

MEDWAY COUNCIL

Gun Wharf
Dock Road



Health Overview and Scrutiny

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

1. A brief outline of the proposal with reasons for the change

Commissioning Body and contact details:

NHS Kent and Medway
Ed Waller, Deputy Chief Executive and Chief Strategic Commissioning Officer

Current/prospective Provider(s):

Kent and Medway Mental Health NHS Trust

Outline of proposal with reasons:

To brief the Committee on the proposed decommissioning of Bedgebury Ward as part of a clinically led pathway redesign to improve patient experience, strengthen community mental health provision and support care in the least restrictive setting.

Status Briefing for scrutiny and information

1. Purpose of this paper

This paper provides the Health Overview and Scrutiny Committee with a briefing on the proposed decommissioning of Bedgebury Ward.

It explains the rationale for the proposed change, outlines how patient safety, workforce considerations and continuity of care will be managed, and describes how released resource will be reinvested to strengthen community mental health provision.

The proposal should be understood as a clinically and strategically led pathway redesign rather than a simple reduction in inpatient capacity. The primary aim is to improve patient outcomes by supporting individuals to move from secure inpatient care directly into appropriate community-based pathways wherever clinically safe to do so.

- 2. Intended decision date and deadline for comments** (The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 require the local authority to be notified of the date when it is intended to make a decision as to whether to proceed with any proposal for a substantial service development or variation and the deadline for Overview and Scrutiny comments to be submitted. These dates should be published.

The proposal should be understood as a clinically and strategically led pathway redesign rather than a simple reduction in inpatient capacity.

The ICB has considered whether the proposal constitutes a substantial variation in service.

NHS England advised that this determination rests with the ICB, informed by the views of the relevant Overview and Scrutiny Committee.

Given Bedgebury's restricted referral base, absence of public access, paused admissions and managed discharge arrangements, the proposal is considered a pathway redesign rather than a substantial service change.

However, recognising the importance of transparency, the Committee is being notified as a matter of prudence.

It is expected that the last patient to move into an appropriate community pathway will do so no later than Jan 27.

Subject to completion of formal governance and assurance processes, the proposed pathway changes will progress as follows:

- April/May 2026 – Completion of the commissioning review of Bedgebury Ward and confirmation of the proposed pathway redesign, including consolidation of step down rehabilitation provision and development of Assertive Outreach.
- Summer 2026 – Ongoing engagement with current service users, families and carers, alongside continued individual clinical reviews and discharge planning for all patients currently supported via Bedgebury Ward. No new admissions continue to be accepted.
- Summer/early autumn 2026 – Formal progression through NHS Kent and Medway governance processes, alongside continued implementation planning for the Assertive Outreach service.
- January 2027 – Planned closure of Bedgebury Ward. All current patients will have agreed individual transition plans in place, with families and carers appropriately involved, and with continued access to inpatient care should clinical need arise.
- 2026/27 – Assertive Outreach service fully operational, supporting a small cohort of individuals with the most complex needs as part of a strengthened, best practice community mental health pathway.

NHS Kent and Medway will continue to keep members informed as the programme progresses and will ensure implementation is safe, planned, and aligned with statutory duties.

3. Alignment with the Medway Joint Health and Wellbeing Strategy (JHWBS).

Please explain below how the proposal will contribute to delivery of the priority themes and actions set out in Medway's JHWBS and:

- how the proposed reconfiguration will reduce health inequalities and
- promote new or enhanced integrated working between health and social care and/or other health related services

As part of our responsibility to keep services under regular review, NHS Kent and Medway has undertaken a commissioning review of Bedgebury Ward, which is sited on the Trevor Gibbons Unit, Maidstone Hospital. This unit has historically provided step down rehabilitation for a small number of people discharged from forensic inpatient care.

The review concluded that the model of care delivered at Bedgebury Ward is no longer aligned with NICE guidance, national best practice, or modern integrated care pathways. The service does not deliver structured rehabilitation interventions consistent with current standards and has been associated with longer stays in a more restrictive environment than clinically required.

