

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

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TRANSFORMING MENTAL HEALTH SERVICES IN KENT AND MEDWAY - ERADICATING DORMITORY WARDS

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Summary

Outdated and old-fashioned dormitory wards in mental health facilities compromise the safety, dignity, and privacy of patients. NHS England and the Government have pledged £650million in national funding to replace out-of-date mental health dormitories with single en-suite rooms, to help improve care for mental health inpatients across the country.

As part of the Government's scheme to eradicate out-of-date dormitory wards, we are delighted to have successfully secured Government capital funding to develop modern, purpose-built accommodation for older adults with mental health issues, including dementia.

The investment in a new purpose-built building for these inpatient mental health services provides the opportunity to release Ruby ward, Kent and Medway Health and Social Care Partnership NHS Trust's (KMPT) only remaining dormitory ward (at Medway Maritime Hospital in Gillingham) meaning that patients would no longer need to be cared for in an outdated ward which compromises their privacy, dignity and safety and is not suitable for their needs.

To support the immediate response to the demands placed on the Medway Foundation Trust (MFT) by the COVID-19 pandemic, a temporary measure has already been undertaken to relocate patients on Ruby Ward to other KMPT inpatient units. This has provided additional capacity on the MFT site to manage the significantly increased acute and critical care activity caused by the pandemic.

This paper has been developed to update Members on this new capital investment, the process by which this was secured, and timescale requirements for accessing this capital funding. We also outline our early progress in reviewing locations for a new, updated facility for Kent and Medway residents and how this fits with our ambition to provide high-quality and safe accommodation for patients within the context of a programme of wider mental health transformation.

1. Budget and policy framework

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

2. Background

Situation

- 2.1 Outdated and old-fashioned dormitory wards in mental health facilities compromise the safety, dignity, and privacy of patients. NHS England and the Government have pledged £650million in national funding to replace out-of-date mental health dormitories with single en-suite rooms, to help improve care for mental health inpatients across the country.
- 2.2 Across Kent and Medway we have been making good progress in improving the safety and quality of our mental health sites and facilities. In Medway specifically we have been making substantial investment in community services and looking at opportunities for integrated services at Britton House in Gillingham.
- 2.3 As part of the Government's scheme to eradicate out-of-date dormitory wards, we are delighted to have successfully secured Government capital funding to develop modern, purpose-built accommodation for older adults with mental health issues, including dementia.
- 2.4 The investment in a new purpose-built building for these inpatient mental health services provides the opportunity to release Ruby ward, KPMT's only remaining dormitory ward (at Medway Maritime Hospital in Gillingham) meaning that patients would no longer need to be cared for in an outdated ward which compromises their privacy, dignity and safety and is not suitable for their needs.

Transforming mental health in Kent and Medway

- 2.5 Our proposal should be seen in the context of some exciting times ahead for improving mental health services in Kent and Medway. Unprecedented levels of

funding and investment are available (£51m) to transform mental health services and support over the next five years. Working together as a health and care system, the Kent and Medway Mental Health and Learning Disability and Autism Improvement Board – which includes representation from the NHS, local authorities, social care, and other partners - have big ambitions for mental health services. They include:

- Reducing the need for people to be admitted to an acute ward by improving community based support
- Improving psychiatric intensive care for women
- Developing specialist dementia services for people with complex needs
- Eradicating outdated and unsafe dormitory wards
- Redesigning community mental health services.

2.6 We have a great opportunity over the next five-year period, with investment in and focus on mental health, to provide better mental health services, and care which is fit for the future. Mental health care needs to be more easily accessible, provide a greater range of services and support, and be more joined-up between all those involved in planning and delivering services. Our intention is to engage widely with people in Kent and Medway about their experiences, hopes and ambitions for mental health services in general, later this year.

