NHS
Kent and Medway

Report to	Joint Health and Adult Social Care Committee (HASC) and Health Overview and Scrutiny Committee (HOSC)
Meeting date	2nd September 2026
Report title	Bedgebury Unit: Proposed Decommissioning and Future Rehabilitation Pathway
Key question	Members are asked to consider whether the additional assurance requested through the substantial service variation process has been satisfactorily provided, including assurance on the clinical rationale, patient impact, governance process, financial implications and future rehabilitation pathway.
Executive Lead	Ed Waller - Deputy Chief Executive and Chief Strategic Commissioning Officer – Kent and Medway ICB
Author	NHS Kent and Medway Integrated Care Board (ICB) Kent and Medway Mental Health Trust (KMMH)

Which of the organisation's strategic objectives does the report support:	
☒ Commission the right services each year	☒ To ensure financial sustainability over three years
☒ Lead strategy and ensure commissioning levers deliver impact	☒ Develop into a high-performing Commissioning Organisation
☒ Renew our culture for long-term sustainability	

Recommendation (outcome / action requested):

Meeting action required:

☒ Seek assurance ☐ Decision/approval required ☐ For noting/information

Recommendation(s) to the meeting:

The Joint HASC and HOSC are asked to note the findings of the Bedgebury service review; note that Bedgebury comprises 10 ring-fenced forensic pre-discharge beds within the Trevor Gibbens Unit estate and is not part of the wider acute mental health inpatient bed base; note the proposed reinvestment in community rehabilitation pathways, including Assertive Outreach and step-down provision; and consider the evidence provided in relation to patient outcomes, crisis presentations, adult social care impact and future pathway arrangements.
Members are asked to consider whether the additional assurance requested has been satisfactorily addressed and to provide any recommendations for consideration by the ICB before any final commissioning decision is made.

Executive summary:

This report has been prepared in response to requests from the Joint Health and Adult Social Care Committee (HASC) and Health Overview and Scrutiny Committee (HOSC), following their determination that the proposed decommissioning of Bedgebury Unit constitutes a substantial service variation. The ICB recognises Members' concern that scrutiny engagement could have occurred earlier and has prepared this paper to provide transparent assurance before any final commissioning decision is made.

In particular, the report responds to four recurring concerns raised through scrutiny: whether the proposal is financially driven; whether closure would affect acute mental health bed capacity; whether it would increase adult social care demand; and whether sufficient assurance exists that current and future patients will be supported safely through alternative pathways.

Bedgebury Unit is a 10-bed forensic pre-discharge rehabilitation service commissioned by NHS Kent and Medway Integrated Care Board (ICB) and provided by Kent and Medway Mental Health NHS Foundation Trust (KMMH). Established in 2016, the service was intended to support individuals transitioning from medium secure forensic services into community living.

It is important to clarify the scale and scope of Bedgebury. The unit comprises 10 commissioned beds within the Trevor Gibbens Unit forensic estate. It is a highly specialised, ring-fenced forensic pre-discharge arrangement for a defined cohort of Kent and Medway patients progressing from medium secure care. It is not part of the wider acute mental health inpatient bed base and is not a generally available rehabilitation pathway for the wider mental health inpatient population.

A comprehensive service and clinical review undertaken jointly by the ICB, KMMH and the Kent, Surrey and Sussex Secure Care Provider Collaborative concluded that the service is no longer aligned with:

- Its original service specification.
- Current NHS England rehabilitation commissioning guidance.
- Contemporary rehabilitation and recovery models.
- Current expectations regarding care in the least restrictive environment.

The review identified that Bedgebury:

- Does not operate as a recognised Level 1 or Level 2 rehabilitation service.
- Does not have a dedicated multidisciplinary rehabilitation team.
- Does not have a dedicated management structure.
- Is embedded within a medium secure environment that is more restrictive than would be expected under contemporary rehabilitation models.

The current model can also lengthen a patient's overall care pathway by introducing an additional inpatient step between medium secure care and discharge. This has the potential to extend time spent in restrictive inpatient settings, rather than supporting proportionate admission and progression to the least restrictive appropriate setting.

National discharge guidance for mental health inpatient settings is clear that discharge planning should start on admission or before and continue throughout the inpatient stay; the revised pathway is intended to bring discharge planning to the beginning of the patient journey, rather than delaying it until a later transfer to Bedgebury.

The proposal does not represent a reduction in mental health investment. Alongside the proposed decommissioning, the system has secured:

- £3.5 million investment in a countywide Assertive Outreach Team (AOT).
- £1 million investment to improve step-down capacity and patient flow.
- Ongoing Mental Health Investment Standard (MHIS) funding to strengthen rehabilitation and recovery pathways.

This proposal is not being driven by a requirement to make a financial saving. It is a clinical service redesign intended to provide a more appropriate, less restrictive, community-based model of care for people who would otherwise have required, or remained within, the inpatient unit.

There will be some reinvestment of funding currently associated with the unit into the new community model. However, transition is being deliberately phased so that existing patients are supported safely and appropriately. For a period, the ICB will fund both the existing inpatient provision and the new community model simultaneously.

