



# Local solutions for complex needs:

*Proposals for developing medium secure mental health services for men*

Summary of a consultation document on behalf of all Primary Care Trusts in the West Midlands



For a copy of the full consultation document on which this summary version is based, please telephone 0800 051 0302. It can also be downloaded from our website: [www.msuwm.org.uk](http://www.msuwm.org.uk)

# Why we need to develop additional services to meet the needs of West Midlands patients

## ***Providing care as close to home as possible***

Patients using NHS services should receive their care and treatment as close to home as possible.

This holds true whether they need an operation to replace a hip joint, or investigation of an irregular heartbeat, or therapy for a severe mental health problem that is affecting their ability to function properly.

However, in the West Midlands at present there are not enough in-patient places for men with mental health problems who need specialised mental health care in a 'medium secure' setting.

## ***One in three West Midlands patients currently placed outside the region***

As a result of the shortage of suitable NHS facilities within the West Midlands, around one third of the patients requiring this type of care are having to be placed in facilities outside the region.

This means they are a long way from their families and friends, which makes it difficult to maintain contact with 'home' - a vital part of patients' rehabilitation.

There is also a shortage of places within the NHS nationally, which means that nearly all of the long distance placements made for West Midlands patients are in non-NHS facilities. This is more costly than if the treatment were provided directly by the NHS.

Currently, around 75 male patients who come from the West Midlands are placed with non-NHS providers outside the region. The number is growing. So the aim is to create between about 75 and 85 places locally.

Whilst the overall shortage of places within the West Midlands can and does affect patients from any part of the area, the problem is particularly acute in the centre of the Birmingham conurbation and in Coventry.

## ***Public consultation on the proposals***

Public consultation is now taking place on proposals to expand NHS medium secure mental health services in the West Midlands by establishing a new unit in east Birmingham. The consultation will run from 3rd October 2005 to 16th January 2006, a period of 15 weeks.

The proposals are based on the outcome of many months of preparation and dialogue carried out by a multi-disciplinary team working under the auspices of the West Midlands Specialised Services Agency.

This body was set up in 2002 by all 30 Primary Care Trusts in the West Midlands region to commission those services which, because of their specialist nature and the relatively small numbers of patients requiring those services, are best planned and funded on a collective basis.

## ***Building on an agreed strategy for forensic mental health services***

The proposals reflect the overall strategy for West Midlands forensic mental health services agreed following an earlier public consultation conducted in 2001. They seek to take the strategy forward by ensuring that:

- patients are treated as near as possible to their own homes and families;
- patients benefit from well planned follow up care when they are well enough to leave specialised forensic mental health units;
- the services provided to patients who require mental health care in a medium secure setting should be such as to give them the best possible chance of living a normal life in the future.

# Providing a secure, therapeutic environment to aid patients' rehabilitation and recovery

## **Specialised care to address complex mental health problems**

Patients requiring medium secure care are those with complex needs whose mental health problems have severely affected their ability to function normally, look after themselves and relate to the people around them.

They may have poor physical health, educational and learning difficulties, and a lack of social skills. Importantly, they are likely to suffer from an inability to think through solutions to these problems.

Some patients may be living in the community but finding it extremely difficult to cope. Others may be receiving care from local mental health services but require more specialised help in a more secure setting - as much for their own welfare as for the protection of other people.

Some may have appeared before the courts for offences related to their mental health problems. Others may have been to a 'high secure' hospital where they have made enough progress to be considered ready to move on to the next stage of rehabilitation in a medium secure setting.

Up to 12 out of the 75 to 85 places proposed for the new unit would be for men with a personality disorder. The remainder would be for men suffering from a range of mental illnesses.

## **Helping patients back to 'normal living'**

The aim of the new facilities now being proposed would be to provide patients with a secure, therapeutic environment where, over time, they could receive an individually tailored programme of care to help them stabilise their lives and stand a chance of returning home, getting a job and living independently, either with or without continued support.

## **Clinical, psychological and other therapies**

Within the purpose-built unit, patients would receive clinical and psychological support to address their underlying mental health problems. In addition, they would benefit from occupational therapy, art therapy and a range of other activities.

