

The use of locked rehabilitation in the independent sector is coming under increasing scrutiny. As the CQC prepares to publish its in-depth report on these services **Ann McGauran** asks how providers should address the regulator's concerns

Behind closed doors

Locked rehabilitation offers an alternative to low secure mental health treatment in less restrictive and lower cost settings. But this type of provision is under increasing scrutiny.

How should independent providers address the regulator's concerns about quality of care and the risk to patients of isolation and institutionalisation?

Two-thirds of locked rehab beds are located in the independent sector and the service had a market value estimated at £646m in the UK in 2016.

According to LaingBuisson's 2017 survey of mental health hospitals, there were 229 'locked rehab' units within independent sector mental health hospitals. The biggest independent providers are Cygnet Health Care, Priory Group and Elysium Healthcare – who alone account for well over half of bed capacity. There are a number of smaller independent providers offering 50 beds or less.

In its report *The State of Care in Mental Health Services 2014-2017*, the Care Quality Commission (CQC) singled out the quality of care provided in locked rehab for specific criticism. It said inspectors were concerned that 'some of these locked rehab hospitals were in fact long

stay wards that risk institutionalising patients, rather than a step on the road back to a more independent life in the person's home community'.

The CQC said hospitals must actively support patients to gain the skills needed to live more independently and be more proactive in planning discharge. A CQC review of locked rehabilitation is now underway, with a new report expected this Spring. This is expected to lead to a new strategy for the service.

Independent provision

Why do independent providers appear to be prioritising operating locked wards over unlocked wards? One insider view is that commissioners are aware they shouldn't be commissioning locked rehab ward models. However, with a very fragmented commissioning landscape, 'it's only once you joined all the CCGs in your area together that you realised the percentage of rehab wards actually operating locked facilities'.

The impact of the CQC system of inspection has been 'hugely important' and has definitely 'changed the game' in thinking about quality and driving

quality improvement. But a key question is 'what's the incentive for the provider to invest what would probably be quite a considerable amount of money in treating the problem if the commissioner basically still has to commission their services?'

Rehab wards should be employing people who are going to help patients transition into life outside a mental health hospital, they stressed. One provider offering clearly defined pathways from secure to locked and open rehabilitation services is the Inmind Healthcare Group. One of its facilities, Waterloo Manor, is a 56 bed independent hospital in Leeds, providing assessment and treatment services for women with complex mental health and disorders, and offering both low secure and rehabilitation services.

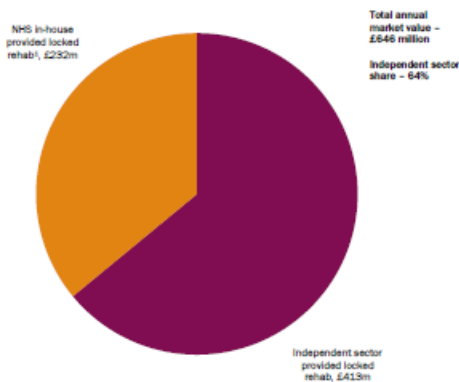
Charlotte Byrne is involvement lead at Waterloo Manor. She told Healthcare Markets that within locked rehab there's a mixture of people who 'move quite readily through the pathway, but you have people in there who need a longer term stay and care, but don't actually have the right facility to go to'.

This 'next step' needs looking at, she said – 'for the people who do need that longer term care to be out of locked rehab but maybe in a different environment that supports their needs.'

She said Waterloo Manor offers innovative ways to get patients involved in their own care, and 'to get through the pathway a lot quicker'. It follows the My Shared Pathway approach 'which means that's a model and a structure that we follow from secure to rehab, and it's all about the individual and individual goal setting'.

The other aspect that works well, in her view, 'is the multi-disciplinary team would follow the service user from secure through to rehab'. Patients also respond to interaction with 'people who have been through the (rehabilitation) process. One of the main aspects of her role involves running a Recovery College within the hospital. This approach tries to move away from the concept of staff and services users. We try here to use the experts in house. Patients maybe who have been in locked rehab or open rehab can come in and be the role model for our secure patients.'

LOCKED REHABILITATION MARKET VALUE, UK 2016



SOURCE: MENTAL HEALTH HOSPITALS - THIRD EDITION, LAINGBUSSON

Patient recovery

What other aspects would further aid the journey to recovery? 'To me the community provision should be backing up what's available in services and locked rehab so that the pathway again moves more quickly back to community,' says Byrne.

