

Health and Adult Social Care Scrutiny Committee.

Date: 23rd February 2026

Title: Locked Rehabilitation Provision, currently provided at The Larches.

1. Aim

The aim of this paper is to provide the panel with an understanding of the historical commissioning arrangements and provision of locked rehabilitation services for Learning Disabilities in the Black Country; and to provide a recommendation on future arrangements.

2. Recommendations

The paper recommends the panel to support the ceasing of locked rehabilitation at The Larches as the paper demonstrates that this provision is no longer required due to the success of transformation in community Learning Disabilities services.

3. Report detail

- 3.1 The Larches Hospital is a specialist forensic stepdown provision for men with learning disabilities who are on a rehabilitation pathway, usually as part of forensic treatment and under Part 3 of the Mental Health Act. It is located within West Bromwich, and historically has been spot purchased by ICBs across the region.
- 3.2 Over recent years, and as a result of the progress delivered through Transforming Care, there has been a significant reduction in the number of referrals for locked rehabilitation beds, and a view from commissioning that there is no longer a cohort of men in secure forensic services who will require locked rehabilitation as part of their clinical pathway. There have been no referrals to the Larches in recent years, as demand for locked rehabilitation beds has reduced, and there is considered to be an over-supply of male inpatient beds within the wider region.
- 3.3 The Black Country system has gone through significant transformational change over the last 5 years, collaborating with citizens with learning disabilities, their families, and across professionals, to achieve the ambitions set out through the national Transforming Care agenda, and in the NHS Long Term Plan, to reduce the reliance on inpatient models of care.
- 3.4 When Building the Right Support (a national plan to develop community services and close inpatient facilities for people with a learning disability and/or autism who display behavior that challenges, including those with a mental health condition) was published, Black Country had a higher inpatient rate per million population than any other system in the country. Specifically, it had the highest number of adults with learning disabilities in secure care (>65), most of whom would have been expected to later step down into locked rehabilitation hospitals such as the provision at the Larches.

3.5 Since bringing provision and commissioning together in October 2020, the pace of improvement has been significant. New approaches to care and support have been piloted and evaluated, and embedded as part of the core offer. These initiatives include:-

- Commissioning on-call 24/7
- Emergency Response Teams
- Crash Pads
- National Pilot for Keyworker service, extended to all-age
- Peer support for family carers and young people
- Extended hours for Intensive Support Team
- Trauma Pathway
- Digital Dynamic Support Register and clinical support tool
- Independently facilitated life plans
- Small Supports programme to enhance the care and support offer post discharge
- Improved training offer for paid staff and family carers
- Programme of Senior Intervenors through NHS
- Support from the national Hopes team to reduce restrictive practice

3.6 These significant service developments have enabled us to continue to reduce our reliance on inpatient care, and to support increasing numbers of citizens to live valued lives as members of their local communities. People with significant forensic / offending histories have been able to benefit from the specialist health interventions offered by the Black Country Learning Disability forensic community team, alongside all of the other newer initiatives referred to above. Together, these services have made us confident that we are no longer reliant on outdated inpatient models of care to support people safely.

3.7 Black Country is now regarded as the most improved system and a national exemplar, not only in terms of our delivery of the Building the Right Support national service model, but also in our co-production of creative alternatives with our citizens and their families and reduction in the number of citizens with learning disabilities in inpatient settings (> 80% reduction). This improvement has been delivered not just in ICB-commissioned inpatient services, but also in secure services. This is significant as the usual pathway into locked rehabilitation services is from secure services. Black Country only now has 4 men with learning disabilities in secure care (previously >60), and this has meant that the demand for locked rehabilitation has almost been eradicated.

3.8 The development of community services is critical to supporting the continued success of a community-first model. Reach Out – the Adult Secure Provider Collaborative for the West Midlands has developed a West Midlands-wide Specialist Community Forensic Service for autism and learning disabilities that will work alongside existing local specialist services, such as community forensic services, intensive support teams and community learning disabilities teams.

3.9 The service will in-reach into inpatient services, working closely with inpatient services during the last 6 months of a citizen's treatment pathway. The out-reach aspect of the service will work alongside community care providers, supporting care planning, risk management, development of positive behavioural support plans and provide bespoke training to community providers.

- 3.10 In the unlikely event that a Black Country citizen required locked rehabilitation services Black Country Healthcare and the ICB Quality team have strong links with Cygnet Cedars, Birmingham (CQC Outstanding) and Coveberry Oldbury, Sandwell (CQC Requires Improvement). Both services are able to respond to new referrals, and we are confident that there is sufficient supply of male locked rehabilitation beds within region.
- 3.11 Citizens placed in these hospitals have an identical wrap-around offer as people placed at Larches. This includes regular Care and Treatment reviews, oversight visits every 6-8 weeks from the commissioning team, regular visits from the ICB Quality team, keyworker support and usual specialist health teams' involvement (Community team, Forensic team, and Intensive support teams).

4. Financial information

Not applicable for this committee

5. Reducing Inequalities

The significant transformation outlined in section 3 of this paper has reduced inequalities in access and experience for citizens with learning disabilities. The new ways of working have been coproduced by citizens and their families & advocacy groups in order to ensure they are responsive and effective.

6. Decide

The committee can choose to support the ceasing of locked rehabilitation provision at The Larches.

7. Respond

If the committee make recommendations then these will be taken to and managed by our system Learning Disability and Autism Programme Board

8. Review

Any requirements for review or escalation will be managed through our system Learning Disability and Autism Programme Board.

Author

Laura Brookes
Associate Director of Partnerships
laura.brookes1@nhs.net