This is therefore not a cost-reduction exercise. It represents a net investment in mental health services and a deliberate shift in how resource is used: from a small, bed-based forensic pre-discharge model towards a more intensive community-based model designed to support people closer to home.

The annual commissioned value aligned to Bedgebury is approximately £1.73 million, of which around £680,871 has been identified as potentially releasable. This is significantly lower than the full annual value of the unit and lower than the cost of the proposed future community model. The countywide Assertive Outreach Team is costed at approximately £3.5 million per annum, alongside approximately £1 million to improve step-down capacity and patient flow.

Following the clinically informed service review and clinical concerns raised, a clinically informed decision was made to pause new admissions to Bedgebury. Since admissions to Bedgebury were paused, there has been no identified increase in mental health crisis service presentations by patients discharged from the unit, and no evidence of additional adult social care demand attributable to the proposed service changes.

For these reasons, the proposal should be understood as service transformation and reinvestment, not as a reduction in acute mental health bed capacity or a transfer of cost and responsibility to adult social care.

The proposed change is not expected to create a new cohort of people requiring adult social care. Rather, it brings forward the need for housing, social care and community support planning earlier in the pathway, in line with national guidance that discharge planning should begin on, or before, admission.

Proposed next steps:

Subject to Members' consideration, the ICB will review any recommendations made by Joint HASC and HOSC before making any final commissioning decision. If the proposal is progressed, implementation will continue through a phased, clinically led transition plan. This will include individual patient-level planning, continued engagement with system partners, oversight through an implementation/decommissioning steering group, and monitoring of patient safety, continuity of care, crisis presentations, adult social care impact and delivery of the future rehabilitation pathway.

Governance pathway to date:		
Meeting name:	Date:	Outcome:
Service review completed	May 2025	Review identified that Bedgebury was no longer aligned with original specification, contemporary rehabilitation practice or current national guidance.
Strategic Commissioning Sub-Group	June 2025	Findings considered.
Workforce, finance and risk review	July 2025	Further information reviewed to inform commissioning options.
Strategic Commissioning Sub-Group	February 2026	Decommissioning recommended.
Executive Management Committee	March 2026	Proposal approved in principle, subject to appropriate scrutiny and assurance.
HASC scrutiny	March 2026	Members considered the proposal and requested further assurance.
HOSC scrutiny	June 2026	Members considered the proposal and requested further assurance.
Joint HASC/HOSC	September 2026	Members asked to consider whether the additional assurance requested has been satisfactorily provided.

Contact for further information	Louise Clack - Associate Director Mental Health, Learning Disabilities and Autism louise.clack@nhs.net

COMPLIANCE NOTES:
Equality, health inequalities and quality impact assessment
If this report is presented for decision/approval, please complete: Has an assessment been undertaken? ☒ Yes (please attach the action plan in Appendix E) ☐ No/Not applicable (please indicate why an assessment was not required)

COMPLIANCE NOTES:

Conflicts of interest

Are there any conflicts associated with authors or reporting officers?

☐ Yes ☒ No

If yes, please confirm how the conflict has been managed.

FOI status

Is this report disclosable under FOI?

☒ Yes ☐ No

If no, please specify why:

Financial implications

Are there financial implications associated with this report?

☒ Yes ☐ No

If yes, please describe:

Yes. The proposal has financial implications relating to the current commissioned value of Bedgebury, the proportion of expenditure that may be releasable, retained estate and infrastructure costs, and the additional investment required to deliver the future community rehabilitation model. The proposal is not presented as a cost-saving exercise. Further detail is provided in the main paper and Appendix A.

Legal implications

Are there legal implications associated with this report?

☒ Yes ☐ No

If yes, please describe:

Yes. The proposal has legal and governance implications relating to statutory duties for service change, including appropriate scrutiny, engagement, equality considerations and robust decision-making. The ICB must ensure that any final commissioning decision is informed by the scrutiny process, relevant impact assessments, patient and stakeholder considerations, and appropriate governance.

Quality and safety implications

Are there quality or safety implications associated with this report?

☒ Yes ☐ No

If yes, please describe:

COMPLIANCE NOTES:

Yes. Quality and safety implications relate both to the risks of maintaining a service model that no longer aligns with contemporary rehabilitation guidance, and to the need to ensure safe transition for current patients if decommissioning proceeds. The review concluded that Bedgebury does not operate as a recognised Level 1 or Level 2 rehabilitation service, does not have a dedicated multidisciplinary rehabilitation team, and is located within a more restrictive environment than would usually be expected for rehabilitation provision. Implementation would therefore need to be phased and clinically led, with individual multidisciplinary review, agreed alternative pathways, risk management arrangements and ongoing clinical oversight for each patient.

Patient and public engagement

Are there patient and public engagement implications associated with this report?

☒ Yes ☐ No

If yes, please describe. If no, please specify why:

Yes. Patient and public engagement implications relate to ensuring that patients, carers, scrutiny members, local authority partners and wider system stakeholders are appropriately informed and that feedback is considered before any final commissioning decision is made. The ICB recognises Members' concerns that earlier engagement would have been preferable and has reflected this learning in the main paper.

