

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

This report outlines the initial headline results from the formal public consultation on the proposal to relocate Ruby Ward from Medway Maritime Hospital to a new purpose-built facility in Maidstone. Full, detailed reports and analysis of the responses to the consultation and the activity undertaken to deliver the consultation are in development and will be circulated to the Committee separately, via a supplementary agenda.

The initial headlines set out in this report have been provided to help and support Committee members to formulate their own response and recommendations on the proposals, as part of the formal consultation process that KMCCG is undertaking with Medway Council via the Committee. This is 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.

The public consultation findings and the formal consultation response and recommendations from the Committee will inform the development of the Decision-Making Business Case (DMBC). The Kent and Medway Clinical Commissioning Group's (KMCCG) Governing Body will consider the DMBC in November 2021 before it makes a final decision on whether to go ahead with the proposal to relocate Ruby Ward into a new, purpose-built unit with single, ensuite bedrooms and enhanced outside space.

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 (65 and over) 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. It is Government policy to eradicate dormitory wards for mental health patients as they 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, dedicated therapeutic areas and garden space at KMPT's main Hermitage Lane, Maidstone site.
- 2.3. KMPT has been allocated £12.65m of Government funding to build the new facility that would be able to accommodate male and transgender patients as well as female patients 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.
- 2.4. KMPT provides inpatient beds on a Kent and Medway-wide basis, with different specialist facilities and teams caring for patients in different locations. This needs-led approach to inpatient admissions means that there is no concept of 'local' specialist inpatient beds designated for particular communities or geographies as services are provided for all Kent and Medway residents. 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.
- 2.5. A robust process to identify possible sites for the proposed 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 by the Committee at meetings in June and August 2021. 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.

- 2.6. Between 3 August and 21 September 2021, the proposal was the subject of a formal public consultation, and consultation directly with the 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.
- 2.7. KMCCG is consulting on the proposal with an open mind. Consultation gives people the opportunity to feed in their views and there may be an alternative option, aspects or evidence that are put forward for consideration. An important piece of work post-consultation, and for inclusion in the CCG's decision-making business case, is the review and evaluation of additional sites, locations or suggestions raised during the seven week public consultation period against the agreed criteria.

3. Headline findings from the formal public consultation

- 3.1. KMCCG utilised a variety of research, engagement, and involvement methodologies to elicit views, feedback, and ideas in response to the Ruby Ward consultation proposal. Information and headline results from these primary methodologies are set out below. The results will be included in the final independent analysis and report of the consultation responses, along with a second reporting detailing the total activity undertaken during the formal public consultation period, (Appendix B and Appendix C – to follow) and will inform the development of a decision-making business case for consideration by KMCCG's Governing Body.
- 3.2. Committee Members are aware that the timelines for the Ruby Ward programme work are challenging, to ensure that the Kent and Medway system can draw down the £12.65million available investment in the financial year 2021/22. As agreed, we are submitting these headline findings in advance of the Committee meeting on 26 October and will circulate the reports referred to above during the week before the meeting. We are grateful to the Committee for accommodating our timeline and rescheduling the October meeting.
- 3.3. **Survey** - A survey was developed as part of the consultation (www.kentandmedwayccg.nhs.uk/get-involved/ruby-ward) and feedback was encouraged from local people, organisations, and health and care staff. A total of 94 responses were received. Key findings from the survey are set out below.

3.3.1. Reasons for the proposed relocation clearly explained

The majority of respondents believe the reasons for the proposed relocation of Ruby Ward have been clearly explained (agree fully or agree partly, 98%).

3.3.2. Agreement that the proposed move will improve care and address needs

The majority also agree fully or partly (94%) that this will improve care for patients on Ruby Ward and better address the needs of the Kent and Medway population. Respondents based in Medway and Swale are most likely to disagree fully or partly (10% of their overall responses - equates to 3 respondents) while 3% of those based in West Kent disagree fully (equates to 1 respondent). Respondents generally support the proposal to relocate Ruby Ward to a purpose-built unit next to Maidstone Hospital, with the majority agreeing (85% partly or fully). Disagreement is higher generally to this question (14%), the highest disagreement being in Medway and Swale, where 22% of respondents in this area to some extent disagree (7 respondents).

