

# Bedgebury Ward – proposed pathway redesign

## Briefing paper for Medway Health and Adult Social Care Overview and Scrutiny Committee

### 1. PURPOSE OF THIS PAPER

This paper provides Medway Health and Adult Social Care Overview and Scrutiny Committee with information on a proposed pathway redesign, which would see Bedgebury Ward in Maidstone no longer commissioned.

It explains the rationale for the change, how patient safety and continuity of care will be maintained, and how released resource will be reinvested to strengthen community mental health provision.

The core aim is to improve patient experience by supporting people to move from secure inpatient care directly into appropriate community-based support wherever clinically safe to do so.

### 2. RECOMMENDATION

The Committee is asked to note:

- the proposed decommissioning of Bedgebury Ward;
- that admissions to the ward have already been paused and current patients are progressing through individual discharge plans;
- that the change is clinically and strategically driven, with resource retained within the mental health baseline;
- that recurrent funding released from the service will be reinvested into community mental health capacity, including Assertive Outreach provision; and
- that the ICB will manage the transition through a formal decommissioning governance process, including patient, quality, workforce, finance and communications oversight.

### 3. SUMMARY OF THE PROPOSAL

Bedgebury Ward comprises 10 step-down beds located within the Walmer and Emmetts Medium Secure Units at the Trevor Gibbens Unit in Maidstone. Although physically



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embedded within secure services, the beds are commissioned and funded by NHS Kent and Medway through the Kent and Medway Mental Health NHS Trust block contract.

The ward was established in 2016 as a pre-discharge rehabilitation unit for people stepping down from forensic inpatient care. Since then, national rehabilitation standards, NICE guidance and local community rehabilitation pathways have changed significantly. A commissioning review undertaken in 2025 concluded the current Bedgebury model no longer aligns with contemporary expectations for rehabilitation care.

The proposal is therefore to decommission Bedgebury Ward and redirect the released recurrent funding into community-based mental health provision. This will support more timely discharge, reduce unnecessary time in restrictive inpatient environments and strengthen alternatives to inpatient and out-of-area placements.

#### 4. WHAT THIS MEANS FOR PATIENTS

The proposed change is expected to support a better patient experience for five main reasons.

1. Care will be delivered in the least restrictive appropriate setting. Bedgebury is located within a medium secure environment. For people who no longer require that level of restriction, remaining in such a setting can be unnecessarily restrictive and can slow recovery.
2. People will be supported to move more directly from secure care into the community. The review identified that Bedgebury has sometimes functioned as an additional step in the pathway rather than an essential therapeutic stage. Strengthened community support will enable more appropriate direct discharge where clinically safe.
3. The model will be more consistent with modern rehabilitation standards. Bedgebury does not operate as a standalone rehabilitation ward and does not have a dedicated multidisciplinary team or clearly defined therapeutic model. Reinvestment into assertive community support is better aligned with current best practice.
4. The change will improve equity across Kent and Medway. Rather than a small ward accessible only through two medium secure wards, the investment will support broader community pathways and a more consistent discharge offer.
5. It will support recovery, independence and social inclusion. Community-based support enables care planning around housing, relationships, employment or meaningful activity, physical health and social care needs in the person's own environment.

#### 5. WHY THINGS NEED TO CHANGE

The commissioning review identified the following issues with the current service model:

- the service does not align with current NHS England rehabilitation standards
- it does not meet Level 1 or Level 2 rehabilitation definitions
- it does not operate as a standalone ward and lacks a dedicated multidisciplinary team or defined therapeutic model

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- patients may experience prolonged lengths of stay in a more restrictive environment than clinically necessary
- alternative, evidence-based community pathways now exist to support discharge from forensic inpatient services
- the current cost profile is not aligned with the therapeutic input delivered.

The proposal is not to remove clinically necessary acute or forensic inpatient capacity, it is to close a small, anomalous step-down ward that no longer provides a distinct evidence-based rehabilitation function and to reinvest the resource into services that better support discharge and community recovery.

Admissions to Bedgebury have been paused.

Current patients are progressing towards discharge, with most expected to leave the service by September 2026. No new referrals are planned. Should a person relapse or require admission in the future, they would be admitted to the most appropriate acute or forensic setting based on their assessed clinical need.

The proposal reduces reliance on an outdated pathway step, rather than removing necessary inpatient treatment for people who are acutely unwell or who require secure care.

## 6. REINVESTMENT INTO COMMUNITY HEALTH PROVISION – NEW MODEL

The funding released will remain within the protected mental health baseline under the Mental Health Investment Standard and will be used to support development of local Assertive Outreach capacity.