## **Identifying a preferred service provider**

Birmingham and Solihull Mental Health NHS Trust is the preferred provider of the new service. The Trust already runs the Reaside Clinic in Rubery, which provides the same type of medium secure mental health care that patients at the proposed Yardley Green unit would receive.

As well as having the necessary clinical and management expertise in this highly specialised field, the Trust also manages a wide range of community mental health services, which would facilitate the unit's close working with well established local care networks and make a positive contribution to patients' long term rehabilitation.

## **Delivering a more cost-effective service**

Estimates based on current NHS costs show that the average annual treatment cost per patient in the proposed new unit in east Birmingham would be £158,000, compared with the £173,000 in non-NHS facilities outside the West Midlands.

For patients with particularly complex needs who require continuous observation, the comparative costs would be £166,000 a year in the NHS and £194,000 in non-NHS facilities.

If at any one time between 75 and 85 patients are cared for in the proposed unit rather than outside the West Midlands, there is a potential saving to local NHS services of over £1.2 million a year. This money could be reinvested in other services for NHS patients.

# Developing a health campus in Yardley Green to meet a wide range of local needs

The map below shows the proposed location for the new medium secure unit on available land at the site of the former Yardley Green Hospital, which lies in the heart of the East Birmingham Regeneration Zone.

There are currently a number of derelict buildings no longer in use on the site, which attracts vandalism. Bringing new health services to the site would help to meet the needs of the population whilst contributing at the same time to the economic regeneration of the area and the improvement of the local environment.

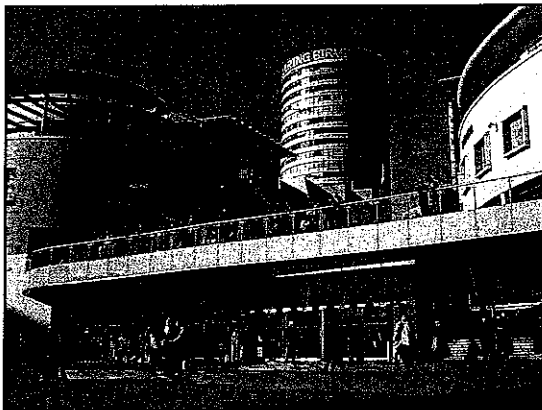
The proposed development would take up about half of the available land. Eastern Birmingham Primary Care

Trust is working with other NHS organisations and the City Council's planning department to ensure that there is co-ordination of the design and use of the whole site.

For example, it is important to take full account of the need for the sharing of parking facilities and access routes by existing and future health service providers operating from this location.

Proposals for any other health care developments which might occupy part or all of the remaining half of the available land on the Yardley Green site would be subject to separate consultation(s) at a later date.

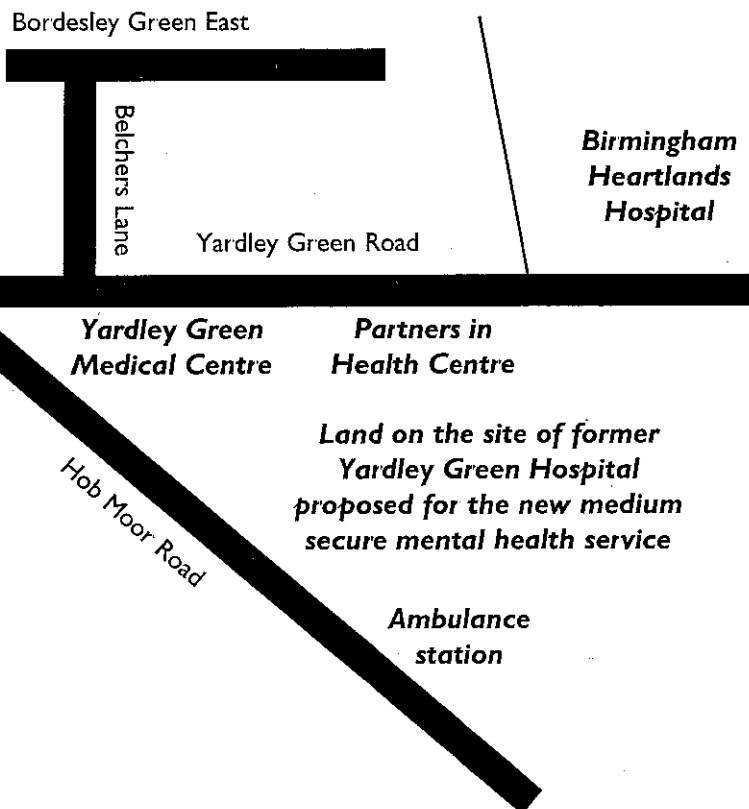
## The proposed site off Yardley Green Road in east Birmingham



