

## **HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE**

**17 AUGUST 2021**

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

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#### **Summary**

Members have asked for a report on the 'Eradicating mental health dormitory wards in Kent and Medway' programme, specifically to include updates on:

- The programme timeline
- The integrated impact assessment, with particular reference to the travel analysis and any emerging mitigations for travel impact
- Implementation planning – particularly regarding the proposed transfer of staff and patients
- The consultation plan and timeline
- The proposed visit to better understand community-based mental health services in Medway.

Updates on these areas are set out in this paper.

#### **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

- 2.1. Ruby Ward is an inpatient mental health ward for older adults with functional mental illness (for example, severe depression, schizophrenia, or bi-polar conditions). Ruby Ward is currently based at Medway Maritime Hospital on the first floor of a building. It is in a ward space originally designed for physical rather than mental health patients and has little space for therapeutic activity, and limited access to outside space and gardens. It is Kent and Medway's last remaining dormitory ward for mental health patients. It has 14 beds but only 10 can be used because of the layout of the ward. Due to its dormitory style accommodation and shared bathroom facilities, only female patients are cared for at the moment on Ruby Ward.
- 2.2. The Government has a policy to eradicate dormitory wards for mental health patients. This is because they are environments that do not provide the privacy, dignity, and safety mental health patients expect and deserve. Kent and Medway Clinical Commissioning Group (KMCCG), working in partnership with Kent and Medway NHS and Social Care Partnership Trust (KMPT), is therefore proposing to replace Ruby Ward with a purpose-built new facility with single ensuite rooms, therapeutic areas, and garden space. To do this the NHS proposes relocating Ruby Ward to KMPT's main Hermitage Lane, Maidstone site. KMPT has been allocated £12.65 million government funding to build the new facility. The new building would be able to accommodate men as well as women within national same sex accommodation guidelines. While inpatient care accounts for a small proportion of all mental health services, it is important that when people need to go into hospital the environment supports their recovery.
- 2.3. KMPT takes a needs-led approach to inpatient admissions. This means 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 to hospital for mental health care 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. Whilst Ruby Ward is located in the former Medway CCG catchment area, it takes patients from across Kent and Medway.
- 2.4. A robust process to identify possible sites for the new build has been undertaken, including looking extensively at potential sites in Medway. However, only one site, in Maidstone, met the criteria – adequate space; availability of the site for work to begin to meet a November 2022 deadline for the build; ownership of the land for the building to be a KMPT asset; co-location with general acute hospital services; and co-location with other inpatient mental health services. Therefore, the preferred option is for Ruby Ward to be relocated to the Maidstone site. This process was set out in more detail in papers discussed and considered at the June 2021 HASC meeting. It is also described in the consultation document and pre-consultation business

case which can be seen at [www.kentandmedwayccg.nhs.uk/get-involved/ruby-ward](http://www.kentandmedwayccg.nhs.uk/get-involved/ruby-ward).

- 2.5. This proposal and option is currently the subject of a public consultation, and consultation directly with this Committee, led by KMCCG. A final decision on the proposed relocation of Ruby Ward will be taken by KMCCG's Governing Body in late November 2021.

### 3. Programme timeline

- 3.1. The diagram below shows where the programme currently is in the overall programme timeline.