Bedgebury Unit: Proposed Decommissioning and Future Rehabilitation Pathway

1. INTRODUCTION

This report sets out the rationale, evidence and assurance relating to the proposed decommissioning of Bedgebury Unit and the development of a future rehabilitation pathway for Kent and Medway patients. Bedgebury is a small, specialist forensic pre-discharge provision within the Trevor Gibbens Unit estate and was originally commissioned to support people approaching discharge from medium secure care. Since the service was established, national policy, clinical practice and commissioning expectations for mental health rehabilitation have changed significantly, with a stronger emphasis on recovery-focused care, earlier discharge planning, community-based support and care delivered in the least restrictive appropriate setting.

Members have requested further assurance about the clinical rationale, patient impact, financial implications, governance arrangements and future service model. This report responds to those requests and provides a transparent account of the review findings, the decision-making process to date, the proposed reinvestment in community rehabilitation services and the safeguards that will apply to current and future patients.

2. PURPOSE OF THE REPORT

The purpose of this report is to:

1. Explain the rationale for the proposed decommissioning of Bedgebury Unit.
2. Summarise the findings of the service review.
3. Provide transparency regarding governance and decision-making.
4. Clarify the respective roles of the ICB and KMMH.
5. Describe the financial implications and reinvestment programme.
6. Assess impacts on patients, carers and wider system partners.
7. Outline implementation arrangements and governance oversight.
8. Provide assurance requested through the substantial service variation process.

The report also acknowledges that Members would have preferred earlier engagement. The ICB accepts that concern and has therefore set out the chronology transparently, including where the proposal moved from internal review and commissioning governance into formal scrutiny as a substantial service variation.

3. BACKGROUND AND CONTEXT

Bedgebury Unit is located within the Trevor Gibbens Unit forensic estate and comprises six female beds and four male beds. Although commonly referred to as a single rehabilitation unit, the service operates as beds embedded within existing medium secure wards rather than as a dedicated stand-alone rehabilitation service.

This creates an anomaly within the rehabilitation pathway. Bedgebury is not a commissioned pathway available across the wider mental health system; rather, it is a specific arrangement linked to Kent and Medway patients on Walmer and Emmetts medium secure wards. Its proposed decommissioning therefore does not remove beds from the acute mental health inpatient estate and does not change the number of general adult acute mental health beds available across Kent and Medway.

The original 2016 service specification described Bedgebury as a forensic pre-discharge rehabilitation service intended to support individuals approaching discharge from medium secure care through structured rehabilitation interventions, recovery planning and preparation for community living.

Expected lengths of stay were:

Patient Group	Expected Length of Stay
Male Patients	12 months
Female Patients	18 months

The service specification anticipated access to multidisciplinary support, individual care planning and rehabilitation-focused interventions.

Since the service was commissioned, rehabilitation practice and commissioning guidance have evolved significantly.

4.0 Evolution of National Guidance Since 2016

When Bedgebury was commissioned in 2016, rehabilitation was frequently delivered through inpatient step-down units designed to bridge the transition between secure care and community living.

Since that time, there have been significant developments in national policy, rehabilitation practice and commissioning guidance.

NHS England's 2024 Guidance for Commissioners of Adult Mental Health Rehabilitation Inpatient Services places greater emphasis on:

- Recovery-focused rehabilitation.
- Care delivered in the least restrictive environment.

- Dedicated multidisciplinary rehabilitation teams.
- Community integration and social inclusion.
- Early discharge planning.
- Strong links with housing, employment and social care.
- Timely progression through rehabilitation pathways.
- Minimising unnecessary lengths of stay.

The guidance views rehabilitation as part of a wider integrated pathway and expects rehabilitation services to:

- Operate within clearly defined pathways.
- Deliver active rehabilitation and recovery interventions.
- Support progression through services into community settings.
- Work closely with housing, social care and community services.
- Promote independence and social inclusion.

The fundamental shift in national policy is away from prolonged inpatient rehabilitation and towards rehabilitation delivered within community settings supported by specialist multidisciplinary outreach services.

The Department of Health and Social Care and NHS England guidance on discharge from mental health inpatient settings is clear that discharge planning should begin on, or before, admission and continue throughout a person's inpatient stay. This reinforces the need for pathways in which admission is purposeful and proportionate, discharge planning is embedded from the outset, and people are supported to leave hospital safely and promptly once they are clinically ready.

The review concluded that Bedgebury's design, location and operating model no longer align with this direction of travel.

5.0 Key Assurance Points for Members

- **Scale and scope:** Bedgebury comprises 10 ring-fenced forensic pre-discharge beds and is not part of the acute mental health inpatient bed base.
- **Clinical rationale:** The review concluded that the current model no longer aligns with the original specification, contemporary rehabilitation practice or current national guidance.
- **Financial position:** The proposal is not a cost-saving exercise. The future model requires additional recurrent investment, including funding through the Mental Health Investment Standard and the Kent, Surrey and Sussex Secure Care Provider Collaborative.
- **Adult social care impact:** No evidence has been identified that the pause in admissions has created additional adult social care demand. Patients would have

required community planning and accommodation support as part of ordinary discharge progression irrespective of Bedgebury's future.

