

# Abbey Healthcare

## **Earlswood Revised Proposal for Planning**

### **Introduction**

A previous planning proposal for this site proposed a specialist facility for Autism. For several reasons, it is now deemed preferable to expand the remit of the facility to include other mental health presentations. In this document we will describe the rationale for this.

### **Developments in the Market**

The previous proposal suggested a large number of beds for people with severe autistic spectrum conditions (ASC) and mental health difficulties be placed on this site. Although there is a need nationally for more mental health beds for people with ASC, recent economic constraints dictate that only the most severe cases would be likely to receive funding for a specialist facility such as this. As such, it would be a risk to place 'all our eggs in one basket', risking that the facility may not be as successful as hoped. Furthermore, the previous proposal would have predominantly accommodated adults – the economic cuts in adult social care have been some of the most severe, which would make such a service particularly vulnerable at present. The new proposal would be to provide an exclusively 'developmental' specialist service for children and young people, which is much needed and supported by commissioners, and where there is less of a squeeze within current budgets.

### **The Priority of Localism**

It is a generally held principle in both health and social care services that services be provided as close to the home locality of the service user as possible. Inevitably, the more specialist a service, the more economics of scale dictate that a service may need to cover a larger geographical area and hence may be further away for some service users. However, if a specialist resource such as this can be somewhat broader in the conditions it is able to treat, it will provide a more local provision for a wider range of service users. This means that more young people in Yorkshire and the East Midlands will be able to access a more local service than has previously been the case and would have been the case in our previous narrower remit for the Earlswood site.

### **The Principle of Inclusion**

Another important principle is that of Inclusion. It is always better to try and provide services for people with ASC in a 'normalising' and 'mainstream' way where possible. Many people with ASC have normal levels of intelligence and may function at a high level in some aspects as well as having significant difficulties in others. At present, such individuals often 'fall between two stools' Placing such individuals in specialist ASC services with other less well functioning individuals may not bring out the best in them and more generic

mental health services may not fully appreciate and provide for their ASC within a mainstream setting. In our view, specialism should not replace a full continuum of service delivery with different people with autism falling across the spectrum and full inclusion should be offered to all persons with autism who are capable of success in fully integrated settings.

Our current proposal, by offering more 'normalising' specialist mental health services alongside other specialist ASC units for those clients for whom these settings are the most meaningful and appropriate, will ensure that the needs of service users with the full range of ASC are actually better met than in our previous proposal. We will have the advantage of the specialist expertise of ASC within the service which will ensure that our more generic units are able to meet the needs of milder ASC within their services in an inclusive way, promoting 'normalising' experiences for persons with an ASC which include individualisation, reliance on empirically based approaches rather than ideologically based philosophies and treatments that begin with and emphasise an understanding of the problems of ASC.

### **Child Mental Health – Much Needed Specialist Services**

There is a significant need and demand for specialist mental health services for children and young people in both Yorkshire and the East Midlands. The Royal College of Psychiatrists (RCP), based on Kurtz et al, 1996 recommend between 20 to 40 CAMHS beds per million of the population. In an article entitled 'Tier 4 CAMHS – Inpatient Care, Day Services & Alternatives: An Overview of Tier 4 CAMHS Provision in the UK, McDougall T, Worrall-Davies A, Hewson L, Richardson G, Cotgrove A recommended that between 16 and 24 beds are required per million of the population for adolescents. Using these figures and the Department of Health statistics on current population per PCT area the total current and required number of beds per area is calculated as follows:

| <b>Area</b>   | <b>No. Beds based on 16-24 per million</b> | <b>No. Beds based on 20-40 per million</b> | <b>Actual Current Bed Numbers</b> |
|---------------|--------------------------------------------|--------------------------------------------|-----------------------------------|
| East Midlands | 55 to 82                                   | 69 to 136                                  | 36                                |
| North East    | 39 to 58                                   | 48 to 97                                   | 76                                |
| North Wales   | 10 to 16                                   | 13 to 27                                   | 15                                |
| North West    | 109 to 164                                 | 136 to 273                                 | 160                               |
| West Midlands | 85 to 128                                  | 106 to 212                                 | 105                               |
| Yorkshire     | 102 to 153                                 | 108 to 214                                 | 39                                |

As can be seen, the East Midlands and Yorkshire and Humber are the two areas in Northern England where bed numbers remain significantly below the required level. As a result, many young people have to travel out of region to access services in other areas at present, causing additional distress and disruption to them and their families than that already present due to their

severe mental health difficulties. This cannot be right and makes necessary the development of additional facilities within closer access of these two regions.

