvement on the staff survey results • Reduction in the number of persons admitted from HBPoS • Improved outcomes for patients • Improved staff support • Improvement on friends and family test 	<p>This will be achieved through the implementation of the new larger single centralised HBPoS facility – ensuring fixtures and fittings are suitable for the individuals that will be using them. Space will be welcoming and relaxing enhancing the de-escalation of individuals. These benefits will be monitored through.</p> <ul style="list-style-type: none"> • Internal monthly reporting within the division • Benefits realisation of the project 12-month post implementation • Monitoring of patient outcomes • Results from the friends and family test

2	<p>To ensure timely access to, and assessment for those attending HBPoS</p>	<p>NHS Long Term Plan</p> <ul style="list-style-type: none"> • Make better use of capital investment and its assets to drive transformation. <p>Kent and Medway ICS 4 key purposes</p> <ul style="list-style-type: none"> • Improving outcomes in population health and healthcare. • Tackling inequalities in outcomes, experience, and access. • Enhancing productivity and value for money. <p>KMPT 6 Objectives</p> <ol style="list-style-type: none"> 1. Increase our focus on improving the quality of services and support we provide 2. Address health inequalities to improve outcomes for people 3. Implement programmes that drive improvement of clinical care pathways through a culture of learning to reduce variation and maximise outcomes 5. Embed quality improvement in everything we do <p>KMPT Estates strategy aims</p> <ul style="list-style-type: none"> • Provide safe, secure, effective, and therapeutic environments • Use the right kinds of buildings in the right location • Reduce overall costs • Constantly improve the appropriateness and quality of environments for patients and staff • Provide staff with safe and healthy workplaces 	<ul style="list-style-type: none"> • Improved number and % of MHA assessment completed within the 4-hour period. • Reduce the number of individuals detained in another HBPoS where no medical need is identified. • Improved system relationships • Improved experience for all staffing cohorts internal and external to KMPT supporting HBPoS 	<p>This will be achieved through centralisation of the HBPoS, preventing the traveling between three sites for supporting teams. Also, by creating a suitable separate assessment space. This will be monitored through:</p> <ul style="list-style-type: none"> • Monthly KPI reports and meetings • Benefits realisation 12 months post implementation. • Feedback from system partners and internal staff surveys.
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3	<p>Promote improved internal and system operating resilience within 2 years of opening</p>	<p>NHS Long Term Plan</p> <ul style="list-style-type: none"> • Make better use of capital investment and its assets to drive transformation. <p>Kent and Medway ICS 4 key purposes</p> <ul style="list-style-type: none"> • Improving outcomes in population health and healthcare. • Enhancing productivity and value for money. <p>KMPT 6 Objectives</p> <ol style="list-style-type: none"> 1. Increase our focus on improving the quality of services and support we provide 2. Address health inequalities to improve outcomes for people 3. Implement programmes that drive improvement of clinical care pathways through a culture of learning to reduce variation and maximise outcomes 5. Embed quality improvement in everything we do <p>KMPT Estates strategy aims</p> <ul style="list-style-type: none"> • Use the right kinds of buildings in the right location • Reduce overall costs 	<ul style="list-style-type: none"> • Reduction in agency spend • Reduction in employee turnover • Improved doctor training experience • Improve staff satisfaction survey results within HBPoS • Improved patient experience • Improved system relationships • Improved system wide resilience • Improved experience for all staffing cohorts internal and external to KMPT supporting HBPoS • HBPoS staffing competences will be met. 	<p>This will be achieved through centralisation of the team, improved working space and environment. creating a robust staffing model ensuring time for development is worked into workforce planning for all staffing cohorts.</p> <p>This will be monitored through</p> <ul style="list-style-type: none"> • Monthly KPI reports and meetings • Benefits realisation 12 months post implementation • System reporting dashboards • Staff surveys and feedback from partners. • Appraisal and HR reports
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4	<p>To meet all required statutory standards for HBPoS within 12 months of opening</p>	<p>NHS Long Term Plan</p> <ul style="list-style-type: none"> • Make better use of capital investment and its assets to drive transformation. <p>Kent and Medway ICS 4 key purposes</p> <ul style="list-style-type: none"> • Improving outcomes in population health and healthcare. • Tackling inequalities in outcomes, experience, and access. • Enhancing productivity and value for money. • Supporting broader social and economic development. <p>KMPT 6 Objectives</p> <ol style="list-style-type: none"> 1. Increase our focus on improving the quality of services and support we provide 2. Address health inequalities to improve outcomes for people 3. Implement programmes that drive improvement of clinical care pathways through a culture of learning to reduce variation and maximise outcomes 5. Embed quality improvement in everything we do. <p>KMPT Estates strategy aims</p> <ul style="list-style-type: none"> • Provide safe, secure, effective, and therapeutic environments • Use the right kinds of buildings in the right location • Reduce overall costs • Provide staff with safe and healthy workplaces 	<ul style="list-style-type: none"> • Will meet all the Kent and Medway Crisis Care – Section 136 Pathways Standards and Health Based Place of Safety Specification’ • Will meet all relevant safety standard at the point opening • Will meet the Royal college of psychiatry standards related to HBPoS 	<p>This will be achieved through implementation of the new single larger centralised HBPoS facility that is fit for purpose meeting all current safety standards. In a central location reducing the travel time for staff and partner organisations and patients alike. Improving the environment that supports the therapeutic needs for patients and enable the team to meet the Kent and Medway Crisis Care – Section 136 standards. This will be monitored through:</p> <ul style="list-style-type: none"> • Monthly KPI reports and meetings • Benefits realisation 12 months post implementation • Sign of the completed capital works.
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Crossing over into neighbouring ICS

There are a number of challenges with Kent and Medway individuals detained under Section 136 being conveyed to a HBPOS outside the Kent and Medway health and social care footprint.

The Mental Health Act states that the local authority responsible for the Mental Health Act assessment (for S136s) is the LA where the “body is”. The assessing AMHP would not be a Kent and Medway AMHP, therefore. The assessing AMHP would not have access to the to the detained individual’s health and social records and history which impairs timely decision making and ultimately delays to the assessment process. The assessing AMHP and medical team would be unfamiliar with the Kent and Medway Health and Social care provision, and this would further introduce delays in making onward planning arrangements.

Kent Police are opposed to cross border (outside of county) conveyance, and it would potentially create specific operational challenges for Kent Police provision and capacity, and there would not be the same partnership working and memorandum of understanding so system challenges could not be addressed. If Kent police use Kent and Medway services, they know how to escalate and address challenges.