- **Implementation safeguards:** Current patients will only move when clinically appropriate alternatives are identified and agreed through multidisciplinary planning.
- **Scrutiny and engagement:** The ICB recognises Members' concerns about earlier consultation and is seeking to address this through transparent reporting, formal scrutiny and continued engagement before any final commissioning decision.

6.0 Findings of the Service Review

6.1 Overall Findings

The review concluded that Bedgebury:

- Is not operating in accordance with its original service specification.
- Does not sit within a clearly defined contemporary rehabilitation pathway.
- Does not meet current NHS England expectations for rehabilitation services.
- Operates within an environment that is more restrictive than would ordinarily be expected for rehabilitation provision.

The review therefore recommended that the ICB consider decommissioning the service and reinvesting resources into pathways more consistent with current guidance.

6.2 Patient Cohort

At the time of the review:

Indicator	Position
Commissioned Beds	10
Occupied Beds	5
Average Male Length of Stay	23 months
Average Female Length of Stay	30 months
Average Length of Stay for Discharged Patients Since 2020	Approximately 50 months

These lengths of stay substantially exceed those anticipated within the original service specification.

The review also identified significant delays in progression and discharge planning for some patients, often linked to accommodation and community support arrangements.

In this context, Bedgebury may unintentionally prolong the inpatient pathway by adding a further pre-discharge stage after medium secure care. This risks shifting key arrangements for housing, social care and community support to a later point in the pathway, rather than embedding discharge planning from the outset. This does not align with the principle that

inpatient admission should be purposeful, proportionate and focused on supporting people to move to the least restrictive appropriate setting as soon as they are clinically ready.

7.0 Governance and Decision-Making Process

Following the review process a clinically informed decision was taken to pause admissions to Bedgebury because the review demonstrated that the current clinical model was not working as intended.

The ICB's role has been to:

- Undertake a commissioning review.
- Assess whether the service continues to meet population need.
- Consider future commissioning intentions.
- Ensure appropriate governance and assurance processes.

The proposal has subsequently progressed through established governance arrangements. The ICB acknowledges that scrutiny members have expressed concern that committees were not engaged earlier in the process. The chronology below is intended to provide transparency about the sequence of internal review, commissioning governance and subsequent scrutiny. The ICB recognises the importance of maintaining confidence in future changes and will ensure learning from this process informs earlier engagement planning where service changes may be considered substantial.

The ICB has reflected on the process and recognises that earlier engagement with scrutiny colleagues would have helped build confidence, support shared understanding of the specific nature of the Bedgebury pathway, and reduce the risk that the proposal was perceived as a financial or capacity-driven decision. Learning from this process will be applied to future service change proposals, including earlier identification of potential substantial service variation issues, earlier discussion with local authority scrutiny leads where appropriate, and clearer early communication about the scale, scope, rationale and expected impact of proposed changes.

Date	Governance Activity
May 2025	Service review completed
June 2025	Strategic Commissioning Sub-Group considered findings
July 2025	Workforce, finance and risk information reviewed
February 2026	Strategic Commissioning Sub-Group recommended decommissioning
March 2026	Executive Management Committee approved proposal in principle

March 2026	HASC scrutiny
June 2026	HOSC scrutiny
Current	Joint HASC/HOSC scrutiny process

8.0 Collaborative Working with KMMH and System Partners

The review was undertaken collaboratively by clinicians, operational service leads and commissioners from:

- NHS Kent and Medway ICB
- Kent and Medway Mental Health NHS Foundation Trust (KMMH)
- Kent, Surrey and Sussex Forensic Provider Collaborative

Clinical input was embedded throughout the review process. KMMH contributed clinical evidence regarding the needs and characteristics of the current patient cohort, alongside operational information on service delivery, workforce and staffing, discharge planning and patient progression. KMMH clinicians and service leads also contributed to the options appraisal and to the redesign of the future pathway.

KMMH has continued to support the work through:

- ongoing clinical review of current patients
- development of individual discharge and transition plans
- workforce planning
- design of future clinical pathways
- governance discussions relating to implementation

The review also benefited from senior clinical oversight. This included input and oversight from the Chief Nursing Officers of both NHS Kent and Medway ICB and KMMH, together with Dr Mike Kingham, Clinical Director of the Kent, Surrey and Sussex Forensic Provider Collaborative.

This ensured that the review was informed by appropriate clinical expertise, alongside operational, commissioning and system considerations, and that the proposed future model has been considered in the context of patient need, clinical safety, quality of care and appropriate progression through the pathway.

9.0 Substantial Service Variation and Scrutiny Process

Both HASC and HOSC determined that the proposed decommissioning of Bedgebury Unit constituted a substantial service variation requiring formal scrutiny.