Approx 3 miles to Birmingham city centre



Entrance to former Yardley Green Hospital on Yardley Green Road



### PUBLIC TRANSPORT LINKS:

The following bus routes serve Yardley Green Road, Hob Moor Road or Bordesley Green East:

**99** (from Corporation Street to Yardley Green Rd)

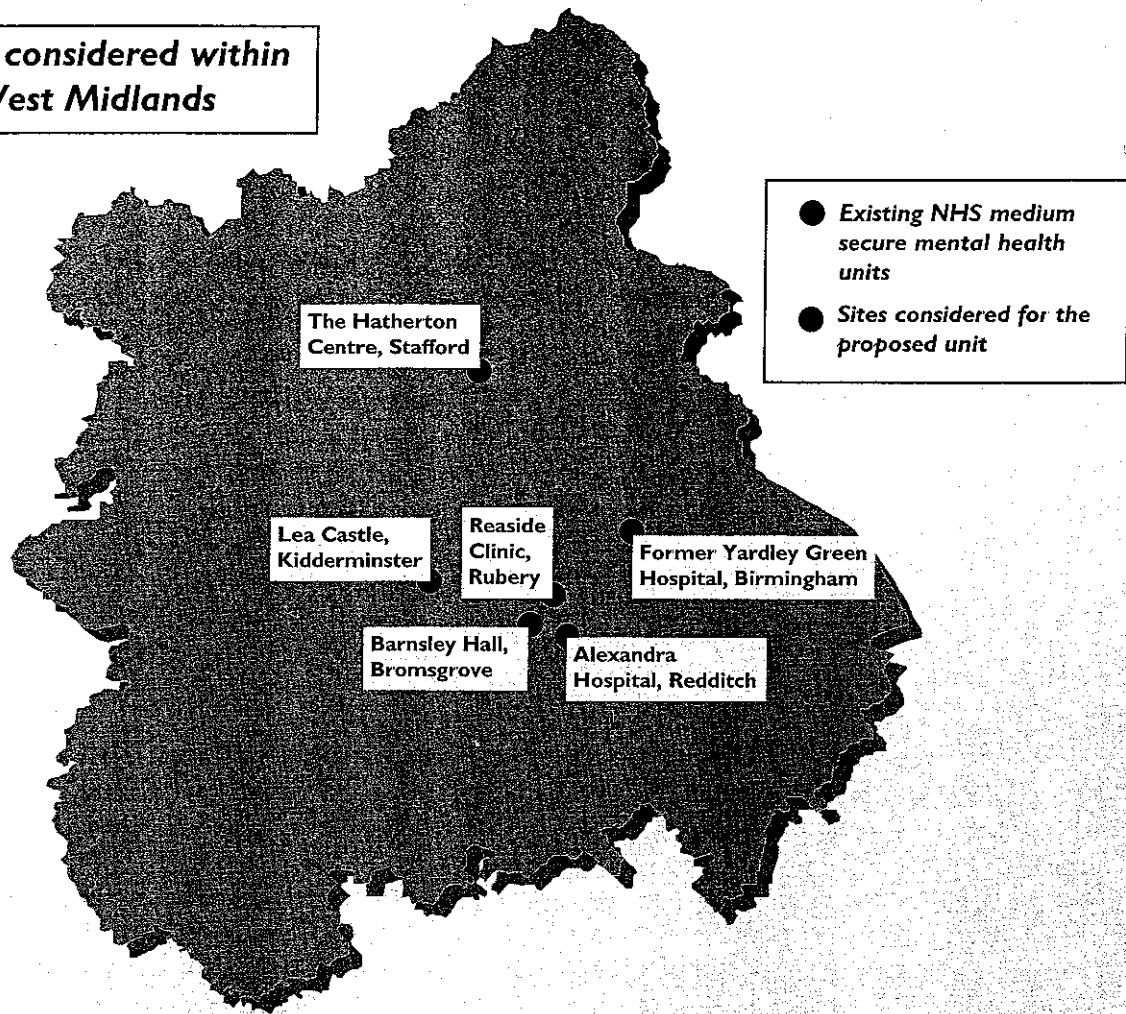
**97 and 97A** (from Moor Street Interchange to Chelmsley Wood via Bordesley Green East)

