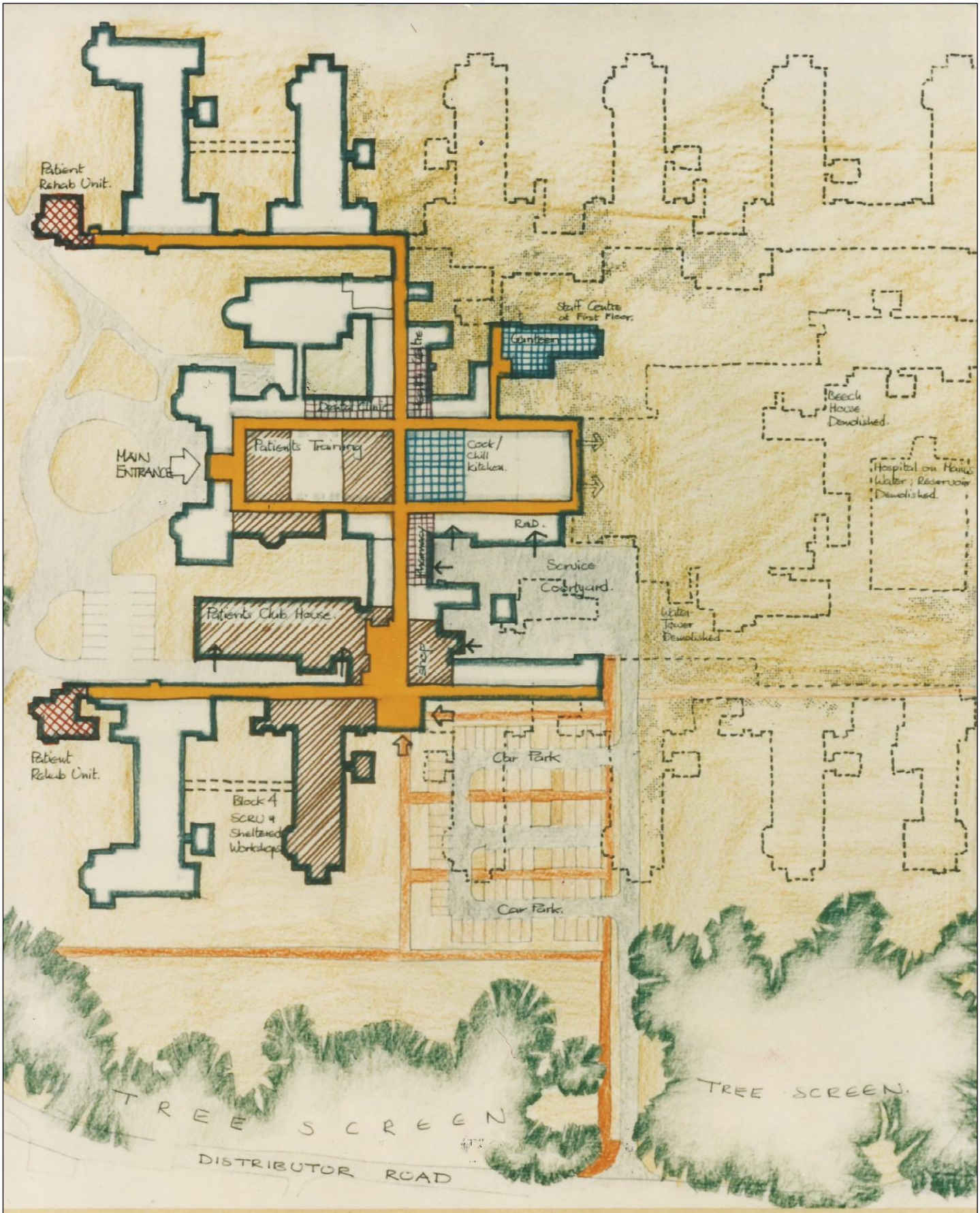

THE DEVELOPMENT CONTROL PLAN FOR LEAVESDEN HOSPITAL

NORTH WEST HERTFORDSHIRE HEALTH AUTHORITY
LEAVESDEN HOSPITAL; DEVELOPMENT CONTROL WORKING PARTY

MENTAL HANDICAP SERVICES UNIT
JUNE 1986

THE DEVELOPMENT CONTROL PLAN FOR LEAVESDEN HOSPITAL

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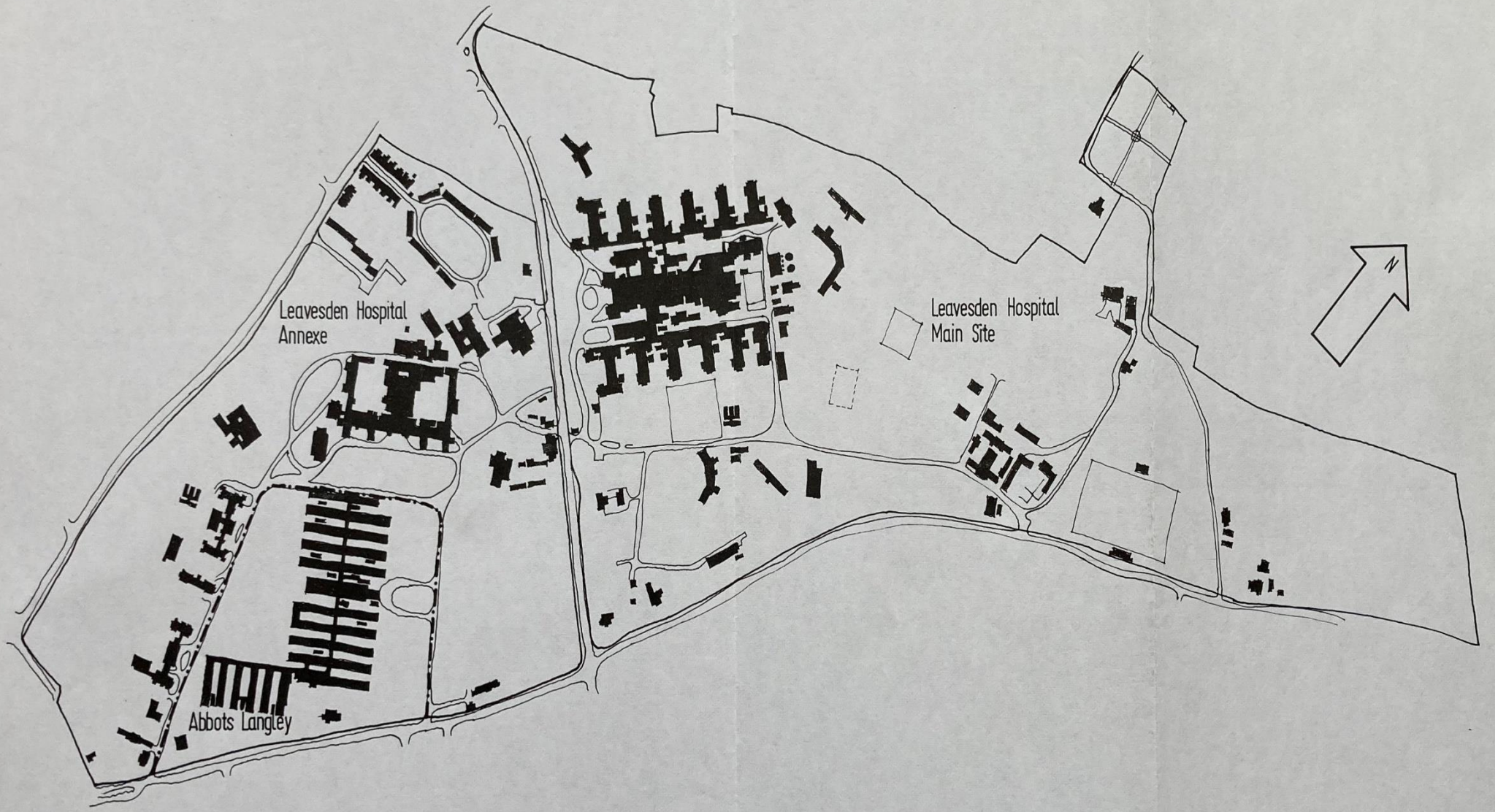

SITE PLAN AS EXISTING

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APPENDICES

THE DEVELOPMENT CONTROL PLAN FOR LEAVESDEN HOSPITAL

1 MEMBERSHIP OF SUB-GROUP

1.1 This report was produced for the Leavesden Hospital Development Control Plan Working Party and was compiled by the following members:

H. P. Dulley	Unit Administrator, Leavesden Hospital.
M. McKillop	District Building Officer, South West Hertfordshire Health Authority.
M. V. Re	Projects Co-ordinator/Deputy Director of Nursing Services, Leavesden Hospital.
I. Simpson	Consultant Architect.
S. Turner	Management Services Consultant South West Hertfordshire Health Authority.

2 SUMMARY

This Development Control Plan sets out the proposed plan for the rationalisation of Leavesden Hospital onto a single site to the North of College Road.

The plan contains a single option appraisal for the future pattern of development needed to achieve this objective. Proposals are made for the capital schemes necessary for the preferred option selected. An Estate Control Plan is included which sets out the extent of surplus land held at Leavesden Hospital and a timetable for its sale.

The objectives of the plan are clearly stated and recognise the current major constraints on capital and revenue.

3 INTRODUCTION

3.1 In February 1985 the South West Hertfordshire Health Authority published and widely circulated the Leavesden Hospital Development and Control Plan.

3.2 This plan covered the strategic issues as far as they were then known, the existing hospital and its condition, and then provided six options for future development, all of which proposed the closure of the Annexe to the hospital. As the report was published before the Regional Strategy for mentally handicapped people became known it was not considered possible to select the best option. It was felt that the Plan provided a useful basis for the discussion of Leavesden Hospital's future.

3.3 The Regional Strategy was published and approved in 1985 and the Region's subsequent "Health Services for Mentally Handicapped people - Policy Statement" said that "The Region has also said in its strategic plan that it aims to close one of the hospitals, probably Leavesden", and "It may be possible to achieve this by 1994 or it may take longer". The Strategy aims to provide care in the community for the patients and stresses "the careful way in which new services will be developed at a pace which the resources can match".

3.4 During 1985 the hospital was surveyed by Weatherall Green and Smith, who had been appointed by the Regional Health Authority property advisers. Following their report a meeting was held in February 1986, with Weatherall Green and Smith and representatives from the Region, District and the hospital. Weatheralls made proposals for the phased sale of land and it was agreed that the hospital should consider whether they were viable and report back. An interim report was made in May to the effect that most of the land could be sold in the stages proposed subject to certain conditions.

3.5 This Development Control Plan starts by identifying the future patient population and thereby the residential accommodation needed to close the Annexe in 1989. It then looks at the various options for developing the main siteand the proposals for sale of land.

3.6 A Development Control Plan is usually a report and a series of drawings which show the phasing of existing and proposed buildings on a hospital site, their main engineering services, functional relationships and the communications within and between buildings. There is overlap with the Estate Control Plan which shows future demolition, land sales, refurbishment, extensions and new buildings. This report combines the two elements of DCP and ECP with an option appraisal for the future pattern of development on the Leavesden site.

3.7 In the course of preparing the plan various assumptions have been made, and attention is drawn to these and also those capital schemes that need to proceed regardless of the decision to close the Annexe.

3.8 Finally, the Plan makes a series of recommendations, draws attention to further action needed and proposes a timetable for Leavesden Hospital to vacate the Annexe by 1989.

3.9 The sale of Leavesden Hospital land will realise a substantial capital sum. A small part of this sum will be required to effect the transfer of departments from the Annexe to the Main Site and improve facilities there.

3.10 It will take time for the various authorities concerned to design the necessary community care facilities and provide the necessary capital and revenue. It would not be expected that a significant number of patients would start to be rehabilitated in the community until about 1988/89. But, as the possible numbers are not known, no allowance for this has been made in this report. When these figures are known, they will increase the rate of reduction of patients numbers and shorten the stages of the Development Control Plan.

3.11 **Unit management**

3.11.1 During the course of the preparation of this report the responsibility for the management of Leavesden Hospital has transferred from South West to North West Hertfordshire Health Authority.

3.11.2 Leavesden has, with Cell Barnes and Harperbury Hospitals, become part of the Mental Handicap Services Unit within North West Hertfordshire Health Authority.

4 OBJECTIVES AND CONSTRAINTS

4.1 To assist in the development planning process a document was drawn up covering the objectives of the hospital and the constraints to planning. The objectives of the hospital were simply stated:

> "To provide care for patients in Leavesden until such time as they can be rehabilitated into the community".

4.2 The proposed constraints to the Development Control Plan are listed below:

1. Close Annexe by end 1989 and then sell land.

2. Effective use of existing buildings and resources both now and in the future. This should also ensure a workable relationship between departments.

3. To continue to improve the standard of care until a satisfactory level has been achieved e.g.

   a) Staff patient ratios.

   b) Ward environment, size and ground floor accommodation for the elderly and severely physically handicapped.

   c) Patient training/activities.

   d) Overall environment.