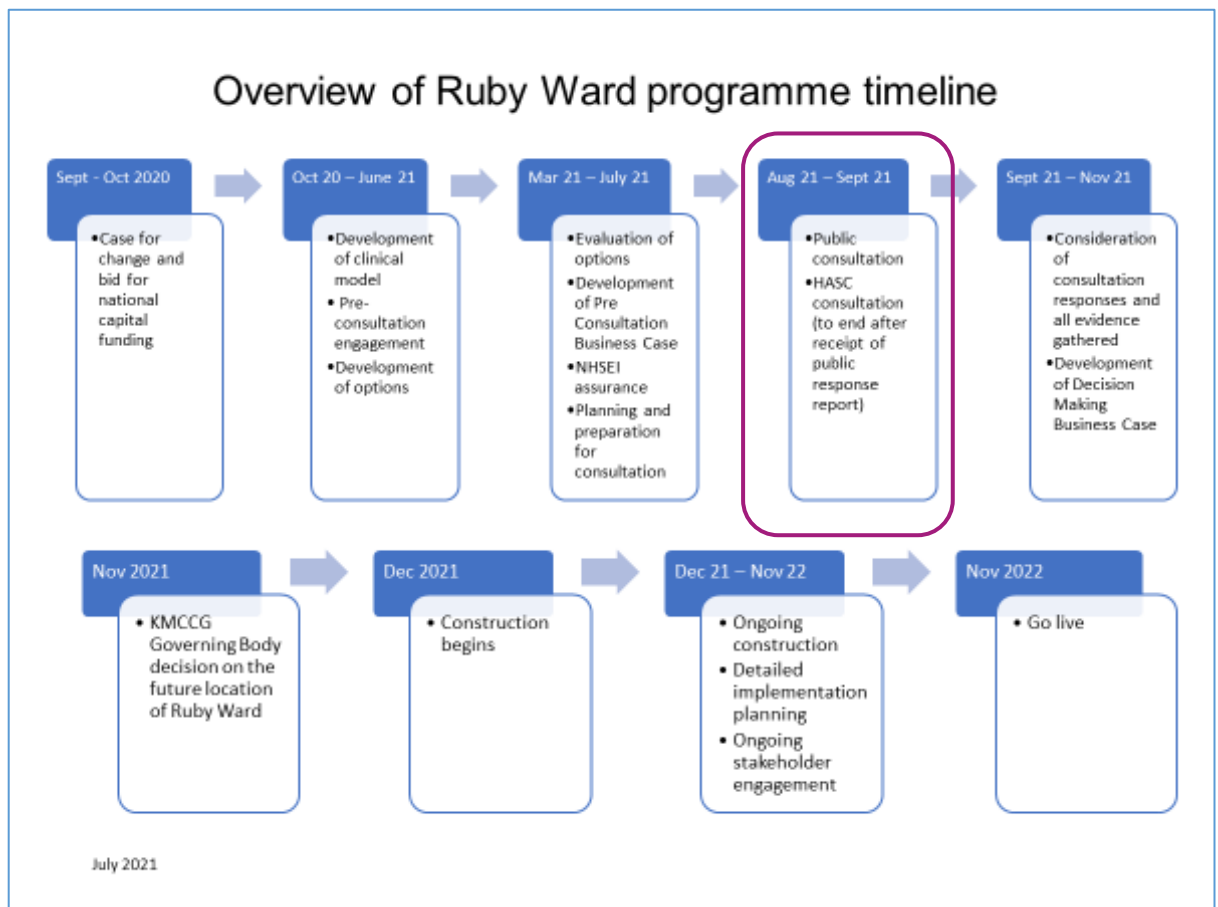


Fig 1: An overview of the Ruby Ward programme timeline

### 4. Integrated impact assessment and travel analysis

#### 4.1. Integrated Impact Assessment

- 4.1.1. 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 and inequalities as part of the decision-making process. An IIA has been undertaken as part of the proposals to relocate Ruby Ward. Further details can be seen in chapter

nine of the pre-consultation business case published at <https://www.kentandmedwayccg.nhs.uk/get-involved/ruby-ward>

4.1.2. The integrated impact assessment concluded that the proposals would have a significant beneficial impact on quality, safety, and patient outcomes. This is because the new ward will improve privacy and dignity of care, reduce length of stay, reduce adverse incidents, ensure accommodation meets best practice for same sex accommodation, improve facilities for visitors, improve access to therapeutic support, improve patient safety, provide flexible accommodation to meet the needs of patients, provide two additional beds to meet the needs of a growing and ageing population, co-locate the ward with other services improving safety and quality, and improve infection control. Groups with protected characteristics (particularly people with disability, older people, men, transgender people and BAME communities) and deprived communities are likely to disproportionately benefit from the proposals as they are more likely to use the service or be able to access the service in future.

#### 4.2. *Travel analysis*

4.2.1. Travel analysis has been undertaken that looks at the impact of the proposal on people travelling to Ruby Ward 1) as their nearest older adult ward, and 2) for patients travelling to Ruby Ward from across the north and west of Kent, and Medway (the main catchment area, as 80% of Ruby Ward patients are from this area). The proposals to change the location of Ruby Ward from Gillingham to Maidstone will result in minimal change in average travel times by car and public transport. In addition, whilst the changes will result in some patients having to travel slightly further to access Ruby Ward in its proposed new location, the IIA considered that this is more than offset by the quality, safety and patient outcomes benefits of the proposals. Further detail can be found in **Appendix A** (or in the consultation document and pre-consultation business case published at <https://www.kentandmedwayccg.nhs.uk/get-involved/ruby-ward>.)

4.2.2. There is no disproportionate impact for men, women, older people (aged over 65) or BAME communities. There is a small disproportionate impact on more deprived populations accessing Ruby Ward as either the closest service or travelling across north and west Kent and Medway by car (peak or off-peak) in relation to average travel time. There is a more substantial disproportionate impact on visitors from deprived populations accessing Ruby Ward by public transport. This is particularly for more deprived populations who are travelling across the catchment area to Ruby Ward (rather than Ruby Ward being their nearest ward) where there is a worsening of travel times compared to an improvement for less deprived populations.

4.2.3. Despite the options having a potentially negative impact on some visitors in terms of increased travel time, patients from deprived populations will disproportionately benefit from a significant improvement in the quality of care received, as they are more likely to use the service.

### *How can we reduce the impact of increased travel times?*

- 4.2.4. We have already started thinking about how we can reduce the impact of increased travel times that some people would experience if Ruby Ward relocated to Maidstone. Patients are usually transported to the ward by ambulance or other types of patient transport; therefore, we have focused primarily on reducing the impact on visitors and also on staff.
- 4.2.5. It has already been agreed that there would be dedicated car parking for patients and visitors at the Maidstone site, compared to parking in the main car park at Medway Maritime Hospital. There would also be benches for people to rest whilst walking from the car park to Ruby Ward, based on feedback we have already received from patients and carers. The new ward would be better set up for visitors (who may also be elderly or have a disability) with ground-floor access, dedicated visiting space and disabled facilities.
- 4.2.6. In addition, we will make sure we continue to identify visitors who may need support to get to Ruby Ward to see a loved one and continue to make best use of volunteer transport services to provide free or subsidised transport where needed. This type of service already exists, and **Appendix B** shows data from KMPT on the volume of requests and journeys made for this type of transport/support over the period July 2020-July 2021.
- 4.2.7. For those staff who may have longer journey times, we will work with them on a case-by-case basis to look at how we can help to reduce the impact on them.
- 4.3. *Other impacts*
  - 4.3.1. A full description of the anticipated impacts is set out in chapter nine of the pre-consultation business case found at <https://www.kentandmedwayccg.nhs.uk/get-involved/ruby-ward>
  - 4.3.2. The proposals will enable Medway Maritime Hospital to use the space currently occupied by Ruby Ward to deliver additional work to support the restoration and recovery of elective services (planned operations and procedures) following the Covid-19 pandemic.
  - 4.3.3. The assessment considered the sustainability impact of the proposal, and the current design work is being done using BREEAM (Building Research Establishment Environmental Assessment Method), a sustainability assessment method that is used to masterplan projects, infrastructure, and buildings. It requires trusts to design to sustainable standards aiming for a net zero carbon project.
  - 4.3.4. Some potential ways in which to enhance opportunities and to mitigate or reduce the effect of the potential negative impacts identified in the integrated

impact assessment have started to be developed. These will be developed in more detail as part of the decision-making business case and implementation phase of work.