**15 and 17** (from Corporation Street to Tile Cross via Green Lane and Hob Moor Road)

**28, 28A** (from Erdington to Small Heath via Yardley Green Road and Belchers Lane)

# Identifying the best location to meet the greatest levels of need for this service

## NHS sites considered within the West Midlands



The new facilities being proposed need to be as close as possible to those parts of the West Midlands where there is the greatest level of need. Figures show that they are the centre of the Birmingham conurbation and Coventry. Currently, too many patients from these areas are having to be placed outside the West Midlands for treatment.

Any site chosen should have enough land to provide a suitable environment for this type of care, including secure outdoor space, and benefit from good transport links - both for ease of access by patients' families and friends and to aid recruitment of specialist and non-specialist staff. The proposed specialist unit also needs to be close to local mental and general health services that may be needed for its patients either during or after their stay.

These and other criteria were taken into account by a team of healthcare professionals who looked at a range of possible sites in NHS ownership, including two existing medium secure units at Rubery in south west Birmingham (Reaside Clinic) and at Stafford (Hatherton Centre). Neither site has enough room for an extension capable of accommodating between 75 and

85 patients. Neither is conveniently situated for patients from those parts of the West Midlands which most need easier access to NHS medium secure in-patient mental health services.

The team also looked at potentially available land at a number of hospital sites, including Alexandra Hospital in Redditch, the former Barnsley Hall Hospital in Bromsgrove, Lea Castle Learning Disability Centre near Kidderminster, and the former Yardley Green Hospital in east Birmingham.

The first three of these sites are unsuitable because of their distance from the main centres of population to be served. The Alexandra Hospital and Barnsley Hall sites are only a few miles away from the existing Reaside Clinic in Rubery. Further investigation has also shown that the land identified at Lea Castle and Barnsley Hall is no longer in NHS ownership, having been transferred to English Partnerships.

Potentially, the Yardley Green site would best meet the criteria. It is the closest to central Birmingham and Coventry, whilst also benefiting from the proximity of other mental health services, local primary care services and Birmingham Heartlands Hospital.

# Questions and answers on the proposals

**Q. What is meant by 'patients with a severe mental illness'?**

A. Men who require care in medium secure mental health services will be suffering from a form of severe mental illness, whether related to depression or schizophrenia, which is likely to be enduring in nature and cause them to suffer from a range of symptoms, including anxiety and confusion.

As a direct result of their mental illness, these patients will have a range of complex needs relating to their psychological and social functioning.

**Q. What is meant by 'patients with a personality disorder'?**

A. These are patients who experience particular difficulty in relating to other people and to themselves and who may, at the same time, suffer from mental health problems. As a result, they may behave in socially inappropriate ways and require specialised help and support.

**Q. What is meant by the term 'medium secure'?**

A. As the word 'secure' implies, it means that the building would be designed in such a way as to ensure that entrance into and exit from the building is controlled 24 hours a day.

Security is important for patients because, for their own health, they need to undergo treatment and therapy in order to get well again. If that treatment is interrupted, their condition would be unlikely to improve and could even get worse.

If, during their treatment and rehabilitation, patients are allowed to leave the building, this is done in a carefully planned and supervised way.

The term 'medium' is used because the level of physical security required in such units is not as high as in the *high secure* hospitals, which care for patients assessed as posing the greatest degree of risk.

