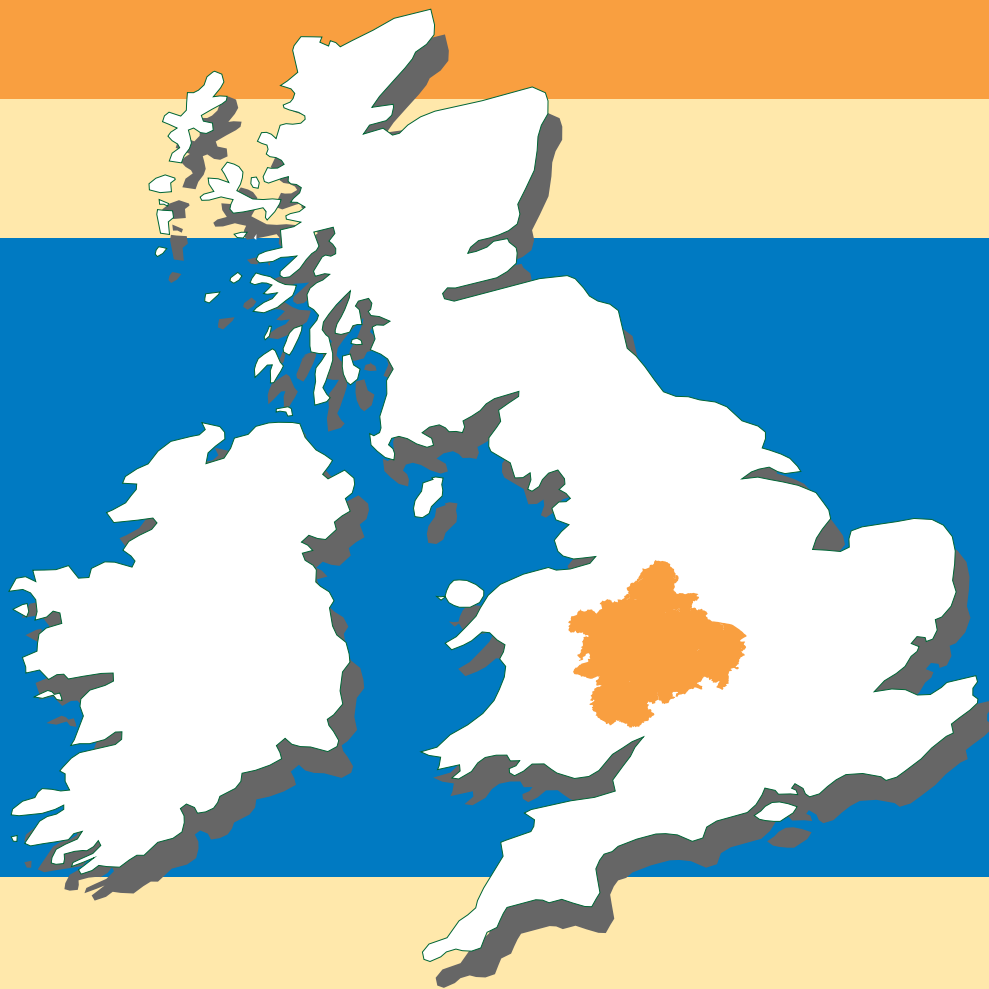




# Local solutions for complex needs:

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

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



“We would like to see the NHS develop sufficient capacity in secure provision, properly integrated with general mental health services, so that routine reliance on out-of-area placements with the independent sector is no longer necessary.”

*The report of the House of Commons Health Select Committee on the Provision of Mental Health Services, published in July 2000*

**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.**

اگر آپ اس دستاویز کا ترجمہ اردو زبان میں، یا الفاظِ جلی، یا بریل کی صورت میں حاصل کرنا چاہتے ہیں تو براہ کرم انگریزی بولنے والے اپنے کسی دوست یا رشتہ دار سے گزارش کیجئے کہ وہ، آپ کی ضروریات کے بارے میں ہم سے رابطہ کریں۔

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# Section 1: Introduction

***Meeting the needs of patients requiring highly specialised mental health services***

***Proposals made on behalf of all Primary Care Trusts in the West Midlands***

***Taking forward an agreed regional strategy for improving and developing specialised mental health services***

***Services designed to give patients the best possible chance of living independently in the future***

## **Purpose of this public consultation**

This public consultation document seeks views on proposals for developing and improving NHS services to meet the needs of male patients requiring highly specialised mental health services. Section 7 of this document on pages 22 to 25 sets out a number of specific questions which individuals and organisations responding to this consultation may wish to consider when making their comments. However, views would be welcome on any aspect of these proposals.

## **Organisations consulting on these proposals**

The proposals in this document have been put together by the West Midlands Specialised Services Agency on behalf of all thirty NHS Primary Care Trusts in Birmingham, The Black Country, Solihull, Coventry, Staffordshire, Shropshire, Herefordshire, Warwickshire and Worcestershire (for full list, see page 30). The Agency's role is to commission those services which, because of their specialist nature and the relatively small numbers of patients involved, are best planned and funded by Primary Care Trusts collectively rather than individually.

Formal statutory consultation is being led by Heart of Birmingham Teaching Primary Care Trust, which chairs a specialist professional group set up to ensure that the needs of patients requiring mental health care in a medium secure setting are met.

## **Building on the 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 between October 2001 and January 2002 by Dudley Health Authority on behalf of the thirteen former Health Authorities in the region. Key elements of that strategy are to ensure that:

- patients are treated as near as possible to their own homes and families;
- specialised 'forensic' mental health services work closely with local mental health services to ensure that patients benefit from well planned follow up care when they move on;
- services provided to patients requiring mental health care in a medium secure setting should be such as to maximise their chances of sustaining an independent life in the future.