About Ruby Ward

- 2.7 An important part of our ambition is to provide high-quality and safe accommodation for patients. It has been well documented – in the review of the Mental Health Act 2018, the NHS Long Term Plan and by the Care Quality Commission - that dormitory wards compromise mental health patients' privacy, dignity, and safety, and increase the risk of infection (particularly in COVID-19 times). One of our priorities is to urgently eradicate this type of accommodation by 2022 and replace it with modern, purpose-built/converted accommodation with single en-suite rooms.
- 2.8 Ruby Ward is the single remaining dormitory ward in the area. The current ward is arranged in three bays of four beds, with two additional side-rooms. The unit was not designed as a mental health ward and the environment has long been recognised as not fit for purpose. It does not deliver the safety, privacy, and dignity that our mental health patients have every right to expect. In addition, as the ward is on the first floor it is harder to access (KMPT has a preference for ground floor facilities), there is no immediate access to outdoor space, and access to fresh air is some distance away through the main hospital. Developing a new, purpose-built facility for inpatient mental health services to the new agreed specification will improve patient care and experience.
- 2.9 Releasing Ruby Ward would also allow Medway NHS Foundation Trust (MFT) to work with commissioners to repatriate other NHS services to the Medway Maritime Hospital site. This includes plans to bring some general surgical and diagnostic activity currently provided by independent providers back to Medway, benefiting local residents. This has become increasingly important with the impact of COVID-19 on waiting times for people waiting for planned operations and other elective

procedures. Currently Medway patients can access treatment in the independent sector, and whilst this option will still be available to support patient choice of provider, the release of Ruby Ward will enable more acute activity to be delivered on the MFT site.

- 2.10 To support the immediate response to the demands placed on MFT by the COVID-19 pandemic a temporary measure has already been undertaken to relocate patients on Ruby Ward to other KMPT inpatient units. This has provided additional capacity on the MFT site to manage the significantly increased acute and critical care activity caused by the pandemic.

3. Bid for National Funding

- 3.1 The process to access national funding required a bid to be submitted within five days of being notified of the available capital, not months as is usual for major programmes. It should be noted that it was made clear that capital funding would be allocated to provider trusts and the criteria also specified that any capital funding received by the Trust must be invested in their estate portfolio, owned by the Trust, and declared a Trust asset. In other words, any potential site for redevelopment with these monies either needs to be already owned or acquired by the Trust. Incidentally, there is no additional funding available from the national programme to support the acquisition of assets.
- 3.2 The experience of the COVID-19 pandemic has added an urgency to the programme and created a focus on spatial, infection control, privacy and dignity accommodation requirements.
- 3.3 The limited number of days available meant a desktop exercise was required to consider site options and register a bid. The challenging timescale meant that KMPT – as provider of the service - was only able to engage with stakeholders in a limited way, engaging with MFT and CCG commissioners in advance of submitting the bid to ensure their support and endorsement, and with senior local authority partners immediately after submission and indication of likely success.
- 3.4 The criteria used for the initial search for a suitable location for a new capital build or redevelopment was for sufficiently sized KMPT owned or leased building space/land, available within the short-term, and ideally located with other mental health and general acute hospital support. The initial search was undertaken in Medway and was widened to other Trust sites across Kent and Medway when a suitable site in Medway could not be found.
- 3.5 Once awarded the funding, KMPT worked with health and care system partners to comprehensively re-assess the potential for local Medway solutions, to try and retain immediate access in a Medway location. The following search criteria was used:
- **Scale:** Sufficient space, whether existing buildings for adaptation or for a new build including external space for a garden, parking etc. KMPT also prefers ground floor options for all inpatient services as it better suits patients' physical

needs.

- **Availability:** Given the urgency of the national timetable, driven by both COVID-19-related concerns and the unacceptability of dormitory accommodation in terms of patient safety, privacy and dignity, the building or land must be available in the short term. The timescale set by regulators for awarding capital funds is for commencement of construction of a new-build or major conversion by October 2021.
- **Location alongside other mental health services:** KMPT’s strategy for locating new mental health inpatient units, in common with all other mental health trusts, is to ensure the support of other medical, psychological, therapeutic, and most importantly, nursing staff to the ward team. It is easier to ensure this access if a number of wards are located together which also provides economies of scale.
- **Location alongside general acute hospitals:** It is beneficial for mental health inpatient facilities to be located close to general hospitals so that medical emergencies are more easily managed. This is significantly more important for older people with mental health problems, whose physical health care needs are usually higher, as in the general population, but further exacerbated by their mental health problems, which can make diagnosis of serious physical health problems more difficult.
- **Site ownership:** The capital investment that the Trust will receive needs to be invested in KMPT estate, owned by the Trust and declared as an asset on the Trust’s balance sheet. If the relocation is to be within Medway this would require the Trust having to acquire a site there. The Trust has had this position confirmed by its regulator. NHSEI also confirmed there is no additional funding available from the national programme to support acquisition of assets.