However, the level of security required is greater than, for example, on a locked ward in a general mental health hospital.

**Q. How would security be achieved?**

A. Partly, it would be through the design of the unit itself. There would be only one entrance and exit point, which would be constantly supervised and comprise a double set of doors that are electronically controlled. Outdoor recreation areas would be within inner courtyards or surrounded by very high 'anti-climb' fences. Windows would be made of toughened glass and frames secured.

Partly, security would be achieved through the high number of staff on duty 24 hours a day in relation to

the number of patients being cared for. This means a continuously high level of supervision and contact between staff and patients.

There is no such thing as 'total security'. But the combination of physical security precautions and staffing levels should make unauthorised absences an extremely rare occurrence.

**Q. If a patient got out of the building without permission, would they present a danger to local people?**

A. Patients would not be admitted to the unit if they were considered to present a danger to the public at large (in the sense that they might commit acts of indiscriminate violence to anyone they happened to meet). But they are nonetheless mentally disordered and require continuity of treatment.

In the extremely rare event that a patient is absent without permission, every effort would be made to get them back into the unit as soon as possible. All the necessary authorities would be notified in these circumstances.

Past experience suggests that most of the patients who go absent without permission tend to try to go home to their family or a friend.

**Q. Does the fact that the patients could be suffering from mental health conditions such as schizophrenia mean they could be violent?**

A. People with mental health problems are more likely to be victims than perpetrators of crime (see *Cases for Change - Forensic Mental Health Services*, published by the National Institute for Mental Health in England).

The impact of mental illness can affect a person's ability to function properly and to think clearly. Patients with a severe mental illness can also become withdrawn and frightened. The risk of suicide may be increased.

It is important to remember that any one of us could suffer from a mental disorder. In fact, mental illness affects about one in four of us during our lives. If we had a severe form of illness, we would need help. In that sense, we would be no different from someone with cancer or a serious heart condition.

The new facilities, whilst secure for the reasons stated earlier, are intended to provide appropriate help through an intensive programme of treatment and therapy.

**Q. What say would local people have about security arrangements?**

A. Local people would be involved in a liaison team that influences the design of the new facilities. After the eventual opening of the unit, arrangements would be

made for a community liaison group of some kind to be established and supported.

This would enable any concerns which local people may have about security to be channelled quickly to the responsible managers for action.

The aim is to replicate the good relationships which already exist between an existing medium secure unit (Reaside Clinic) in Rubery and the local community.

**Q. What sort of treatment and therapy will be provided? What would a typical day in the unit entail?**

A. Precisely what combination of treatment and therapy is used would depend on the individual patient and their needs. Broadly speaking, programmes could involve medication, counselling, psychological support, occupational therapy, education and training. For some patients, this would be their 'home' for many months. So the provision of leisure opportunities is also important.

To help patients regain their sense of personal confidence and prepare them for life outside, they will have the chance to learn skills to help them manage in the home, at work and in the wider community.

**Q. Would patients be allowed out into the local community - and in what circumstances?**

A. Patients would only go out when considered to have made sufficient progress with their treatment and therapy. Initially, they would be accompanied by members of staff from the unit. They might just go for a walk, or pop into a shop to make a few purchases, or make a visit to the cinema.

The aim would be to reintroduce patients gradually to the world around them. Each stage in this long process is carefully assessed. If all goes well, the point may be reached where a patient may go out on his own for a few minutes, and then a few hours. No unnecessary risks are taken that would jeopardise the patient's recovery and rehabilitation or would cause problems in the local community.

**Q. How long would patients stay in the unit? Under what circumstances would they move on?**

A. That depends on the individual and on the circumstances. Most are expected to stay for many months. Some may stay for more than a year. Some may stay longer than that. Each patient responds to treatment and therapy in their own way and at their own pace.

The majority of patients should do well enough to be able to move on eventually, whether that is directly back to their own community with the necessary local support from mental health and social services or to another unit with less security.

No patient moves on without the detailed appraisal and recommendations from the professional team responsible for their care.

**Q. When is it hoped that the unit would open?**

A. Nothing would happen until after the outcome of public consultation has been taken into account. Planning work would commence some time early in 2006 with the intention of opening the unit for patients in 2009.