4. In addition making available capital and revenue for rehabilitation and resettlement.

5. West side wards and Block 2 and 4 will form a residual core which will be retained until no longer required.

6. Proposed rationalisation of accommodation within immediate area of Main Site of hospital.

7. Assumption of 90% occupancy of wards.

8. Present admissions and short term care will continue.

4.3 The key difference from the previous report is the suggestion that consideration should be given to containing any development within the immediate area of the buildings on the Main Site of the hospital. These proposals were agreed as the brief to the sub group of the Development Control Plan Working Party, subject to future discussion regarding the improvement of the standard of care.

5 PATIENT POPULATION PROJECTIONS

5.1 These are based on admissions, short stay admissions, deaths and discharges over the last 9 years.

5.2 In broad terms the current position may be summarised as follows:

1. An average of 33 patients are admitted each year.
2. Approximately 7.1% of current short stay admissions are retained as permanent residents.
3. Annually, in historical terms, 3.74% of patients are discharged.
4. The death rate for the population varies between a low figure of 2.43% and a high figure of 3.97%.

5.3 There are currently 1023 patients resident at Leavesden.

5.4 Based on a policy of no admissions and no short-term care beds, taken with an assumed high death rate, there could be a population of 787 patients at Leavesden in 1989. However, if admissions continue, and there is a lowering of the death rate to 2.43%, then the population of Leavesden could be as high as 920 in 1989.

5.5 No allowance has been made for the increased rate of rehabilitation of patients in the community, as no real figures are available for the period to 1995. The projections are dealt with in detail in Appendix A of the report.

6 PATIENT RESIDENTIAL ACCOMMODATION

6.1 Beds available on the Main Site in 1989

6.1.1 Allowing for a 90% bed occupancy, which has been achieved at Darenth Park Hospital, and may prove high, and for the 10 beds reserved for short stay patients, there will be 807 beds available on the Main Site at the end of 1989. This means a shortfall in beds of between 113 and 58. Appendix E indicates how this could be met by delaying the closure of Maple Unit in Abbots Langley Hospital, providing two halfway houses on the Main Site by conversion, more places in the community and group homes.

6.1.2 Also in Appendix E there is a plan giving the layout of all the Main Site wards and their bed numbers. These range in size from 10 on the Eric Shepherd Unit to 38 in Redwing ward, which has a mixed group of patients.

6.2 Need for ground floor accommodation

6.2.1 The majority of the patient population consists of the elderly, the profoundly handicapped and those with behavioural problems. These groups should all ideally have ground floor accommodation:

1) The elderly. Just over 400 residents are now over 60 years of age, becoming more fragile and less mobile.

2) The profoundly handicapped. Many are in wheelchairs and require a one to one escort, even where there is a lift.

3) The behaviourally disturbed. Although able to go up and down stairs, they do require a nearby controlled outside area for recreation and to relieve pressure.

6.2.2 On current bed numbers the ground floor bed accommodation on the Main Site is 309 including 13 beds in Redwing which could be lost if Redwing closes.

6.2.3 If the shortfall of ground floor accommodation is not to be made up by building new accommodation on the Main Site then this would need to be provided in the community. The need for ground floor accommodation could therefore be reduced by moving these patients, together with others, to community care.

6.2.4 If further ground floor accommodation is not provided then the patients quality of life will suffer as their opportunities for getting out of the ward will be much reduced. Some patients would move from ground floor to first floor accommodation with the closure of the Annexe. As time passes the demand for ground floor accommodation will inevitably increase because of the ageing patient population.

6.3 **Future ward sizes and occupancy**

6.3.1 It has been the Leavesden Management Team's policy for a number of years to reduce the ward sizes as the hospital population reduces. This Process has been temporarily halted to facilitate the transfer of residents from the annex to the main site.

6.3.2 When the annexe is closed and assuming existing ward mumbers and retention of Jasmine 28 and Redwing 38 the number of available beds will be as follows:

Available beds on Main Site	907
Less beds for short term care	10
	897

6.3.3 If a 90% occupancy is assumed, then the actual patients accommodated would be equal to: **807**

6.3.4 At this stage ward sizes would range from 2 wards of 10 to 5 wards of 30, with Jasmine 28 and Redwing 38.

6.4 **Ward size: Intermediate objectives**

6.4.1 When all residential and day care services have transferred to the Main Site, our intermediate objective should be to reduce all ward sizes to 20 and below. A lower occupancy will be needed for some client groups, i.e. behaviourally disturbed.

6.4.2 Assuming the loss of Jasmine, Redwing and Heather, the total available beds target would be 610 (see attached sheet).

6.4.3 Assuming a 90% occupancy and no short term care, this would leave 585 available beds when this objective is achieved.

6.5 **Future ward sizes: Long term objectives**

6.5.1 Ward sizes require further review when the target of 20 and below has been achieved, considering the type of client groups in residence at the time and the staffing resources available.

6.5.2 In 1980 the National Development Group for the Mentally Handicapped published a checklist of standards, which recommended that no more than twelve adults should be living together. Leavesden currently has the highest average ward sizes in the Region and averages 25 compared to 20 elsewhere. Apart from the general need to improve standards, some special need groups must have smaller wards eg. behaviourally disturbed.

6.5.3 When all residential and day care services have been transferred to the main site, the next target should be the reduction of ward sizes. The pace at which ward reduction is achieved will depend initially on the need for decant facilities for maintenance and decoration of wards, it also will depend on ward staffing levels as the smaller ward requires a higher staff patient ratio.

7 PATIENT TRAINING/OCCUPATIONAL THERAPY AND EDUCATION

7.1 At present daytime training and recreational activity at Leavesden is available to only 70% of the patient population. Of those with places:

1. Approximately 440 patients are supervised by the Patient Training Department
2. 180 attend Occupational Therapy sessions
3. 260 attend school/adult education at SpringfieldSchool
   NOTE: only 22 of the above are in full-time education: 230 attend School and Patient Training or Occupational Therapy, 55 attend Art Therapy
4. 27 are employed outside the hospital
5. 43 are employed in wards or service areas of the hospital

7.2 Many patients receive no more than 5 x half day sessions per week. This is considered to be the minimum acceptable level. Of the 30% without places, 137 are under the age of 60 and 183 are over 60.

7.3 The present allocation of space for Patient Training, Occupational Therapy and Education needs is as follows:

Annexe Site		Activity	Main Site
955 m^2	OCCUPATIONAL THERAPY	Social and Education Unit (SERU)	
		Special Care Unit (Male OT)	485 m^2
		Elderly Care Unit (Block 15)	420 m^2
562 m^2	PATIENT TRAINING	Patients Club House	
186 m^2		Progressive Development Unit (PDU)	
		Sheltered Workshops & Pottery	
616 m^2		Toy Store, Soft Play	
35 m^2		Remedial Gym	
200 m^2		Secure Workshop	560 m^2
		Brambles	202 m^2
		Rural Craft (buildings)	100 m^2
		Art Therapy	100 m^2
1017 m^2		Springfield School	
381 m^2		Adult Education	
4205 m^2		TOTAL AREAS	1867 m^2

7.4 It can be seen from the above that in terms of areas the Annexe currently provides accommodation for approximately 70% of the Daytime Activities offered to patients, in addition the Patient Training staff offices are located in the Annexe building.

7.5 Clearly by 1989 if the composition of the population remains similar then there will still be a need to improve on the percentage of patients currently receiving training. If say, 80 of the very elderly and sick were not able to take part in activities, there would still be approximately 785 to 840 patients to receive training.

7.6 In terms of area such a requirement could lead to a vast increase of between 5-6000m^2 projected pro rata against the current allowance.

7.7 This however can be sensibly modified to around 2,800m^2 by consideration of the individual needs of the sub-departments concerned (see Appendix E).

7.8 Clearly there is still a short-fall of between 100 - 150 patients not covered by the above. Of these 60 - 70 will be involved in full-time employment while the remainder will depend on adult education for their daytime activity. Hence there is need to provide a replacement for Springfield School and the Adult Education Centre on the Main Site. However it is anticipated that the extent of this reprovision could be limited in extent. As patient numbers decline there will be less pressure on the remaining training facilities on the Main Site. This accommodation can therefore be substantially reduced from that needed currently to approximately 300 - 400m^2.

8 LAND SALES

8.1 The hospital and its land is currently located in the Green Belt between Abbots Langley and Garston. The future use of the site is subject to the review of the County Structure Plan, now taking place.

8.2 The site is divided by a road into the Main and Annexe Sites, their areas are 82 and 60 acres respectively and they include large areas of agricultural land, the largest being on the Main Site.

8.3 The Annexe Site already has housing along two of its boundaries, one side includes staff housing.

8.4 Originally the hospital patient population was in excess of 2,000 and as recently as 10 years ago it totalled 1,500. Now that its numbers will shortly fall below 1,000, there is clearly a need to vacate accommodation and land. A programme for land sales has been drawn up with Weatherall Green & Smith and is shown in Appendix B. From this it will be seen that the immediate land sales will be relatively minor, but when the Annexe is vacated by North West & South West Districts the proceeds could be many millions of pounds, with further sums later from the sale of parts of the Main Site.

8.5 Approval will need to be sought by means of a consultation document to the principle of closure of the Annexe Site. The link with the closure of Abbots Langley Hospital, also on that site, and the provision of alternative beds for the elderly in South West District could result in some delay in selling parts of the site. This has been anticipated in the current programme, but it will need to be reviewed as the programme proceeds.

8.6 The Town Planning issues are covered in more detail in Appendix B of this report.

9 OPTION APPRAISAL FRAMEWORK

9.1 Statement of the problem

9.1.1 From the previous sections of this report it can be seen that the problem of determining the future development of Leavesden Hospital is complex and does not have a single simple solution. The various elements of declining patient population, availability of suitable patient residential accommodation on the Main Site and the imbalance in patient activity spaces between the main site and the Annexe have been analysed. The need for reduction of the amount of land owned by the Health Authority at Leavesden Hospital has been investigated. Other issues concerning ward sizes and the need for ground floor accommodation have been mentioned in previous sections of this report. All these elements combine to give a view of the complex problems tackled by this report.

9.1.2 A simple summary of the problem can be made as follows:

1. There is insufficient training accommodation on the Main Site to meet the current needs of patients following transfer of wards from the Annexe.

2. When, by 1989, all the patients are to be accommodated on the Main Site, insufficient beds are available to provide any spare capacity to allow decanting.

3. There will also be a drop in standards in that patients previously accommodated in ground floor wards will be housed in upper floors.

4. The high average number of patients per ward to meet closure by 1989 will result in delay to reductions in ward sizes.

5. In the current financial climate there is a need to maximise the benefit of capital receipts from land sales while limiting the investment required tc release land for sale.

9.2 Techniques and method

9.2.1 The recommended method for option appraisal outlined in the recent draft revision to Capricode has been followed. The appraisal has been made by a multi-disciplinary team with substantial local knowledge of the hospital. A balance of hospital planning and estate management skills has been sought in selecting the membership of the working group. Advice on property matters has been available from Weatherall Green and Smith the property advisers to the North West Thames Regional Health Authority.

9.2.2 The technique of option appraisal is employed to demonstrate that the selected single option has been arrived at by a logical process of evaluation.

9.3 Constraints

9.3.1 There are, in addition, practical constraints to any plan which proposes extensive conversion and rationalisation of the existing buildings. These can be summarised in two main areas :

1. Building services

   Existing pattern of services distribution
   Water Supply
   Heating System

2. Building fabric

These are described in detail in Appendix F.

9.4 Planning objectives

9.4.1 The major planning objective of any of the following options, in addition to the overriding hospital objectives, is to achieve a clear pattern of site circulation of vehicles and pedestrians so that the layout of the site and buildings can be easily understood by patients, visitors and staff.

9.4.2 A secondary objective is to zone the departmental areas of the hospital in a logical way.

9.4.3 These and other objectives common to all the options are described in Appendix G.

9.5 Option appraisal

9.5.1 Six options have been considered which cover three broad outlines of future development. An option which involves "doing nothing" has been included for completeness.

9.5.2 The three broad outlines for the future development can be summarised under the headings :

Conversion of existing accommodation

Combination of conversion and new buildings

New building

9.5.3 Various unconventional approaches to the financial provision necessary to meet the programme are included in the options and can be summarised as:

Unconventional "turnkey" funding

Allocation of funding with priority to Community schemes

9.5.4 Obviously, it is impossible to envisage options which fall entirely into these sets of categories. The options proposed therefore contain a mixture of the above strategies

9.5.5 The six selected options are as follows :

1. **Do Nothing**

   No additional capital investment, relies on rate of decline in patient numbers alone to reach objectives.

2. **Displace support services**

   Conversion of existing accommodation for support services to training facilities: capital investment required elsewhere in the District to re-provide support services on a District-wide basis.

3. **Flexible space allocation**

   Conversion of existing under used space and some ward areas and support services: in addition capital investment is limited to the minimum needed to reach the objectives.

4. **New-build on-site activity spaces**

   Elements of Option 3 are combined with limited new-build day-time activity spaces to maximise the use of available ward areas: there is no requirement for capital investment to replace support services elsewhere in the District.

5. **New-build off-site daytime activity spaces**

   As with Option 4, conversion and rationalisation on the Main Site is combined with new day-time activity spaces provided within the community: revenue consequences for patient transport and patient escorting are high.