3.3.3. Some concerns about travel especially from Medway and Swale respondents

A key area of concern is the additional travel required for some people to a new purpose-built facility in Maidstone compared to now. While 87% of respondents deem it to be, to some extent, reasonable, 13% think it would be unreasonable or very unreasonable. This rises to 16% amongst respondents based in Medway and Swale (5 respondents).

3.3.4. The majority of respondents support the suggestion that the relocation of Ruby Ward will improve the experience for patients and their families (73% believe it will greatly improve the experience and 24% believe there will be some improvement). Respondents in Medway and Swale are the only respondents that believe the proposal will not improve the experience (9% of their responses - 2 respondents).

3.3.5. Suggestions for reducing any perceived disadvantages include:

- Travel, including the importance of supporting both staff and relatives/friends with additional travel needs (dedicated transport and funding any additional travel costs) (15 mentions)
- Concern about the potential for patients to become isolated from family/friends due to additional travel time and costs and that support should be put in place to address this (5 mentions)
- Parking for staff and family/friends (4 mentions)
- The lack of mental health inpatient provision within Medway was mentioned as a concern in response to this question (3 mentions)
- There were 5 mentions in response to this question that the proposal is good/justified in order to provide better facilities.

3.3.6. **Some alternative sites were suggested**

The following sites were suggested as potential options or locations that could meet the criteria outlined in the consultation document (each mentioned once):

- Gillingham Business Park
- Chatham Dockside
- Medway campus
- Canada House
- Britton House
- Ashford, Kent location
- Dartford
- A designated ward on every hospital site to maintain local services
- Consider the acquisition of a building.

3.3.7. Canada House and Britton House have already been assessed against the evaluation criteria and the resulting evaluation is described in the consultation document and in the pre-consultation business case. Due to the availability of capital and the timescale for eradicating mental health dormitory wards, it is not possible to consider the acquisition of a building. This was explored as a potential way forward initially, but it was confirmed that there was no additional funding to support an acquisition. (This is described further in the pre-consultation business case).

3.3.8. The remaining six suggested alternatives will be assessed against the evaluation criteria. The process to evaluate these sites will take place as part of the CCG's response to the views, ideas and suggestions raised during both the public and Committee consultations and this will inform the development of the decision-making business case.

3.3.9. Other considerations

Asked whether there is anything else that should be taken into consideration, the most frequent mentions are:

- Travel support
- Consideration of ways to reduce health inequalities between areas relating to increased deprivation/poverty
- Ensure adequate support and therapies for patients and staff
- Better support in the community to support any new services
- Keep stakeholders, patients, and staff fully informed and involved
- Capacity to adapt to changing and potentially increasing need for mental health inpatient beds
- Parking for staff and visitors
- Staying within budget

3.4. **Focus groups** - Ten focus groups with patients, service users, carers, including those specifically impacted by the proposals, the seldom heard, and protected characteristic groups were held in September 2021, to maximise the

opportunity for people to attend after the summer holiday period. The groups were designed for people from the general population and people with protected characteristics to have the opportunity to read and hear about the proposals, share their views and raise any concerns they have.