The planned change is expected to reduce reliance on inpatient and out-of-area care; in line with the NHS 10 Year Health Plan for England and offer greater equity of access to community pathways.

4. Alignment with Kent and Medway Sustainability and Transformation Plans.

5. Please provide evidence that the proposal meets the Government's five tests for service charge:

Test 1 - Strong public and patient engagement

- (i) Have patients and the public been involved in planning and developing the proposal?
- (ii) List the groups and stakeholders that have been consulted
- (iii) Has there been engagement with Medway Healthwatch?
- (iv) What has been the outcome of the consultation?
- (v) Weight given to patient, public and stakeholder views

There has been no wide engagement due the following

1. There are only five patients in the unit, and all these patients already had discharge plans in place to ensure that they were moving to appropriate evidence-based care in the least restrictive environment. The patients have been involved in their individual plans as required. There are no plans to admit any further patients to the unit as it offers an outdated, inappropriate care pathway.
2. We do not anticipate the proposals to be locally contentious due to:
 - the highly specialist nature of the service
 - the very small number of individuals affected
 - the absence of any reduction in access to care.

We will continue to ensure that all statutory duties are met, and that changes are implemented safely, transparently, and in partnership with patients, families, clinicians and system partners.

Test 2 - Consistency with current and prospective need for patient choice

The unit offers an outdated and inappropriate model of care of a very small number of patients and the Equality Health Quality assessment concluded that the change would result in patients being able to access in a timely manner the range current community recovery-focused support community pathways. This means they could choose from a range of services that were deemed clinically suitable, in a range of community environment and location therefore increasing their choice.

Test 3 - A clear clinical evidence base

- (i) Is there evidence to show the change will deliver the same or better clinical outcomes for patients?
 - (ii) Will any groups be less well off?
 - (iii) Will the proposal contribute to achievement of national and local priorities/targets?
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The proposal will move resource away from a small, restrictive and outdated step-down model and reinvest it into strengthened community-based provision that better reflects contemporary rehabilitation standards and system priorities.

The proposal supports improved patient outcomes, least restrictive care, stronger community pathways, reduced reliance on inpatient and out-of-area care and a more sustainable mental health model for Kent and Medway.

There is a clear clinical and evidence-based rationale for the proposed pathway redesign.

The commissioning review identified that the current Bedgebury model does not deliver structured rehabilitation interventions consistent with NICE guidance, NHS England commissioning guidance, or best practice.

Patients have experienced prolonged lengths of stay beyond expected standards, leading to delayed discharge and care in more restrictive environments than clinically required.

The proposed model introduces community-based pathways supported by Assertive Outreach, improving outcomes, personalisation, and reducing reliance on inpatient care.

The Equality, Health Inequalities and Quality Impact Assessment (EHIQA) undertaken confirms improved patient experience, clinical effectiveness, and no negative impact on safety or outcomes.

This aligns with national priorities including the NHS Long Term Plan and community-based care models.

Test 4 - Evidence of support for proposals from clinical commissioners – please include commentary specifically on patient safety

The proposal is supported by clinical commissioners and system partners including KMMH and the Provider Collaborative.

There is shared clinical consensus that the current model is not aligned with modern pathways.

Patient safety will be ensured through:

- Individual discharge plans for all patients
- No new admissions
- Phased closure approach
- Access to alternative inpatient provision if required
- Development of Assertive Outreach services

The EHIQA confirms no adverse impact on safety and improvements in delivery of care aligned to guidance.

Test 5 – Does the proposal include plans to significantly reduce hospital bed numbers? If so please provide evidence that one of the following three conditions set by NHS England can be met:

- (i) Demonstrate that sufficient provision, such as increased GP or community services, is being put in place alongside or ahead of bed closures, and that the new workforce will be there to deliver it; and / or
- (ii) Show that specific new treatments or therapies, such as new anti-coagulation drugs used to treat strokes, will reduce specific categories of admissions; or
- (iii) Where a hospital has been using beds less efficiently than the national average, that it has a credible plan to improve performance without affecting patient care (for example in line with the Getting it Right First Time programme).