Assertive Outreach is an intensive, multidisciplinary model of community mental health care for people with severe and complex mental health needs who may find it difficult to engage with standard services, and who may have a history of relapse, repeated admission, detention, unstable accommodation, substance use or other risks.

Rather than relying on clinic-based appointments, the team works proactively with people in their own homes and communities, maintaining regular contact, building trusted relationships, supporting medication and psychological interventions, involving families and carers where appropriate, and coordinating practical support such as housing, social inclusion and daily living.

In the context of Bedgebury, Assertive Outreach is not a like-for-like replacement for a ward; it is a better pathway enabler, providing the intensive community support needed to help people move safely and more directly from secure care into the least restrictive appropriate setting, while reducing avoidable inpatient stays and out-of-area placements.

## 7. PATIENT SAFETY AND TRANSITION

The transition will be managed carefully. Admissions to Bedgebury have been paused to allow a managed run-down of the service. Each current patient will have an individual discharge plan, including Section 117 aftercare arrangements where applicable.

NHS Kent and Medway will maintain commissioner oversight of patient discharge planning and will work with Kent and Medway Mental Health NHS Trust and the Kent, Surrey and Sussex Provider Collaborative to ensure safe continuity of care.

A Decommissioning Transition Group will be established to oversee implementation. This group will provide assurance on:

- patient discharge planning and onward care arrangements
- workforce transition and redeployment planning
- financial reconciliation and timing of resource release
- implementation of reinvestment into community mental health provision
- risk management, quality assurance and service continuity
- communications with staff, patients, families and stakeholders.

## 8. WORKFORCE

The ICB will seek assurance that any workforce implications are managed sensitively.

## 9. ENGAGEMENT AND SCRUTINY

Given that Bedgebury is accessed only by referral from two secure wards, is not publicly accessible, admissions have already been paused, alongside the existence of clear alternative pathways already used for the majority of patients, NHS Kent and Medway believes the proposal to be a pathway redesign rather than a substantial service change.

The ICB, KMMHT and KSS Provider Collaborative will develop a coordinated communications approach, with messaging focused on quality, patient experience, least restrictive care and reinvestment into community alternatives.

Patients currently at the unit have been engaged during this process.

## 10. EQUALITY, QUALITY AND LEGAL CONSIDERATIONS

A Quality Impact Assessment and Equality and Health Inequalities Impact Assessment have been undertaken.

Implementation will follow the ICB Safe Exit Protocol and the Decommissioning and Disinvestment Policy to ensure due process and a safe, managed transition.

The proposal supports the principles of least restrictive care, recovery-focused support and equity of access to community-based pathways.

It also aligns with national and local policy direction to reduce unnecessary inpatient care and strengthen community mental health provision.

## 11. RISKS AND MITIGATIONS

Risk	Mitigation
Patient transition risk during service run-down	Individual discharge plans, Section 117 planning, commissioner oversight and escalation routes to appropriate acute or forensic beds if clinical need changes.
Community capacity not fully mobilised at closure	Phased implementation, reinvestment into Assertive Outreach, use of existing community pathways and monitoring through the Decommissioning Transition Group.
Workforce uncertainty	Provider-led workforce plan, redeployment opportunities and regular assurance through implementation governance.
Financial timing mismatch between closure and reinvestment	Contractual notice, financial reconciliation and tracking of released resource within the mental health baseline.
Reputational or scrutiny concern	Transparent engagement with the Committee, consistent communications and emphasis on improved patient experience and least restrictive care.

## 12. TIMELINE

Admissions to Bedgebury paused to support a managed run-down of the service.

- Current patients to continue through individual discharge planning, with most expected to exit by September 2026.
- Formal contractual safe exit process to be initiated subject to approval.
- Decommissioning Transition Group to oversee patient, workforce, financial, quality and communications workstreams.
- Released funding to be reinvested into community mental health capacity, including Assertive Outreach provision.

## 13. IN SUMMARY

The decommissioning of Bedgebury Ward is a positive and necessary step in modernising the mental health pathway in Kent and Medway.

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It will move resource away from a small, outdated and restrictive step-down model and into community-based support that better reflects current standards, supports recovery and enables people to live more independently.

The proposal is clinically led, quality driven and consistent with the strategic direction for mental health services: earlier intervention, stronger community provision, reduced reliance on inpatient and out-of-area care, and better outcomes for patients.

<b>Lead officers</b>	Dr Jihad Malasi, Adult Mental Health Clinical Lead Louise Clack, Deputy Director, Adult Mental Health
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