Admissions to Ruby Ward

CCG area	2019/20	
	Inpatient numbers	Percent of inpatients
NHS ASHFORD CCG	1	1.9%
NHS CANTERBURY AND COASTAL CCG	2	3.8%
NHS DARTFORD, GRAVESHAM AND SWANLEY CCG	9	17.3%
NHS MEDWAY CCG	16	30.8%
NHS SOUTH KENT COAST CCG	1	1.9%
NHS SWALE CCG	7	13.5%
NHS THANET CCG	2	3.8%
NHS WEST KENT CCG	13	25.0%
OUTSIDE KENT	1	1.9%
Total	52	99.9%*

*not 100% due to rounding

4. Assessment

Initial assessment to meet timescales for the bid

- 4.1 The immediate challenge was to identify where a new-build or refurbished ward could be sited. Adaptation of the existing Ruby ward was ruled out as it is too small and did not support the strategic ambition to deliver more acute treatment on the MFT site. The only other inpatient facility owned or leased by KMPT in the Medway area, Newhaven Lodge, was also ruled out as inadequate in terms of space. The Trust's other service occupying a building on the Medway Hospital site is the Disablement Services Centre, which is fully operational, and in addition, standalone units are not considered good practice as they can be more difficult to staff and can lead to patient safety issues.
- 4.2 Having established that there were no KMPT estate options within Medway, the Trust reviewed whether it owned other sites on which to realistically base the bid.
- 4.3 The only available KMPT site meeting the criteria is the Maidstone site, which is also KMPT's closest nearby, and most easily accessible, site for Medway residents. Whilst acknowledging that people want as short a journey time as possible to access healthcare facilities, KMPT provides inpatient beds on a Kent and Medway-wide basis, with different specialist facilities and different specialist teams caring for patients in different places. There is not a concept of 'local' specialist inpatient beds designated for particular communities – all inpatient services are provided for all Kent and Medway residents. This means that patients requiring admission may not be admitted to a unit closest to their home, but they will be admitted to the most appropriate facility to meet their needs. This is demonstrated in the table above, showing that whilst Ruby Ward is located in the Medway CCG catchment area, it takes patients from across Kent and Medway.
- 4.4 The bid which was therefore submitted is based on the development of a new purpose-built facility on the Maidstone site.

Assessment undertaken following successful bid outcome

- 4.5 Delighted to have been awarded the funding, KMPT worked with health and care system partners to comprehensively assess the potential for local Medway solutions which were not owned by the Trust, to try and retain immediate access in a Medway location.
- 4.6 The following agencies were approached to provide information and suggestions on potential sites in the Medway area which might meet the criteria set out above:
 - **Medway Foundation NHS Trust (MFT)** - The site has some very old wards which are not fully fit for purpose, many having very cramped conditions which have become even more compromised by the impact of the pandemic and the need to socially distance, which has resulted in a reduction in bed numbers. Also, the ambition of the local health system is to repatriate Medway surgical and diagnostic activity which is currently outsourced to private providers which will require access to more estate. The opportunity to have Ruby Ward back (which due to its location

and comparatively modern build, compared to some of the MFT Victorian estate, is regarded as a prime asset for MFT) makes a significant contribution to tackling some of the issues above and will benefit patients using Medway Maritime Hospital.

MFT is clear that there are no facilities available or appropriate in the main building, and have plans for the various buildings sited around the periphery, including the potential for an onsite GP or healthy living centre and/or step down facility.

- **Medway Community Healthcare Trust (MCH)** - KMPT has worked with MCH and has reviewed the properties it uses in Medway against the five criteria. Of these only three meet the scale criteria, but none are available as all are patient-facing operational services with no plans to change them in the short-term. They are owned by NHS Property Services.
- **Independent nursing and care home sector** - The CCG has considered whether there might be potential within the independent nursing and care home sector. Only one site emerged with potential, but in discussions with the provider concerned they confirmed that the land they did have available is already allocated for their own purposes.
- **Medway Council estates division** - A list of five potential sites was provided by the Council. The Trust has undertaken a review of each of these sites against the five criteria set out in the background section above, but none met the criteria, most being too small or not available within the necessary timescale and none are located alongside a mental health unit or general hospital.

A full list of the sites considered is attached as Appendix 1.

- **NHS Property Services** - provided a list showing the NHS land and property which fit the scale criteria. Unfortunately, with the exception of the Clover Street land, they have confirmed that they are all operational properties and would not be available in the short or medium term.

