

Finding a long-term solution for the mental health services that were provided from the George Bryan Centre

15 March workshop Summary of findings







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Background to the workshop



- This report presents the findings from the workshop held on 15 March 2022
- The George Bryan Centre provided services to the residents of Burton upon Trent, Lichfield, Tamworth and the surrounding areas
- Early in 2019, one of two wings of the George Bryan Centre was destroyed by fire. The second wing
 was later temporarily closed on the grounds of safety
- Temporary arrangements were put in place, and Together We're Better the local health and care partnership now wants to design the long-term solution.

A series of engagement events took place in 2019 to establish what was good about the services and what needed improving. The Board of MPFT received a report detailing the outcomes of the engagement exercise on 30 January 2020.

The COVID-19 pandemic delayed any further engagement on the future of the services.

A sense-check
engagement
was undertaken in autumn
2021 to understand
people's experiences since
the fire.



Objectives of the workshop



Present the proposals to date

Hear your views: is there anything else we need to consider?

Consider the recommendations of the technical group

Explain the next steps



Proposals



Centralise beds at St George's Hospital

- Patients who need inpatient treatment are admitted to St George's Hospital in Stafford. This is for adults of any age experiencing a severe mental illness or dementia, who need intensive medical supervision and treatment in hospital
- Wherever possible, patients are treated at home, supported by the enhanced community mental health services
- Distinct enhanced services for adults of any age with a severe mental illness and for the population with dementia.



Provide beds at George Bryan Centre site

- Provide a ward with 18 beds at the George
 Bryan Centre site. This is for adults of any age
 experiencing a severe mental illness or
 dementia, who need intensive medical
 supervision and treatment in hospital
- Wherever possible, patients are treated at home, supported by the enhanced community mental health services
- Distinct enhanced services for adults of any age with a severe mental illness and for the population with dementia.







Recruitment activity







Recruitment activity



- Stakeholders were contacted by email and telephone to encourage them to register their interest for the workshops
- Participants registered their interest by completing a survey which gathered the details of the procedures they were interested in as well as demographic information
- A range of community groups and organisations were contacted to promote the workshops
- TWB and MPFT promoted the reference group to system staff through existing staff channels (e.g. newsletters, direct engagement, intranet etc.) to encourage participation.



22 registrants for the workshop





Demographic profiling

This section shows the demographic profile of registrants, followed by the profile of workshop attendees.







Demographic profiling: registrants



Ethnicity



Age



Sex



Gender reassignment



Relationship status



18 (82%) registrants were White British.

16 (73%) registrants were aged 45 or over.

13 (59%) registrants were male.

No registrants were transgender.

3 (18%) registrants were gay, lesbian or bisexual.

14 (64%) registrants were married.

Religion



Pregnancy



Maternity



Disability or long-term condition



Armed forces



Carer



11 (52%) registrants had no religion.

No registrants were pregnant.

No registrants had recently given birth.

11 (50%) registrants had a disability / condition limiting day-to-day activities.

2 (10%) registrants had served in the armed forces.

10 (45%) registrants were carers.

Demographic profiling: registrants (1)



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Age	No.	%
20 – 24	1	5%
25 – 29	1	5%
30 – 34	1	5%
35 – 39	3	14%
40 – 44	-	-
45 – 49	4	18%
50 – 54	3	14%
55 – 59	1	5%
60 – 64	2	9%
65 – 69	2	9%
70 – 74	3	14%
75 – 79	1	5%
Base	2	2

Ethnicity	No.	%
White British	18	82%
White: Any other White background	3	14%
Mixed: White and Black Caribbean	1	5%
Base	22	
Religion	No.	%
Christian	8	38%
No religion	11	52%
Prefer not to say	2	10%
Base	21	
Sex	No.	%
Female	9	41%
Male	13	59%

22

Sexual orientation	No.	%
Heterosexual	17	77%
Bisexual	1	5%
Gay	1	5%
Lesbian	1	5%
Prefer not to say	2	9%
Base	17	