Members requested additional assurance regarding:

- Clinical rationale.
- Patient impact.
- Financial implications.
- Future service arrangements.
- Governance arrangements.
- Stakeholder engagement.

The purpose of this report is to address those concerns and support informed consideration of the proposal.

The annual commissioned value of Bedgebury Unit is approximately £1.73 million.

Financial analysis identified approximately £680,871 of potentially releasable expenditure. However, not all costs can be removed due to continuing estate, infrastructure and secure-site overheads associated with the Trevor Gibbens Unit.

The proposal should therefore not be viewed as a cost-saving exercise.

This distinction is important for Members because the potentially releasable expenditure is substantially lower than the full annual value associated with the unit, and the proposed replacement community model costs more than the funding released through decommissioning. The ICB is therefore committing additional recurrent investment rather than withdrawing resource from mental health services.

Alongside the proposed decommissioning, the system has secured substantial investment in alternative rehabilitation and recovery services.

The future model includes implementation of a countywide Assertive Outreach Team (AOT), additional step-down capacity and continued investment through the Mental Health Investment Standard.

The countywide Assertive Outreach Team is costed at approximately £3.5 million per annum and will provide multidisciplinary support including:

- Consultant psychiatrists.
- Clinical psychologists.
- Occupational therapists.
- Social workers.
- Mental health nurses.
- Case managers.
- Community service navigators.
- Pharmacy support.

- Administrative support.

In addition, the system has secured approximately £1 million to improve 10 step-down capacity and patient flow across the mental health pathway.

Collectively these investments are intended to create a more comprehensive community pathway than currently exists and support individuals in community settings consistent with NHS England guidance.

The ICB's position is that the proposal represents service transformation and reinvestment rather than disinvestment from mental health services.

11.0 Impact Assessment

11.1 Impact on Patients

The review recognised that patients currently residing within Bedgebury have differing levels of clinical need and require differing levels of rehabilitation support.

All current patients have undergone multidisciplinary review and individual discharge planning.

The review identified that, with the exception of one patient who requires ongoing secure care, the remaining patients require one or more of the following forms of support:

- Ongoing secure care.
- Supported accommodation.
- Community rehabilitation support.
- Assertive Outreach Service (AOT)
- Specialist forensic outreach community services.

Patients will only move when appropriate alternative pathways have been identified and agreed by the multidisciplinary team.

11.2 Impact on Mental Health Crisis Services

Information provided by KMMH indicates that none of the patients discharged from Bedgebury have subsequently presented to mental health crisis services.

11.3 Impact on Adult Social Care

The review identified that delays in discharge were often associated with housing and community care packages. Importantly, Bedgebury was only ever intended as a transitional rehabilitation service. All patients would ordinarily have progressed into supported community living at some point, with housing, social care and community support considered as part of normal discharge planning.

The proposed change is therefore not expected to create a new cohort of people requiring adult social care. Rather, it brings forward the need for joint discharge planning earlier in the

pathway, in line with national guidance that discharge planning should start on admission or before and continue throughout the inpatient stay.

The future pathway has been designed to strengthen links with social care, housing and community services through Assertive Outreach and rehabilitation support.

12.0 Future Rehabilitation Pathway

The proposed future model reflects changes in national rehabilitation guidance and the wider move towards community-based rehabilitation and recovery services.

The intention is not simply to remove Bedgebury from the pathway but to redesign the pathway around earlier intervention, multidisciplinary support and community integration.

12.1 Current Pathway

The current pathway operates as a linear inpatient step-down model, with individuals moving from medium secure care to Bedgebury before progressing towards accommodation, community discharge and routine community mental health support. The service review found that this arrangement can delay discharge planning and extend time spent in restrictive inpatient settings. A detailed pathway description is provided at Appendix B.

12.2 Proposed Future Pathway

The proposed future pathway is intended to embed discharge planning earlier, strengthen links with housing and social care, and support people through community-based rehabilitation, Assertive Outreach, forensic outreach liaison and step-down provision where clinically required. This model is designed to reduce reliance on restrictive inpatient environments and support recovery in the least restrictive appropriate setting. A detailed pathway description is provided at Appendix B.

13.0 Patient Transition and Decommissioning Plan

The ICB will manage transition and decommissioning through a phased, clinically led process designed to protect patient safety, maintain continuity of care and ensure that no closure takes place until appropriate alternative pathways are confirmed. Further detail on the proposed transition phases, placement planning, discharge arrangements and ongoing monitoring is provided at Appendix C.

14.0 Governance Following Decommissioning

The ICB proposes establishing a Decommissioning Steering Group comprising:

- NHS Kent and Medway ICB.
- Kent and Medway Mental Health NHS Foundation Trust.
- Kent, Surrey and Sussex Secure Care Provider Collaborative.
- Local authority partners.

- Clinical representatives.
- Quality and programme leads.

The Steering Group will oversee:

- Patient safety.
- Risk management.
- Workforce arrangements.
- Financial reinvestment.
- Delivery of replacement services.
- Benefits realisation.