- 3.5. Forty-two attendees were recruited via an independent agency to ensure a representative mix. Headlines from the groups include the following feedback from participants:
- Many had not realised - and were surprised or shocked - that dormitory wards still existed for mental health patients and thought the current system sounded outdated and not fit for purpose.
 - Groups generally supported the proposed changes.
 - Despite the overall support, some concerns were raised, including cost, capacity for treating and caring for mental health patients both now and in the future, the impact of a move on patients and staff.
 - Many participants saw the fact that some staff, patients, carers, or their family may have to travel further if the proposal is agreed as the only downside to the plans. However, it was acknowledged that, for some, it will be easier. Many considered that, in the long term, the improved experience for patients – and staff - will be better than the disadvantage, for some, of travelling further. Suggestions were made for supporting both visitors and staff, including patient transport, shuttle or minibuses and car shares.
- 3.6. **Online public listening events** – two online public listening events took place during the consultation period. Four were offered, but one was cancelled on the day as there were no registrations and the other was cancelled, again on the day, after attendees advised that they would not be able to join the meeting. Although only a small number of people attended these sessions, feedback on the availability and accessibility of these events was positive, with the Chair of the Kent Health Overview and Scrutiny Committee publicly noting his support for the opportunity to join a virtual session rather than needing to travel to a physical venue. Points and views raised by attendees included:
- Broad support and understanding for the Ruby Ward ‘case for change’ and the proposal to relocate the service to a new, purpose-built facility
 - Questions about the practicalities of implementation for patients and staff
 - Concerns about the potential impact of travel times for some patients, their carers or family members, and staff if the proposal were to go ahead.
- 3.7. **Telephone interviews** - A specialist independent research agency was commissioned to conduct a telephone survey that collected the views of a representative sample of residents across Medway and Kent during the consultation period. The fieldwork took place between 24 August and 21 September 2021 and 851 interviews were completed. 750 interviews were originally commissioned however, KMCGG took the decision during consultation to extend the fieldwork by an additional 100 interviews, with a focus on making sure sufficient views were gained from residents in the postcode areas within the catchment population identified as having higher

levels of deprivation. Areas within Medway, Maidstone and Swale were additionally targeted. Key findings from the research are set out below:

- The proposals are generally **very well received**; however, there are some concerns, mainly relating to the **additional travel** required for some people to access the new facility.
- Overall, there is **strong support for relocating Ruby Ward** to a new, specially designed resource, based on a belief that the move will improve patient care.
- Residents **see the benefits of a bespoke facility** with improved equipment, offering both specialised care and a better patient experience in terms of privacy and access to outside spaces. There is also a recognition that the current ward is in need of improvement.
- There are concerns however, most of which relate to the **extra distance** that some patients, carers and families, and staff would have to travel, and the time that this may take.
- The **quality, convenience and cost of public transport** are uppermost in the thoughts of those with limited or no access to a private vehicle, whilst drivers focus on **parking fees** and traffic congestion.
- When asked what should be taken into consideration in the final decision, emphasis was placed on **improving public transport** with some suggestions of a free service.
- Higher levels of objection were raised by residents living in **Medway, Gillingham and Rainham**.

3.8. **Stakeholder feedback via groups and meetings** – Ruby Ward programme representatives presented the proposals at 12 patient, public and stakeholder groups and meetings during August, September and October 2021 (11 during the formal consultation period). These groups included:

- KMCCG's patient and public engagement group
- KMPT's 'Keeping Connected' engagement pool
- The Medway and Swale Integrated Care Partnership (ICP) Board
- West Kent Integrated Care Partnership (ICP) Board
- Mental Health Network meeting for Medway, Swale and DGS members
- Medway and Swale ICP Patient Participation Group Chairs meeting
- Dartford Gravesham and Swanley Patient Participation Group meeting
- Thanet Patient and Public Involvement Local Area Group
- South Kent Coast Health Reference Group
- Ashford Health and Wellbeing Reference Group
- Canterbury Public Reference Group
- Medway Five Carers (note: a virtual meeting took place on Thursday 7th October to discuss queries and concerns about the Ruby Ward proposal).

3.8.1. Key themes and feedback from these meetings are:

- **People expressed support for the Ruby Ward proposal** specifically around the provision of ensuite rooms, additional therapeutic space, and dedicated garden areas for this cohort of patients.
- **Implementation planning** - Concerns and questions about the practicalities of implementing the proposal including the impact of relocation on a cohort of patients who need stability, reassurance, and continuity of care.
- **Travel and transport for staff and visitors** – people have asked what support will be put in place to assist staff and visitors of Ruby Ward patients with additional travel costs as a result of the proposed move.
- **Site evaluation criteria** – questions have been raised about the criteria used to evaluate the site options and information about how the process to identify a suitable site was undertaken.
- **Design of the proposed new unit** – people have been keen to ensure that the design of the proposed new unit ensures the safety, privacy, and dignity of mental health patients, with measures to prevent suicide cited as a predominant concern.
- **Length of stay at the proposed new unit** – people have asked if the new facility would help reduce length of stay and have been proactive in commenting that they believe people are better off at home or in the community where possible and appropriate.