## 5. Planning for implementation

- 5.1. Much of the programme team's current focus is on delivering the public consultation and beginning to scope the plan for the decision-making business case (DMBC) for KMCCG Governing Body to consider at their meeting on 25 November 2021.
- 5.2. Members have asked, however, for more detail on the implementation plans for a new build (wherever it is decided it should be located) and specifically how referrals would work in the future and how patients and staff would move to the new unit.
- 5.3. *Clinical and organisational leadership*
  - 5.3.1. A multi-disciplinary project group has been established, led by KMPT's Head of Service for Older Adults, to plan the operational requirements of the proposed new ward. This includes the necessary workforce planning, recruitment (as required), equipping the new facility and planning the relocation of patients and staff. They are also looking closely at how to enhance hospital-to-community links to ensure best admission and discharge practice as part of the patient care pathway.
- 5.4. *Transition and workforce planning*
  - 5.4.1. Significant focus is being given not just to planning the building and fitting out of a new facility, but also how it would get up and running and how the transition would be managed from the current Ruby Ward to the proposed new one. The KMPT older adults' service lead and HR business partners are working closely with the programme leadership to plan and deliver staff engagement, and, if the proposal to relocate Ruby Ward is agreed, the necessary formal HR consultation with all staff who would be impacted by the move.
  - 5.4.2. It is hoped that existing nursing and non-nursing staff on Ruby Ward will want to move to the proposed new unit, especially as it would provide a modern therapeutic environment that will be a much improved place to work. However, it is recognised that due to personal circumstances, some staff members may not wish to travel further or move to the proposed new location in Maidstone. Through working with Medway NHS Foundation Trust and colleagues at Medway Maritime Hospital and assessing opportunities at other KMPT facilities on the Medway site, it is anticipated that all staff who do not wish to move, can be redeployed.
  - 5.4.3. The table below sets out the milestone points in the planned engagement and consultation process with Ruby Ward staff. As any move to a new facility

would not be until November 2022, this engagement process will take place over a number of months.

Staff engagement stage	Date
Informal engagement meeting with ward staff to discuss options and what preferences they have were the proposed move to go ahead	August to September 2021
Outcome of KMCCG decision making on the future location of Ruby Ward	November 2021
Liaise with Medway NHS Foundation Trust Deputy Chief Operating Officer to open dialogue about opportunities for staff at Medway Maritime Hospital	September 2021 – April 2022
Work with other Heads of Service to identify opportunities in the Medway area e.g. Liaison, rehab, specialist services	September 2021 – April 2022
Ongoing group and one-to-one conversations about staff preferences	October 2021 – April 2022
Formal staff consultation paper presented to Joint Negotiation Forum	April 2022
30 day formal HR consultation period (including group and individual consultation meetings)	May 2022
Implement change (notice given to staff, formal redeployment process etc)	Summer 2022
New unit open	November 2022

#### 5.5. *Patient referral and admissions to the proposed new unit*

- 5.5.1. The same referral and admission process for patients as now would continue. Currently patients are supported in the community by primary care and specialist community mental health teams. Where a patient's needs change and they become acutely unwell they will be assessed by urgent and emergency care services such as A&E, psychiatric liaison, and crisis resolution home treatment teams. If a patient's needs cannot be met in the community and an admission is required, an appropriate bed will be identified by the KMPT patient flow clinical team.
- 5.5.2. KMPT ensures patients are admitted for inpatient care based on the most appropriate bed for their needs, rather than just the closest available bed.
- 5.5.3. If the proposed relocation of Ruby Ward is approved, there would be a transition period where patients receiving care on the current Ruby Ward

would be prepared either for discharge back home with the right onward care package in place when they are considered clinically well enough to leave hospital – as now, or, in close discussion and detailed planning with patients and their loved ones, they would be transferred using patient transport and settled into the new ward.

## 6. Risk management

- 6.1. There are no significant risks to the Council arising from this report.

## 7. Consultation

- 7.1. Members considered the CCG's draft consultation plan at the June 2021 meeting. Members noted the range of different engagement and consultation activity planned to reach people across Kent and Medway to gather their views and feedback. KMCCG has since decided to run a seven week consultation, adding an additional week to the six weeks initially suggested by HASC in March 2021. This is to allow an extra week in September, after the summer holidays, for people to have their say.
- 7.2. The activity is a mix of online and face-to-face engagement (working in a covid-safe way and within government guidelines), exploiting digital means to reach people, but also recognising that not everyone can or wants to engage digitally. Public consultation activity over seven weeks includes a series of drop-in exhibitions, online listening events, focus groups and telephone polling. It also includes outreach to existing patient and community groups and forums. There is a consultation document, and summary, and an online and printed questionnaire. Web pages at [www.kentandmedwayccg.nhs.uk/get-involved/ruby-ward](http://www.kentandmedwayccg.nhs.uk/get-involved/ruby-ward) provide more detailed background information. Anyone who does not have access to the internet can write to or telephone the CCG and information can be sent to them.
- 7.3. Members emphasised at the June 2021 meeting the need to engage with those who live in the areas most likely to be impacted by the proposal, and with those particularly who may not have access to private transport and who rely on public transport to visit loved ones in hospital. KMCCG can confirm that the proposed consultation activity addresses both these points.
- 7.4. The table below provides an overview of the timetable for core consultation activity. The public consultation launched on 3 August 2021 and will run for an anticipated 7-week period to midnight on 21 September 2021. There will be a mid-point review of responses so that the second half of the consultation period can focus on eliciting responses from any sectors, communities, and groups where response rates have been low.