The proposal does not represent a significant reduction in system capacity.

The unit comprises a small number of specialist beds with restricted referral criteria. Admissions have already been paused.

Alternative provision already exists, including community pathways and inpatient services where clinically required.

The change represents a pathway redesign rather than a reduction in overall access to care.

The proposal does not significantly reduce hospital beds there are only 10 beds in the unit and only 5 are occupied.

6. Effect on access to services

- (a) The number of patients likely to be affected
- (b) Will a service be withdrawn from any patients?
- (c) Will new services be available to patients?
- (d) Will patients and carers experience a change in the way they access services (ie changes to travel or times of the day)?

There are only 5 patients on the unit and they all have clear and individualised discharge plans that will ensure that they receive appropriate community care.

Whilst the patients will be in community settings they will not have any treatment or therapeutic service withdrawn in fact they are likely to be able to access more community-based services provided by Health, Social care and VCSEs, that can further support their rehabilitation and mental health needs. The five patients are being rehoused in appropriate community locations, and this is to ensure they have good access to services and carers can where appropriate support them in attending appointments or visiting them in the community .

7. Demographic assumptions

- (a) What demographic projections have been taken into account in formulating the proposals?
- (b) What are the implications for future patient flows and catchment areas for the service?

The proposal should be understood as a clinically and strategically led pathway redesign rather than a simple reduction in inpatient capacity. The current population of such a service is no longer obvious as the model of care is outdated and has been supplanted by community services.

There are not considered to be any implications for patient flows, no other like for like service is in place for service users across Kent and Medway as service users in other units already access the provided appropriate community services, and these are available to all eligible Kent and Medway patients.

8. Diversity Impact

Please set out details of your diversity impact assessment for the proposal and any action proposed to mitigate negative impact on any specific groups of people in Medway?

The Equality Health and Quality Impact assessment did not identify any negative impact on any specific groups on Kent:

It did identify the following benefits of the change:

- least restrictive care;
- recovery-focused support;
- strengthened community mental health provision;
- reduced reliance on inpatient and out-of-area care; and
- greater equity of access to community pathways.

9. Financial Sustainability

- (a) Will the change generate a significant increase or decrease in demand for a service?
- (b) To what extent is this proposal driven by financial implications? (For example the need to make efficiency savings)
- (c) Is there assurance that the proposal does not require unsustainable level of capital expenditure?
- (d) Will it be affordable in revenue terms?
- (e) What would be the impact of 'no change'?

The proposal is not primarily financially driven, but financial considerations support the case.

The current service has high cost relative to community alternatives and does not represent value for money.

Funds released will be reinvested into community provision including Assertive Outreach.

Without change, patients would remain in inappropriate pathways with longer stays and continued inefficiency.

10. Wider Infrastructure

- (a) What infrastructure will be available to support the redesigned or reconfigured service?
- (b) Please comment on transport implications in the context of sustainability and access

The new pathway will be supported by:

- Community Mental Health Teams
- Supported accommodation
- Assertive Outreach services
- Existing inpatient services where needed

The proposal supports care closer to home and reduced reliance on hospital settings.

11. Is there any other information you feel the Committee should consider?

The service is highly specialised, not publicly accessible, and impacts a very small patient cohort.

Admissions have already been paused and all patients have discharge pathways.

The proposal reflects a clinically led redesign aligned with national policy.

12. Please state whether or not you consider this proposal to be substantial, thereby generating a statutory requirement to consult with Overview and Scrutiny

The ICB considers this a pathway redesign rather than a substantial service change.

This is due to:

- Restricted access pathway
- Small number of patients affected
- No reduction in overall access to care
- Availability of alternative provision

However, HOSC is being notified to ensure transparency and appropriate scrutiny.

The proposal should be understood as a clinically and strategically led pathway redesign rather than a simple reduction in inpatient capacity.

NHS England advised that this determination rests with the ICB, informed by the views of the relevant Overview and Scrutiny Committee.

Given Bedgebury's restricted referral base, absence of public access, paused admissions and managed discharge arrangements, the proposal is considered a pathway redesign rather than a substantial service change.