

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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1. Summary

- 1.1 This report seeks to inform and update the Committee on 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.
- 1.2 Section 136 of the Mental Health Act 1983 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 HBPoS for a period of up to 24 hours. A HBPoS 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 HBPoS a Mental Health Act assessment is undertaken by a psychiatrist 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.
- 1.3 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 only 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 HBPoS, 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.

- 1.4 NHS Kent and Medway Integrated Care Board (ICB) were successful in the bid, and we attended the HASC meeting in January where we informed members about work that was being undertaken and the plan to launch a public consultation. Public Consultation took place from the 21 February to midnight on the 18 April 2023.
- 1.5 The Pre-Consultation Business Case (which was also submitted to HASC following the meeting in January). Appendix 1 is the NHS England Stage 2 Assurance Process report which supports the public consultation and in Appendix 2 the Public Consultation document.
- 1.6 We are returning to to the Committee to provide an update on the Public Consultation and to gain insight and any recommendations or advice from Committee Members to inform the Decision-Making Business Case that is due for submission to the Kent and Medway Integrated Care Board in September 2023. We also want to inform Committee Members of the exciting Mental Health Urgent and Emergency Care developments and investment taking place specifically in Medway.

2. Budget and policy framework

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

- 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.

2.2 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's Overview and Scrutiny Committee as set out in the council's constitution.

3. Background

Centralisation of the HBPOS within Kent and Medway.

- 3.1 Following the successful bid for £3.7m against national capital funding, ringfenced for Mental Health Urgent and Emergency Care (MHUEC), Kent and Medway ICB has worked closely with System partners to develop proposals to create a fit for purpose centralised HBPOS a critical component of the Mental Health Urgent and Emergency care pathway.
- 3.2 The Pre-Consultation Business Case details the preferred proposal to create a centralised Health Based Place of Safety on the KMPT Maidstone site. In doing so this will transform the current 136 Pathway and improve Medway patients' care by enabling timelier access to assessment and reduction in length of 136 detention, reduced travel time, and an improved and more therapeutic physical environment. In addition this will support improved deployment of out of hours Medical and Approved Mental Health Professionals and support improved retention and recruitment.
- 3.3 The proposed facility would be available for persons detained under a section 136 wherever they live in Kent and Medway. It would replace the current 3 HBPOS sites at Maidstone, Dartford, and Canterbury, all in need of significant modernisation and not providing the right therapeutic environment to aide recovery. Having three disparate HBPOS represents challenges in the way that the 136 pathway is delivered and serviced by the Medical and Approved Mental Health Professional workforce.

- 3.4 The current facilities pre-date 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 in place. Maintaining the current sites and space available would mean that KMPT HBPoS would never be able to meet all the expected standards.
- 3.5 The driving force for the proposed centralisation was not financial, but rather focused on quality, safety, and patient experience. The scheme objectives for the proposed changes are:
- 1 To improve the quality of care, improved privacy and dignity, patient, and staff experience for those involved in the Section 136.
 - 2 To ensure timely access to, and assessment for those attending HBPoS.
 - 3 Promote improved internal and system operating resilience within 2 years of opening.
 - 4 To meet all required standards for HBPoS within 12 months of opening as far as possible.
- 3.6 To arrive at the proposed preferred way forward a number of options were identified and worked through.

4. Options

- 4.1 Due to the timescale for submission of the bid for National urgent and emergency care pathway capital funding, Kent and Medway ICB and KMPT reviewed the strategic planning that was undertaken with partner organisations in 2019.
- 4.2 This review identified that back in 2019 the Section 136 service had been under consideration and review for how services might be improved. Outline plans for those improvements had been developed and 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, “centralised” HBPoS in 2019. These plans hadn’t however progressed to wider consultation due to lack of capital.
- 4.3 This formed the basis of the submission for funding; a brief ‘touch base’ with all partners (Kent Police, AHMP Kent and Medway, SECamb, Lived Experience Expert) prior to submission was all that could be facilitated, however. Following approval of the funding further pre-consultation engagement took place to ensure that proposed centralisation of the HBPoS was still the preferred option and gave the best value for money.
- 4.4 This engagement was done through several workshops that took place with all system partners represented as follows:
- *21 June 2022 UEC Mental Health Pathway Transformation Workshop*