Health authorities and other respondents to the 2001/02 consultation supported the establishment of an additional medium secure unit for

men in the West Midlands. The proposals in the current consultation document are designed to help take the strategy forward and to achieve its vision.

## Current use of non-NHS in-patient services outside the West Midlands

Currently, in the geographical area covered by the 30 Primary Care Trusts in the West Midlands, there are not enough in-patient places for men with mental health problems who require specialised mental health care within a medium secure environment.

As a result, at any one time around 75 patients from the West Midlands have to be treated in facilities outside the area and, in some cases, more than one hundred miles from their homes and families. Trends in recent years have shown that the number of these long-distance placements is increasing.

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. Too many patients from these communities are having to be sent a long way outside their locality in order to receive the treatment and help they need.

There is also a shortage of places within the NHS nationally, which means that nearly all of the long distance placements made on behalf of West Midlands patients are in facilities owned and run by non-NHS providers. This is more costly to the 30 West Midlands Primary Care Trusts which pay for these placements than if that treatment were provided by the NHS within the West Midlands.

## Proposals to expand NHS services within the West Midlands

Taking full account of the issues identified above, this consultation document sets out proposals for expanding the number of NHS in-patient places within the West Midlands for men who need this type of care. The plan seeks to:

- deliver high quality mental health services in line with the *National Service Framework for Mental Health* and the agreed *West Midlands Strategy for Forensic Mental Health Services*;
- ensure that patients requiring highly specialised care within a medium secure environment can receive the services they need as close as possible to where they live and to their families and friends;
- promote a more integrated service which provides effective and seamless follow up treatment and support after patients have moved on from the in-patient phase of their care and rehabilitation;

***Too many patients having to be treated a very long way from their home communities***

***Historical over-reliance on use of non-NHS facilities outside the West Midlands***

***Proposal to expand services within the West Midlands and provide patients with more convenient, better integrated care to meet their needs***

**Implementing the agreed forensic mental health strategy for the West Midlands**

**Importance of good links with other NHS services, including primary care and general hospital services**

**Key factors in assessing the suitability of available NHS sites within the West Midlands**

- reduce existing reliance on use of specialised non-NHS mental health services outside the West Midlands and provide the service more cost-effectively within the West Midlands;
- channel any savings made from lower usage of placements outside the West Midlands into the further improvement and enhancement of NHS services within the West Midlands.

Progress has already been achieved in implementing some aspects of the overall strategy for forensic mental health services in the West Midlands.

Following formal public consultation in 2001/02, specialised NHS services for women and young people requiring mental health care in a medium secure setting have been established in the north of Birmingham, where the newly built Ardenleigh facility was opened in 2003. The current consultation on the proposals contained in this document addresses the needs of men.

### **Preferred option for location of new facilities**

Subject to the outcome of this further public consultation, it is envisaged that new NHS facilities for men would be established on part of the site of the former Yardley Green Hospital in east Birmingham, which benefits from the close proximity of other mental health facilities as well as Birmingham Heartlands Hospital.

For patients who may spend many months or even longer in a medium secure mental health unit, and for whom it is 'home' during that period, it is important that they have good access to other health services, including primary care and general hospital care.

Poor physical health may exacerbate mental health problems. On-going screening for, and prompt treatment of, physical illness can therefore help to promote and maintain improved mental health. Section 5 of this document explains the importance of effective links between a specialised facility of the kind proposed in this document and other NHS services.

A number of possible sites have been looked at in detail (see Section 3), including the former Yardley Green Hospital and spare land at Alexandra Hospital in Redditch, the former Barnsley Hall Hospital in Bromsgrove and Lea Castle Learning Disability Centre in Kidderminster.

Comparative appraisal of the suitability of these short-listed sites identified the former Yardley Green Hospital site as the preferred option in terms of:

- proximity to those geographical areas with the greatest level of unmet need for this service;

- feasibility in terms of available land already owned by the NHS;
- a site large enough to accommodate the facilities and provide outdoor space within a secure perimeter;
- proximity to the community mental health services that would provide continuing support to patients after their discharge from the proposed new unit;
- proximity to general hospital and primary care services;
- likely availability of the specialist staff required to run the proposed service;
- good public transport links.

### **Preferred service provider**

Subject to the outcome of this consultation, the organisation that would run the proposed new facilities is Birmingham and Solihull Mental Health NHS Trust, which has extensive experience and expertise in this highly specialised field of mental health care. Section 4 of this document gives more information about the benefits which the Trust could offer in delivering a high quality service to patients.

### **Timetable**

Formal consultation commenced on 3rd October 2005, with a closing date for comments of 16th January 2006. As the host PCT for this consultation, Heart of Birmingham Teaching Primary Care Trust will co-ordinate the process.

Feedback from this consultation will be considered by Heart of Birmingham Teaching Primary Care Trust on behalf of the thirty Primary Care Trusts in the West Midlands.

The Board of Heart of Birmingham Teaching Primary Care Trust will decide what action to take in the light of the outcome of the consultation process.

***Depth of expertise and experience offered by Birmingham and Solihull Mental Health NHS Trust***

# Section 2: How the proposed new services would benefit patients

**Ensuring a continuum of care to maximise the benefits for patients**

**Bringing home West Midlands patients placed outside the region**

**A key component of the rehabilitation process**

## **Aims of national and local policies on mental health**

National and local policies on mental health seek to:

- reduce the effects of enduring mental illness;
- address the impact of social exclusion and develop culturally sensitive services to meet the needs of patients from black and minority ethnic groups;
- improve the integration and co-ordination of services for people with mental health problems;
- ensure timely access to an appropriate hospital bed or place;
- provide care in the least restrictive environment consistent with the welfare of the patient and the safety of the public;
- deliver services as close as possible to where patients live.