Consultation phase	Activity summary
<p><b>Launch day</b> (3 August 2021)</p>	<ul style="list-style-type: none"> <li>• Online publication of consultation document, core consultation materials and consultation questionnaire</li> <li>• Media release issued to local and regional media</li> <li>• E-bulletin to full stakeholder list announcing consultation launch and linking to online materials including details of public exhibitions/events</li> </ul>
<p><b>Weeks 1-7</b> (3 August – 21 September 2021)</p>	<ul style="list-style-type: none"> <li>• Advertising (local papers, local radio and online) and social media advertising to promote consultation (weeks 1-7 tbc)</li> <li>• Display stands in place at NHS/community sites (weeks 1-7 tbc based on latest Covid guidance)</li> <li>• Poster advertising in community and high footfall areas (weeks 1-7)</li> <li>• Focus groups with patients, service users, carers, including those specifically impacted by the proposals, seldom heard, and protected characteristic groups (weeks 1-6 tbc)</li> <li>• Online public listening events x4 (weeks 2-6 tbc)</li> <li>• Exhibition drop-in events x3 across geographies (weeks 2-6 tbc)</li> <li>• Telephone interviews undertaken (weeks – tbc)</li> <li>• Medway HASC councillors visit community-based services (week tbc)</li> <li>• Attendance at existing meetings of stakeholder groups (virtual and face-to-face weeks 1-7)</li> <li>• Staff workshops x2 (timing tbc)</li> <li>• E-bulletin to full stakeholder list with reminder of public events (both virtual and face-to-face) and encouraging responses to formal questionnaire (week 3/4)</li> <li>• Medway HASC update and mid-point review (week 3/4 tbc)</li> <li>• Kent HOSC ongoing updates (week tbc)</li> <li>• MP briefings</li> <li>• Mid-point media releases to encourage further editorial coverage of the consultation (in addition to paid advertising) (week 3/4 tbc)</li> </ul>

	<ul style="list-style-type: none"> <li>• Consultation mid-point review report to programme team and informal written briefing to KMPT trust board and CCG governing body (week 3/4).</li> <li>• Review of engagement and feedback from seldom heard/protected characteristic groups to confirm if further targeted activity is needed (week 5)</li> <li>• Email and telephone reminders to key partner/stakeholder organisations encouraging submission of formal responses to the consultation (week 4)</li> <li>• Review of feedback and engagement activity to consider if extension to consultation period is needed (week 6)</li> <li>• E-bulletin to full stakeholder list and social media activity to encourage responses before consultation closes (week 6)</li> </ul>
<p><b>Public consultation close</b> (21 September 2021)</p>	<ul style="list-style-type: none"> <li>• Media release on close of consultation (end of week 7)</li> <li>• Removal of consultation displays from hospital sites (end of week 7)</li> <li>• Update website to confirm consultation closure (end of week 7)</li> <li>• Closure of online questionnaire (end of week 7)</li> <li>• Email to partners where hard copies of consultation materials were delivered requesting displays to be removed (end of week 7)</li> <li>• E-bulletin to full stakeholder list with high level summary of consultation activities and details of next steps to analyse and publish results (week 8)</li> </ul>
<p><b>Post public consultation</b> (Late September – end November 2021)</p>	<ul style="list-style-type: none"> <li>• Independent analysis of consultation feedback and drafting of reports</li> <li>• Public consultation response report shared with CCG GB and with Medway HASC</li> <li>• KMCCG receives HASC response to the consultation</li> <li>• Development of Decision-Making Business Case</li> <li>• Consultation responses report to feed into decision-making business case for CCG GB decision on proposed change.</li> </ul>

7.5. In addition to the public consultation, Kent and Medway CCG is also consulting directly with Medway Council via the Health and Adult Social Care

Overview and Scrutiny Committee (HASC), as per its legal duties and in accordance with Regulation 23 (1) of The Local Authority (Public Health and Wellbeing Boards and Health Scrutiny) Regulations 2013. A letter has been sent to the HASC chair confirming this and indicating, as required, a date for Medway Council to respond to the consultation – Monday 1 November 2021. This letter is attached at **Appendix C**.

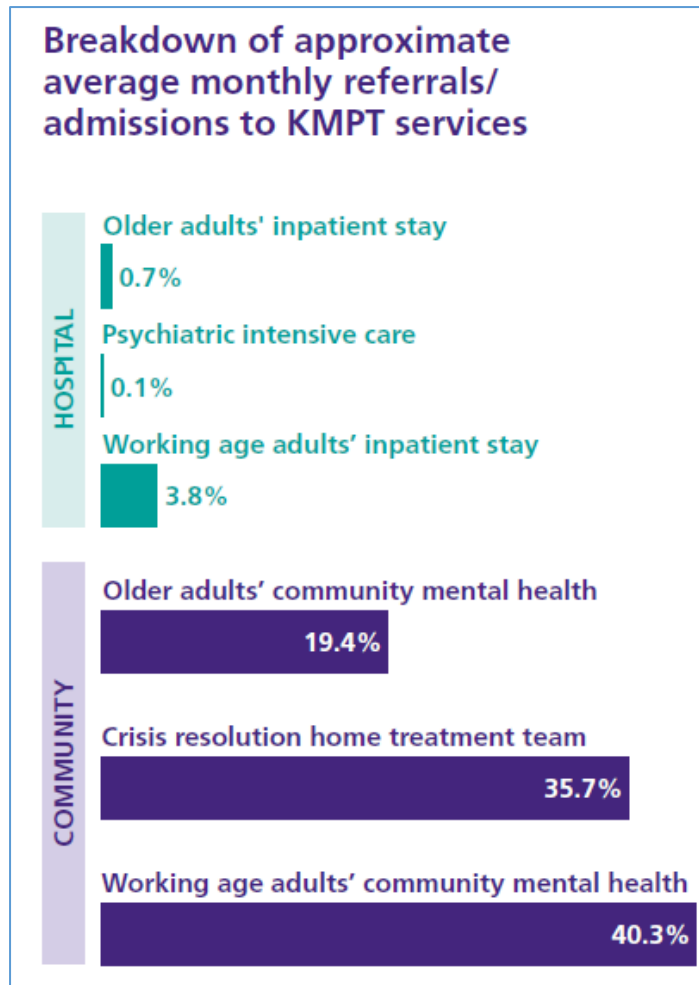
## 7.6. Invitation to Medway HASC members