Marital status	No.	%
Married	14	64%
Single	2	9%
Lives with partner	5	23%
Civil partnership	1	5%
Base	22	

Base

Demographic profiling: registrants (2)



Pregnant at this time	No.	%
Yes	-	-
No	22	100%
Base	22	

Recently given birth	No.	%
No	-	-
Yes	22	100%
Base	22	

Armed forces	No.	%
Yes	2	10%
No	17	81%
Prefer not to say	2	10%
Base	21	

Disability or condition limiting day-to-day activities	No.	%
Yes, limited a lot	6	27%
Yes, limited a little	5	23%
No	11	50%
Base	22	

Disability or health condition	No.	%
Mental health need	9	56%
Long-term illness	4	25%
Physical disability	3	19%
Sensory disability	1	6%
Learning difficulty or disability	4	25%
Other	2	13%
Prefer not to say	2	13%
Base	1	6

Carer	No.	%
Yes – person(s) under 24	3	14%
Yes – person(s) 25 – 49	2	9%
Yes – person(s) over 50	6	27%
No	12	55%
Base	22	



Demographic profiling: workshop attendees



In total, 14 participants attended the workshop.

Ethnicity



Age



Sex



Gender reassignment



Relationship status



All participants were White.

11 (79%) participants were aged 45 or over. 8 (57%) participants were male.

No participants were transgender.

12 (86%) participants were heterosexual. 11 (79%) participants were married.

Religion



Pregnancy



Maternity



Disability or long-term condition



Armed forces



Carer



6 (46%) participants had no religion.

No participants were pregnant.

No participants had recently given birth.

5 (14%)
participants had
a disability /
condition
limiting day-today activities.

No participants had served in the armed forces.

6 (43%) participants were carers.

The base figure on the following tables indicates how many participants answered each question.





Demographic profiling: workshop attendees (1)

Base



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Age	No.	%
20 – 24	1	7%
25 – 29	1	7%
30 – 34	-	-
35 – 39	1	7%
40 – 44	-	-
45 – 49	3	21%
50 – 54	1	7%
55 – 59	1	7%
60 – 64	1	7%
65 – 69	1	7%
70 – 74	3	21%
75 – 79	1	7%
Base	14	

Ethnicity	No.	%
White British	12	86%
White: Any other White background	2	14%
Base	14	
Religion	No.	%
Christian	5	39%
No religion	6	46%
Prefer not to say	2	15%
Base	13	
Sex	No.	%
Female	6	43%
Male	8	57%

14

Sexual orientation	No.	%
Heterosexual	12	86%
Prefer not to say	2	14%
Base	14	

Marital status	No.	%
Married	11	79%
Single	1	7%
Lives with partner	2	14%
Base	14	



Demographic profiling: workshop attendees (2)



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Pregnant at this time	No.	%
Yes	-	-
No	14	100%
Base	14	

Recently given birth	No.	%
No	-	-
Yes	14	100%
Base	14	

Armed forces	No.	%
Yes	-	-
No	12	92%
Prefer not to say	1	8%
Base	13	

Disability or condition limiting day-to-day activities	No.	%
Yes, limited a lot	2	14%
Yes, limited a little	3	21%
No	9	64%
Base	1	4

Disability or health condition	No.	%
Mental health need	4	44%
Long-term illness	2	22%
Physical disability	2	22%
Sensory disability	1	11%
Learning difficulty or disability	2	22%
Other	1	11%
Prefer not to say	2	22%
Base	9	9

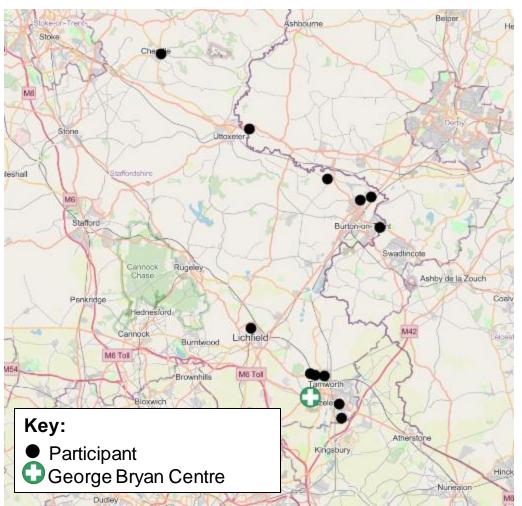
Carer	No.	%
Yes – person(s) under 24	2	14%
Yes – person(s) 25 – 49	2	14%
Yes – person(s) over 50	3	21%
No	8	57%
Base	14	