6. **New patient residential accommmodation**

   New homes designed for the needs of the patients increase the availability of ward areas for conversion to daytime activity space: this option has the highest level of capital investment. As in Option 3 the possibility of "turnkey" finance exists.

9.5.6 All the options considered are evaluated against the stated objectives and constraints set out in this report. The likely consequences of each option in terms of capital investment and revenue required to implement the plan are assessed. In each case the relative probability of achieving the major constraint of vacating the Annexe site by 1989 is stated. Together with the advantages and disadvantages of each option.

9.6 OPTION ONE

DO NOTHING OPTION

9.6.1 This option maintains the current situation. The option fails to achieve the objectives set out in Section 4.

9.6.2 None of the capital investment necessary to vacate the Annexe would be required, however, the standards of care would need to be maintained. Much of the capital investment to be introduced in Section 10 will be needed to maintain standards. The land sales for underused parts of the site could proceed. The receipts from such sales might balance the requirement for additional improvement. There would be no scope for rationalisation of service, and none for releasing larger areas of the site. There would be no scope for cost improvements or other revenue savings.

9.6.3 This option assumes incorrectly that to carry on with the existing arrangements is satisfactory. The ward closure programme on the Annexe would be slowed down because of the lack of patient training facilities on the Main Site. This, together with the need to maintain more buildings will reduce future revenue savings substantially. The benefits of a compact site, eg. escorting of patients, will be lost.

9.6.4 This option is unlikely to achieve the main objective of vacating the Annexe in 1989. It has no advantages and many disadvantages. This option is therefore clearly unacceptable.

9.7 OPTION TWO

DISPLACE SUPPORT SERVICES

9.7.1 This option maximises the use of all patient residential accommodation on the Main Site as currently available. Hence in 1989 there would be 907 places.

9.7.2 Patient Training, Occupational Therapy and Educational needs would be dependent for transfer on the displacement of support services areas. The Recreational Hall ($530m^2$), Supplies Department ($556m^2$) and Domestic Services Training Centre ($91m^2$) would provide part of the requirement, but the shortfall of $2,900m^2$ (see Section 7 on Patient Training) will be linked to the availability of the following areas for conversion:-

a) Laundry ($1100m^2$)
b) Kitchen ($600m^2$)
c) Clothing Department ($770m^2$)
d) Central Furniture Stores ($350m^2$)

9.7.3 In 1989, if the death rate, discharges and admission policy remain as predicted in Section 5, then there will be a shortfall of between 58 and 113 places. Hence the ability to vacate the Annexe in this scheme is dependent on:

a) Reducing admissions
b) Increasing the rate of transfer of patients to the community
c) Rationalising support services policy (in particular Kitchens and Laundry) elsewhere within the new Mental Handicap Unit.

9.7.4 The major problems with this option are:-

a) It is very dependent on other projects outside the control of the unit in order to achieve targets.
b) It is the option least likely to satisfy the objectives and constraints set out in Section 4 as the lack of availability of accommodation will constrain the allocation of spaces to appropriate functions.
c) It will bring new lasting uses into the service core area of Leavesden Hospital, therefore making the ultimate planned run-down of the hospital more difficult to carry through.

9.7.5 Considered across the District the level of capital investment required is high. New support services are required at high cost, in addition to the costs of conversion of the existing buildings. Although the new centrally provided support services would offer revenue savings, the revenue consequences of this option at Leavesden Hospital are not significant.

9.7.6 This option is unlikely to allow the Annexe to be vacated by 1989.

9.8 OPTION THREE

FLEXIBLE SPACE ALLOCATION

9.8.1 The major difference between this and the previous option is that wards as well as support service and other non-patient areas will be considered for conversion to cope with transfer of Patient Training and OT from the Annexe.

9.8.2 This allows marginal scope for greater flexibility in planning, helping to improve suitability of accommodation for use. However, where existing ward areas are lost for patient residential accommodation particularly during the rationalisation period 1989-95, there will be a need to reprovide this accommodation. This option is highly dependent upon the progress made in discharging patients to the community. Any reduction in admissions will help to reduce this dependency but cannot remove all risk of delay to the programme. It appears unlikely that this option would achieve the objective of vacating the Annexe by 1989.

9.8.3 The level of capital investment required in this option is less than that required for Option Two as the ward areas considered for conversion can be reprovided as housing at less cost than for support services. Revenue savings are possible with this option.

9.8.4 Option Three has the main disadvantage of requiring a reduction in ward areas. The loss of ground floor accommodation would be a major disadvantage.

9.9 OPTION FOUR

NEW-BUILD ON-SITE ACTIVITY SPACES

9.9.1 This option suggests the provision of new single storey low cost system built units to accommodate the shortfall in Patient Training, Occupational Therapy and educational requirements on the Main Site. It uses available space without the need to convert support services spaces by 1989. In turn this maximises the use of all existing available patient residential accommodation as in Option One. Hence the beds shortfall will be the same but the ability to vacate the Annexe totally will have improved.

9.9.2 To reduce the cost to a minimum, simply planned accommodation is envisaged which would be located close to the existing infrastructure of the hospital.

9.9.3 The input of additional accommodation introduces a more flexible approach that was not possible in any of the previous options. Significantly, in the post 1989 main site rationalisation period, when buildings in the service core area become available, this option will result in earlier opportunities to commence demolition. This will allow the introduction of soft landscaping to the centre of the site, with benefits for the patients environment.

9.9.4 The new accommodation would serve the hospital for many years, only becoming unnecessary when training needs could be catered for within the residual area of the hospital. At such time the buildings could be used for some other purpose. It has been suggested that the provision of this accommodation could be made a condition of an option to purchase land as part of a phased sale of land. This "Turnkey" financial package proposal requires further investigation.

9.9.5 This option achieves all but one of the stated objectives. It is feasible within the timescale and likely to achieve the objective of vacating the Annexe by 1989.

9.9.6 The capital investment required, if "Turnkey" arrangements are possible, is relatively low. Revenue savings are possible with this option.

9.9.7 The main advantage of this option is the lack of interdependence with progress on other schemes both in the community and the District. It also provides new purpose-built accommodation for training purposes sufficiently quickly to ensure that progress on ward closures is maintained.

9.10 OPTION FIVE

NEW-BUILD OFF-SITE DAYTIME ACTIVITY SPACES

9.10.1 This has most of the benefits of Option 3, but unless NHS land is available there will be site purchase costs to add to the capital investment package.

9.10.2 The option anticipates future training needs and would serve a discharged, dispersed residential District-wide population very effectively.

9.10.3 Should needs reduce or patterns of training/daytime activity change then the buildings, if suitably located, should be easy to sell off on the open market.

9.10.4 The major problem, particularly in the short term, would be the need to bus patients in and out leading to heavy charges on revenue.

9.10.5 In addition it would divide the training departments at a time when the need is for greater sharing of resources.

9.10.6 This option is included to emphasise the difficulty of any decision to restrict capital investment at Leavesden Hospital. If the decision is taken to allocate funds for the reprovision of patient training accommodation off site then clearly the community mental handicap programmes would benefit. By extension, other investment would be needed for homes to be provided close to training areas if all the funds were to be allocated in the community. Fundamentally a more complex task than merely closing the Annexe. It also relies heavily on the willingness of South West and North West Herts Health Authorities to take a substantial proportion of Leavesden patients into their community.

9.11 OPTION SIX

NEW PATIENT RESIDENTIAL ACCOMMODATION

9.11.1 In addition to the various benefits of the previous options this has the added attraction of providing new purpose built patient residential accommodation in locations which would readily improve standards for most of Leavesden's patients.

9.11.2 If a minimum of 100 units were constructed then in conjunction with say Options 3 or 4 this would ensure that the Annexe site could be completely vacated by 1989 without any dependence on changes to the admissions or discharge rate for the hospital.

9.11.3 The provision of new single storey units extends the availability of ground floor accommodation to more patients thus improving the overall suitability of space usage.

9.11.4 Due to the reduction in pressure on existing accommodation this option offers the greatest freedom for planning the ultimate closure of the hospital.

9.11.5 The new residences would eventually form the main part of the residential elements of the hospital prior to its closure, allowing the hospital in its current form to ultimately disappear. At this point if the remaining population were moved then the District would be left with an asset which could be used as community sheltered housing or alternatively sold off on the open market.

9.11.6 The main problem with this scheme is that it requires major capital investment well above that envisaged in the previous options. As with Option Four, a "turnkey" package method of financing is possible with this option. It is the option most likely to enable all the stated objectives to be reached.

9.12 Selection of preferred option

9.12.1 From the table overleaf it is apparent that the clearly attractive option, from the point of view of the hospital, will be Option Six. This provides the greatest benefits to those patients who will have to remain at Leavesden for the longest time. However, it is the most expensive option by a considerable margin. It must be argued that the more that is spent on improving facilities at Leavesden the less will be available (from extremely limited resources) to spend on enabling patients to be transferred into the community. Nevertheless an asset is produced which will serve the District well beyond the closure of Leavesden Hospital or alternatively one that can be sold on the open market to raise capital. "Turnkey" funding could make this option more attractive still. The possibility is also available to provide an innovative integrated scheme with housing for sale alongside homes for the mental handicap patients.

9.12.2 Options Two and Three are very inflexible, the pressure on accommodation being so great that use has to be made of all space as it becomes available regardless of functional suitability. The greatest danger of these options is the problem of planning blight, i.e. identifying desirable strategies but being unable to fulfil them due to the tightness of a programme which leaves no room for manoeuvre. It could be necessary, although undesirable, to move functions a second time later on in the process of rationalisation.

9.12.3 In addition, programming rationalisation on one single site followed by a phased closure is difficult because so much dependends on outside agencies effecting the necessary admissions and discharges. A further difficulty is the need to seek funding to enable District to reorganise support services.

9.12.4 Option Five's main disadvantage is that it creates problems of busing and escorting patients between different sites both requiring higher staff patient ratios and increasing revenue costs.

9.12.5 The range of acceptable options is reduced by this initial assessment to a pragmatic choice of Option Four. The selection of this option, based on the provision of new daytime activity facilities, enables a greater degree of flexibility in planning the future. It is unlikely to lead to any blight, or the need for later second moves. It also gives the Unit Management a greater degree of control over the programme for the vacation of the Annexe. This option has been worked up in greater detail to test its viability. A short description and drawings follow in the next section.

EVALUATION CRITERIA / OPTIONS	Option (1) Do nothing	Option (2) Conversion and alteration dis-placing support Services	Option (3) Conversion and Alteration generally	Option (4) As Option (3) + Provision of Permanent Daytime Activity Re-sources	Option (5) As Option (3) + Provision of Per-manent Daytime Activity Re-sources off site	Option (6) As Options (3)(4) or (5) with provision of new residential accommodation
Capital Costs	Nil	Low/Medium	Low/Medium	Low/Medium	Low/Medium	High
Revenue Costs	No immediate savings	Enables savings	Enables Savings	Good savings possible	Reduces savings compared with 4	Good savings possible
Effective use of Resources	Only effective if discharge rate substan-tially increased	Moderately effective	Moderately effective	Effective ← →		Very effective
Whether Annexe can be vacated by 1989	No	No	←	Still requires conversion of non ward areas to ward Accommodation → to succeed		Excellent prospects
Standard of Patient care i) Staff/Patient ratios ii) Environment	No Improvement	(i) ← Improvement →			No improvement →	
		(ii) No improve-ment	Some improvement ← →		Improvement	Vast improve-ment
Likelihood of meeting Objectives	Unlikely	Moderate chances ← →		Good prospects ← →		Excellent

9.13 Option four strategy

9.13.1 The future pattern of development for Option Four can be broken down into phases:-

Phase One: Rationalisation of accommodation onto the Main Site.

Phase Two: Consolidation on the Main Site until 1995.

Easing the bulge: regaining decanting facilities: containing ward size reductions releasing Area B: closing Block 15: closing the Laundry.

Phase Three: Closure rear blocks of the Male Wing. (East side).