While many Waterloo Manor patients come from the Leeds area, some are from further afield in Yorkshire. She said that as part of the *Five Year Forward View*, Inmind was 'part of the NHS process whereby we're trying to get patients back nearer home'. What would help 'is if we could liaise with community projects to get people through'.

Waterloo Manor's hospital director Nicola Johnson said locked rehabilitation remains in high demand throughout the region, and the service 'provides a proven pathway for people either stepping down from higher levels of security or requiring admission from acute or Psychiatric Intensive Care services'.

Are commissioners already changing their approach to contracts in the light of the CQC's concerns? Johnson said Waterloo Manor 'regularly reviews restrictive practice to ensure any level of restriction remains at a minimum in line with the least restrictive principle - this includes working with the commissioning team to safely discharge people from locked services'.

The Independent Mental Health Services Alliance (IMHSA) is a group of leading independent providers of mental health services. Chair of IMHSA Joy Chamberlain said locked rehab still has a role to play in the mental healthcare system, but reforms need to be made to ensure patients can access the treatment they need to, then move down the care pathway at the appropriate time.

Challenges can be created 'by a lack of available appropriate placements and obtaining required funding approvals for the care packages they need', she added.

How does the IMHSA rate the quality of communication and discussion between commissioners and providers on contracts and on ensuring optimum outcomes for patients? 'Independent providers will always welcome as much dialogue with commissioners as possible. The more we understand about the level of patients' needs, the better services we can provide,' it said.

Chamberlain said the independent

LOCKED REHABILITATION INDEPENDENT SECTOR CAPACITY BY GROUP PROVIDER UK, 2017

Provider	Units	Beds	% of independent sector capacity
Cygnat Health Care Ltd	46	748	25.2%
Priory Group	53	637	21.5%
Elysium Healthcare	26	317	10.7%
St Andrew's Healthcare	15	242	8.2%
Danshell Group	9	78	2.6%
Trascare Group Ltd	11	72	2.4%
Four Seasons Health Care	7	65	2.2%
Inmind Healthcare Group	7	63	2.1%
The Disabilities Trust	5	63	2.1%
St Matthews Healthcare	3	54	1.8%
Bramley Health Ltd	5	52	1.8%
Nouvita Ltd	4	49	1.7%
Raphael Hospital Group (inc. Glenside)	1	42	1.4%
Mental Health Care (UK) Ltd	2	34	1.1%
The Whitepost Health Care Group	4	34	1.1%
St George Healthcare Group	4	30	1.0%
Jeessal Group	2	29	1.0%
Ludlow Street Healthcare Group Ltd	1	28	0.9%
John Munroe Group	3	27	0.9%
KR Health & Social Care Group	1	24	0.8%
Equilibrium Healthcare Ltd	2	20	0.7%
Shaw healthcare (Group) Ltd	2	18	0.6%
Rushcliffe Care Ltd	1	16	0.5%
Optima Care Group	1	14	0.5%
Deepdene Care Ltd	1	12	0.4%
Turning Point	1	12	0.4%
INDEPENDENT	13	189	6.4%
TOTAL	230	2,943	100.0%

SOURCE: MENTAL HEALTH HOSPITALS - THIRD EDITION, LAINGBORLSON

sector was a 'willing partner for the NHS and our focus is always on quality, outcomes, innovation, adaptability and cost effectiveness'. The transforming care agenda was 'now increasingly moving into mental health provision and it is essential that the core focus of all commissioning decisions continues to be finding the placement that can best meet the needs of each individual patient'.

Will the thematic CQC report come up with a series of recommendations that may look to drive longer term change across the sector? The Marwood Group is a healthcare-focused advisory and consulting group. Managing director Kayleigh Hartigan said local commissioners have 'told us that locked rehabilitation wards is at odds with their intended purpose of preparing people for moving

into community settings, and neither the Royal College of Psychiatrists nor the Joint Commissioning Panel for Mental Health recognise it as a service mode'.

But with NHS mental health services 'being pushed to maximum capacity', a drive to end out-of-area placements may be limiting local commissioning options, she added.

She concluded: 'However, with nearly three-quarters of the beds in locked rehabilitation wards being provided by the independent sector, the CQC's expected report will have regulatory and commissioning ramifications for private providers. We anticipate that NHS England will use it as an opportunity to strengthen commissioning guidance, and the CQC is likely to provide clarity on what good quality care looks like in rehabilitation services.'