## **Establishing a ‘whole system’ approach to care**

These policies provide the context for the current proposals. In particular, the proposals seek to establish a ‘whole system’ approach to meeting the complex needs of patients who require specialised mental health care in a medium secure environment.

The aim is to enable specialist and local mental health services to work together in providing patients with a continuum of care - from the point at which they are referred to a medium secure unit for specialist treatment and rehabilitation to the point at which they can return home, with the appropriate level of support in the community, or move on to be cared for by another service.

The more closely a patient’s local community mental health service can work with staff at the specialist unit while that patient is receiving in-patient care, the better prepared that service is to sustain the progress achieved when the patient goes home. This is a key element of the overall forensic mental health strategy approved for the West Midlands following an earlier public consultation.

## **Importance of maintaining contact with families, friends and home communities**

It is difficult for West Midlands patients who have been placed in secure facilities outside the region to maintain regular contact with

their families and friends. Distance makes visiting more difficult and more expensive. Yet maintaining or rebuilding personal relationships is a key element in the rehabilitation process. Developing a service in Birmingham would enable many West Midlands patients now being cared for a long way from their own communities to receive appropriate care much closer to home.

## Increasing NHS capacity within the region

In addition to developing integrated mental health services to meet complex needs, the aim of the proposals now being consulted on is to increase the capacity of the NHS within West Midlands to provide this type of specialised care at facilities located inside the region. At the same time, this would reduce the existing over-reliance on non-NHS providers whose facilities are sometimes over one hundred miles away from patients' families and home communities.

This is not to decry the work of those providers. Rather, it is to emphasise the importance of local care for local people wherever possible. It is a recurrent theme in much of NHS planning for mental health services generally as well as for most other types of care. It is a theme which is just as relevant to the specific needs of men who require specialist in-patient mental health care in a medium secure setting.

## Current use of non-NHS facilities outside the West Midlands

Currently, around 75 West Midlands men with complex mental health needs are placed in medium secure facilities operated by non-NHS providers outside the West Midlands.

In relative terms, this is a high proportion of the 200 or so men who require this type of care. It means that around one in three patients is not receiving in-patient treatment in or near the area they come from.

Out of all the patients currently having to be placed outside the West Midlands, around a third of them are placed in facilities more than a hundred miles away from the communities they originate from.

## Issues highlighted in earlier consultation

These issues were highlighted in the earlier consultation on the overall strategy for forensic mental health services in the West Midlands. Estimates at that time pointed to a need to create up to 50 new places in NHS facilities within the area.

However, increasing demand since then for specialist mental health care in a medium secure environment means that between about 75 and 85 new in-patient places are needed now if West Midlands health services are to be able to meet that level of need locally.

***Percentage of patients currently placed more than 100 miles away from their homes***

***Need to meet an increasing level of demand for medium secure places***

***Tailoring therapeutic services for those considered most likely to benefit from them***

***Addressing the problems which affect people's ability to function***

With the problem mounting, action is needed sooner rather than later to enable most West Midlands patients to be treated within the area rather than outside it.

## **Range of services to be provided**

The new NHS service which, subject to consultation, would be developed in the West Midlands is intended to provide a continuum of specialised treatment, support and rehabilitation. That continuum includes:

- an ability to assess complex mental health needs and to map out an appropriate care pathway tailored to individual patients' specific circumstances and requirements;
- provision of treatment in conditions of medium security designed to ensure both the welfare of patients and the safety of the community;
- rehabilitation and intensive after-care provided in close partnership with other mental health services and relevant agencies.

The majority of patients for whom the proposed new facilities are intended would be affected by a range of severe and enduring mental health problems, which may include depression or schizophrenia.

Up to twelve places would be dedicated to meeting the needs of patients with a personality disorder who require the specialised help and support which the proposed unit would be able to offer them.

## **Meeting complex needs**

Patients requiring medium secure mental health facilities are those with complex needs whose mental health problems have severely affected their ability to function, look after themselves and relate to the people around them. The cumulative impact of those mental health problems may lead them to suffer from anxiety and confusion and to try to harm themselves or others.

Other characteristics of this patient group may include:

- drug and alcohol abuse;
- difficulty in maintaining relationships with families and friends;
- educational and learning problems;
- poor social and daily living skills;
- poor physical health;
- an inability to think through solutions to these problems.

As mentioned earlier, a small number of the patients at the proposed unit would be individuals assessed as having a personality disorder, which may or may not co-exist with other health problems.

This is not a new category of patient as far as forensic mental health services are concerned. However, designation of up to twelve places in the proposed new unit would enable a more appropriate and more local programme of therapy and support to be offered to patients originating from the West Midlands.

In particular, it would facilitate their treatment and rehabilitation much nearer to their families and friends. It would also enhance continuity of follow up care and support by community-based services after they move on from the unit.

## Assessment of needs and suitability

Before any patients are admitted to specialist units of the type proposed in this document, they undergo a careful and detailed assessment by a multi-disciplinary team. Through this process, members of the team seek to determine whether patients referred to the unit are likely to benefit from the specialist care and treatment it offers, and whether the staffing ratio and security are appropriate in order to minimise the risk of a patient harming himself or others.

## Sources of referral

Patients are likely to be referred to the proposed new unit from a variety of sources.

- Some may be living in the community but finding it extremely difficult to cope.
- Some may already be receiving care from their local mental health services but require more specialised care in a more secure setting.
- Some may have appeared before the courts for offences related to their mental health problems.
- Some may be transferred from prison because they are considered to be in need of mental health care rather than custodial punishment.
- Some may be transferred from high secure hospitals because sustained progress has been made in treating their condition to the point where they are considered able to move on to the next stage of rehabilitation in a medium secure unit.