7.6.1. As well as formal updates on the consultation and review points at public HASC meetings within the consultation period, Kent and Medway CCG and Kent and Medway NHS and Social Care Partnership Trust invite a small sub-group of interested members of HASC to join them in a visit to local services whilst the consultation is underway. This would be to visit and see, on a date to be confirmed in September, some of the community-based mental health services that are available locally for everyone who needs day-to-day mental health care and support in Medway, and to see the proposed site in Maidstone for the relocated Ruby Ward. As described in previous papers to HASC in June 2021, the mental health ‘pathway’ comprises a range of home-based, community-based, and hospital-based support and services. Delivering community based services represent 95.4% of KMPT’s activity.



Fig 2: Overview of community mental health services in Medway

7.7. Specialist inpatient hospital care for older adults (i.e., the care delivered on Ruby Ward and the other four older adult wards in Kent and Medway) represents less than 1% (0.7%) of the activity and support KMPT delivers across the whole of Kent and Medway.



*Fig 3: Breakdown of approximate average monthly referrals/admissions to KMPT services (Source: Kent and Medway NHS and Social Care Partnership Trust)*

7.8. If members are supportive, the programme team will work with the Chair of HASC and the Democratic Services Officer supporting HASC, to make arrangements and find a mutually convenient date and time for such a visit.

## 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 Committee decided in March 2021 that this proposal is considered to be a substantial change of service for Medway residents.
- 9.6. 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.
- 9.7. 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. The Committee recommended a 6 week period of public consultation at its March 2021 meeting.
- 9.8. Government Guidance on Local Authority Health Scrutiny says that constructive dialogue with health scrutiny when communicating on timescales

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

## 10. Recommendations

### 10.1. Members are asked to:

- a) Note the updates on the programme and consultation timelines provided in this report
- b) Note and comment on the information provided in relation to the integrated impact assessment, with particular reference to the travel analysis and emerging mitigation for travel impact as a result of the potential implementation of the proposals
- c) Note the early stages of implementation planning – particularly regarding the proposed transfer of staff and patients.
- d) Note the invitation for a visit during the consultation period to better understand community-based mental health services in Medway and agree to progress arrangements for this visit
- e) Continue to work with the CCG during the consultation and note the date for providing a response and recommendations to the CCG on its consultation on the proposed relocation of Ruby Ward.

### Lead officer contacts

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### Appendices

Appendix A - Additional travel analysis information  
Source: <https://www.kentandmedwayccg.nhs.uk/get-involved/ruby-ward>

Appendix B - KMPT/volunteer transport drives – July 2020- July 2021  
Source: KMPT data

Appendix C - Letter to HASC re consultation dates

Background Papers:

None

## Appendix A – Additional travel analysis information

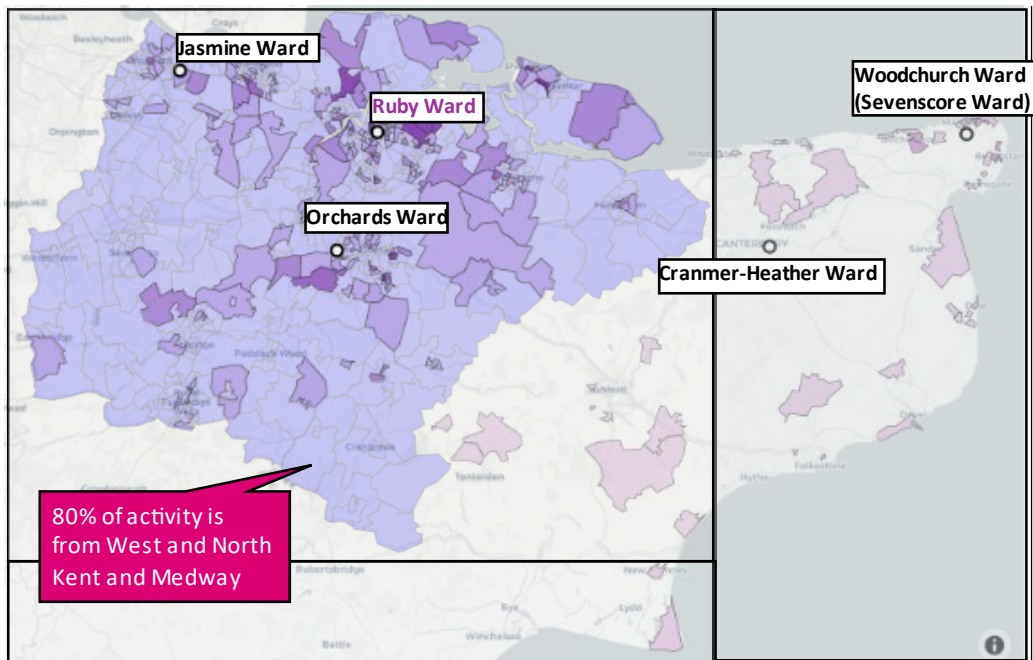
The proposals involve the relocation of Ruby Ward from Medway Maritime Hospital to adjacent to Maidstone Hospital. This is a distance of approximately 12 miles, with an average travel time across the catchment of 30 minutes by car during peak travel times and over one hour by public transport.