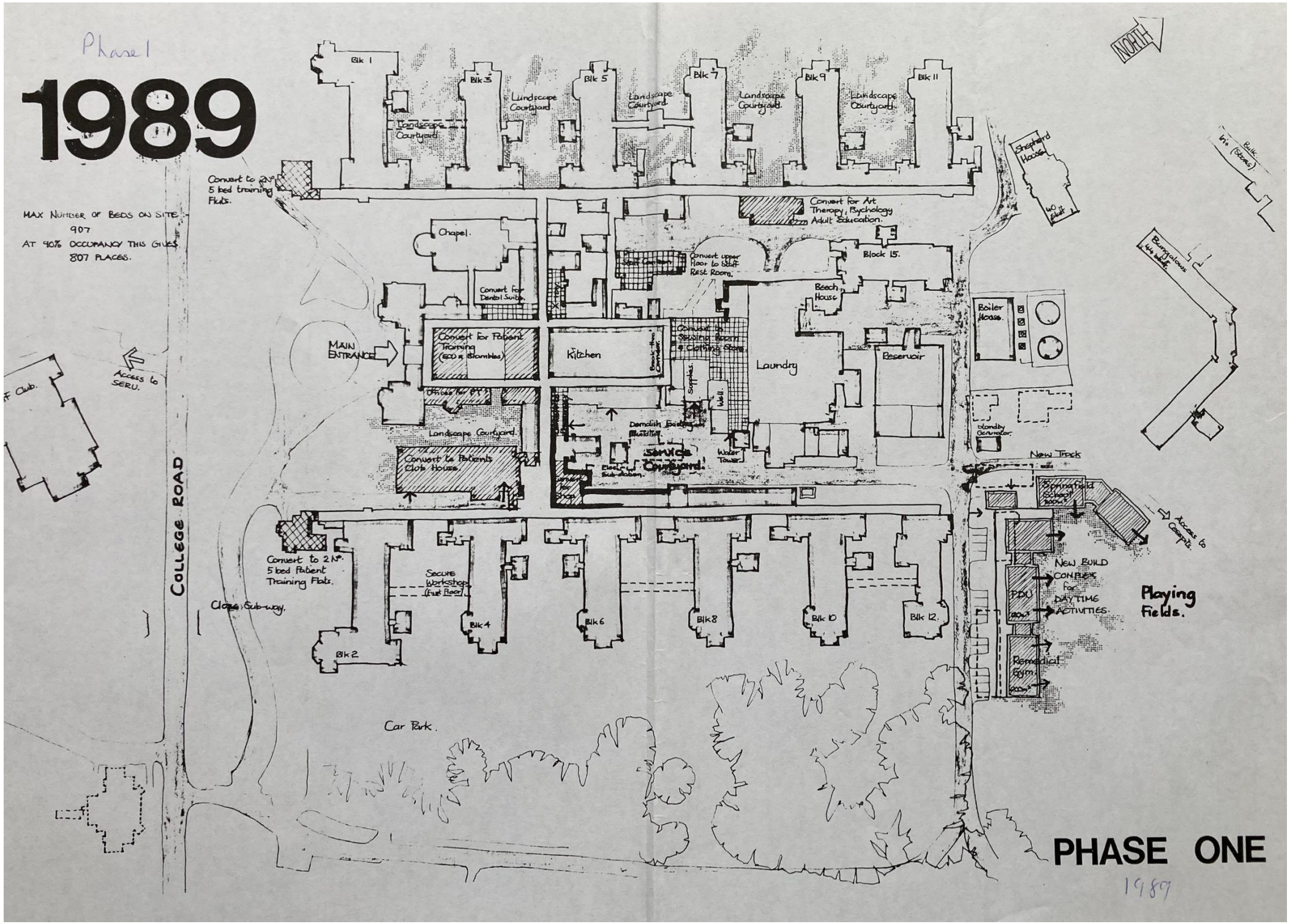
Phase Four: Contracting to a 150 bed hospital: rationalising services: closure of the rear blocks on the Female Wing. (West side).

9.13.2 The following drawings show the four phases of the plan. Further work has been included in Appendices C and D setting out the capital cost of the schemes required and an initial assessment of the feasibility of the programme and resources available. More work is in progress to provide a detailed assessment.

Phase 1

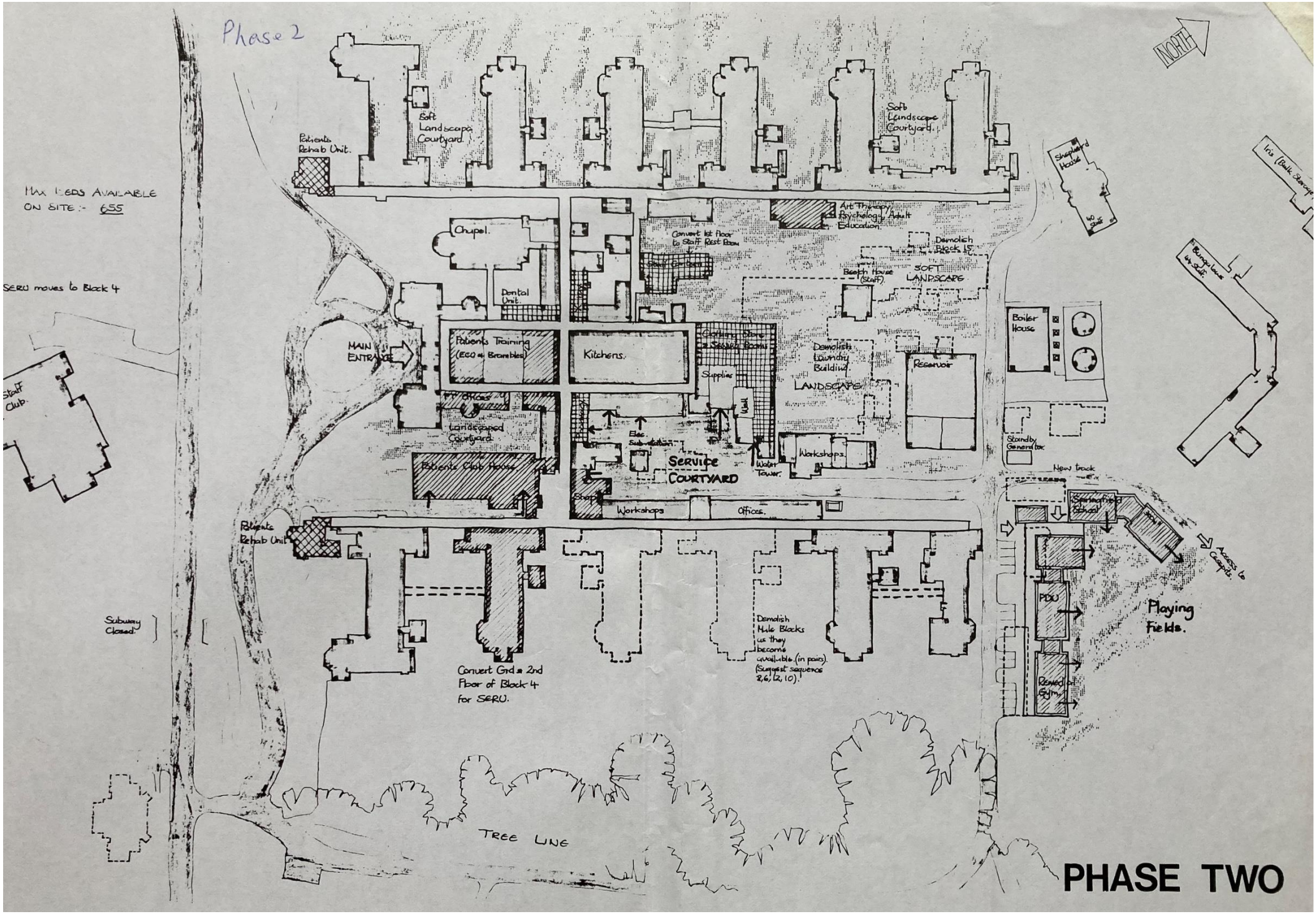
1989

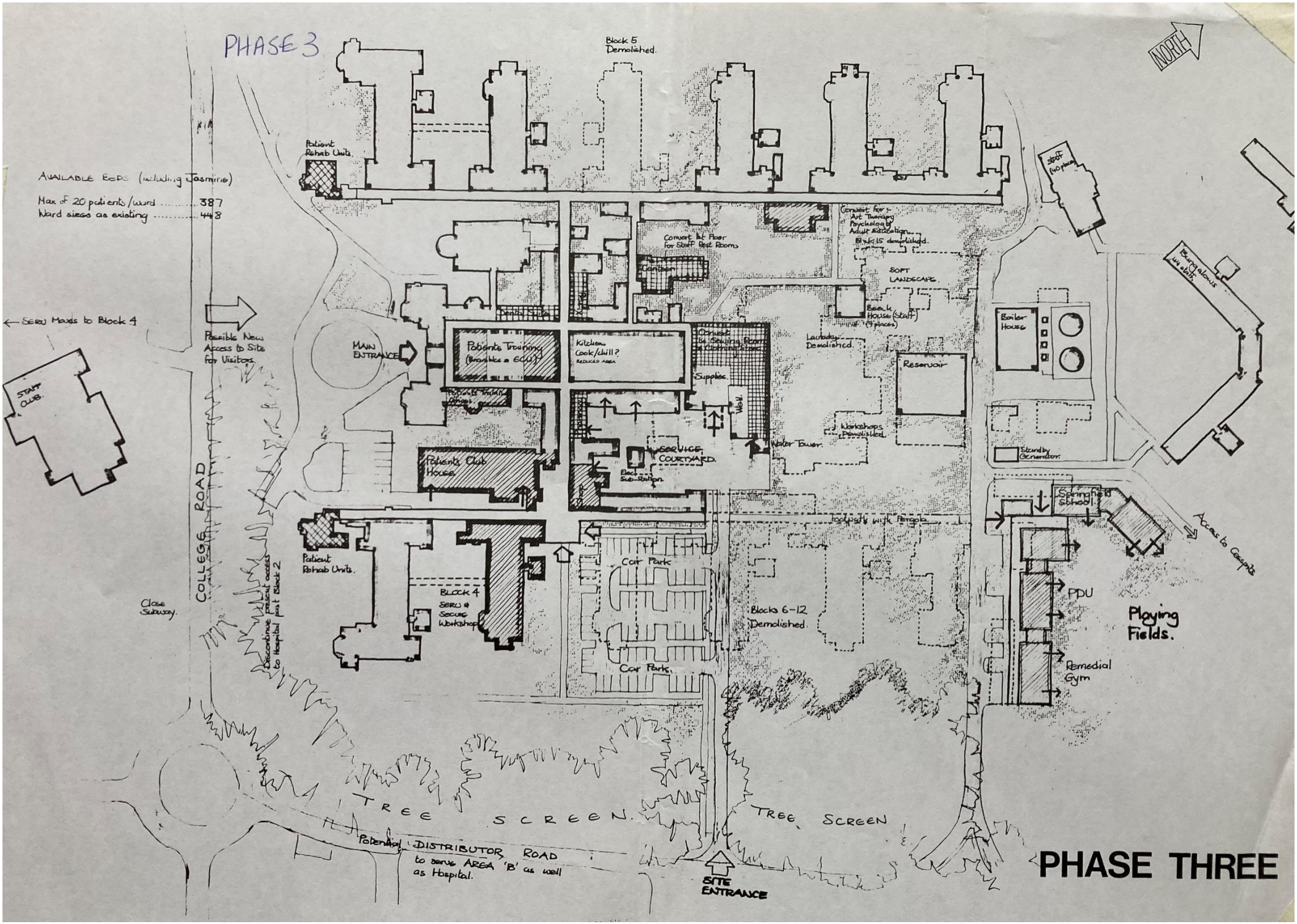
MAX NUMBER OF BEDS ON SITE
907
AT 90% OCCUPANCY THIS GIVES
807 PLACES.