Many, but not all, of the patients likely to be admitted to medium secure units are likely to have passed through the criminal justice system.

Where a court believes that offending behaviour could be related to an individual's underlying mental health problems, it may refer them for assessment of their suitability for treatment and rehabilitation.

***Equipping individuals with the skills they need for everyday living in the community***

## **A full spectrum of care in a modern, purpose-built environment**

Whatever the source of their referral, patients admitted to the new unit would all require an individually tailored, comprehensive programme of therapeutic care designed to address the particular combinations of health, social and other problems which have previously prevented them from functioning effectively in the community.

The multi-professional teams working at the unit would not only provide patients with the necessary treatment for their mental and physical health problems but would also help them to learn the skills they need:

- to gain and keep employment;
- to look after themselves properly;
- to obtain and maintain a home;
- to manage their finances;
- to manage their relationships with others.

In addition to psychological and other clinical programmes designed to meet their mental health needs, patients would benefit from occupational therapy, art therapy and a range of other activities that are intended to promote and sustain their progressive rehabilitation.

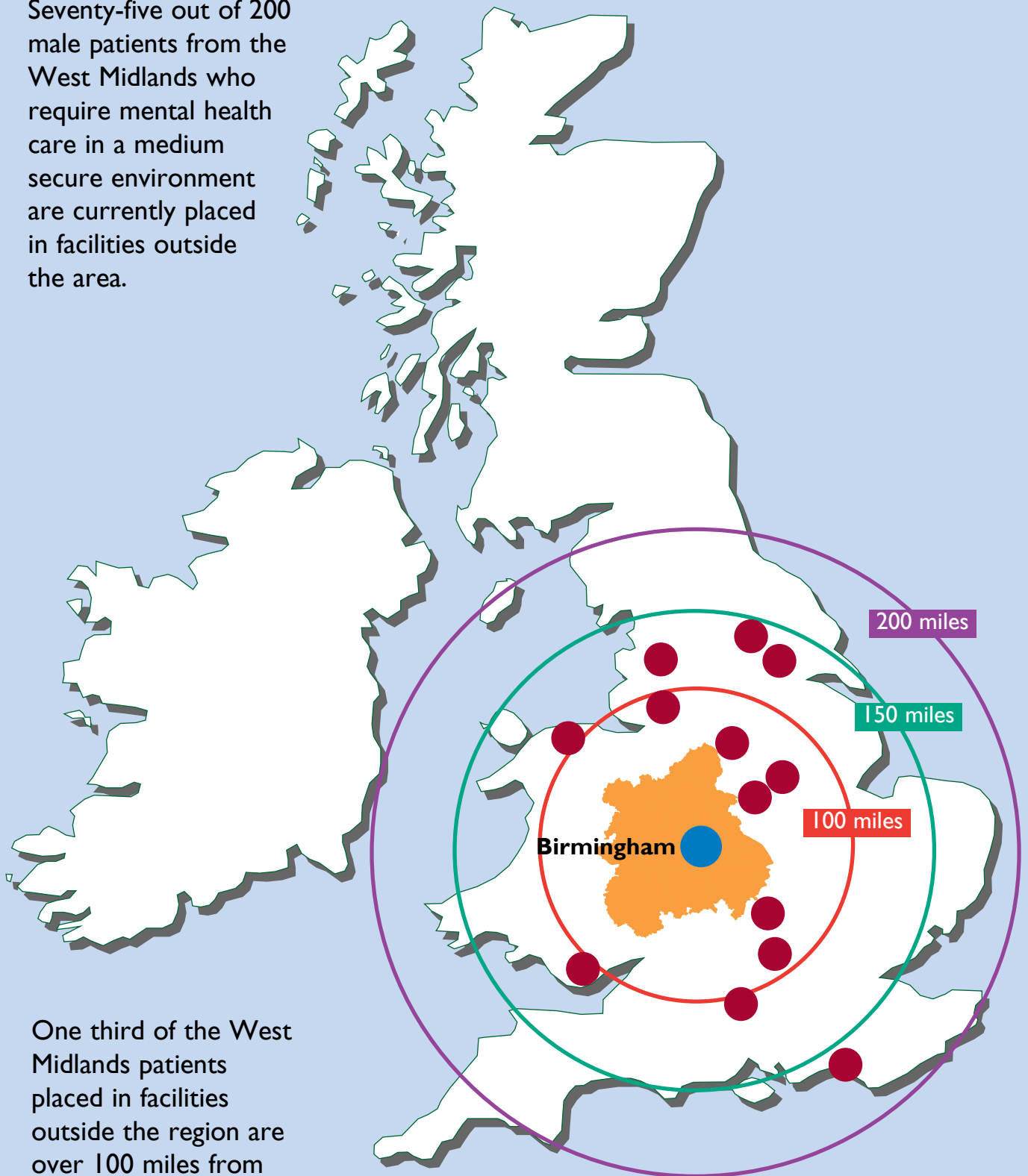
It should be emphasised that, as a consequence of the impact of their severe mental illness, the majority of patients in units of this type are likely to experience difficulties in learning the skills they need.

## **Creating a therapeutic, secure environment**

Importantly, these carefully structured programmes would be provided in a purpose-built facility combining a therapeutic environment with the necessary internal and external security. Specifically, the new unit would include:

- single rooms for acutely mentally unwell patients;
- single rooms for patients undergoing rehabilitation therapy;
- single rooms for patients whose underlying mental health problems are combined with a personality disorder;
- single rooms for long-term patients;
- a therapy department; ● an out-patients department;
- facilities for dentistry;
- an activity centre; ● a gymnasium;
- rooms where patients can receive health services provided by GPs and other healthcare professionals working in the community (for example, community nursing, chiropody, physiotherapy, screening for physical illness);
- visitor facilities; ● catering facilities;
- training rooms and a library; ● a multi-faith room;
- administrative offices; ● meeting rooms.