Work has been undertaken to understand the impact of the proposals on travel and access. The groups that are likely to be impacted are:

- **Patients:** patients attend Ruby Ward during a crisis and are therefore likely to be transported by patient transport services or car
- **Visitors:** visitors will attend Ruby Ward to visit loved ones and are likely to be impacted by changes in travel time (car and public transport). Access issues at the current Ruby Ward location (caused by the ward being on the first floor for example) will be addressed by the proposals for change, especially for the elderly or disabled when visiting
- **Patient transport services:** may be impacted by the proposals as the location of the service will have changed. However, there are only c.65 patients per year admitted to Ruby Ward so the impact on patient transport services is not expected to be material
- **Staff:** may be impacted by the change in location of their work and potentially needing to travel further for work. They will be impacted by travel time (car and public transport).

Travel time analysis has been undertaken by considering the catchment population of Ruby Ward (those areas where patients access Ruby Ward services). The catchment population for Ruby Ward has been agreed to be the area of west Kent, north Kent, and Medway, as 80% of Ruby Ward patients come from this area. The catchment area is shown below in Figure 1:

**West and North Kent and Medway have therefore been agreed as the Ruby ward catchment for the travel analysis, covering >80% of Ruby Ward activity**



Source: Trust data return, ONS geospatial data, CF analysis

Key:

Shading represents volume of activity from 0 to 5 spells (darkest shading is most spells)

Ruby Ward relocation - travel impact analysis - final report

CF

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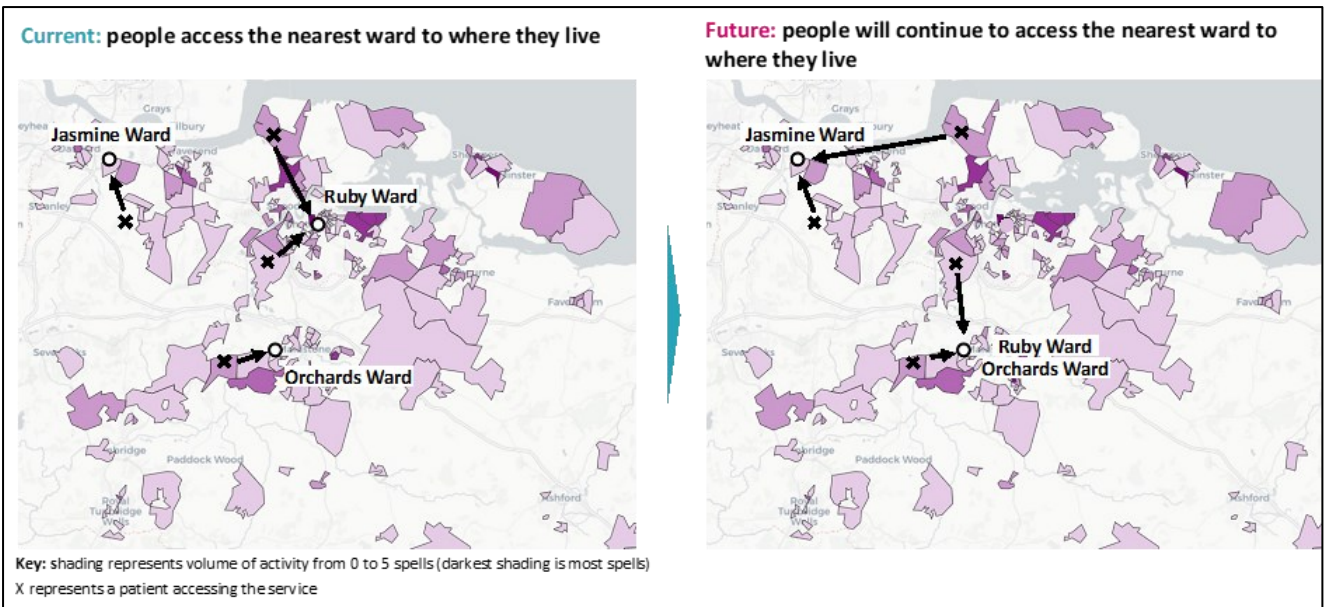
*Figure 1: Ruby Ward's core catchment population*

The travel analysis has been done in two ways:

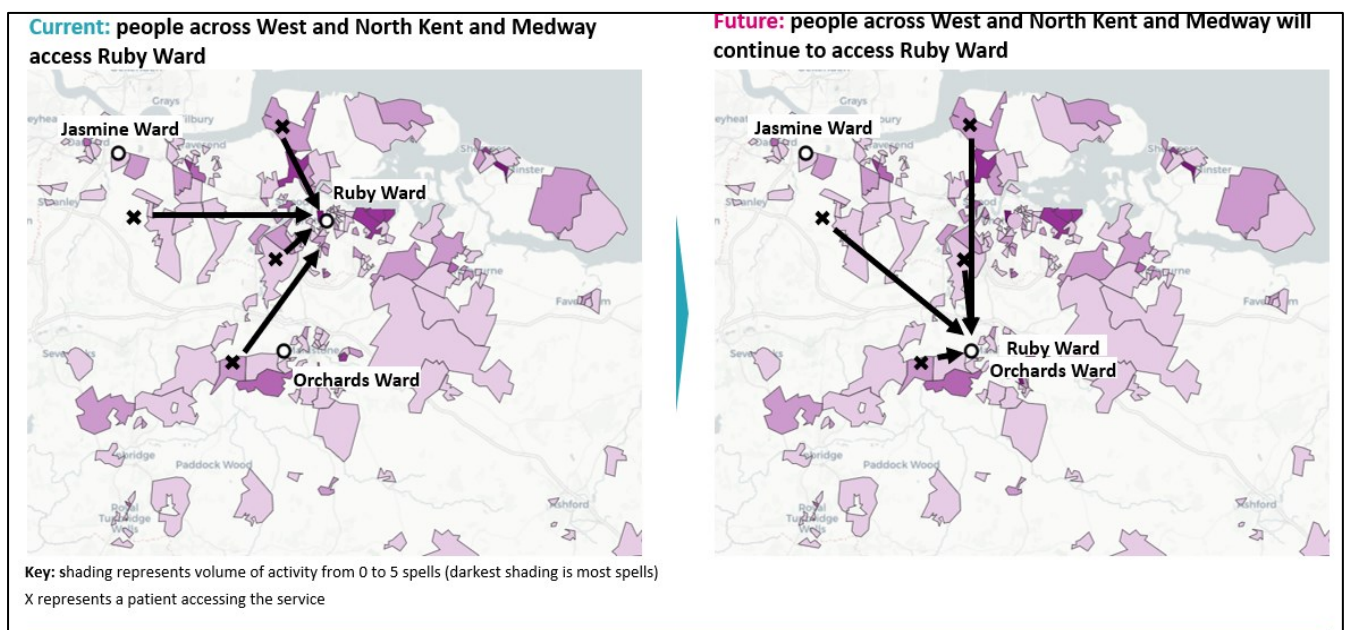
- 1) Looking at people accessing the nearest older adult mental health ward to where they live now, and in the future if Ruby Ward moved to Maidstone (noting there are two other similar wards in west Kent, north Kent and Medway (the catchment area) that patients might access, Orchards Ward at Maidstone Hospital and Jasmine Ward at Darent Valley Hospital)
- 2) Looking at people across the catchment area accessing Ruby Ward now, and in its proposed new location.