- 11 July 2022 Community Crisis Alternatives Stakeholder Workshop 1
- 11 August 2022 Community Crisis Alternatives Stakeholder Workshop 2
- 24 August 2022 Community Crisis Alternatives Stakeholder Workshop 3
- 13 December 2022 – review of options, objectives, and benefits
- 13 January 2023 – Section 136 Pathway & HBOS Stakeholder Workshop
- 24 February 2022 – Mental Health Crisis Alternatives Stakeholder Workshop
- 28 April 2023 – consultation timeline, KPI and data points, dual delivery

4.5 The initial workshop identified a long list of options these were:

- Business as Usual (BAU).
- Do minimum – investment at the 3 existing sites to meet acceptable, compliant standards as far as possible.
- Intermediate 1 - Two sites investment
 - 1a Maidstone and Canterbury
 - 1b Canterbury and Dartford
 - 1c Maidstone and Dartford
- Intermediate 2 – invest in new facilities on District General Hospital sites.
- Intermediate 3 - Single site only- invest to create single facility for whole county.
 - 3a Canterbury
 - 3b Maidstone
 - 3c Dartford
- Do Maximum - Single new site invest in acquisition and creation of new site.
- Other KMPT hospital sites (QEQM, Medway Hospital) – develop new facilities on DGH sites where KMPT has other services.
- Peripatetic community - based service – “mobile HBPOS”

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

- Service Scope – the what
- Service Solution – the how
- Service Delivery – the who
- Implementation – the when
- Funding – the funding

4.7 The preferred way forward and 3 other options and ‘Do minimum’ (for financial analysis only) were taken forward. Further analysis took place on how each of the options achieved and supported the spending objectives, critical success factors and finally affordability (costing estimates – costed by McBains) of each option. See the figure 1.

- 4.8 This information was reviewed in later workshops with the joint consensus amongst all partners being that only one option - the final preferred option met all the criteria (financial, spending objectives and the critical success factors).
- 4.9 The proposed centralised HBPoS at Maidstone option was taken to public consultation with the premise that if any other options were identified as part of the public consultation these would go through the same appraisal process to ensure that the option that is progressed will achieve all the criteria and offer the best value for money.

Table 1 Options appraisal

Long list of site options								
		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	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

5. Advice and analysis

- 5.1 As well as the options appraisal undertaken by Kent and Medway ICB and system partners, a full Equality Impact Assessment (EQIA) (Appendix 3) and travel analysis was also completed.
- 5.2 To give a true reflection of the service as people are detained under a section 136 in public places and therefore it is highly unlikely that the patient would be transferred from their local post code, it was decided that the best way to approach the travel analysis was:
- Firstly, identify how many people were detained within each of the residential localities within Kent and Medway
 - Assign a prominent town centre postcode as a point of reference for each of the localities.
 - Calculate the distance in miles and minutes to the three current HBPOs from those points.
 - Calculate the same journeys if the proposed centralised HBPOs was in place.
- 5.3 The two data sources were then compared to show the impact on patients traveling from the areas in and around Kent and Medway. Overall, this reduced journey times and length, **particularly for Medway patients**. Some areas in East Kent would see a slight increase however given the proposed added benefits of the centralisation – through improved access to a therapeutic environment, reduction in length of detention and assessment time, robust staffing and support was viewed as improving the overall patient experience and providing equitable availability of service to all of Kent and Medway.

Table 2 - Comparison of current Time (mins) against the proposed new HBPOs

Travel Time (mins) Comparison			
Town	Current position	Proposed Centralisation	Variance
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

Table 3 - Comparison of current Distance (miles) against the proposed new HBPOs

Travel Distance (miles) comparison			
Town	Current position	Proposed Centralisation	Variance
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

- 5.4 To ensure that patients are supported at the point of discharge Kent and Medway ICB have commissioned a private mental health ambulance service, this has been in place for 14 months. This service was implemented after feedback from patients and our voluntary support services. This ensures patients are supported on the transition back to their residence and no anxiety or worry is added to the patients at the point of discharge. The feedback since implementation from patients has been positive, this feedback is collected by the newly commissioned service.
- 5.5 As part of the case, it was considered that due to the reduction in the number of people being detained under section 136, if by centralising the service the number of rooms should be reduced from 5.
- 5.6 To look at the demand on the HBPOs rooms over a 12-month period (01/12/2021 to 30/11/2022) we pulled raw data of all the 136 detentions at each site. The 12 months were broken down into 30 min slots creating 17568 slots over the period. The room data was then allocated against the correct site, date and time using 30 min time slots. When all the information was plotted, an analysis was undertaken to show how many rooms were occupied at each 30 min slot throughout the year.
- 5.7 As detailed in the original PCBC the Dartford HBPOs was closed from 02/03/2020 until 01/04/2022, to show the impact of this closure a summary was created including the closure within the occupied rooms and then excluding. A summary of the analysis of the raw data is shown in the tables below.
- 5.8 The tables below show the number of 30 min slots and % of time that the rooms were occupied over the 12 months.