Seventy-five out of 200 male patients from the West Midlands who require mental health care in a medium secure environment are currently placed in facilities outside the area.



One third of the West Midlands patients placed in facilities outside the region are over 100 miles from their home areas.

● Medium secure facilities in the independent sector

# Section 3: Identifying a suitable site for the proposed in-patient service

**Proximity to patients' own communities and to the major potential source of specialist and non-specialist staff**

**Reflecting the aspirations of the House of Commons Select Committee**

## Meeting the key criteria

Given the number and type of patients to be cared for in the new facilities which are being proposed, and given the range of facilities required to provide the necessary spectrum of services, the selected site must satisfy the following criteria:

- availability and affordability of a minimum of 10 acres of land in order to provide sufficient space for an appropriate therapeutic environment;
- proximity to other mental health services in order to ensure an appropriate level of clinical, professional and management support;
- proximity to a major population centre in order to aid recruitment of both specialist staff and non-specialist staff from the local community;
- ease of access to patients' families and friends, whether they are travelling by public transport or car.

## In line with House of Commons Health Select Committee recommendations

The main non-NHS providers of medium secure facilities for patients with complex mental health problems are located outside the West Midlands. The fact that the NHS in the West Midlands is currently having to place a large number of patients in these facilities is a key factor behind the current proposals to establish a new in-patient service within the region.

The proposals are fully in line with recommendations in a report of the House of Commons Health Select Committee on the Provision of NHS Mental Health Services, published in July 2000, which emphasises the importance of meeting people's needs locally:

*"We would like to see the NHS develop sufficient capacity in secure provision, properly integrated with general mental health services, so that routine reliance on out-of-area placements with the independent sector is no longer necessary."*

## Existing NHS sites with medium secure facilities within the West Midlands

An appraisal was carried out by a multi-disciplinary expert group to examine the feasibility of extending existing facilities at the two NHS sites within the West Midlands which already have medium secure facilities for patients with complex mental health needs - Reaside Clinic in south Birmingham and the Hatherton Centre in Stafford.

Neither of these two sites has enough room for the additional accommodation required, which rules them out of serious consideration at an early stage. Nor are they ideally situated. The Hatherton Centre, which caters for patients in the north of the West Midlands, is too far from the main areas of demand in the Birmingham and Coventry areas. Reaside Clinic, located in the south western corner of Birmingham near Rubery, is relatively close to Worcestershire and the western side of the West Midlands conurbation but is not so convenient for patients who come from Coventry and the eastern side.

## Other NHS sites evaluated against the key criteria

As neither of the two existing NHS medium secure unit sites met all the key criteria, a list of possible alternative sites within NHS ownership in the West Midlands was compiled. Details provided by NHS Estates identified four possible sites, each with spare land available, for detailed analysis and consideration.

1. Alexandra Hospital in Redditch
2. Former Barnsley Hall Hospital in Bromsgrove
3. Lea Castle Learning Disability Centre near Kidderminster
4. Former Yardley Green Hospital in Bordesley Green, east Birmingham

The potential suitability of each site was then carefully evaluated against the key criteria by a team comprising clinical and non-clinical experts drawn from NHS services in the West Midlands.

### 1. Alexandra Hospital, Redditch

Alexandra Hospital is a general hospital serving the needs of people in Redditch, Bromsgrove and other parts of the north of Worcestershire. Land on the site was originally identified as potentially available. However, further investigation showed that it had already been earmarked for residential development by the local authority in the draft local plan.

It has also to be borne in mind that the existing Reaside Clinic in the Rubery area of south west Birmingham is relatively close to those parts of the West Midlands that would be primarily served by any new medium secure facilities established on the Alexandra Hospital site. The distance between the two sites is only about seven miles. On the

**Not enough room for the additional facilities needed to meet demand**

**Short-listed sites assessed on location, space, convenience and availability**

other hand, the site is not very convenient for patients from the central and eastern parts of the West Midlands conurbation where there is the greatest need for additional facilities.

## 2. The former Barnsley Hall Hospital in Bromsgrove

This site is on the outskirts of Bromsgrove in Worcestershire in a green belt area. Its disadvantages are similar to those of Alexandra Hospital site discussed above. It is too far from the areas of greatest need for medium secure in-patient places, whilst being only about four miles from the existing Reaside Clinic. The site is no longer in the ownership of the NHS, having been transferred to English Partnerships.

## 3. Lea Castle near Kidderminster

Land was potentially available on the Lea Castle site outside Kidderminster, where there is a learning disability centre. However, this land is in a green belt area and is a substantial distance from those parts of the West Midlands where the need for medium secure in-patient places is greatest. The site is no longer in the ownership of the NHS, having been transferred to English Partnerships.

## 4. The former Yardley Green Hospital site in east Birmingham

Of the four available options, the site of the former Yardley Green Hospital in Yardley Green Road, Birmingham, best meets the key criteria:

- It is the closest of the four sites to the areas of the West Midlands currently most lacking in suitable NHS facilities for the group of patients concerned.
- It has enough land available to ensure sufficient internal and external space for patients and staff.
- It benefits from proximity to other mental health facilities located on one side of a large NHS site, which also includes primary care services, learning disability services and an ambulance depot.
- It is well served by public transport and therefore relatively easy to travel to.

Situated between Yardley Green Road to the north and Hob Moor Road to the south, the land is already in the ownership of the NHS. It is a site which, historically, has been used for the purpose of providing health care to the local population and could therefore be described as an established 'health campus'.