3.9. **Staff listening events** - Two independently facilitated online events with KMPT Ruby Ward staff were held on Monday 16th August. They were scheduled to accommodate staff on different shift patterns. The sessions were attended by 11 ward staff, including nurses and therapists, one nursing ward manager and one locality manager responsible for community mental health services.

- Participants agreed in principle with the 'case for change', that a new, purpose-built facility would be a positive development.
- They agreed that patients having their own space would ensure their privacy and dignity which were paramount.
- The main concerns raised related to the change in work location and additional travel time, impacting on getting back for childcare and school run arrangements.
- Staff stressed the importance of making a real shift towards a more therapeutic focus and the proposed new facility was seen as a more therapeutic environment which would promote quicker recovery. This would be better for the patient and would also free up space more quickly, allowing others to be admitted.

3.10. **Workshops held with KMPT staff** – The workshops were attended by nine staff from across KMPT (beyond Ruby Ward). Staff attending the workshops agreed that the proposals were to be welcomed. Key themes raised are outlined below:

- There is a clear case for change.
- The proposal would offer a better, safer, more dignified environment for patients.
- The impact of a good environment on patient care cannot be overestimated as it reduces difficult behaviours, and makes the care environment less stressful.
- Staff were impressed with the thought and level of detail that has gone into the design and layout to date.
- They liked that transgender and non-binary people's needs have been considered in the planning and design.
- The existing ward has many limitations, but the elderly population tends not to complain too much and put up with an environment that's not conducive to them getting better.
- The change of location will have an impact on travel for some – some patients, carers and families, and staff - but the service isn't locality based.
- The move might impact on staff roles.
- Some people don't like change but need to look at the patient journey – what's in place now is not fit for purpose.
- Staff deserve a better environment too.

3.11. **Members of Parliament** - Rehman Chishti and Kelly Tolhurst, Conservative Members of Parliament for Gillingham and Rainham and for Rochester and Strood, submitted a joint response to the consultation in which they gave their qualified support for the proposal and a recognition of the benefits but were clear that this support is contingent on the development and presentation of a clear plan to mitigate/minimise travel and transport concerns raised: *'it is vital that the CCG provide clear and firm commitments in how they will enable our constituents to visit the new ward without concerns for financial costs in order to support their friends or their family in their recovery, if we are to remain supportive of the proposals.'*

3.12. **West Kent Integrated Care Partnership Board** - Through a joint letter, the Board (comprising health and social care leaders, and senior clinicians in west Kent) recorded its unanimous support for the Ruby Ward proposals and formally registered its support as the West Kent ICP lead board. The Board

believes the proposals, if implemented *'will provide a significant step change in improving the mental health care for this very vulnerable groups of patients'*.

- 3.13. **Medway NHS Foundation Trust** - Through the submission of a letter to KMCCG, Trust Chief Executive, Dr George Findlay, reiterated that Medway NHS Foundation Trust remains fully supportive of the process that has been followed in relation to finding an alternative site for the Ruby Ward facility. He confirmed that there is no alternative option for relocating Ruby Ward at Medway Maritime Hospital and recognised the importance of the service offer to the patient cohort. The letter also gave reassurance about the future of Medway Hospital as a viable and sustainable site for acute services.
- 3.14. **Emails sent from interested parties** – two emails were received in response to the consultation proposal via the CCG's engagement email address. Both responses supported the proposal and saw clear benefits for patients. One respondent requested that the CCG explore ways to support better access for patients and visitors, citing issues with car parking and poor public transport links as potential hurdles for older people. The other respondent flagged considerations for transgender and non-binary individuals in terms of ensuring privacy and dignity in an inpatient facility and raised concerns about bed capacity across inpatient facilities for all ages and genders.
- 3.15. **Conclusion** – from the initial analysis of the consultation responses it is clear that there is support for, and an understanding of, the Ruby Ward case for change and our proposal to relocate the current service to a new purpose-built facility. Many respondents understood the important role that environment plays in the therapeutic process for this cohort of patients and are firmly of the belief that mental health patients should be treated in facilities where their safety, dignity and privacy can be maintained. However, it is also clear that people have concerns about travel and transport and have made suggestions about how the impact of a longer journey to a new facility for both staff and patients might be mitigated. We understand that the people of Medway value local mental health services and hear the reservations about any perceived loss of service within the area. The consultation responses are also clear that people would like more information and clarity about the implementation process, should the decision to relocate Ruby Ward go ahead, especially around the relocation of patients and staff.