These approaches are shown below in figures 2 and 3.





**Figure 2: Travel analysis looking at people accessing the nearest older adult mental health ward to where they live**



**Figure 3: Travel analysis looking at people accessing Ruby Ward from across the catchment (west and north Kent and Medway)**

Using real-life travel data and recognised modelling systems we looked at travel times now and what they would be in the future if Ruby Ward is relocated to Maidstone. We looked at travel times for the two different scenarios described above. The table below (Figure 4) summarises what we found in terms of average journey times:

Figure 4: Average journey times now and with the proposed future location of Ruby Ward

Transport method		Average journey times when people are admitted to...	
		their nearest ward	Ruby Ward
By car at peak times	Now	20.6 mins	38.6 mins
	Future	22.1 mins (+1.6, 8%)	27.1 mins (-11.6, -30%)
By car at off-peak times	Now	17.5 mins	33.4 mins
	Future	18.9 mins (+1.3, 8%)	23.1 mins (-10.3, -31%)
By public transport*	Now	44.4 mins	70.2 mins
	Future	53.5 mins (+9.1, 20%)	70.2 mins (0, 0%)

\*Patients do not typically travel to Ruby Ward by public transport, they would not be well enough. They are usually brought to the ward by ambulance or patient transport or may be driven by a loved one or friend. Public transport is more likely to be used by visitors or staff.

There will be some impact on travel times for people accessing Ruby Ward under the proposals:

- the increase in travel times for people travelling to the service by car (peak and off-peak) is minimal if people are travelling to the nearest service. There is a reduction in average travel time for people travelling from across the catchment area to access Ruby Ward in the proposed new location compared to now
- the average travel time by public transport increases by nine minutes if people are travelling to the nearest service. Patients are unlikely to access the service by public transport so this will have more impact on staff, carers and visitors. There is no change in the average travel time by public transport for people travelling across the catchment area to the proposed new location for Ruby Ward compared to now.

The travel analysis looked at what percentage of the catchment population can reach Ruby Ward at its current location in Medway within 15, 30, 45 and 60 minutes by car at peak times; by car at off peak times; and by public transport. It then looked at what percentage of the population could reach Ruby Ward in its proposed new location in Maidstone under these headings. The results are shown in the table below (Figure 5):

Figure 5: Analysis of journey times now, and with the proposed new location for Ruby Ward

Transport method	Ruby Ward location	Average travel time	% within 15 mins	% within 30 mins	% within 45 mins	% within 60 mins	Max (mins)
Peak	Medway	20.6 mins	34%	82%	100%	100%	44
	Maidstone	22.1 mins (+1.6, 8%)	29%	75%	100%	100%	44
Off-peak	Medway	17.5 mins	45%	91%	100%	100%	37
	Maidstone	18.9 mins (+1.3, 8%)	38%	89%	100%	100%	37
Public transport (visitors)	Medway	44.4 mins	5%	27%	57%	76%	129
	Maidstone	53.5 mins (+9.1, 20%)	4%	17%	38%	58%	142

Any differential impact on people with protected characteristics under the equalities legislation and people living in more deprived areas within the catchment was also reviewed.

- For men and women, older people and BAME communities, the impact on travel times is similar to the general population
- There is a small disproportionate impact on more deprived populations accessing Ruby Ward as either the closest service or travelling across the catchment area by car (peak or off-peak). This is particularly for average travel time and the percentage of people who can reach Ruby Ward quickly.
- There is a more substantial disproportionate impact on visitors or staff from deprived populations accessing Ruby Ward by public transport. This is particularly for more deprived populations who are travelling across the catchment area to Ruby Ward rather than going to their nearest older adult ward, where there is a worsening of travel times compared to an improvement for less deprived populations
- People with disabilities are also more likely to use public transport and be impacted by longer journey times.

Once patients and/or visitors have arrived at the new facility access to Ruby Ward will be improved compared to current access arrangements.

Further work on mitigations for travel by public transport will be done following consultation as part of the work for the decision-making business case.