Success will be measured through:

- Safe transition of all existing patients.
- Mobilisation of the Assertive Outreach Team.
- Improved patient flow.
- Reduced reliance on restrictive inpatient settings.
- Delivery of reinvestment plans.
- Improved access to community rehabilitation support.

15.0 Conclusion

The evidence presented through the service review demonstrates that Bedgebury Unit no longer operates in a manner consistent with its original purpose, contemporary rehabilitation models or current NHS England guidance.

The proposal seeks to replace an inpatient pre-discharge model with a strengthened community rehabilitation pathway supported by substantial additional investment, multidisciplinary support and improved integration across health, housing and social care.

The proposal should therefore be viewed as a service transformation and reinvestment programme designed to modernise forensic rehabilitation pathways, improve patient outcomes and ensure services align with contemporary standards of care.

It would also support a more proportionate inpatient pathway by removing an additional inpatient step that can lengthen overall stay. The future model is designed to ensure discharge planning begins at admission, or before where possible, with housing, social care and community support considered from the outset rather than deferred to a later stage in the pathway.

The ICB considers that the information contained within this report, together with the supporting appendices, provides the additional assurance requested by HASC and HOSC regarding the clinical rationale, governance process, financial implications, patient impact and future service arrangements associated with the proposal.

4. RECOMMENDATIONS

Members are asked to:

1. Note the findings of the Bedgebury service review.
2. Note that Bedgebury comprises 10 ring-fenced forensic pre-discharge beds and is not part of the wider acute mental health inpatient bed base.
3. Note the significant reinvestment in community rehabilitation pathways, Assertive Outreach and step-down provision.
4. Note the evidence available regarding patient outcomes, crisis presentations and wider system impacts, including adult social care.
5. Consider whether the additional assurance requested through the substantial service variation process has been satisfactorily addressed.
6. Provide any recommendations for consideration by the ICB prior to any final commissioning decision.

Appendices:

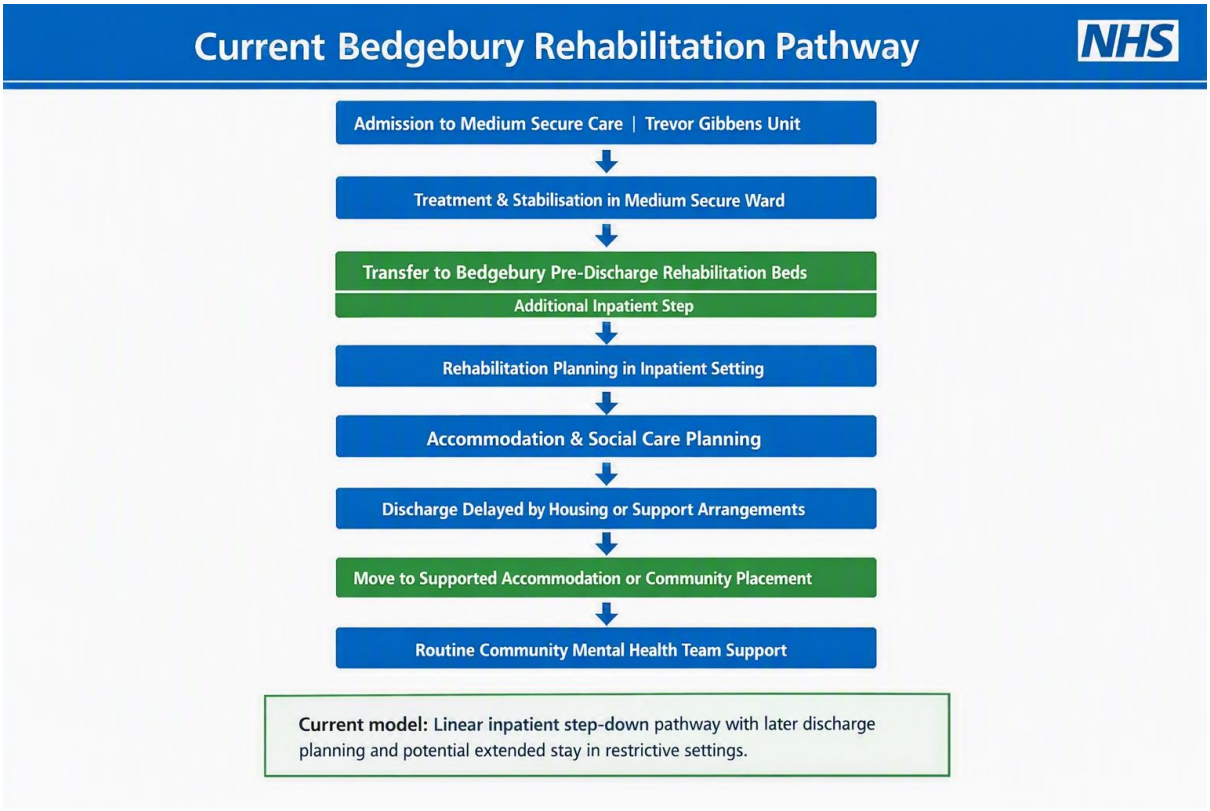
- Appendix A – Financial Breakdown and Reinvestment Programme
- Appendix B – Current and Proposed Rehabilitation Pathways
- Appendix C – Patient Transition and Decommissioning Plan
- Appendix D – Key Questions Raised by HASC and HOSC and Responses
- Appendix E - Equality, health inequalities and quality impact assessment