5.9 Table 4 includes the closure of the Dartford site which provides a true picture of the impact on patients and the KMPT partners over the 12 months.

Table 4 - HBPOs usage including Dartford closure (01/12/2021 - 30/11/2022)

Number of rooms	0	1	2	3	4	5
Total 1/2-hour slots rooms occupied over 12 months	1378	3703	5462	4385	2161	479
Total hours rooms occupied over 12 months	689	1851.5	2731	2192.5	1080.5	239.5
Total hour % slots rooms occupied over 12 months	7.84%	21.06%	31.06%	24.93%	12.29%	2.72%

5.10 Table 5 below shows the same time excluding the closure of Dartford which probably provides a more realistic view of what the usage would have looked like if the centralised HBPOs were in place over of the 12 months, assuming that all five rooms would be available.

Table 5 HBPOs usage excluding Dartford closure (01/12/2021 - 30/11/2022)

Number of rooms	0	1	2	3	4	5
Total 1/2-hour slots rooms occupied over 12 months	2333	4465	5519	3682	1381	188
Total hours rooms occupied over 12 months	1166.5	2232.5	2759.5	1841	690.5	94
Total hour % slots rooms occupied over 12 months	13.27%	25.39%	31.38%	20.94%	7.85%	1.07%

5.11 The conclusion of the work undertaken was that whilst 5 rooms are not in use often due to the nature of the service, there is a requirement to keep 5 rooms to prevent patients being taken to A&E instead of a Mental Health HBPOs (where there is no health need) and support expected growth in the next 10 years.

6. Risk management

6.1 Risks around the proposal are being managed and mitigated through the Kent and Medway NHS Social Care Partnership Trust (KMPT). KMPT will deliver the project, so are the owners of the risks associated with the project. The main risk attached to the current HBPOs is Poor Service User Experience and the impact on other partners due to HBPOs closure.

Risk	Description	Action to avoid or mitigate risk	Risk rating
Poor Service User experience	Delays in undertaking S136 Mental Health Act Assessments combined with substandard Health Based Place of Safety physical environments impact negatively	Revised S136 pathway and workforce model and re-provision of health-based places of safety	Likelihood B High Impact 2 Critical

Risk	Description	Action to avoid or mitigate risk	Risk rating
	upon service users' experience when they are already in a mental health crisis and do not meet recommended national and local standards.		
Impact of HBPoS closure on other partner organisations. (Kent Police, Kent and Medway Acute Trusts and South East Coast Ambulance Service NHS Foundation Trust Service (SECAmb)	Increased demand on services (acute Trusts and SECAmb) and prolonged commitment to support patients (Kent Police)	Provide a centralised fit for purpose HBPoS estate, preventing closure due to patient damage and staffing issues	Likelihood B High Impact 2 Critical

Likelihood	Impact:
A Very high B High C Significant D Low E Very low F Almost impossible	1Catastrophic (Showstopper) 2Critical 3Marginal 4Negligible

7. Consultation

- 7.1 Early engagement to develop the proposal for centralisation of the HBPoS and improve the MHUEC pathway took place from October 2022 through to February 2023 when the formal consultation process began running from 21 February until the 18 April 2023.
- 7.2 The early engagement developed an approach which was to work closely in partnership with people with lived experience, the voluntary and community sector and our partners in the emergency services and then to develop and test our ideas through a series of safe but sensitive conversations. Where people could share their experiences and thoughts in a way which would not be triggering for them:

7.3 Through this engagement we held:

- 11 focus Groups
- 5 Meetings with service users supported by Megan CIC
- 1 interview with a carer
- A range of meetings/ workshops involving 185 people directly
- 1450 staff and stakeholder through wider communications

7.4 We also gathered existing insights and research information to inform the project. Information from the Kent listens project included in-depth conversations with 1356 individuals (from 57 different self-identified ethnicities who spoke 30 different first languages). We have also benefitted from colleagues across the system, including Healthwatch, Young Adults Involvement Project at Porchlight, and the Suicide prevention network, who have shared existing reports and research.

7.5 From the application for funding for the proposed centralisation of the HBPOS, active engagement has taken place with stakeholders.

7.6 Having successfully developed a safe way to engage people we continued with this process setting out to expand that to include a broader range of groups and individuals during the two months of consultation.