## Appendix B

### KMPT/volunteer transport drives – July 2020 - July 2021

Month	Family visit to ward	Location From	Location To	Appointments	Group Activity	Other
July 2021	4	Margate Folkstone West Malling	TGU Maidstone Care Home Gravesend Maidstone - AP	15	3	
June 2021	4	TGU MBU- Dartford London Margate	London MBU – Dartford TGU	14	9	
May 2021	1	Chatham	Trent forth centre Dartford	8	13	
April 2021	None			10	None	
March 2021	1	Margate	Maidstone	14	None	
February 2021	None			5	None	
January 2021	None			8	None	
December 2020	None			9	1	1x Equipment transfer (RITA) 1 x Delivery of Christmas Gifts
November 2020	1	Chatham Sevenoaks	Brookfield centre Aylesford	8	5	1 x PPE Drops
October 2020	4	Folkstone	Darenth Valley	6	4	None
September 2020	2	Margate	Maidstone	11	None	None
August 2020	7	St Leonards On Sea Folkstone Margate	MBU – Dartford  Gravesend Maidstone	5	None	none
July 2020	3	Folkstone Margate	Gravesend Maidstone	5	None	2 x food pickups

Source: KMPT July 2021

## **Appendix C - letter to HASC re consultation dates**

3 August 2021

Dear Cllr Wildey,

### **Re: Eradicating dormitory wards in mental health facilities in Kent and Medway – consultation on the proposed relocation of Ruby Ward at Medway Maritime Hospital**

As you know from our ongoing engagement with HASC, the NHS in Kent and Medway is committed to improving mental health services. Part of this improvement includes delivering on the Government's commitment to eradicate outdated dormitory style mental health inpatient wards.

You and HASC colleagues will be aware there is one remaining mental health dormitory ward in Kent and Medway, Ruby Ward, based at Medway Maritime Hospital, which is run by Kent and Medway NHS and Social Care Partnership Trust (KMPT). KMPT were delighted to be recently awarded £12.65m of government funding to replace Ruby Ward with a new fit-for-purpose unit that will provide single ensuite rooms and a modern therapeutic environment. The proposed new facility will be available to anyone who needs it, wherever they live in Kent and Medway.

To access this government funding, work must begin in late 2021, to be scheduled for completion in November 2022, to meet the nationally agreed deadline for eradicating dormitory wards for mental health patients in Kent and Medway. This is part of the national policy to eradicate mental health dormitory wards across the country by 2024.

This investment represents a significant opportunity to make a tangible difference to the experiences of patients and their loved-ones who require inpatient admission during a period of serious mental ill health, and will ensure that they have the privacy, dignity, and safety that they need and deserve. Staff, too, will benefit from being able to care for patients in an environment that supports more effective therapeutic activity, gives access to additional mental health staff at peak times, and helps manage the infection control considerations that are more important than ever in light of Covid-19.

As you know from recent correspondence, following review and discussion of the pre-consultation business case (PCBC), setting out plans for the relocation of Ruby Ward, the Kent and Medway CCG Governing Body has agreed to hold a formal public consultation on a single option proposal. This is to relocate Ruby Ward at Medway Maritime Hospital to a new purpose-built unit at KMPT's Hermitage Lane site in Maidstone. The changes proposed will be the subject of a public consultation from 3 August 2021 to midnight on 21 September 2021 for a period of seven weeks.

The consultation is now underway and the materials are available on the CCG website at <https://www.kentandmedwayccg.nhs.uk/get-involved/ruby-ward> . This includes the pre-consultation business case, which explains why the NHS wants to make the proposed change, describes the plans for the new unit in more detail and sets out the expected benefits and potential impact on the local population.

Supporting consultation materials, including the consultation document, are available, along with details of how to get involved. A variety of consultation methods are being used to ensure that patients, the public and staff can engage with the consultation. We are confident that these offer flexibility and accessibility to patients and the public within the context of the Covid-19 pandemic. Activity includes virtual public meetings, drop-in exhibitions, telephone polling and focus group discussions that will help us capture a wide range of views, ideas and opinions.

After the public consultation ends, an independent agency will compile and review the consultation feedback. An overview of the themes emerging from the consultation will be shared with HASC at their meeting on 12 October 2021, and the final public consultation report will be shared with HASC as soon as it is available to help inform their own response to the consultation. The independent report will also be presented to the CCG Governing Body to inform their decision making. The final decision from the CCG Governing Body is expected on Thursday 25 November 2021. If the proposals are confirmed, we expect building work to start late in 2021 and to be completed by November 2022.

In addition to the public consultation, the KMCCG Governing Body seeks to undertake formal consultation with Medway Council on the proposals as set out in the Pre-Consultation Business Case. In accordance with Regulation 23 (1) of The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, Medway Council is requested to confirm its response to the consultation by **Monday 1 November 2021**.

As you are aware, we provide regular briefings to the Medway Health and Adult Social Care Overview and Scrutiny Committee (HASC) on this programme through formal meetings. We are also grateful for the opportunity to have worked with a smaller working group of HASC members to review alternative sites for Ruby Ward within the Medway area. We appreciate HASC members' ongoing interest and involvement in this work and will continue to share and discuss programme updates and information about our proposals as part of our consultation activity over the coming months, in particular with attendance at your 17 August and 12 October HASC meetings.

We look forward to receiving Medway Council's response to the consultation in due course and would be pleased to offer any additional meetings and briefings with you and your colleagues during the consultation period that you would like.

Yours sincerely

**Wilf Williams, Accountable Officer, Kent and Medway Clinical Commissioning Group (KMCCG)**

Cc:

Caroline Selkirk, Executive Director for Health Improvement/ Chief Operating Officer  
Kent and Medway Clinical Commissioning Group

Karen Benbow, Director of System Commissioning, Kent and Medway Clinical  
Commissioning Group

Helen Greatorex, Chief Executive, Kent and Medway NHS and Social Care  
Partnership Trust

Vincent Badu, Deputy Chief Executive/ Executive Director Partnerships & Strategy,  
Kent and Medway NHS and Social Care Partnership Trust