

**EQIA Submission – ID Number****Section A****EQIA Title**

Appendix 3

**Responsible Officer**

Louise Clack

**Type of Activity****Service Change**

Yes

**Service Redesign**

No

**Project/Programme**

Yes

**Commissioning/Procurement**

Yes

**Strategy/Policy**

Yes

**Details of other Service Activity**

N/A

**Accountability and Responsibility****Directorate**

Delivery Directorate

**Responsible Service**

Mental Health

**Responsible Head of Service**

Lee Martin

**Responsible Director**

Lee Martin

**Aims and Objectives**

## Scheme Objective

- 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 statutory standards for HBPOs within 12 months of opening

**Section B – Evidence****Do you have data related to the protected groups of the people impacted by this activity?**

Have Age, Disability, Gender,

**It is possible to get the data in a timely and cost-effective way?**

No as it would not be relevant to the proposed changes as specific to Kent and Medway

**Is there national evidence/data that you can use?**

No as it would not be relevant to the proposed changes as specific to Kent and Medway

**Have you consulted with stakeholders?**

yes

**Who have you involved, consulted and engaged with?**

Patients, public, partners, staff, and stakeholders – reference appendix/ section in case – consultation report and pre consultation report

<b>Has there been a previous Equality Analysis (EQIA) in the last 3 years?</b>
No however there is a section 136 improvement group that oversees incorporates review of intelligence including complaints, activity data, patient, carer feedback, Kent Police and JSNA June 2019.
<b>Do you have evidence that can help you understand the potential impact of your activity?</b>
Small specific service treating around 1,000 patients each year within Kent and Medway that are detained under the section 136 mental health act. This change will not impact who is detained however it will change the place they may be taken to. It will support the preservation of dignity of the people that are detained through enhanced facilities and workforce. Kent police are the service that detain the people and have a data sharing agreement with NHS which will allow on-going monitoring. Yes, we have data to support the information.
<b>Section C – Impact</b>
<b>Who may be impacted by the activity?</b>
<b>Service Users/clients</b> We have undertaken a travel impact assessment within section --- of the PCBC and whilst a small proportion of patients will have an increased journey on balance the majority of patients will have a decreased journey. For people who will experience a slightly longer journey the offset will be they are treated in a fit for purpose accessible facility with increased comfort that aids quicker recovery, improved patient experience and reducing waits for assessment. Emergency departments being used as an alternative HBPOS will also be reduced. There will be no increase in cost to patients as transport is provided for onward destination.
<b>Staff</b> We have consulted widely with all professional and clinical groups who will be impacted by this change including, KMPT, Kent Police, SECam, Medway AMHP service, Kent AMHP service, Acute trusts and Healthcare partnership directors and teams. From the engagement the consensus is that the change will positively benefit the experience of care. Formal consultation with KMPT staff will take place only if the proposal is agreed and when the implementation is closer. For this staff group there will be self-acknowledged benefits with around 85% Looking forward to the change. Benefits will be ranging from improved work life balance as less unsociable shifts, improved supervision, career progression and larger support group as all based on one site.
<b>Residents/Communities/Citizens</b> We have engaged and consulted widely around the proposed changes working with the VCSE's, Better Mental Health and Suicide Prevention Networks. The feedback has been generally positive around the perceived impact. This feedback can be found in the PCBC in section -----. The expected impact is that the proposed implementation will see increased access to emergency service resources to the wider population.
<b>Are there any positive impacts for all or any of the protected groups as a result of the activity that you are doing?</b>
In the new design we will be able to be flexible to the needs of the nine protected characteristics and the wider population.
<b>Details of Positive Impacts</b>
<ul style="list-style-type: none"> <li>• Improved patient experience</li> <li>• Improved outcomes for patients</li> <li>• Improved number and % of MHA assessment completed within the 4-hour period.</li> <li>• Reduce the number of individuals detained in an emergency department where no medical need is identified.</li> <li>• Improved system relationships</li> <li>• Improved experience for all staffing cohorts internal and external to KMPT supporting HBPOS.</li> <li>• Reduction in the number of maintenance calls and cost</li> <li>• Reduction in restrictive practice</li> <li>• Improvement on the staff survey results</li> <li>• Timely and skilled mental health intervention will positively impact onward inpatient admission rate from the HBPOS</li> </ul>

- Improved staff support
- Improvement on friends and family test.
- Reduction in agency spend
- Reduction in employee turnover
- Improved doctor training experience
- Improve staff satisfaction survey results within HBPOs
- 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.
- 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.

As well as improved facilities and experience for all.

## Negative impacts and Mitigating Actions

### 19. Negative Impacts and Mitigating actions for Age

#### Are there negative impacts for age?

No, this is an all-age adult service with close links to the children’s and younger persons services (CYP) and the older adult’s mental health services to ensure there is seamless interface enabling age-appropriate approach.