**Q. Could local people get jobs there?**

A. Many jobs would be created during the construction of the proposed unit. A wide range of building trades skills would be needed by whichever contractor is awarded the project.

Following construction, over 300 permanent new jobs would be created. Some of these would require specialist psychiatric, psychology, nursing and therapeutic skills. However, around 100 jobs would be created in non-clinical and support roles which, with appropriate training, could give people their first opportunity to work within the NHS.

**Q. If, before responding formally to the consultation document, I want to find out more, who can I contact?**

A. In the first instance, it is recommended that you contact a member of the team available at the telephone number and email address given below. Depending on the nature of your questions, they may be able to help you directly, or to refer you to the most appropriate health care professional or manager in a Primary Care Trust or in Birmingham and Solihull Mental Health NHS Trust.

Tel: 0800 051 0302

Email: [admin@msuwm.org.uk](mailto:admin@msuwm.org.uk)

Website: [www.msuwm.org.uk](http://www.msuwm.org.uk)

**Q. Who is consulting about this proposal**

A. The proposals have been prepared by the West Midlands Specialised Services Agency on behalf of all 30 Primary Care Trusts in the region, which are now consulting on those proposals.

Heart of Birmingham Teaching Primary Care Trust, with support from the West Midlands Specialised Services Agency, is the host PCT for this formal public consultation process.



# The consultation process - and the issues we would welcome your comments on

Formal public consultation on the proposed scheme commenced on 3rd October 2005. The process will last for 15 weeks.

## Where to send your comments and by when

Comments from interested parties should be sent by 16th January 2006 to: Freepost RLXT-TXUC-XXGR, Chief Executive, Heart of Birmingham Teaching Primary Care Trust, Birmingham B24 9SA. Alternatively, they can be emailed by the same date to [admin@msuwm.org.uk](mailto:admin@msuwm.org.uk)

## Specific issues on which we would welcome your views

Comments and ideas on any aspect of the proposals, including the consultation process, are invited. It would be especially helpful to receive responses on the following points:

- 1. Meeting needs:** Do you support the proposal that expanded services for patients requiring this type of care should be located as close as possible to those parts of the West Midlands where there is the greatest unmet need?
- 2. Integrated care:** Do you support the proposal that a specialist unit of the kind described in this document should be as closely integrated as possible with locally based services to ensure continuity of patient care?
- 3. Proposed site:** Do you support the proposal that available land at the former Yardley Green Hospital site in east Birmingham should be used in order to provide improved services for patients who require this type of care?
- 4. Partnership working:** What links would you expect the provider of the service to establish with other agencies to ensure that patients receive the most appropriate level of care during and after the time they spend in the proposed unit?
- 5. Design:** How could we best ensure that the design of the building would make a positive contribution to the local environment? Would you or your organisation be interested in having an input to the design, including physical appearance, materials and security arrangements?
- 6. Job opportunities:** How could we best ensure that people in the local community with the necessary skills were made aware of the job opportunities that establishing this facility would create, both during the construction period and once it had been opened?
- 7. Information:** What additional information would you want in order to help you consider the proposals in this document or, more specifically, to address any concerns or queries about the type of mental health care to be provided in the new unit, or about the way in which the unit would be run?
- 8. Participation:** Would you or your organisation be interested in joining a group from the local community to meet with managers and professionals - whether before, during or after construction of the proposed new facilities - to discuss any issues of concern?
- 9. Site visit:** Do you think that, before the proposed new service received its first patients, local people would welcome the chance to look round the facilities in order to see at first hand how the NHS plans to combine therapy and security?
- 10. Education:** What could be done to help dispel the myths and stereotypes that may exist about people with severe and complex mental health problems?
- 11. Community links:** What could be done to ensure that the proposed new unit became part of the community - and was perceived as such by the local community - rather than being seen as isolated from it?
- 12. Voluntary sector role:** What sort of role could the voluntary sector best play? How could the NHS best capitalise on the skills available from voluntary and community organisations in ensuring the best possible care for this group of patients?
- 13. Families:** How could the proposed new service best provide support to patients' families and engage them in the rehabilitation process? What type of help, advice and support would they be likely to need?