4. Initial response from KMCCG

- 4.1. KMCCG is grateful to the partners, stakeholders, organisations, and individuals who have taken part in the consultation process and shared their views, thoughts, and experiences. The CCG is carefully considering the responses and feedback received and will develop mitigations to the issues raised during the consultation as part of the creation of the decision-making business case.
- 4.2. At the time of writing this paper, the final analysis of responses and consultation report have not been completed. They clearly need to be thoroughly reviewed and considered before any recommendations on mitigations can be finalised.

5. Risk management

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

6. Consultation

- 6.1. The public consultation on the proposal to relocate Ruby Ward, Kent and Medway's last remaining dormitory ward for mental health patients was launched on Tuesday 3 August 2021 and ran until midnight on 21 September 2021. KMCCG decided to run a seven week consultation, adding an additional week to the six weeks initially suggested by the Committee in March 2021. This allowed for an extra week in September, after the summer holidays, for people to have their say.
- 6.2. A working draft consultation plan (we have always been clear that our plan would flex and evolve to allow for changing circumstances as a result of the pandemic and to ensure that we were able to elicit responses from key groups and demographics) was submitted to the Committee for comment and feedback in June 2021, with an update on consultation activity provided in the August update paper. The consultation plan was published as part of the pre-consultation business case on 3 August 2021.
- 6.3. Core consultation materials (including the consultation document, a summary version, survey, frequently asked questions, and the pre-consultation business case) were published on the CCG's website on 3rd August 2021. Ensuring widespread awareness and understanding of, and engagement with, these materials formed the basis of consultation activity. The website was updated as new information or details about events and activities went live.
- 6.4. Consultation activity was 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 included three drop-in exhibitions/pop-up information stall, online listening events, focus groups and telephone polling, alongside outreach to existing patient and community groups and forums. Anyone without access to the internet could write to or telephone the CCG and ask for information to be sent to them.
- 6.5. Committee members were part of the initial communications cascade launching the consultation on 3 August 2021, which included links to the consultation webpage. The Committee received an update at its August meeting and a follow up on consultation activity via its Chair, Councillor David Wildey, during the consultation period.
- 6.6. The table attached as Appendix A provides an interim update on activity whilst a full and detailed report is prepared. In addition to the activity outlined, we worked with our stakeholders and partner organisations to promote the consultation across multiple channels and interactions and are grateful for their support for the consultation.

7. Financial implications

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

8. Legal implications

- 8.1. 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.
- 8.2. 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.
- 8.3. 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.
- 8.4. Revised [guidance \(https://www.england.nhs.uk/wp-content/uploads/2018/03/planning-assuring-delivering-service-change-v6-1.pdf\)](https://www.england.nhs.uk/wp-content/uploads/2018/03/planning-assuring-delivering-service-change-v6-1.pdf) 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.
- 8.5. 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.

- 8.6. 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.
- 8.7. 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.
- 8.8. 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”

9. Recommendations

9.1. The Committee is requested to:

- i) Note the interim feedback and analysis from the formal public consultation provided in this report and the additional full analysis and reporting in Appendix B and Appendix C (to follow).
- ii) Note the overview of consultation activity outlined within this report.
- iii) Note that mitigations will be further developed in the decision-making business case that the CCG Governing Body will consider at the end of November when it decides the future shape and location of Ruby Ward services.
- iv) Continue to work with the CCG to provide any comments or recommendations on the proposal to relocate Ruby Ward from Medway Maritime Hospital to a new purpose-built facility in Maidstone to the CCG by 8 November 2021.

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Appendices

Appendix A – Consultation activity overview

Appendix B – Final Independent Consultation Analysis Report (to follow)

Appendix C – Final Consultation activity report (to follow)

Background Papers

None