The Clover Street site is vacant and remains the preferred option for the Chatham Healthy Living Centre development. The site would not meet either of the co-location criteria nor the site ownership criteria. In addition, its location in a commercial part of the town is not ideal for an inpatient unit.

One property, **Darland House**, has been closely considered, given there is already a dementia care home service on site. However, to develop the new unit would result in loss of all garden/amenity space to the existing unit, as the site is not large enough. Ownership and co-location with general hospital services are two further criteria which Darland House does not meet. The Trust has also explored the land next to Darland, which is owned by the council and is part-occupied by football/hockey pitches. However, council officers confirmed this was not available.

5. Conclusion

- 5.1 The eradication of outdated and unsafe dormitory wards is part of a wider and exciting programme of work, led by the Kent and Medway Mental Health Improvement Board, on behalf of commissioners, which will see significant investment and improvement in mental health services in Kent and Medway over the next five years.
- 5.2 A comprehensive multi-agency review of accommodation options for a specialist mental health unit for older people has not identified a suitable location in Medway which meets the identified criteria, including - critically - the timescale requirements for accessing capital funding. This means the option which formed the basis of the original bid to DHSC, development of a new purpose built facility on the Maidstone site, meets all the identified criteria and remains the recommended way forward.
- 5.3 The release of Ruby ward will realise our goal to eradicate outdated dormitory style accommodation for mental health patients in Kent and Medway and will also allow MFT to pursue its own efforts to repatriate other NHS services, such as outsourced surgical and diagnostic activity, back to Medway and onto the Medway Maritime Hospital site.
- 5.4 Importantly, the national and local strategic priority is to continue to enhance mental health community services, support people in their own homes and avoid hospital admission wherever possible. In terms of its estate plans, KMPT has made a substantial investment in community mental health services in Medway, redeveloping the Britton Farm site in Gillingham in partnership with the council, providing local residents with the highest standard of accommodation for mental health community facilities anywhere in the county. Work is ongoing between KMPT and Medway Community Healthcare to consider opportunities for further development of integrated community services, potentially sited at Britton House, to continue to improve the health of people in Medway.

6. Risk management

- 6.1 There are no risks to Medway Council arising directly from this report.

7. Consultation

- 7.1 As set out in the conclusions section below, we recognise that this is a significant variation to current services. In ordinary circumstances we acknowledge that this would require a level of engagement and/or consultation activity and are seeking advice from HASC on proportionate and appropriate next steps for engagement and consultation by commissioners on the proposed change.
- 7.2 If engagement alone is not acceptable to councillors, we **recommend** a six-week period of public consultation with HASC and local people including patients, families and carers who have used the Ruby ward service, to identify alternative

sites or solutions to urgently eradicate the Trust's remaining dormitory ward by 2022 and meet national capital funding requirements to commence construction of a new-build or major conversion by October 2021. Commissioners will then make a final decision on the future location of the service that to date has been provided on Ruby Ward.

- 7.3 We are committed to involving service users and their carers and other stakeholders in the design of the proposed new purpose-built facility and will ensure this is central to support the development of the new unit going forward.

8. Financial implications

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

9. Legal implications

- 9.1 Provision for health scrutiny is made in the Local Authority (Public Health, Health and wellbeing Boards and Health Scrutiny) Regulations 2013 and includes a requirement on relevant NHS bodies and health service providers (including Public Health to consult with local authorities about any proposal which they have under consideration for a substantial development of or variation in the provision of health services in the local authority's area. This obligation requires notification and publication of the date on which it is proposed to make a decision as to whether to proceed with the proposal and the date by which Overview and Scrutiny may comment.
- 9.2 Where more than one local authority has to be consulted under these provisions those local authorities must convene a Joint Overview and Scrutiny Committee for the purposes of the consultation and only that Committee may comment.
- 9.3 The legislation makes provision for local authorities to report a contested substantial health service development or variation to the Secretary of State in certain circumstances, after reasonable steps have been taken locally to resolve any disagreement between the local authority and the relevant responsible person on any recommendations made by the local authority in relation to the proposal. The circumstances in which a report to the Secretary of State is permitted are where the local authority is not satisfied that consultation with the local authority on the proposed substantial health service development or variation has been adequate, in relation to content or time allowed, or where the authority considers that the proposal would not be in the interests of the health service in its area.
- 9.4 Revised [guidance](#) for health service Commissioners on the NHS England assurance process for service changes was published in March 2018. The guidance states that broadly speaking, service change is any change to the provision of NHS services which involves a shift in the way front line health services are delivered, usually involving a change to the range of services available and/or the geographical location from which services are delivered. It

also says that any proposed changes should be aligned to Sustainability and Transformation Partnership (STP) Plans.