Local mental health services operated by Birmingham and Solihull Mental Health NHS Trust are already located nearby. Until relatively

***Part of an established 'health campus' and closest to the areas of greatest need***

recently, Heart of England NHS Foundation Trust used to provide specialist elderly care services from the former Yardley Green Hospital, which has closed following the transfer of these services to brand new facilities on the main site of Birmingham Heartlands Hospital about half a mile away. The area is well served by bus routes from the city centre. There is also space for car parking on site.

Of the four NHS-owned sites available within the West Midlands, the Yardley Green health campus is significantly the most convenient for those patients from the central and eastern parts of the region who, currently, would be the most likely to have to be placed in non-NHS facilities well outside the area.

In the light of this analysis, it is being proposed that the Yardley Green site would be the most suitable on which to locate additional in-patient services for West Midlands men who need specialised mental health care in a medium secure setting. None of the three alternative sites which have been considered in detail would meet the criteria (see pages 13 and 14).

### **The wider use of the Yardley Green site**

The Yardley Green site is in the heart of the East Birmingham Regeneration Zone, an area of significant health need where a diverse, multi-ethnic population has levels of social deprivation that are above the average for Birmingham.

The majority of the buildings on the existing site are not in use. Those which are in use are largely confined to the boundaries of the site, and there are numerous, empty, semi-derelict buildings. Consequently, the risks to security, as well as to health and safety, are high. The site attracts vandalism and it is difficult to protect property and cars from crime.

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 (see page 20).

The proposed development that is subject to the current public consultation would take up approximately half of the available land on the site. 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.

# NHS sites considered within the West Midlands



# Section 4: Identifying a preferred provider of the proposed service

Birmingham and Solihull Mental Health NHS Trust would be the preferred provider of the proposed new specialist mental health care service for men which, subject to the outcome of this consultation, would be established at Yardley Green in Birmingham. The reasons are set out below.

## **Strong track record in this highly specialised field of mental health care**

The Trust is already a major provider of NHS in-patient, out-patient and community-based mental health care services in the heart of the West Midlands. Its existing facilities include Reaside Clinic in the south west of Birmingham, which was established in 1987 to provide specialist care for patients in a medium secure environment.

In addition, the Trust runs Ardenleigh in north Birmingham. This specialist unit, which was subject to an earlier public consultation, opened in 2003 to provide medium secure services for women and young people.

The Trust is able, therefore, to demonstrate a strong track record in developing services designed to meet the complex needs of the types of patients likely to be cared for in the proposed new unit at Yardley Green.

The body of clinical expertise and experience which has been built up over more than fifteen years in this field, coupled with its supporting management infrastructure, would be highly beneficial to the new service.

Importantly, the Trust has established good relations with the communities in the immediate neighbourhood of its two existing forensic mental health units.

## **Ability to offer a ready-made network of local services**

Additionally, the Trust already provides acute in-patient, out-patient and community-based mental health services to the populations of Birmingham and Solihull. It manages mental health facilities on a site immediately adjacent to the former Yardley Green Hospital. This would facilitate integration of the new unit into an existing, well established network of mental health services, including key *social care* staff whose contribution to long-term rehabilitation is critically important.

***Essential clinical and management expertise***

***Links with local services that would ensure continuity of care***

***A reputation likely to attract specialist staff from all the key disciplines***

The Trust has established links with other local mental health services within the West Midlands, including those located in areas with the greatest levels of need for an additional NHS unit of this kind. Such links would prove invaluable in ensuring continuity of care and support as patients move back to their local communities after experiencing a period of in-patient care.

### **Good academic and research links**

The Trust has close links with the University of Birmingham and is recognised nationally for its contribution to research and innovation. Its reputation across all the key clinical areas would strengthen the ability of the proposed new unit on the former Yardley Green Hospital site to recruit high calibre staff in psychiatry, mental health nursing, psychology and other clinical disciplines.

### **Supporting infrastructure**

The new unit would also benefit from being part of an NHS Trust with a full range of supporting non-clinical services, including human resources, training, finance, and information management and technology.

Existing non-NHS providers of medium secure mental health care outside the West Midlands would not be as well placed as Birmingham and Solihull Mental Health NHS Trust to provide these vital support services to a new unit in the Bordesley Green area of Birmingham. There are no independent sector providers of forensic mental health services already operating within the West Midlands.

# Section 5: Links with other health services and the local community

## Meeting patients' wider health needs

Whilst the primary purpose of the proposed new unit at Yardley Green would be to ensure that patients received the specialist mental health treatment and therapy they need, they would also need access to the full range of primary care and general hospital services available to the rest of the population.

Like people living in the community, in-patients being treated in the new unit might need anything from chiropody or asthma care to diagnostic investigations for a heart problem. It would be important, therefore, to ensure that *all* their health needs - physical as well as mental - are met.

There is already close liaison between Birmingham and Solihull Mental Health NHS Trust (as the proposed provider of the new specialist service on the former Yardley Green Hospital site) and providers of other NHS services in the area, including GP practices, community health services and Birmingham Heartlands Hospital.

## Working with other local agencies

Similarly, the new unit would look to establish strong working relationships with other agencies, whether statutory or voluntary, whose expertise and services have a contribution to make towards the care and successful rehabilitation of its patients.

Local authority Housing and Social Services Departments, for example, would have a potentially key role to play in enabling patients to move on and re-establish themselves back in the community, as would organisations involved in further education, training and preparation for the world of work. The unit would also expect to work closely with local Probation Services and the Police, with which Birmingham and Solihull Mental Health NHS Trust already has well-developed links.

## Communication and contact with the local community

The unit would need and wish to establish a positive relationship with the local community. All hospitals and health care institutions benefit from the trust and participation of local people. Good communication and mutual understanding between care providers and the public are particularly important in the context of mental health, which even today continues to suffer from a degree of stigma.