Appendix A: Financial Breakdown and Reinvestment Programme

Finance Area	Summary Position	Value
Total cost aligned to Bedgebury	Total annual cost currently aligned to Bedgebury, including direct costs, indirect costs, facilities and overheads.	£1,733,048
Potential cash-releasing expenditure	Costs identified as potentially releasable through Bedgebury closure, mainly direct staffing and some facilities costs.	£680,871
Non-cash-releasing or retained costs	Costs that may remain within the wider TGU estate or be reapportioned to other services, including shared staffing, indirect costs, site costs and overheads.	£1,052,177
Assertive Outreach Team annual cost	Full annual cost of the proposed countywide AOT model, including staffing, other operating costs, indirect costs and corporate overheads.	£3,526,584

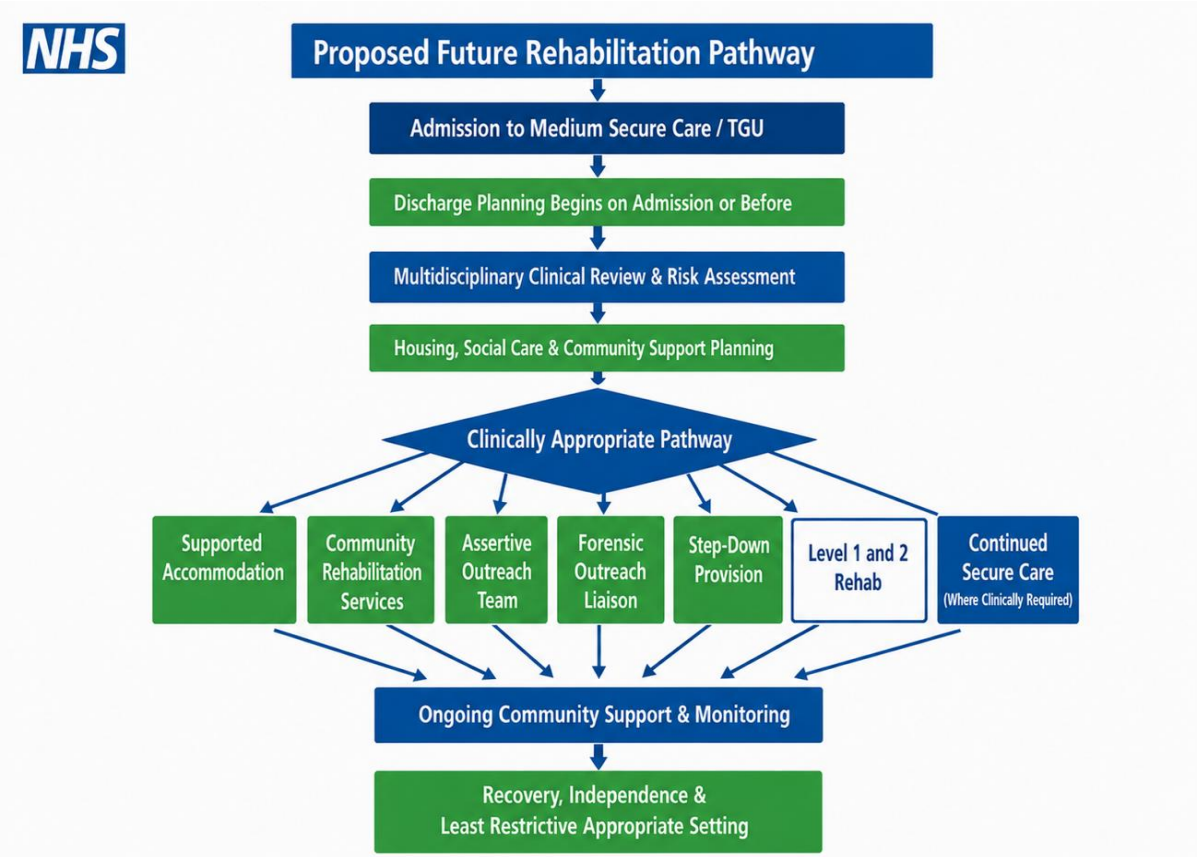
Appendix B: Current and Proposed Rehabilitation Pathways

B.1 Current Pathway



To Note: *The majority of patients did not transition through Bedgebury Ward as part of their discharge pathway. Most patients were and are discharge to a suitable discharge destination straight from the TGU medium secure wards.*

B.2 Proposed Future Pathway



Future model: earlier planning, community rehabilitation and least restrictive care.

Appendix C: Patient Transition and Decommissioning Plan

C.1 Phase 1 – Individual Clinical Review

- Comprehensive multidisciplinary assessment.
- Review of legal status and risk profile.
- Review of accommodation requirements.
- Review of forensic and rehabilitation needs.
- Confirmation of the most appropriate future pathway.