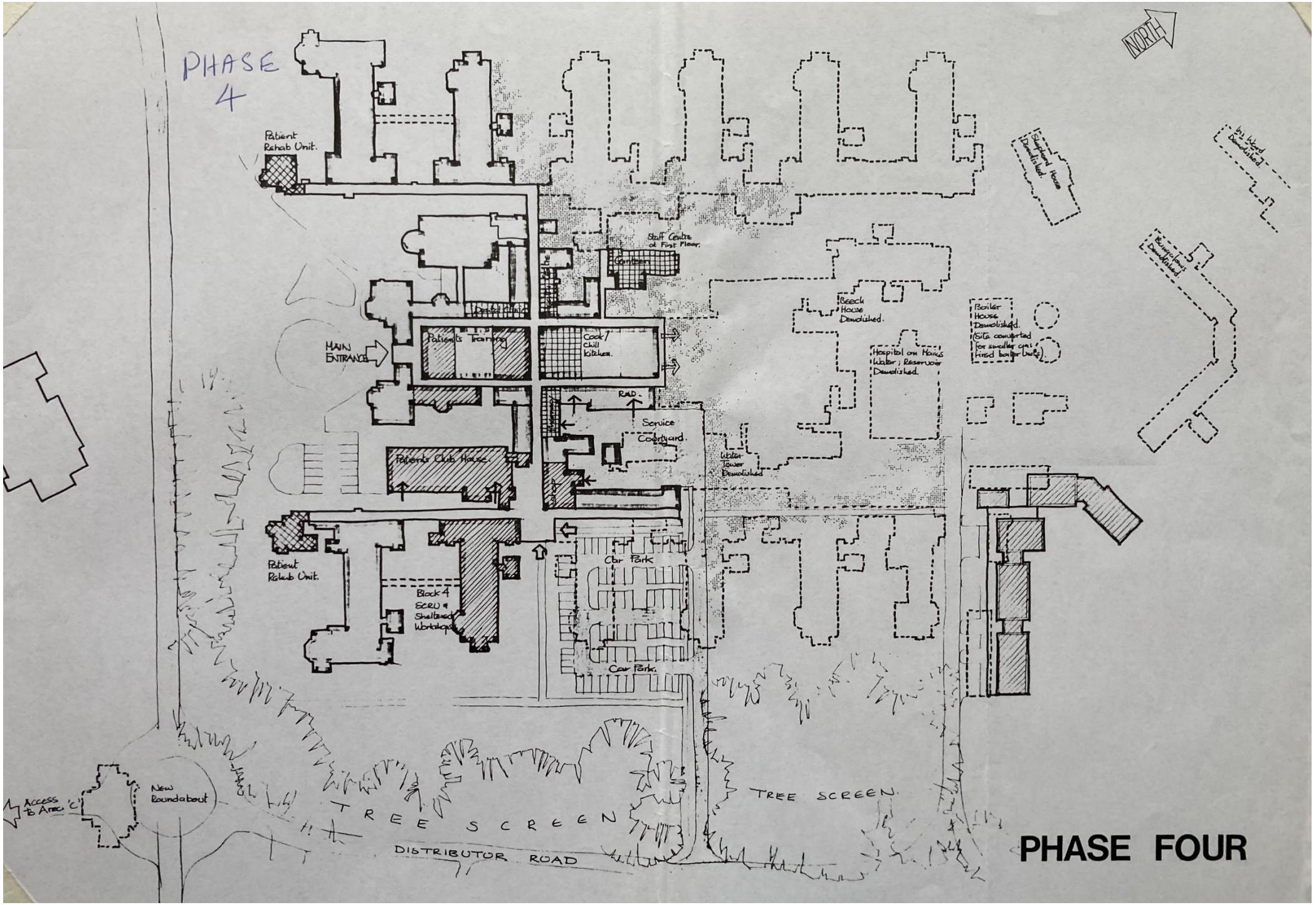


PHASE ONE

1989


Phase 2
MAX BEDS AVAILABLE ON SITE :- 655
SERU moves to Block 4
Staff Club.
Subway Closed
NORTH
Soft Landscape Courtyard.
Patients Rehab Unit.
Chapel.
Dental Unit.
Convert 1st floor to Staff Rest Room
Art Therapy Psychology / Adult Education.
Demolish Block L5
Beech House (Staff).
SOFT LANDSCAPE
Shepherd House
Iris (Bulk Store)
Bungalows to Stay.
Boiler House
Reservoir
Demolish Laundry Building.
LANDSCAPE
Clothing Store & Sewing Rooms
Supplies
Wall
Patients Training (ECO & Brambles)
MAIN ENTRANCE
Kitchens.
Offices
Landscaped Courtyard.
Patients Club House
Elec. Sub-station
SERVICE COURTYARD
Water Tower.
Workshops
Standby Generator
New track
Shrewsbridge School
Steps
Workshops
Offices.
Patients Rehab Unit
Access to Chapel.
PDU
Playing Fields.
Convert Grd & 2nd Floor of Block 4 for SERU.
Demolish Male Blocks as they become available (in pairs). (Suggest sequence 8,6,12,10).
Rented Gym
TREE LINE
PHASE TWO


PHASE 3
Block 5 Demolished.
NORTH
Patient Rehab Units.
AVAILABLE BEDS (including Jasmine)
Max of 20 patients/ward 387
Ward sizes as existing 448
← SERU Masks to Block 4
Possible New Access to Site for Visitors.
MAIN ENTRANCE
Convert 1st Floor for Staff Rest Rooms
Convert for:- Art Therapy Psychology Adult Education
Block 15 demolished.
SOFT LANDSCAPE.
Snack House (staff) (9 places)
Laundry Demolished.
Boiler House
Reservoir
Patients Training (Bramble & ECDU)
Kitchen Cook/chill? REDUCED AREA
Convert to Dining Room & Clothing Store
Supplies
Patients Training Others
Well
Workshops Demolished
Water Tower
SERVICE COURTYARD
Patients Club House
Elect. Sub-Station
Standby Generator
Spring School
STAFF CLUB.
COLLEGE ROAD
Close Subway.
Discontinue present access to Hospital past Block 2
Patient Rehab Units.
BLOCK 4 SERU & SECURE Workshops
Car Park
Blocks 6-12 Demolished.
Car Park.
Footpath with Pergola
Access to Campus
PPU
Remedial Gym
Playing Fields.
TREE SCREEN.
TREE SCREEN
Potential DISTRIBUTOR ROAD to serve AREA 'B' as well as Hospital.
SITE ENTRANCE
PHASE THREE


PHASE 4
NORTH
Patient Rehab Unit.
Staff Centre at First Floor.
Beech House Demolished.
Boiler House Demolished. (Site converted for smaller gas fired boiler units)
Hospital on Hills Water; Reservoir Demolished.
MAIN ENTRANCE
Patients Training
Cook/ Chill kitchen.
RAD.
Service Courtyard.
Patients Club House.
Water Tower Demolished
Patient Rehab Unit.
Block 4 SCRU & Sheltered Workshops
Car Park
Car Park.
Access To Area 'C'
New Roundabout
TREE SCREEN
TREE SCREEN.
DISTRIBUTOR ROAD
PHASE FOUR

10 OTHER CAPITAL INVESTMENT

10.1 Consideration has been given in Appendix C to the capital schemes required to provide additional patient accommodation and training accommodation on the Main Site in order to vacate the Annexe.

10.2 In addition, and separate to this the development control plan also sets out the priorities for maintaining and upgrading ward accommodation on the Main Site which is to be retained beyond the short term. A reasonable return on investment can be obtained for projects on the female corridor and particularly on the four blocks at the front entrance to the hospital. These blocks have a minimum of a fifteen year life remaining. The following schemes should therefore form part of any continuing programme of investment at Leavesden.

	£
1. Block 1: Aster, Acacia and Azalea Wards	993 000
2. Block 3: Bryony Ward	324 000
3. New Lift and Stairs between Blocks 1 and 3.	300 000
4. Extend steam main to Block 1. Complete steam main between Administration Block and male corridor.	62 700
5. Improve heating system to Block 3 and the Administration Block	216 700
Total =	**£ 1 896 400**

10.3 These schemes will allow adequate standards of care to be maintained for the elderly and offer revenue savings on maintenance and energy. Scheme number 1 is required to complete the provision of locked accommodation started with the Regional intensive care unit accommodation in the Eric Shepherd Unit in Block 2.

11 CONCLUSION

11.1 The aims of this plan were set out in the summary and introduction. Within the constraints laid down, the plan shows that it will be possible to subsequently withdraw into the curtilage of the hospital and achieve the interim land sales proposed by Weatherall, Green and Smith. This meets the objective of caring for patients until they are rehabilitated and re-settled in the community.

11.2 In maximising land sales and minimising the cost of achieving these sales the assumption has been made that the hospital will close in approximately 15 years time and that the emphasis on improving services will be in the community. It would therefore follow that the capital that has been released should be used primarily to provide community care accommodation and to make the necessary changes to vacate land at Leavesden and carry out the remaining limited improvements. Creative use of the available assets of land and buildings could lead to a reduction in the overall cost of this plan to the capital programme. The effect could be to reduce the level of investment from the NHS necessary to release land for sale and, at the same time, to provide essential facilities for the hospital.

11.3 The progress in providing community care schemes is likely to be limited by the availability of revenue from Region, the receiving Districts and Leavesden. The current proposals from Region for the transfer of funds will affect this.

11.4 It is vital that through the various stages of closure of the hospital standards are both maintained and improved. This particularly relates to staffing levels, ward environment, patient training/activity and the overall environment. Standards have substantially improved since the early seventies but more needs to be done. It is not possible for an organisation to remain static. The care provided at Leavesden will either continue to improve in line with modern day standards or it will regress with potentially serious consequences. Even though it is to be hoped that some staff will play a major part in the key development, the rehabilitation and resettlement of patients, others will be needed to care for the remaining patients and should have the resources to make improvements to the service.

11.5 Various assumptions have been made in drawing up this plan and these have been listed in Appendix E. Should these assumptions at some later date change, for whatever reason then they will affect the rest of the plan.

11.6 There are a number of factors that are critical to vacating the Annexe by 1989, which is the first objective of the plan. These include achieving at least the patient population projection reductions, early agreement on the necessary capital investment, the resources to achieve the completion of a very heavy capital programme within the next 2 1/2 years and that facilities are provided to meet the shortfall of patient residential accommodation on the Main Site. The land sale programme is also dependent on South West Hertfordshire Health Authority vacating Abbots Langley Hospital by 1991. This will have implications for the timetable for closing the Annexe. If this timetable is extended then the proposed capital programme (See Appendix C) could be spread over a longer period. There would still be an imbalance of patient training accommodation but there would be a need to review the capital programme, particularly if a significant number of patients had been rehabilitated and resettled in the community by then.

11.7 The preferred option outlined in this report will, if the following recommendations are adopted, enable all except one of the stated objectives to be achieved by the target date of 1989. The preferred option fails to fully satisfy the need for additional ground floor ward accommodation.

11.8 The function of this report is to act as Development Control Plan, Estate Control Plan and single option appraisal for the recommended capital schemes to reach this goal. It will not be possible to meet any of the stated objectives without adopting a large proportion of the attached recommendations. Clearly, it would be unrealistic to expect any Development Control Plan to remain as a static document and it will be essential to continue to reappraise the plan as circumstances change.

11.9 The Leavesden Hospital Development Control Plan is possibly unique in that it deals with the closure of a large Annexe to a Hospital. Other large institutions have faced the problems of declining population and disposal of surplus land and buildings. At Leavesden the approach has been to match the resources of land and buildings as closely as possible to the declining population and, at the same time, rationalise the accommodation onto a single site. It follows that there is therefore an inevitable cost involved in releasing the Annexe land with its substantial value.

12 RECOMMENDATIONS

12.1 Recommendations for action now:

1. Approval be given to the land which currently accommodates the Annexe to the hospital being vacated by the end of 1989 and sold (See Appendix B).

2. The broad strategy of the plan on the Main Site is agreed, together with the land sale programme (See Appendix B).

3. Approval be given as soon as possible to proceed with the transfer of the Progressive Development Unit, in order that the ward closure programme can continue. Ward block 1 with the two locked wards badly needs upgrading and as it will be retained to the end of the hospitals life, together with its occupants, the upgrading should also be allowed to start.

4. Approval in principle be given to the capital investment on the Main Site to enable the closure of the Annexe and to make some limited improvements. (See Appendix C and Section 10)

5. Detailed plans should now be drawn up for the Main Site to enable the closure of the Annexe in 1989.

6. The recently published Regional proposals for the Financial Arrangements for the Transfer of Patients from large Mental illness and Mental Handicap Hospitals will need to be considered. These obviously have implications for the ward closure programme, ward sizes and standards of patient care, which will need to be examined.

7. Rationalisation of office accommodation on the Main Site in the light of management and other changes including the conversion of two houses to patient residential accommodation.

8. A case is made for the additional, manpower that is needed within the works department, nursing administration and the administration to draw up these plans.

9. A critical path analysis is drawn up for the approval, detailed planning and implementation of the plan by 1989.

10. Monitor the progress of South West Districts reprovision for patients at Abbots Langley Hospital to ensure the Development Control Plan remains valid.

12.2 **Recommendations for action soon:**

1. Complete consultation regarding the closure of the Annexe Site and obtain formal approval. See Section 8.5.

2. Make plans for providing patient residential accommodation to make good the shortfall of beds on the Main Site in 1989 (See Appendix A).

3. Divide patient population into groups and make patient projections for each group (See Appendix A).

4. Consider what specialisation is needed in Leavesden and the Mental Handicap Services Unit and plan accordingly. (See Appendix A).

5. To consider what more should be done to provide further ground floor accommodation.

6. Produce projection of future staffing levels within the hospital in view of the implications it has for the plan e.g. ward sizes and accommodation generally.

7. Plan and cost the vacation of area "B" alongside Woodside Road on the Main Site. (See Appendix B).

8. Draw up detailed plans for the further phases in the reduction of the Main Site. (See section 9)

9. Decide future admissions policy. (See Section 5.4).

10. Plan future operational policies for support services. (See Appendix E).

11. Assess capital and revenue costs and funding for rehabilitation and resettlement of patients in the community.

12. Investigate creative methods of financing buildings from advances or options on the future sale of land.

13. Plan rehabilitation and resettlement of patients in the community.

14. Plan how to make up the shortfall in staff residential accommodation. (See Appendix E).

A PATIENT POPULATION PROJECTION

A.1 Present projections

A.1.1 The sole purpose of Leavesden Hospital is the care of the mentally handicapped patients resident there, they are the justification for the buildings and land. It follows therefore, that this plan needs to be tailored to their future requirements.

A.1.2 As an initial step in this direction a global projection of the patient population has been made.

A.1.3 The patient population in Leavesden Hospital has fallen at a rate of 44 patients per annum. However the death and discharge rate are slowing down and the reduction rate will slow further in the absence of initiatives to place patients in the community. The present age profile is shown later in this appendix.

A.1.4 The graph overleaf shows four different patient population projections and how the rate of reduction is changing. The figures are based on a high and low death rate and either continuing admissions or no admissions and short stay places. It will be noted that in 1989 the figures range from 865 to 920 assuming there is no change in admissions policy.

A.2 Future projections

A.2.1 The patient projections this far have taken no account of the type of patient cared for at Leavesden. The current population can be split up into 3 quite distinct groups.