#### Details of negative impacts for Age

N/A

#### Mitigating Actions for Age

N/A

#### Responsible Officer for Mitigating Actions – Age

N/A

### 20. Negative impacts and Mitigating actions for Disability

#### Are there negative impacts for Disability?

No, negative impacts in fact the improved facility will ensure that patients with a disability have access to appropriate facilities that are not currently offered as patients that are frail or have a disability will have access suitable facilities. Fully accessible to current HBN’s standards.

#### Details of Negative Impacts for Disability

N/A

#### Mitigating actions for Disability

N/A

#### Responsible Officer for Disability

N/A

### 21. Negative Impacts and Mitigating actions for Sex

#### Are there negative impacts for Sex

No there will be increased privacy and dignity which will feature as a key element in the design process, for example on suite facilities and separation of facilities for men and women appropriate to need.

#### Details of negative impacts for Sex

N/A

#### Mitigating actions for Sex

N/A

#### Responsible Officer for Sex

N/A

### 22. Negative Impacts and Mitigating actions for Gender identity/transgender

#### Are there negative impacts for Gender identity/transgender

No there will be increased privacy, dignity and safety which will feature as a key element in the design process, for example on suite facilities and separation of facilities for men and women appropriate to need.
<b>Negative impacts for Gender identity/transgender</b>
N/A
<b>Mitigating actions for Gender identity/transgender</b>
N/A
<b>Responsible Officer for mitigating actions for Gender identity/transgender</b>
N/A
<b>23. Negative impacts and Mitigating actions for Race</b>
<b>Are there negative impacts for Race</b>
None identified currently there is system oversight of available intelligence (including complaints, patient feedback, and data). Which will indicate if there is a need for mitigation. The emergency and HBPOS staff will operate in a culturally sensitive way supported by training and access to additional support such as interpreting services.
<b>Negative impacts for Race</b>
N/A
<b>Mitigating actions for Race</b>
N/A
<b>Responsible Officer for mitigating actions for Race</b>
N/A
<b>24. Negative impacts and Mitigating actions for Religion and belief</b>
<b>Are there negative impacts for Religion and belief</b>
None identified currently there is system oversight of available intelligence (including complaints, patient feedback, and data). Which will indicate if there is a need for mitigation. The emergency and HBPOS staff will operate in a culturally sensitive way supported by training and access to additional support.
<b>Negative impacts for Religion and belief</b>
N/A
<b>Mitigating actions for Religion and belief</b>
N/A
<b>Responsible Officer for mitigating actions for Religion and Belief</b>
N/A
<b>25. Negative impacts and Mitigating actions for Sexual Orientation</b>
<b>Are there negative impacts for Sexual Orientation</b>
None identified currently there is system oversight of available intelligence (including complaints, patient feedback, and data). Which will indicate if there is a need for mitigation. The emergency and HBPOS staff will operate in a sensitive way supported by training and access to additional support.
<b>Negative impacts for Sexual Orientation</b>
N/A
<b>Mitigating actions for Sexual Orientation</b>
N/A
<b>Responsible Officer for mitigating actions for Sexual Orientation</b>
N/A
<b>26. Negative impacts and Mitigating actions for Pregnancy and Maternity</b>
<b>Are there negative impacts for Pregnancy and Maternity</b>
No there will be increased privacy, dignity and safety which will feature as a key element in the design process, for example on suite facilities and separation of facilities for men and women appropriate to need. The proposed HBPOS will also be co located with and acute hospital site and a birthing suite with swift access to maternal services.
<b>Negative impacts for Pregnancy and Maternity</b>
N/A

<b>Mitigating actions for Pregnancy and Maternity</b>
N/A
<b>Responsible Officer for mitigating actions for Pregnancy and Maternity</b>
N/A
<b>27. Negative impacts and Mitigating actions for Marriage and Civil Partnerships</b>
<b>Are there negative impacts for Marriage and Civil Partnerships</b>
No there will be no perceived negative impacts for people that are Marriage and Civil Partnerships
<b>Negative impacts for Marriage and Civil Partnerships</b>
N/A
<b>Mitigating actions for Marriage and Civil Partnerships</b>
N/A
<b>Responsible Officer for Marriage and Civil Partnerships</b>
N/A
<b>28. Negative impacts and Mitigating actions for Carer's responsibilities</b>
<b>Are there negative impacts for Carer's responsibilities</b>
No, AMHP's will continue to consult with carers and nearest relatives as part of their Mental Health Assessment. Carers will be assured of the travel assistance in place. The swifter assessment will reduce anxiety of the carers and family. With consent the HBPOS staff will update the carers and family of the status of the assessment.
<b>Negative impacts for Carer's responsibilities</b>
N/A
<b>Mitigating actions for Carer's responsibilities</b>
N/A
<b>Responsible Officer for Carer's responsibilities</b>
N/A