- 9.5 The NHS England guidance acknowledges that the terms “substantial development” and “substantial variation” are not defined in the legislation. Instead commissioners and providers are encouraged to work with local authorities to determine whether the change proposed is substantial thereby triggering a statutory requirement to consult with Overview and Scrutiny. The Council has developed a template to assist the Committee in determining whether a proposed change is substantial. The assessment undertaken using this template is attached as Appendix 2.
- 9.6 That assessment concludes that this proposal is considered to be substantial change of service for Medway residents.
- 9.7 The NHS England guidance also states that public consultation, by commissioners and providers is usually required when the requirement to consult a local authority is triggered under the regulations because the proposal under consideration would involve a substantial change to NHS services.
- 9.8 However, public consultation may not be required in every case, sometimes public engagement and involvement will be sufficient. The guidance says a decision around this should be made alongside the local authority.
- 9.9 Should the decision be to undertake public consultation, best practice is for the consultation period to be 6 to 12 weeks in most cases, and the Government’s non-binding Code of Practice on Consultations refers to a period of 3 months.

10. Conclusions

- 10.1 Whilst the relocation of current patients on Ruby Ward has been undertaken as a temporary measure to support the demands placed on MFT by the COVID-19 pandemic, the eradication of outdated dormitory wards must be a priority for the Kent and Medway health and care system. We are delighted that capital funding is available to enable us to achieve this goal in the best interest of patients. We are therefore **recommending** that the temporary move becomes permanent and a purpose-built facility for older people’s mental health services is developed on the Maidstone hospital site.
- 10.2 We recognise that this is a significant variation to current services. In ordinary circumstances we acknowledge that this would require a level of engagement and/or consultation activity. We would welcome the HASC’s view on whether this should be prioritised, taking into account:
- the clear rationale for repurposing Ruby Ward because of the poor physical environment and the risks to safety and unacceptably poor privacy and dignity it provides for mental health patients
 - the short timescales to respond to the NHSE capital bid and start the build/ refurbishment, alongside requirements for the capital investment that the Trust

will receive to be invested in KMPT estate, owned by the Trust and declared as an asset on the Trust's balance sheet

- MFT's need for Ruby Ward in supporting the response to the current pandemic, and in repatriation of NHS activity in Medway.

10.3 If engagement alone is not acceptable to councillors, we **recommend** a six-week period of public consultation with HASC and local people including patients, families and carers who have used the Ruby ward service, to identify alternative sites or solutions to urgently eradicate the Trust's remaining dormitory ward by 2022. Commissioners will then make a final decision on the future location of the service that to date has been provided on Ruby Ward.

11. Recommendations

11.1 Members are asked to:

- a) note the national policy and support the case for eradicating outdated dormitory accommodation for mental health inpatients in Kent and Medway.
- b) note that Ruby Ward, on the Medway Maritime Hospital site, is the only remaining dormitory ward for mental health patients in Kent and Medway.
- c) note KMPT's successful bid for capital funding to support the eradication of such wards through redevelopment or new build of fit-for-purpose accommodation with a requirement to commence construction of a new-build or major conversion by October 2021.
- d) note the process and progress to date in working to identify an appropriate and suitable site for reprovision of services previously provided on Ruby ward.
- e) note the current number of beds for Ruby Ward is 14 and the proposed reprovision would be for 16 beds in the new location.
- f) determine whether the reprovision of services from Ruby ward at Medway Maritime Hospital to the Maidstone Hospital site is considered to be a substantial variation to services.
- g) consider and advise appropriate and proportionate next steps for engagement and consultation by commissioners on the proposed change.
- h) continue to work closely and engage with commissioners and KMPT as they seek to successfully eradicate dormitory accommodation for mental health patients in Kent and Medway.

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Appendices:

Appendix 1 - Evaluation of potential sites from Medway Council estates division

Appendix 2 - Assessment of whether or not a proposal for the development of the health service or a variation in the provision of the health service in Medway is substantial

Background papers

None