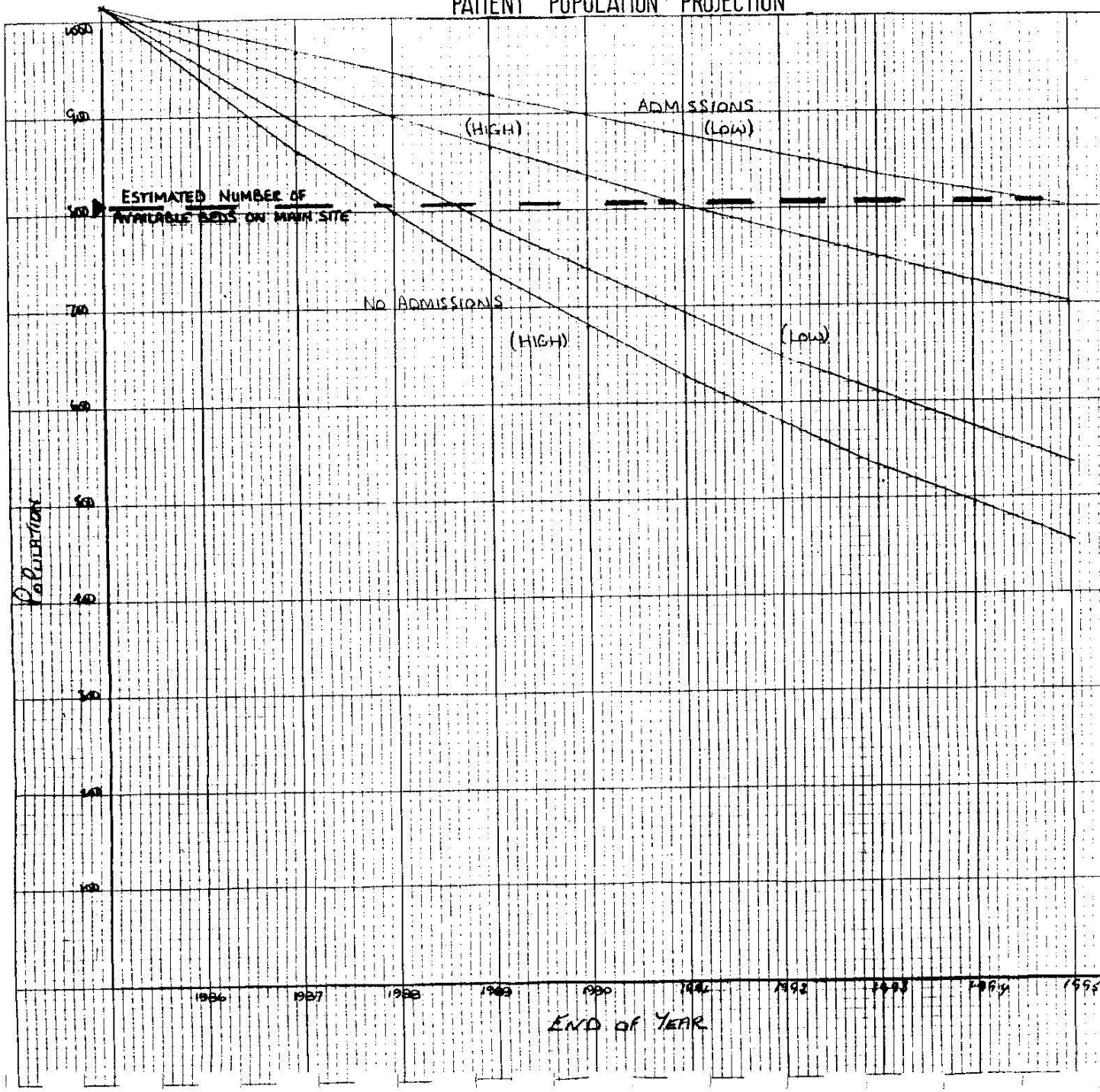
1. Behaviourally disturbed
2. Special needs eg. mentally ill and physically handicapped.
3. Elderly.

A.2.2 Each group will contain to greater or lesser degree a percentage of those with physical handicaps, multiple handicaps and sensory difficulties.

A.2.3 Each group has varying care, treatment and accommodation needs which will produce varying capital and revenue requirements.

A.2.4 Assuming no change in admissions over the next 10 years almost 300 new patients will be admitted to Leavesden. Almost the same number will be discharged. The likely nature of their handicap is currently unknown. It is almost certain that those patients admitted will not be from the elderly and continuing care groups. It is with equal certainty that the majority of patients discharged will not come from the behaviourally disturbed group.

PATIENT POPULATION PROJECTION



ADMISSIONS

	Low	High
1986	991	976
1987	966	937
1988	943	899
1989	920	865
1990	899	832
1991	877	803
1992	856	775
1993	836	748
1994	818	723
1995	800	700

NO ADMISSIONS/SHORT STAY

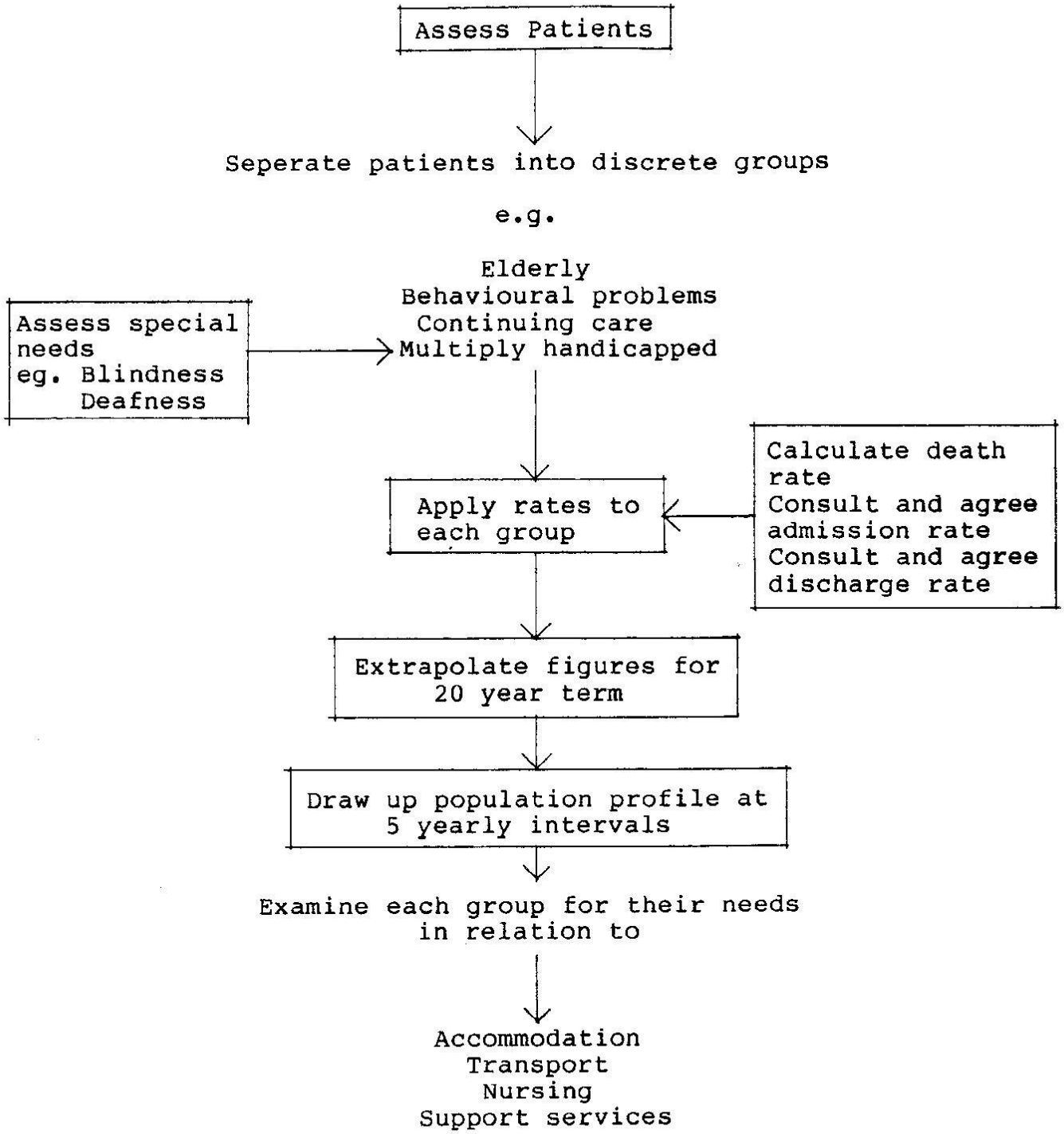
	Low	High
1986	954	939
1987	895	864
1988	840	798
1989	787	736
1990	739	679
1991	693	627
1992	650	579
1993	610	534
1994	572	493
1995	537	455

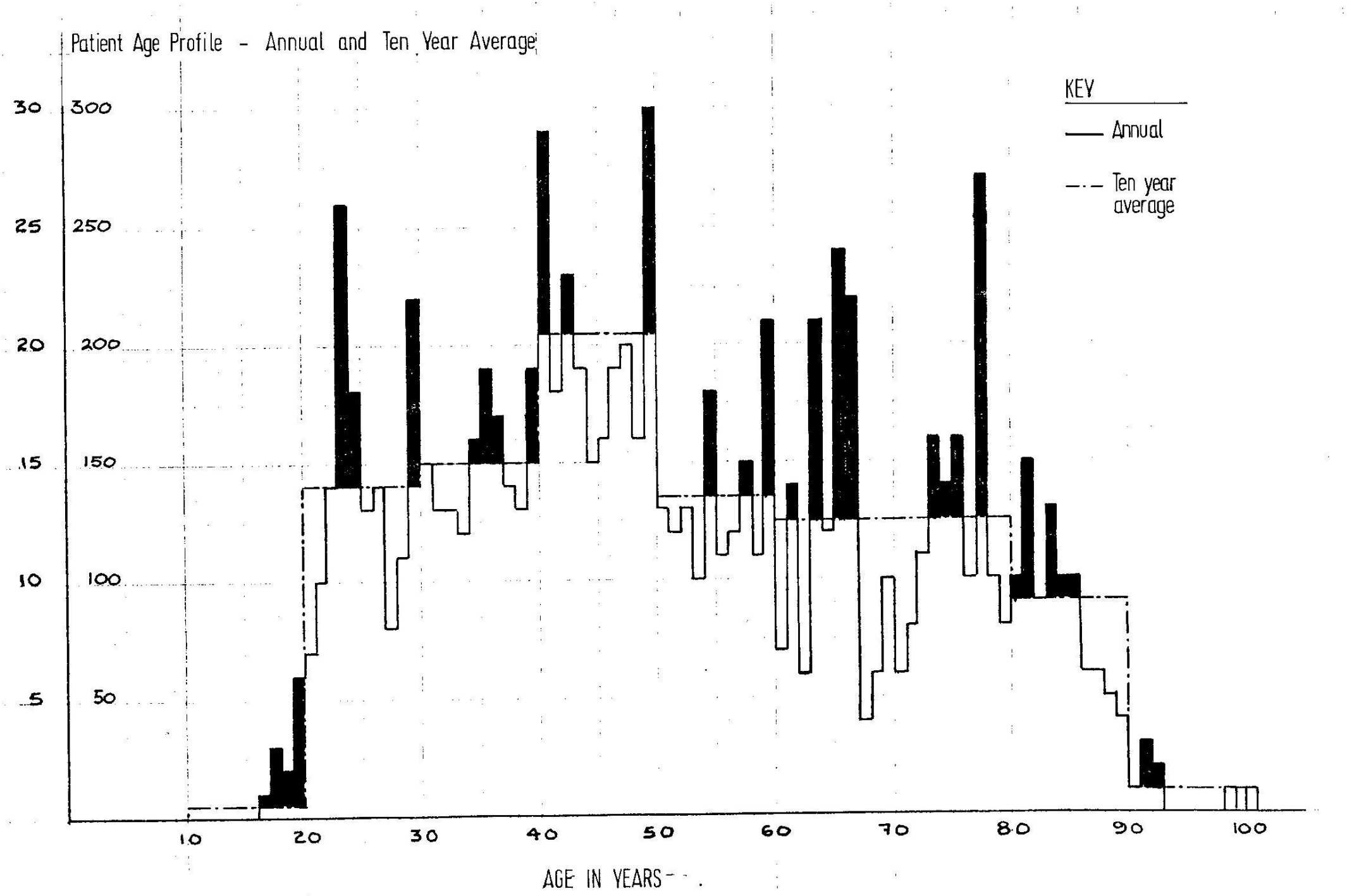
A.2.5 As the vast majority of patients currently come from the elderly and special needs groups (ie. 33% and 52% respectively) it can be seen that a change in resources to meet a new set of patient needs will have to evolve.

A.2.6 As a first step towards this analysis project groups will need to be convened to carry out and monitor the outline plan shown in this Appendix. These special needs project groups will look at the resources required to care for the patient and consider the future scale of those resources in line with the patient projection forcasts.

A.2.7 The consultants at Leavesden will be encouraged to explore, with the catchment areas, local initiatives towards future admission to and discharge from Leavesden so as to aid finer analysis of future patient projection. When this process has been completed there will be an analysis of the future patient population at Leavesden in terms of numbers, type and needs. This will then provide the more detailed information needed to plan for the needs of every individual mentally handicapped person at Leavesden now and in the future.

