



## Small Heath Health Centre

**location:**  
**Small Heath**  
**Birmingham**

The Small Heath Healthcare Centre brings together a range of community health services in one light, airy and accessible building. Designed by MAAP Architects.

The commissioning of a new family healthcare centre in the Birmingham suburb of Small Heath offered an imaginative opportunity to create a new kind of facility. This brought together, for the first time in England, a health centre, flexible space for use by other medical services, including GPs, and a community mental health facility, offering both day and residential care with 14 acute beds each in single rooms. Small Heath is a residential area with a large Asian population, many with origins in Bangladesh or southern India. This required a particular understanding of the special health and cultural needs of the Muslim community. Neighbourhood consultation, including discussions with the local Imam, led to greater local commitment to the new centre.



The Centre opened in March 2004, fifteen months after construction began.

### Introduction

On a corner site, previously occupied by an old bottle works, MAAP's L-shaped building presses close to the pavements, blocking out external sound and allowing a sheltered landscaped garden which included space for a Kabaddi court, believed to be the first in United Kingdom but sadly no longer used.

The light and airy 2,234m<sup>2</sup> building has a single, and a focal reception desk, used by all day visitors and outpatients. It is this single desk, open and prominent, and the spacious waiting area behind it, that act as the building's lynchpin, welcoming all visitors for whichever part of the centre they have come.

Around this communal reception area are many of the Centre's other shared facilities which include meeting, interview and activity rooms, all managed through a centralised booking system. From this area lead two clearly identifiable wings. One of these contains a single-storey family health centre, used by dieticians, chiropodists and a speech therapist, and for baby and children's clinics, family planning and, from time to time, a citizen's advice bureau. On a busy afternoon the centre hums with activity and has become a valuable meeting place for mothers and children.

The second - mental health - wing, operating 24 hours a day, is on two floors with a day centre, kitchen and dining room on the ground floor and a secure residential psychiatric ward on the second. This has single rooms, some with en suite toilet facilities, for 14 men, and shared common space. The centre's main offices are also on the second floor. These include home-base offices for district nurses, health visitors and members of the home treatment, primary care and psychological care teams.

In a relatively low-cost 'design and build' facility, space and light have been used to the full - the lofty atrium of the reception area, light grabbed from above the high corridor of the family health wing, and views of the garden giving a sense of Circadian rhythm for residential patients. The transition from the reception area to medical care is smooth.

## Design process

The Trust wanted the different elements of the new centre to co-exist in the same building, sharing facilities where this was practical but being separate where separation was required.

The architects' response was to create a light and airy building with one front door, used by all day visitors and outpatients, and a focal reception desk. This desk and the waiting area by it are key to the success of this building, providing a neutral unstigmatised space from which patients may move to whichever part of the building they have come to visit. This enabled full advantage to be taken of the L-shaped corner site and the creation of a simple but effective division of functions.



Neighbourhood consultation, including discussions with the local Imam, resulted in community commitment to the new building and the incorporation of special architectural features such as a designated waiting area for women.

Construction started in December 1992 and was completed in March 1994.

## Evaluation

The success of this busy centre is a victory for those who sought to break down the stigma of mental health and show that small units, close to the communities they serve, could not only operate effectively but could also offer an accessible local service in which mental and physical health were treated as equal.

As well as its deceptively seamless design, key to the success of this building is its single management, now by the newly formed Birmingham & Solihull Mental Health Trust that, in turn, leases space to the family health team. This ensures that the building is efficiently utilised and well maintained and its shared facilities effectively managed. After 11 years, three re-decorations and operating at full capacity, the centre still looks



fresh and bright, uncluttered by the plethora of scrappy notices that typifies so many NHS facilities.

MAAP's solution to the challenge of bringing family and mental health together is simple and effective. The flexibility of the internal construction future-proofs the building for changing requirements for space and function. This is a functional building but one which appears to work well and where the sharing of facilities has created a genuine community healthcare facility that gives equal concern for the health of both mind and body.

As recently as the early nineties, it was standard practice for mental health patients to be treated in an institutional environment, often in a hospital. Often the last to receive attention, mental health units were frequently the Cinderellas of the health service. As recently as the early 1990s, it was standard practice for mental health patients to be treated in an institutional environment, often in a hospital. Often the last to receive attention, mental health units were frequently the Cinderellas of the health service.

Shared facilities, like those built here, represented a new way of thinking in community care, both in terms of service and funding. The mutual benefits of the combined building are considerable and have provided a local service for all, regardless of the nature of their illness.

### **Key design features to look out for**

- Flexible space for use by other medical services.
- Welcome area used by visitor and outpatients.

### **Link and downloads**

- MAAP Architects: <http://www.medical-architecture.com/smallheathtext.html>

### **Contact for further information**

Building, 18 November 1994  
Hospital Development, July/August 1994  
Architecture Today, October 1994  
Designed with Care, CABE, 2006