Our proposal would be to provide generic acute mental health units for young people with conditions such as Depression, Bipolar Disorder, Psychosis and ADHD, ensuring that our generic provision is well equipped to manage those with and without ASC alike. We would also plan to provide a specialist Eating Disorder provision for young people – which does not exist at all at present in either the East Midlands or Yorkshire and Humber. We would also plan to provide specialist services for young people with significant Learning Disabilities (LD) and Mental Illness, as these services are currently only provided nationally in Newcastle and Birmingham. Again, in the spirit of inclusion, we would have expertise to manage milder LD within our generic units, but more significant LD (plus or minus ASC) would be better managed in specialist units.

Inpatient child mental health facilities are few and far between and no existing service nationally either in the NHS or independent sector offers the range of services proposed in this development within one campus. There are particularly few services specialising in meeting the needs of the full range of ASC as this centre will do. Research and innovation will form a key role within the centre. We already have academic and university links and will develop these to ensure that our centre develops a reputation for ground-breaking research and innovation as well as excellent practice. As such, the range of expertise within this one site will be unparalleled in the UK and this will be a truly national centre of expertise in developmental mental health.

### **A Development rather than Replacement of our Previous Proposal**

As we have attempted to outline, the services we are proposing for the Earlswood site will not only retain the theme of ASC present in the initial proposal, but will actually provide better for the broad range of individuals in this client group by ensuring that more mildly affected young people can receive the specialist mental health help they need in a more inclusive setting, whilst those with more severe ASC difficulties will be able to be treated in more specialist ASC services. Moreover, as ASC at its severest is also often associated with significant LD, we will be providing a more designated and specialist resource for significant LD, which again will ensure that we are better able to meet the need across the range of difficulties with which young people with ASC may present.

Additionally, the broader range of our proposal means that a large group of very needy young people who have significant mental health difficulties without ASC will now be able to access the specialist services they need without having to travel such a long distance.

### **Providing Wider Opportunities for the Local Community**

The 'Developmental Specialist Centre' that we are proposing will be unrivalled in the UK in its scope and breadth and will therefore quickly put Barnsley on the map in terms of providing one of the key resources for this client group in an innovative and effective way. The presence in the locality of such a service will provide opportunities for local people to gain employment in a range of different roles and will provide training opportunities. There will be a significant number of nursing assistant posts within clinical services that will offer jobs to people who are interested in a career within health and social care and who can then go on to achieve NVQ qualifications whilst in post. Qualified nursing staff will be able to gain specialist experience that would not have been available previously within the locality, which will help them to develop their careers in a way not previously on offer without travelling out of the area. In addition, a number of specialist professionals will be drawn from further afield to posts at Earlswood, who will enhance the local economy by their arrival within the area. The Earlswood site will include sports and leisure facilities as part of the provision, which we would wish to give the local community the opportunity to use, so as to welcome local people into the site and integrate our services into the local community rather than appearing as a 'ghetto' separated from local people.

### **Conclusion**

We hope to have demonstrated in this paper why our current proposal in no way diminishes the value of the previous proposal but actually develops and enhances it in a manner that will be of increased benefit in the range of local young people who could access its services, the range of local people who could seek employment within it, the economic advantages to the locality and the potential benefits of raising the profile of Barnsley as the provider of the foremost national centre for young people with developmental mental health needs.

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*Trevor Price CEO Abbey Healthcare*

*On behalf of the Abbey Clinical/Medical Executive*