**Website:** [www.msuwm.org.uk](http://www.msuwm.org.uk) If you log on, you will find an electronic version of the consultation document into which you can type your responses to the above questions.

**If you require a version of this document in a language other than English or in large print or Braille, please contact 0800 051 0302 to discuss your needs.**



# Local solutions for complex needs:

Consultation on behalf of Primary Care Trusts in the West Midlands on proposals for developing medium secure mental health services for men

## **Addressing the shortage of medium secure in-patient places within the West Midlands**

Public consultation starts on 3rd October 2005 on proposals to improve services within the West Midlands for men who need specialised mental health care in a medium secure setting.

Currently, there is a shortage of medium secure in-patient places within the West Midlands, with around one third of patients having to be placed in non-NHS facilities outside the region.

This means they are a long way from their families and friends during a key part of the treatment. It is also more costly to West Midlands Primary Care Trusts than if the patients were cared for in NHS facilities closer to their homes.

## **Proposal to establish a new medium secure unit on the site of the former Yardley Green Hospital**

If implemented, the proposals now being consulted on would lead to the establishment of a new medium secure unit for male patients on the site of the former Yardley Green Hospital in east Birmingham.

Patients who need medium secure care are likely to have complex mental health problems requiring highly specialised services. Subject to the outcome of public consultation, the proposed unit would accommodate between 75 and 85 patients, including up to 12 patients diagnosed with a personality disorder.

## **Providing care in a secure, therapeutic setting**

Patients would receive treatment in a secure, therapeutic setting where, over time, they would be provided with individually tailored programmes of care to help them stabilise their lives and stand a chance of returning home, getting a job and living as independently as possible.

Security would be achieved partly through the design of the building, which would have only one entrance and exit point, and partly through the high number of staff on duty 24 hours a day in relation to the number of patients being cared for. Local people would be invited to have a say in the design.

## **Meeting the greatest levels of need**

Additional medium secure places within the region are needed most for patients originating from the central Birmingham conurbation and Coventry. Currently, patients from these parts of the West Midlands are the most likely to be placed a long way outside their own communities.

Of the different sites considered for the proposed new unit, the site of the former Yardley Green Hospital in the Bordesley Green area of east Birmingham is the only

one which has sufficient space and meets all the other criteria, including proximity to the geographical areas with the greatest need.

## **Improving the local environment**

The Yardley Green site has a number of derelict buildings that are subject to vandalism. Construction of the proposed new healthcare facilities, together with their associated landscaping and planting, would contribute significantly to a better environment in the immediate locality.

## **New jobs to be created**

Employment opportunities would be generated both during and after construction work. Around 300 permanent new jobs would eventually be created. Some of these jobs would inevitably be for people with the right clinical skills and experience. However, others would be in non-clinical support roles that could offer individuals from the local community their first chance to work for the NHS.

## **The preferred provider for the new service**

Birmingham and Solihull Mental Health NHS Trust is the preferred provider of the new service. The Trust already runs the Reaside Clinic in Rubery, which provides the same type of medium secure mental health care that patients at the proposed Yardley Green unit would receive.

## **How the proposals have been put together**

The proposals have been put together following many months of preparation and dialogue carried out by the West Midlands Specialised Services Agency on behalf of the 30 Primary Care Trusts in the region.

## **The consultation process**

As the host PCT for this statutory consultation, Heart of Birmingham Teaching PCT will co-ordinate the process and formally consider the outcome.

For a copy of the full consultation document, an eight page summary version and details of public meetings to be held between October and December 2005, please telephone **0800 051 0302**. Alternatively, the full consultation document and summary can be viewed at, and downloaded from, [www.msuwm.org.uk](http://www.msuwm.org.uk)

Comments on the proposals should be made by 16th January 2006 to **Freepost RLXT-TXUC-XXGR, Chief Executive, Heart of Birmingham Teaching Primary Care Trust, Birmingham B24 9SA**.

Alternatively, they can be emailed by the same date to [admin@msuwm.org.uk](mailto:admin@msuwm.org.uk)