***Partnership working with other providers of health care services***

***The critical importance of establishing positive relationships based on mutual respect and understanding***

***An opportunity to bring new resources into the area***

## **Contributing to economic and social regeneration**

Establishment of this important new NHS facility in east Birmingham would contribute towards the overall regeneration of the area, bringing in a potentially significant spending power not only through the purchase of goods and materials from local suppliers but also in terms of individual members of staff, patients and visitors buying day-to-day items from local retailers.

Employment opportunities would be generated both during and after the construction of the proposed unit. 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.

Construction of brand-new healthcare facilities would also make a contribution to the improvement of the local environment, ensuring that the site on which the former Yardley Green Hospital was located does not deteriorate and fall victim to vandalism and other socially undesirable problems.

A key element of the site lay out would entail preservation of as much of the existing greenery as possible and, as appropriate, the planting of new trees and shrubs.

## **How local people can contribute**

***An active role for local people to play***

Local people and organisations could have a role to play in helping to design the facilities. This would also provide opportunities to reassure the community on matters related to security, access to and from the site, parking and the general environment.

# Section 6: Ensuring cost-effective care for NHS patients

Currently, 75 male patients from the West Midlands who need to be cared for in a medium secure environment are placed in non-NHS facilities located outside the area. In many instances, patients are a long way from their homes.

Providing out-of-area care in this way is not only less convenient for patients and their families, it is also more costly to the 30 Primary Care Trusts in the West Midlands which fund the service.

## Potential savings from treating patients within the NHS rather than in non-NHS services

Figures based on today's costs for existing NHS facilities within the West Midlands show that the average annual treatment cost per patient in the proposed new NHS unit in east Birmingham would be approximately £158,000, compared with approximately £173,000 in non-NHS facilities.

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.

Potentially, therefore, the NHS would save between £15,000 and £28,000 per annum per patient. If, in future, between 75 and 85 patients a year were treated by the NHS within the West Midlands rather than by non-NHS providers outside the area, the estimated savings could be over £1.2 million a year.

Whilst making such a saving does not represent the primary purpose behind these proposals, there is no doubt that the proposed scheme would result in more cost-effective care being provided.

In this way, it is possible both to reap all the benefits for patients of being cared for closer to their own communities, and to generate additional spending power for the NHS in the West Midlands - money which could be reinvested in other services for NHS patients.

***Releasing NHS resources for investment in additional services***

# Section 7: Consultation: how carers and the local community can make a positive contribution

## Preparation for consultation

A lot of planning has taken place prior to formal consultation on the proposals to ensure engagement with the widest possible range of interested parties, including:

- carers of patients requiring the type of specialist care involved;
- representatives of voluntary and community organisations;
- patients' groups;
- Patient and Public Involvement Forums;
- elected representatives;
- Birmingham City Council's Health Overview and Scrutiny Committee;
- Birmingham City Council's Social Care and Health Directorate (which provides social services);
- local community representatives in east Birmingham;
- health and social care professionals;
- specialists in this field of mental health care.

Carers (families and friends) of patients have a particularly valuable contribution to make. So, too, do people in the local community where the new unit is to be established. Comments and ideas from both groups will be especially welcomed in order to enable the NHS to ensure that the proposed unit would be as effective as possible.

The contribution of carers is especially important because they have direct, first-hand experience of the consequences of patients' mental health problems or personality disorder, both for the patients themselves and for their families and immediate circle of contacts.

## Developing strong links with the local community

It is important that the proposed new service in east Birmingham should benefit from strong links with local people. A community development worker has been appointed to help facilitate this process and to encourage a two-way flow of information and ideas.

If, following this consultation, it is decided to locate the new unit on the proposed site in Bordesley Green, Birmingham and Solihull Mental Health NHS Trust would wish to consolidate and build on the contacts established by the community development worker, thus ensuring that there is continuing input from the people who live in the area.

## How and when to respond

Formal public consultation on the proposed scheme commences on 3rd October 2005. The process will last for 15 weeks. Comments 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, you can e-mail them by the same date to [admin@msuwm.org.uk](mailto:admin@msuwm.org.uk) or telephone them through to 0800 051 0302. 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. If you wish to use the space available below to write in your comments, please then photocopy or tear out the relevant pages and send them to the above address by the date indicated. Alternatively, you can log on to [www.msuwm.org.uk](http://www.msuwm.org.uk) where you will find an electronic version of the consultation document into which you can type your responses.

1. 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?

Yes  No  Don't know  (Tick as appropriate)

Comment:

2. 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?

Yes  No  Don't know  (Tick as appropriate)

Comment:

3. 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?

Comment:

4. 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?

Comment:

5. 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?

*Comment:*

6. 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?

*Comment:*

7. 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?

*Comment:*

8. Would you or your organisation be interested in joining a group of lay people 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?

Yes  No  Don't know  *(Tick as appropriate)*

*Comment:*

9. 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?

Yes  No  Don't know  *(Tick as appropriate)*

*Comment:*

10. What could be done to help dispel the myths and stereotypes that may exist about people with severe and complex mental health problems?

*Comment:*

11. 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?

*Comment:*

12. 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?

*Comment:*

13. 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 most likely to need?

*Comment:*

***If you have filled in these pages with your comments, please either photocopy them or tear them out and return them as indicated at the top of page 23.***

## Section 8: Questions and answers

**The need to maintain continuity of treatment and therapy**

**Buildings designed for security, combined with high number of staff to patients**

### 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. So 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

***It could happen to any one of us - or to a member of our family - at any time in our lives.***

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 go out only 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 their 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.