Proposed method
of calculation:

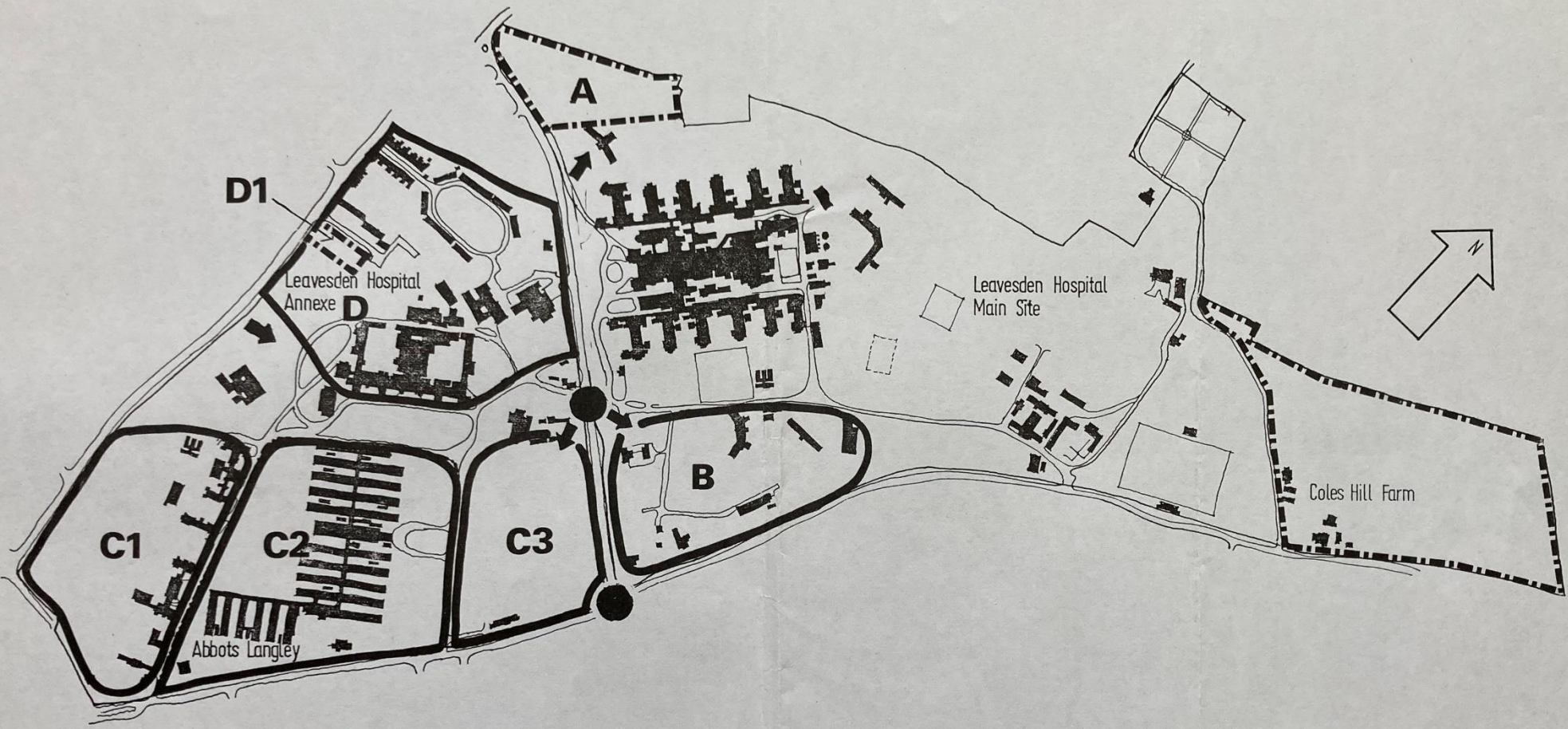



Patient Age Profile - Annual and Ten Year Average
KEY
Annual
Ten year average
30
25
20
15
10
5
300
250
200
150
100
50
10
20
30
40
50
60
70
80
90
100
AGE IN YEARS

B LAND SALES

B.1 Proposed land disposal programme for Leavesden Hospital

CODE NO.	DESCRIPTION	DATE FOR DISPOSAL	COMMENT
D1	Surplus land beside Langley Lane	Now	
A	Jacketts Field	Now	
-	Coles Farm and cottages and adjacent land	Now	
C3	Orchard Site	1990	Alternative space will be needed for Rose Villa. The lease for the Orchard expires in June 1987.
C2	Abbots Langley Hospital and immediate surrounds including Maple Unit	1991	This date depends on South West District's plans for transfer in 1990.
C1	Annexe Villas and Departments	1992	This requires additional space for: P.D.U., Dental, Springfield School, District Psychology Dept. and shortfall of patient accommodation on the Main Site.
D	Annexe building Social and Education Unit, Sports and Social Club and balance of Tanners Hill land	Part by 1992	This is subject to retaining: the Sports and Social Club, Social and Education Unit and subway - and replacing: the Annexe Nurses Home and Patients clubhouse.
B	Land bounded by Woodside Road, the parallel internal road, the Special Care Unit and College Road.	1993	Subject to replacing the Special Care Unit, Hewlitt Villa, Cayford House, Redwing Ward and four houses for use as group homes.



LAND SALES

THE DEVELOPMENT CONTROL PLAN FOR LEAVESDEN HOSPITAL

KEY

Land for disposal now

Future land sales

B.2 Town planning context

B.2.1 The general strategy for land sales at Leavesden Hospital is dictated by the necessity to obtain planning approval under Section 1 of the 1984 Town and Country Planning Act. This planning procedure requires the Authority to submit planning applications on the Local Authority's application form to obtain planning permission for an alternative use prior to disposal of surplus land. There is a method under the 18/84 procedure, as explained in DA(84)26, by which appeal may be made to the Minister if planning permission is refused.

B.2.2 The background to the town planning situation involves a wide range of issues. The pressure for development caused by the construction of the M25 which passes close by the Hospital site. The issue of the preservation of London's Green Belt land. The availability of land for large scale housing development in the South East Region. These issues affect not just the development of the surplus land at Leavesden Hospital but the pattern of development over a wide area.

B.2.3 The political background to the disposal of other sites attached to the large institutions in the Green Belt is significant. Pressure for the release of land for Housing within the Green Belt on a piecemeal basis means that both County and District authorities are eager to consider release of a few large sites to prevent other development taking place within the less developed sections of Green Belt.

B.2.4 The Draft Review of the Structure Plan proposes to allocate the majority of the site for residential development.

B.2.5 The procedure necessary to obtain planning approval will be detailed in a separate paper, following approval of this report. It will be agreed in consultation with Weatherall Green and Smith and the Regional officers concerned.

C CAPITAL SCHEMES NEEDED TO CLOSE THE ANNEXE

C.1 Capital schemes to meet the shortfall of beds on the Main Site and the vacation of area 'B' on that site have not been included.

	£
1986/87	
1. Transfer the Progressive Development Unit to the Main Site (Plans prepared)	266 000
1987/88	
1. Replace the Transitional Training Unit.	179 850
2. Vacate two houses and provide alternative accommodation for Voluntary Services, the Clinic and offices.	45 500
3. Reception and Despatch point for Supplies, rationalise works dept. within the service yard and demolish island block.	33 550
4. Convert Admin. Store to Clothing Dept.	65 900
5. Transfer remedial gym from the Annexe.	106 400
6. Transfer Dental Dept., from Annexe.	63 650
1988/89	
1. Convert two houses into patient residential accommodation.	46 380
2. Convert part of School of Nursing for Art Therapy, Psychology and Adult Education.	33 900
3. Transfer Springfield School from the Annexe.	225 040
5. Convert Main Stores into patient training accommodation.	471 600
6. Convert classroom over cafeteria into staff centre.	23 800
7. Move Pharmacy to Service Area and the X-Ray department to area vacated.	31 650
8. Convert Recreation Hall to Patients Clubhouse.	340 100
Total =	**£ 1 933 350**

NOTE: For other capital schemes see Section 10.

D FEASIBILITY OF CAPITAL PROGRAMME AND RESOURCES

D.1 Number of schemes needed to vacate the Annexe

D.1.1 In Appendix C there are fourteen schemes suggested with a total capital cost of £1 933 350 . Apart from the scheme to convert the Main Stores they are, in general, projects without a high degree of complexity. None are highly serviced.

D.2 Other capital schemes

D.2.1 Section 10 suggests five schemes with a total capital cost of approximately £1.9 million. The major alteration work proposed is, as with Block 2, highly complex and likely to take longer. Secure and locked accommodation also has a higher services content than conventional ward areas.

D.3 This programme of nineteen projects, making up approximately £3.83 million total cost, has to be completed by 1989. The feasibility of this can be assessed as follows:

1. Size of individual schemes against planning norms. ie. how long should the planning and building process take?

2. Are schemes inter-related? Does A have to be completed before B can start.

3. What additional areas will have to be vacated to give contractors sufficient working areas?

D.4 The cost of staffing the capital planning and project management of these schemes will need to be considered. Assuming a 2% project management cost for the programme suggests a figure of £76,600 for management costs over three years. A similar level of cost would be appropriate for additional capital planning and nursing advice. If the service is to be provided "in-house", then an additional member of staff in administration, a nurse planner and a professional Works Officer as project manager are required.

D.5 The feasibility of this capital programme will be improved if the consultants appointed are appointed to multiple projects. These multiple projects should be related together so that the "knock-on" effects are clearly understood by the consultant.

D.6 With the indicated additional planning and project management resources, this programme, although against a short timescale, is feasible.

E ASSUMPTIONS

E.1 Beds available on the Main Site in 1989

E.1.1 Bed number baseline for Main Site

Available beds - assuming existing ward numbers and retention of Jasmine and Redwing	907
Less beds reserved for short stay	10
Total beds for housing patient population	897
If a 90% occupancy is assumed then actual patients accommodated would be:	807

E.1.2 This level of occupancy may be high bearing in mind continued admissions, ward closure programme and increased specialisation.

E.1.3 From the patient projection figures in Appendix A and the above bed numbers it can be seen that there will be a shortfall of beds on the main site if the Annexe is to be closed in 1989. This can be described as follows:

1. **Continued admissions and low death rate**

Projected patient population in 1989	920
Less beds on main site	807
Shortfall in number of beds	113

Additional places to meet shortfall:

Closure of Maple Unit delayed until 1991	50
Provide two halfway houses on Main Site	20
Planned schemes for Leavesden in community	20
More group homes	23
Total additional places provided	113

NOTE: Depending upon the progress of the transfer of Leavesden patients to the community, the actual population figure in 1989 may mean that less beds are required.

LAYOUT OF AVAILABLE BEDS ON MAIN SITE IN 1989

Total beds - 907

East Side

Top Floor	1st Floor	Ground Floor
KIWI 15	KESTREL 10	KINGFISHER 19
LARK 20	SECURE WORKSHOP	LINNET 28
MALLARD 30	MAVIS 30	MAGPIE 26
NIGHTJAR 30	NIGHTRAVEN 30	NIGHTINGALE 28
ORIOLE 20	OSPREY 28	OWL 28
PELICAN 20	PEACOCK 18	PLOVER 16

West Side

Ground Floor	1st Floor	Top Floor
AZALEA 28	ASTER 10	ACACIA 16
BRYONY 29	BURNETT 28	BLUEBELL 20
CHERRY 24	CROCUS 27	CLOVER 27
DAHLIA 26	DAISY 30	DIANTHUS 25
FREESIA 20	FOXGLOVE 28	FUCHSIA 20
GLADIOLUS 24	GODETIA 25	GLOXINIA 26

REDWING 38

Ground Floor	1st Floor	Top Floor
SEWING ROOM	PATIENT TRAINING AREA	HEATHER 13

JASMINE 28

2. **Continued admissions and high death rate.**

Projected patient population in 1989	865
Less beds on main site	807
	58
Additional places to meet shortfall:	
Two halfway houses on main site	20
Planned schemes for Leavesden in the community	20
More group homes or use of Maple Unit	18
Total additional beds provided	58

3. **No admissions or short stay places**

Beds available on Main Site 807

Projected patient population in 1989:

Low death rate	787
High death rate	736

There would therefore be a surplus of beds in 1989 on main site of between 20 and 71.

E.1.4 These figures have purely concentrated on patient residential needs. Under all the options it is also necessary to transfer departments from the Annexe to the Main Site and provide additional accommodation for patient training.

E.2 **Future staff housing and residence needs**

E.2.1 At present there are 80 staff houses and flats on the Main and Annexe Sites and 228 single staff residency rooms. The houses in the main residential area, Tanners Hill and Stewarts Close, are in accordance with the Rayner Scrutiny being offered for sale to staff. It was planned by the South West District that those not sold to staff will be sold to housing associations for lease to staff. The remainder of the houses currently being used by staff will be lost as a result of the land sales.