Location and IMD of participants



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	Location	No.	%
	Tamworth	7	50%
	East Staffordshire	3	21%
	Stafford	1	7%
	Other	3	21%
,	Base	1	4

IMD	No.	%
1	1	7%
2	1	7%
3	-	-
4	3	21%
5	3	21%
6	-	-
7	1	7%
8	1	7%
9	1	7%
10	3	21%
Base	14	



Gap analysis: workshop attendees



- Ethnicity: All participants were White, with no representation from other ethnic groups
- Age: 11 (79%) participants were aged 45 or over, with limited representation from younger age groups
- Sex: More participants were male (8 / 57%) than female (6 / 43%)
- Sexual orientation: No participants stated they identified as lesbian, gay or bisexual
- Religion: No representation from religions other than Christian (5 / 39%)
- **Disability:** 5 (35%) participants engaged with stated their day-to-day activities are limited by a health condition or disability ('somewhat' and 'very' combined), which is higher than the census data (23%)
- Mental health: 4 (44%) participants indicated they had mental health needs.







Summary of feedback







Do you have confidence in the steps we have taken to develop our proposals and reach a single viable proposal?





Information pack explained the proposals well



The pros and cons list in the pack was unbalanced / one-sided



Consider the population size of Tamworth



Consider greater emphasis on the technical aspects



Both proposals need to be underpinned by enhanced community health services



More detail is required about the mental health service provision for each proposal



Concern over low response rate to the involvement



Inpatient services are needed in Tamworth to meet the needs of vulnerable people

Tell us if you have any issues or concerns about the steps we've taken











Query over whether there will be an increase in GP or community services



Provide a plain English / easy read version of the pack



Can the group suggest other ways to support people who are affected by having to travel further?





Need to consider physical and financial accessibility, as well as mental health (e.g. anxiety)



Provide free shuttle buses (e.g. between central locations and the hospital)



Provide funded support for patients who need to use public transport



Provide a closer to home public transport option



Consider the need for environmentally-conscious travel options



Consider learnings about patients travelling to Tamworth after the closure of the Margaret Stanhope Centre

Additional comments





Query over whether no decision has been made or no decision has

been approved



Consider the rise in number of people with mental health issues during COVID-19 pandemic



Consider re-opening George Bryan Centre for mental health difficulties, leaving critical care to St. George's Hospital



Is there anything else we should be taking into consideration?



Key themes:

The need to clearly

Clarity on dementia

define the wider care



Consider a pool of staff to cover shortages and sickness



Need to ensure support services are available in **Tamworth**



Need to highlight how community services can be accessed



Query over source of the extra mental health resource



Consider the need for community services to be available 24/7



Need to address the backlog and new patients



Proposals currently read as 'jargon' and need to be simplified



Consider that dementia patients have specific needs



care.

available



Clarity is required on the enhanced community model



Query over what has happened to the fire insurance money



Query over whether the George Bryan Centre will be re-opened if this is the consensus



Query over how much weight given to the views of the population

Further questions or comments





Query over whether there will be extra beds at St. George's if the George Bryan Centre does not re-open



Tamworth is the 'forgotten place'
– increased resources and
services are required in Tamworth



George Bryan Centre is needed

– inpatient services are
required in Tamworth



Matching learned and lived experiences is a key to success



Consider lack of direct bus service from Stafford to Tamworth



Concern over the use of iPads and loss of the human touch



Weekend help and support is needed



Suicidal patients need instant support



Inefficient services in Tamworth and Lichfield are failing patients