***A progressive approach based on careful assessment of individuals' needs and their level of progress***

### **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. A full list of the Primary Care Trusts involved is given on the following page.

The following West Midlands Primary Care Trusts, which collectively are responsible for commissioning health services for over 5 million people, are now consulting on the proposals in this document:

Burntwood, Lichfield & Tamworth PCT  
Cannock Chase PCT  
Coventry Teaching PCT  
Dudley, Beacon & Castle PCT  
Dudley South PCT  
East Staffordshire PCT  
Eastern Birmingham PCT  
Heart of Birmingham Teaching PCT  
Herefordshire PCT  
Newcastle under Lyme PCT  
North Birmingham PCT  
North Stoke PCT  
North Warwickshire PCT  
Oldbury & Smethwick PCT  
Redditch & Bromsgrove PCT  
Rowley Regis & Tipton PCT  
Rugby PCT  
Shropshire County PCT  
Solihull PCT  
South Birmingham PCT  
South Stoke Teaching PCT  
South Warwickshire PCT  
South Western Staffordshire PCT  
South Worcestershire PCT  
Staffordshire Moorlands PCT  
Telford & Wrekin PCT  
Walsall Teaching PCT  
Wednesbury & West Bromwich PCT  
Wolverhampton City PCT  
Wyre Forest PCT

## The 30 Primary Care Trusts in the West Midlands



1. Wolverhampton City PCT
2. Dudley Beacon & Castle PCT
3. Rowley Regis & Tipton PCT
4. Wednesbury & West Bromwich PCT
5. Oldbury & Smethwick PCT
6. Heart of Birmingham Teaching PCT
7. Eastern Birmingham PCT

## Section 9: Glossary of terms

### **A 'whole system' approach**

This term is often used to describe health services provided by a range of organisations or professional groups where effective collaboration, common assessments of individuals' needs and the sharing of information are considered to be essential for high quality care.

### **Forensic mental health services**

This is the branch of mental health care which specialises in the diagnosis, care and rehabilitation of people whose mental health problems have either led them to commit offences or increase the likelihood that they may commit offences in the future.

### **Health campus**

'Health campus' describes a site where two or more health care organisations provide services from different buildings.

### **Health Overview and Scrutiny Committees**

Local authorities (councils) have Health Overview and Scrutiny Committees whose role is to examine the planning, provision and operation of health services within their area. Where a local NHS body proposes a substantial development or change in health services, it is required to consult the Overview and Scrutiny Committee of the relevant local authority.

### **House of Commons Select Committees**

Select Committees comprise Members of Parliament appointed by the House of Commons who, independently of the Government of the day, consider major policy issues and monitor the performance of Government departments. There is a Health Select Committee which examines the expenditure, administration and policies of the Department of Health and its associated bodies.

### **Medium secure**

'Medium secure' is a level of security between that provided by high security hospitals, which care for patients with the greatest degree of risk, and that provided on locked wards in mental health hospitals which care for patients with the lowest degree of risk.

The level of security required is achieved through a combination of physical measures and higher numbers of staff in relation to the numbers of patients to be cared for. It is intended both to safeguard the health and well-being of patients who are considered not well enough to be able to leave the facilities where they are being treated, and to safeguard the public at large.

## **NHS Trusts**

NHS Trusts are the local NHS bodies responsible for running general hospitals and other specialised services, such as mental health care. They receive their funding mainly from PCTs, which enter into agreements with them to provide services to their local populations. Usually, an NHS Trust will have agreements with more than one PCT.

## **Non-NHS or independent sector providers**

Non-NHS or independent sector providers are voluntary (not for profit) and private (commercial) organisations which provide health care services. Some of them may enter into contracts with NHS organisations to provide services to NHS patients.

## **Primary care**

Care provided in the community (i.e., not in hospital) is broadly referred to as 'primary care'. Care provided in hospital is sometimes referred to as 'secondary care'.

## **Primary Care Trusts (PCTs)**

Primary Care Trusts are the local NHS bodies responsible for assessing the health needs of their populations and ensuring that those needs are met. With the funds they receive each year from the Government, PCTs pay for the health services provided to local people by NHS Trusts, GPs and other health care organisations.

In the West Midlands there are 30 PCTs (see map on page 31). Each is responsible for a population of between about 100,000 and 350,000 people. PCTs may also provide some types of health care directly to patients, including district nursing, health visiting and other community services.

## **Rehabilitation**

Patients with severe mental health problems that affect their ability to think and function may need a wide range of therapies designed to help them to recover to the extent that they can return home and live normally in the community. This process of 'rehabilitation' could, in some instances, take many months or even a few years.

## **West Midlands**

Within this document, the West Midlands region is taken to include Birmingham, The Black Country, Solihull, Coventry, Warwickshire, Staffordshire, Shropshire, Herefordshire and Worcestershire. In total, the area covers a population of around 5.3 million people.

## **West Midlands Specialised Services Agency**

The West Midlands Specialised Services Agency 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, would best be planned and funded on a collective basis.



# Local solutions for complex needs:

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

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

**If you would like additional copies of this consultation document,  
or if you have any queries, please phone 0800 051 0302.**

**If you wish to respond formally to this consultation document,  
please send your comments by 16th January 2006 to:  
Freepost RLXT-TXUC-XXGR, Chief Executive,  
Heart of Birmingham Teaching Primary Care Trust,  
Birmingham B24 9SA.**

**Alternatively, you can e-mail your comments by the same date  
to [admin@msuwm.org.uk](mailto:admin@msuwm.org.uk) or telephone them through to 0800 051 0302.**

**If you log on to the website [www.msuwm.org.uk](http://www.msuwm.org.uk), you will find an electronic  
version of this consultation document into which you can type your  
responses to the specific questions listed on pages 23 to 25.**