E.2.2 Demand for single staff accommodation has been dropping and one residence has already been closed and is now used for other purposes. Currently, there are 186 staff, mainly nursing, resident and it is reasonable to assume that this current trough is the minimum required at the present time. In addition, 10 rooms are needed for the next entrants to the School of Nursing and 3 for visitors making a total of 199 rooms.

E.2.3 With the vacation of the Annexe site in stages there will be the following reductions :

1989	Annexe Nurses Home	15 rooms
1990	Abbots Langley Hospital Blocks	51 rooms
1991	Annexe Building	10 rooms
Total loss on Annexe Site :		76 rooms

E.2.4 Therefore, in five years time the number of rooms will be reduced to 152, which is 47 below the current requirement. Any reduction in ancillary staff would be compensated by increases in nurses and therapists, and the need for accommodation to help recruitment, which is likely to get more difficult as the hospital closes. It also appears that nurses will not now be evicted to close down residences.

E.2.5 If Area "B" beside Woodside Road is sold in 1993 then there will be the loss of the following accommodation :

Cayford House	24 rooms
Hewlitt Villa	12 rooms
Orchard View	5 rooms
Total further loss	41 rooms

E.2.6 At present there are no projections for staffing levels available to assist in these calculations nor projections in future demand, but the remaining accommodation would total only 111 rooms, less than half the present number. The patient population would have reduced to between 748 and 836 in 1993, i.e. by say a quarter. If the staff rooms requirements were to reduce in proportion to the total staff, then the accommodation needs would be a minimum of 150 rooms. In fact, staff increases are anticipated on the clinical side, so there could be no reduction below this level as it may be insufficient. It is therefore proposed that future provision on the Main Site should be as follows:

Female Centre	18 rooms
Shepherd House	40 rooms
Bungalows	44 rooms
Beech House	9 rooms
	111 rooms
Plus extra provision	39
Total provision 1993 onwards.	150 rooms

E.2.7 As the need for accommodation will reduce as the staff numbers reduce it is proposed that this additional accommodation should be sought outside, if necessary enlisting the help of a housing association with whatever temporary financial help necessary. In the meantime, existing and future staff accommodation needs should be monitored closely and corrective action taken when necessary.

E.3 **Future support service operational policies**

E.3.1 No major changes are envisaged prior to the closure of the Annexe. Plans will however need to be made for the further stages of the development control plan.

E.3.2 Consideration will have to be given to when the laundry should be closed and the service be provided from elsewhere in North West District. The changing features will be the reduction in patient numbers and the greater range of clothing fabrics to be laundered in the future.

E.3.3 The catering department is currently going out to competitive tender, but before the subsequent tender is let a decision should be made regarding a cook chill service from another hospital.

E.3.4 In the later stages the present oil fired boiler house will become uneconomic to run for the size of hospital, it is envisaged that gas boilers would be installed in the remaining blocks.

E.3.5 With the loss of the Annexe the Works Department will reduce in size and there will inevitably be a need to review its operational policies in the future.

E.4 **Patient Training needs in the future**

E.4.1 SUB-DEPARTMENTAL REQUIREMENTS

a) **OCCUPATIONAL THERAPY:** By 1989 The Occupational Therapy Department expects to provide 20% of training, hence there would be a requirement for between 170 to 180 places. This provision is similar to that provided at present and could therefore be contained within its existing three units, it is therefore worth considering the continued use of the S.E.R.U. on the Annexe site beyond 1989 until ward areas become available for conversion towards 1995. Access to this unit is directly from College Road and therefore does not tie up other parts of the Annexe site in its retention.

b) **PHYSIOTHERAPY:** A separate gym for physiotherapy is considered unnecessary. This activity can take place in conjunction with OT in the Special Care Unit where space has been allocated and on the wards. Alternatively by sharing use with other activities such as remedial gymnastics in multi-use areas.

c) **PATIENT TRAINING:** The Patient Training Department envisages needing between 600 - 650 places (dependent on population size) on a minimal basis of 5 x half day sessions per week topped up by further sessions in Adult Education. This can be achieved by the continued use of Brambles, Elderly Care Unit and Rural craft (136 places), the addition of accommodation to replace the Patients Club House and Sheltered Workshops (230 - 280 places), Remedial Gym (60 places) and PDU (80 places), and provision of a new locked unit (20 places). The latter replacement accommodation could be provided as has been suggested in earlier sections by conversion and alteration of core areas of the Hospital currently available ($500m^2$)A and the building of modest amounts of new industrialised system building (400 - $600m^2$).

d) **EDUCATION:** Springfield School is leased from the Hospital and operated on a discretionary basis by Hertfordshire County Council. It is staffed by teachers employed by the Local Education Authority.

E.4.2 Most of the patients who attend are beyond normal school leaving age and are received on a further or adult education basis. After 1989 the need for adult education will be an important part of daytime activities. Requirements for training and OT are based on a continuity of adult education at present levels.

E.4.3 There are a number of ways in which educational needs might develop:

a) The whole school could transfer to the Main Site in which case approximately $1400m^2$ of accommodation will have to be found.

b) Adult Education which is currently located in the Annexe Chapel ($381m^2$) could transfer to the Main Site and the main school building remain where it is. The latter is seen as being compatible with residential development on the Annexe and could become a community school. This has two drawbacks firstly patients would have to be escorted across College Road from the Main Site leading to major revenue consequences and secondly without expansion the school would not be large enough to increase its roll call and fully integrate into the new community.

E.4.4 The conclusion is, therefore, that if half the educational requirements for accommodation ($700m^2$) were met on the Main Site this would ensure the needs of the most difficult patients requiring escorting could be served. A rationalisation of training space could occur by grouping facilities together.

E.5 Ward decorating, maintenance and decanting

E.5.1 In addition to the number of beds required for the normal day to day running of the Hospital a small percentage of beds are required for decanting complete wards while regular maintenance and repairs are carried out. Further decant wards are needed when major upgradings and minor upgradings are made which affect complete blocks.

E.5.2 To complete the current programme of upgradings and maintenance before the closure of the annexe site six wards will need minor upgradings and four wards will require major upgradings during the period before 1990.

E.5.3 Maintaining the 37 wards on the main site at a frequency of not more than seven years requires 1 decant ward.

E.5.4 Upgradings can be assessed as taking 25 weeks, so, with a three year period before 1990, six wards can receive maintenance and limited upgrading in that time.

E.5.5 Major upgrading of a complete block takes perhaps fifteen months from start to completion. Decant facilities can be programmed as below:

	1986/87	1987/88	1988/89	1989/90
Maintenance	1 Ward	1 Ward	1 Ward	1 Ward
6 Minor Improvements	1 Ward	1 Ward	1 Ward	1 Ward
4 Major Upgrades		3 Wards	1 Ward	
TOTAL	2 Wards	5 Wards	3 Wards	2 Wards

E.5.6 In 1990 the Annexe will be closed and due for sale, occupation of wards on the Annexe site for decant purposes will therefore be discontinued. At that time the wards on the main site will be fully occupied with no available space for decanting. To allow the reprovision of decant ward space no alteration in ward sizes or occupancy rates will be possible for a number of years. Unit management will have to rely on discharges and the decline in numbers to replace the lost facility.

E.5.7 The possibility of short term transfer to other sites will need to be investigated as an alternative during this period. If, for example, a services failure or serious damage made a ward uninhabitable during this period moves to alternative accommodation would become imperative.

F CONSTRAINTS ON DEVELOPMENT

F.1 Water Supply:

F.1.1 The main site has its own water supply with a water softening and chlorination plant and a reservoir capable of holding 151,000 gallons (2 day supply). Adequate water pressure is ensured by pumping the water from the 160ft deep well to the top of the 65ft high holding tower prior to distribution. Water is then distributed to individual storage tanks in each department. The bulk of this operation is located within the Hospitals existing service core area adjacent to the Laundry. The water tower provides Leavesden with one of its most prominent features.

F.1.2 A mains water supply has recently been installed to provide emergency back-up. Conversion to full mains water would cost the Hospital almost £40,000 to install and an estimated further £40,000 per annum in additional revenue costs over the remaining life of the Hospital.

F.1.3 In the short and medium term, it is recommended that the water supply remain as existing. Should the accommodation occupied by the storage tanks be needed for conversion to an alternative use then the costs of any conversion would need to include an assessment of the cost of replacing the water supply with mains water.

F.2 Heating and energy supply:

F.2.1 An oil-fired boiler house is the Hospital's main energy source. The heat from the boiler is conveyed round the site by two recently installed steam mains. They largely run above ground and are rather obtrusive and unnatractive. On each block or department local calorifiers convert the steam to hot water. A low pressure hot water system distributes the heat to radiators and domestic hot water supply.

F.2.2 Oil is currently the cheapest fuel available, and the steam mains are new and efficient. In the short to medium term it is considered that the existing heating system should remain in use. In the longer term, as the Hospital substantially reduces in size, the heat losses from distribution of energy across the site would become uneconomic. At such a time it would be possible to convert to individual gas fired boilers.

F.3 Patient residential accommodation:

F.3.1 There are major differences in the condition of and nature of the accommodation between the east and west side of the hospital, known locally as the male and the female corridors. On the male side, Block 2 has been upgraded, part of Block 12 has been recently reheated. No other major work has been undertaken on the male wards in the

last 10 years. On the female side 14 of the 18 wards have had a sanitary/kitchen/bathroom upgrade, or a dormitory/dayroom upgrade, or either a reheat or a redecoration in the last 10 years. A constraint is to retain the use of those blocks which have received the most investment in recent years. Further investment should be made in the areas to be retained. The male wards which are in the worst condition should receive only minor improvements necessary to maintain their use at an acceptable standard.

F.3.2 There are problems with the present orientation of the hospital and its entrances. The view from the main entrance to the site is of the forbidding male side ward blocks with their great height and barred windows. Given the necessities of the car parking arrangements, one has to go past the whole length of Block 2 to reach the main entrance to the hospital in the administrative block. It is appropriate to relocate the main entrance of the hospital to the male side, in more direct relationship to the main site entrance.

F.3.3 There are other problems with the main corridors and the access to the wards. The corridors are long and unbroken, and provide no sense of identity or place. The entrances to the wards are through single, narrow doorways. The lobbies and staircases are dark and cheerless, and again lack identity. It is necessary to improve the character of the corridors by letting the wards have outward expression in their lobbies and sections of the corridors. This would create a physical, group identity for each section of the corridor, so that each is part of an identifiable communal area. This could be achieved by opening up additional spaces off the corridors, by alterations to the lifts and staircases, and by colour coding.

F.4 **Other accommodation:**

F.4.1 Leavesden Laundry:

It is anticipated that Laundry facilities for the new Mental Handicap Unit will be focussed on one of the other Hospital sites rather than in the unit eventually due to close.

F.4.2 Staff club and social education and resettlement unit (SERU):

F.4.2.1 These two buildings lie adjacent one another towards the edge of the Annexe site between Tanners Hill housing and College Road. Their access is directly from College Road. Both facilities would need to be reprovided if they had to move.

F.4.2.2 To move the SERU onto the Main Site will increase the demands for Training Accommodation by approximately 20%. The preferred option meets that demand by converting available existing accommodation and providing new build lightweight industrial units to meet the immediate need before space becomes available for conversion. The extent of accommodation to convert is finite therefore any increase must be provided in new build. However if the transfer is delayed until such time as Lark and Linnet wards were vacated, then in conjunction with the Secure Workshops (1st floor) the whole of Block four could be used by Occupational Therapy. Rationalising in this way would help to condense the Hospital, in its final form, to the top end of the site. The soft landscaped areas could be extended, within the opened up core of the Hospital and at the bottom end of the site.

F.4.3 School of Nursing:

There is a previously agreed scheme within the current capital programme to move the School of Nursing from the core area of the Hospital to Woodside Road.

F.4.4 Supplies Department:

The existing Supplies Department is being re-organised on a Regional basis and has been re-located at Hill End Hospital. In future accommodation at Leavesden will only be required for a holding store with receive and despatch office.

G PLANNING AIMS

G.1 Rationalisation of Service Access:

G.1.1 At present there is vehicular service access to four different parts of the Hospital as follows :-

a) Supplies Department

b) Catering and Works (Engineering Stores) Departments

c) Laundry

d) Sewing Room and Shop

G.1.2 In the process of rationalisation service access should be collected around a single courtyard. This should be separated from staff and visitors car parking and should intrude onto patient areas as little as is possible.

G.2 Zoning of Departmental Areas:

G.2.1 At present many departments are dotted across both sites. This makes communication and relationships difficult. Rationalisation onto one site should not mean an ad hoc distribution thereon, to fill voids, but a series of Departmental zones arranged so that inter connections are sensibly organised.

G.3 Landscape:

G.3.1 Although the peripheral grounds to the site are very well landscaped those parts close to the ward areas especially on the Main Site are often hard and desolate. By contrast the Annexe wards sit much more closely in relation to the landscape.

G.3.2 The selling off of the Annexe and Area "B" (between Woodside Road and the Male Wing, see Appendix B) will considerably reduce the amount of parkland round the hospital making the value of the remaining landscape more important in softening the impact of the existing buildings. In addition the therapeutic affect of having soft landscape (even grass only) within the courtyards between wards cannot be underestimated in a situation where the percentage of ground floor accommodation is about to diminish in relation to the patient population.