C.2 Phase 2 – Identification of Future Placements

- Supported accommodation.
- Community rehabilitation services.
- Assertive Outreach Team support.
- Forensic Outreach Liaison Services.
- Alternative specialist pathways.
- Continued secure care where clinically required.

C.3 Phase 3 – Transition Planning

- Named clinical lead.
- Named commissioner oversight.
- Agreed discharge plan.
- Risk management arrangements.
- Multi-agency contingency plans.

C.4 Phase 4 – Final Patient Discharges

The review recommended that closure should not occur until all patients have safely transferred to appropriate alternative pathways. Patients whose needs cannot safely be met through community services will continue to receive support through specialist forensic or secure services.

C.5 Ongoing Monitoring

- Patient outcomes.
- Crisis service presentations.
- Community service demand.
- Adult social care demand.
- Rehabilitation outcomes.
- Patient flow through forensic pathways.

Appendix D: Key Questions Raised by HASC and HOSC and Responses

D.1 Purpose

This appendix provides responses to the principal questions and concerns raised by Members during consideration of the proposed decommissioning of Bedgebury Unit. It is intended to provide additional assurance regarding the rationale for the proposal, governance arrangements, patient impact, financial implications and future service provision.

Question Raised by Members	Response
Why is Bedgebury Unit being proposed for decommissioning?	The service review concluded that Bedgebury is no longer operating in accordance with its original service specification and does not align with current NHS England rehabilitation guidance. The service does not function as a recognised Level 1 or Level 2 rehabilitation service, lacks a dedicated multidisciplinary rehabilitation team and is located within a medium secure environment that is more restrictive than would ordinarily be expected for rehabilitation provision.
Is the proposal driven by financial savings?	No. The proposal is based on clinical, operational and strategic considerations identified through the service review. Although approximately £680,871 of potentially releasable expenditure was identified, the proposed future model requires additional recurrent investment and costs more than the funding released through closure. The proposal should therefore be viewed as service transformation and reinvestment rather than a cost-saving exercise.
Will this reduce acute mental health bed capacity?	No. Bedgebury comprises 10 ring-fenced forensic pre-discharge beds within the Trevor Gibbens Unit forensic estate. It is not part of the wider acute mental health inpatient bed base and is not a generally available rehabilitation pathway for the broader mental health inpatient population.
Why were scrutiny committees not engaged earlier?	The ICB recognises Members' concern that earlier engagement would have been preferable. The proposal initially progressed through review and commissioning governance as the ICB assessed whether the service continued to meet need and whether the model remained clinically appropriate. Once HASC and HOSC determined that the proposal constituted a substantial service variation, the

	ICB entered the formal scrutiny process and has prepared this report to provide further assurance. The ICB has reflected on the process and will apply the learning to future service change proposals, including earlier assessment of potential scrutiny implications, earlier engagement with scrutiny leads where appropriate, and clearer early communication about scale, scope, rationale and expected impact.
Has the proposal increased demand on adult social care?	The review found no evidence that cessation of admissions has directly increased adult social care demand. Bedgebury was always intended as a transitional rehabilitation service, meaning patients would ordinarily have progressed into community settings at some point. The future model is intended to bring housing, social care and community support planning earlier in the pathway, rather than create a new or additional cohort requiring adult social care.
What services will replace Bedgebury?	The future model includes a countywide Assertive Outreach Team, enhanced forensic outreach support, community rehabilitation services, Level 1 and 2 inpatient rehabilitation, stepdown beds and supported accommodation. These services are intended to provide a more integrated rehabilitation pathway than currently exists and support recovery in the least restrictive appropriate setting.
What assurance can be provided that current patients will be safe?	All current patients have undergone multidisciplinary review and have individual discharge and transition plans in place. Patients will only move when appropriate alternative arrangements have been identified and agreed by clinical teams. No patient will be discharged without suitable support being in place.

D.2 Key Assurance Message

The proposed decommissioning of Bedgebury Unit is based on the findings of a comprehensive, clinically informed service review involving commissioners, clinicians and operational leaders from NHS Kent and Medway ICB, Kent and Medway Mental Health NHS Foundation Trust and the Kent, Surrey and Sussex Forensic Provider Collaborative.

The review concluded that the current Bedgebury model no longer aligns with its original service specification, contemporary rehabilitation practice or relevant NHS England guidance. These conclusions were informed by clinical evidence relating to the current

patient cohort, patient progression and discharge needs, alongside operational and workforce considerations.

The proposal is supported by significant reinvestment in community-based rehabilitation services, detailed individual patient transition planning and ongoing clinical and operational governance arrangements intended to maintain patient safety, continuity of care and appropriate progression through the rehabilitation pathway.

Members are therefore asked to consider whether the additional assurance requested through the substantial service variation process has been satisfactorily provided, including assurance that the proposed change has been subject to appropriate clinical scrutiny and that implementation will continue to be clinically overseen.