7.7 Our aims for the consultation were 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.

- 7.8 The detailed report on how we involved people and what was heard, and the contributions made by people with lived experience, families and organisations including our partners and stakeholders is in the report being finalised by Better Decisions Together an independent organisation who have analysed all the responses received. The ICB is awaiting the finalised report and will share with HASC Members in due course.

8 Climate change implications

- 8.1 As part of the travel assessment, it identified that there is likely to be a reduction in travel for patients, AMHP, Kent Police and the SECamb, this will see a reduction in the Co2 emissions related to HBPoS.
- 8.2 It is important recognised that it is unlikely that the impact of this will be realised as whilst teams will have reduced traveling it will free the teams up to attend other calls so whilst reducing the travel aligned to the HBPoS it is unlikely that the Kent and Medway as a whole will benefit. However, there will be no increase from the proposed centralisation of the HBPoS on Co2 emissions.
- 8.3 Throughout the delivery of the construction wherever possible the team will use look to create a more efficient building materials and incorporate BREEAM's approach to refurbishment and construction.

9. Financial implications

- 9.1 There is no direct financial impact to the Local Authority.
- 9.2 With regard to NHS funding implications, following the publication of the NHS Long Term Plan, the Department of Health and Social Care is providing £150m of capital funding to the Mental Health sector to support Integrated Care Systems (ICS) with pressures on the urgent and emergency mental health care pathway. This is part of wider programme of transformation to provide rapid access to care for people in crisis, thereby reducing avoidable hospital admissions and attendances at ED, increasing appropriate local alternatives, and improving patient experience and outcomes.
- 9.3 KMPT/ICS applied for capital funding under this initiative and was successful in securing funding to the value of £3.785m, supplied via public dividend capital (PDC).
- 9.4 The ICS recognises the current financial uncertainties, especially around prevailing rates of inflation. This case has support for additional capital funding from the system allocation if the project should be impacted by this. This position has been confirmed and is supported by the ICB.
- 9.5 KMPT are expecting to see a minimal revenue reduction from the implementation of the proposed centralisation of the HBPoS, with no increased revenue from any of the partner organisation.

Mental Health Investment

9.6 The Kent and Medway ICB have submitted a plan that has ringfenced £14m for mental health investment in the Kent and Medway System. This funding has been allocated across a number of services and improvements to enhance services that are available to support Mental health within Kent and Medway (Appendix 4). Some of these areas are:

- Maternal Mental Health services
- EDS Children – Enhanced Pathway
- Co-Occurring conditions training for MDT's
- Employment support for people with SMI
- Ambulance Response vehicles
- Conveyance
- Safe Havens
- Crisis Houses
- MH Enabled Digital Strategy
- 836 number
- ARMS – (At Risk Mental Health State Service)
- Staff support/ Wellbeing hubs
- CRHT extension

9.7 Specific to Medway is the commissioning of a Crisis House, a 24/7 Safe haven and a Health and Wellbeing Café open 7 nights a week.

9.8 The commissioning of a Crisis House in Medway for individuals experiencing mental health crisis will provide Medway residents experiencing mental health crisis with an alternative to inpatient admission for up to 7 nights. The Crisis House will be delivered by the Voluntary Community and Social Enterprise (VCSE) sector in partnership with KMPT.

9.9 The 24/7 Safehaven will be collocated on the Medway Foundation Trust Hospital site and delivered by the VCSE in partnership with KMPT and MFT and provide a viable alternative to A&E for individuals experiencing mental health crisis. Kent Police and SECamb will also be able to convey individuals in mental health crisis as opposed to A&E. The Safehaven will provide a time-limited therapeutic space for individuals to de-escalate and be supported to return home and signposted to community based mental health support services, for example the Health and Wellbeing Service at the Sunlight Centre, or the MEGAN peer support service.

9.10 Funding has been provided the Health and Wellbeing Café to enable 7 night opening.

10. Legal implications

10.1 There are no legal implications for the Local Authority regarding this proposal.

11. Recommendation

- 11.1 The Committee is asked to provide feedback and comments around the consultation on the proposed health-based places of safety (HBPoS), which will be included in the Decision-Making Business Case (DMBC) to support and inform the decision making within the ICB.

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Appendices

Appendix 1 – HBPoS – NHS England Assurance Review response

Appendix 2 – HBPoS – Consultation document

Appendix 3 – HBPOS – Equality Impact Assessment

Appendix 4 – HBPoS – Kent and Medway Investment into Mental Health

Background papers:

None