



On the site of Shenley mental hospital near St Albans, 700 new houses could rise out of the parkland around the white-painted manor house.

final closure until 2005 so as to avoid disruption to long-stay patients to whom the hospital has been home. Even so, initiatives for the hospital's gradual re-use have been underway for two years.

Unusually enough, the prime initiator at Shenley is the district council, Hertsmere, which is looking to the site to ease its shortage of housing land. Hertsmere commissioned a detailed planning study and development brief for the site; as consultant it chose Urbed, which was involved in creating a self-contained village in Wales.

Urbed undertook its study methodically. It set up a working party with representatives from district council, county council, regional and district health authorities, as well as the hospital itself. "We put a lot of stress on consulting local interests," says Urbed's director Nicholas Falk. "We set up meetings with the Shenley village parish council, local community groups and hospital staff and took account of their views."

On the physical side, cost consultants Bernard Williams Associates carried out an appraisal of the existing buildings. It concluded that the massive ward blocks, which were built between the wars, were undistinguished and that their shape and disposition of windows would not lend themselves to conversion.

Urbed concluded that the site should be redeveloped to provide a total of 900 houses, including a few buildings that could be converted. While mainly comprising spec-built family houses, the development would also include housing for rental and special needs, including those of the elderly.

The housing would be developed in four phases that would encircle the site, leaving the core of the mental hospital until last. Careful landscaping would screen the new development, which would not rise higher than two storeys, from the remaining rump of the hospital.

Much more than a large housing estate, the redevelopment is conceived as a free-standing village with a population of as many as 3000. There would also be three shops, and some 2500 m² of employment premises in the form of small warehouse sheds,

as well as provision for a school and a health centre.

The major item of planning gain would take the form of an 18 ha swathe of parkland – nearly one-third of the total site.

Hertsmere Borough Council's initial proposals for Shenley Hospital have now been adopted by the North West Thames Regional Health Authority, whose property consultant is Weatherall Green & Smith. Architect/planners Hancock Associates, which contributed to Urbed's report, is now retained by the health authority.

Even though the proposal to redevelop Shenley Hospital as housing contradicts the government's stated policy, Jeremy Edge of Weatherall Green & Smith, is optimistic that the plans will not be overruled by the DOE. "We are in the rare situation that all the public authorities concerned are pulling in the same direction and have come together as a team.

"Even the county council has designated the area for housing in its draft strategy plan, now lodged with the DOE. And we were quite surprised at the receptivity of the local residents," says Edge.

"The realisation that having an attractive residential village as a neighbour instead of a large mental institution will raise their own house prices. What resistance there is comes from the hospital staff who, perhaps understandably, are worried about their employment prospects."

Edge also points out that the methodical planning procedure undertaken for Shenley did include the detailed appraisal of less disruptive options for the site, but decided against them.

"John Burrell's plan to refurbish mental hospitals as quaint urban villages in a Utopian architectural idea," says Edge, "but it will not accomplish the aim of maximising the capital assets of the health authority. At least, not in the London area. On the other hand, refurbishment of the existing building fabric might be economically viable in regions with low land values."

Including Shenley and Banstead, no fewer than 48 planning applications for the re-use of mental hospitals in England and Wales have now been referred to the DOE. No decisions are likely before the forthcoming general election, which will throw the whole matter up in the air. On the other hand, all political parties are committed to Care in the Community policy and will be looking around for ready sources of funding ●

CLEARING MENTAL BLOCKS

Green belts are out-of-bounds to developers, we are reminded by the DOE. The same goes for more than 100 Victorian mental hospitals scattered round our cities which are due for closure by the end of this century. This is now official following a DOE statement, issued last month in advance of a comprehensive circular. Martin Spring reports.

Scratch the surface of the DOE's official policy and you can catch glimpses of a developers' bonanza. The mental hospitals were developed in open countryside and fresh air to remove their patients from the grimy chaos of Victorian cities. A century later, the lavishly landscaped sites could very well serve a similar role for a much wider range of residents.

And, around London, where the pressure for housing land is at its most acute, such sites have been made considerably more attractive by their location close to the recently completed M25 orbital motorway. Each of the 12 hospital sites around London could easily fetch prices of as much as £100m and provide up to 900 housing units.

Not that these potential windfalls will leave the health authorities that currently own

them awash with spare cash. The health authorities are committed to the Care in the Community programme, in which mentally ill and handicapped persons are taken out of the large and overwhelming institutional hospitals and reintegrated into the social community at large. The social strategy requires its own major building development programme of small-scale houses and hostels in existing towns and cities and this calls for substantial capital funding. The maximisation of the capital value of the old hospital sites is, therefore, a vital component of the Care in the Community programme.

The essence of the newly announced government policy is that new uses should be found for the redundant hospitals which mean as little change as possible.

It is a policy that is obviously consistent with the avowed preservation of the green belt.

One architect who has spent years contemplating the re-use of mental hospitals is John Burrell, of Burrell Foley Associates. He argues that, if only their depressing institutional stigma could be shed, mental hospitals would be seen in a new light as attractive, close-knit complexes of buildings enclosing squares and swathed in mature landscape.

Typically situated in rolling countryside, he likens them to historic Italian hill villages.

Redundant mental hospitals, therefore, lend themselves to be converted into mixed, self-contained communities serving contemporary needs, argues Burrell. These could include both normal housing and continuing health service

facilities. He is currently looking at alternative proposals for three or four hospitals.

But an entirely different approach has been taken in the first mental hospital in the London area to have been closed down. It is Banstead, Surrey, and is one of the Epsom cluster of five which was closed last autumn. Initial plans by the North West Thames Regional Health Authority were to raze the site to make way for 700 new-build houses.

The county and district councils, however, see the site in quite a different light and want to preserve its green belt status.

A revised application to redevelop the site with half the original number of houses was also turned down by the local authority and an appeal has now been lodged with the DOE. Other contenders have

entered the fray at Banstead. The first is the weighty authority of the Home Office, which has applied to redevelop the site as an open prison for 700 inmates and staff. The second, rather alarmingly, is the United States Air Force, which is considering the site for a back-up casualty unit for use in war.

Although the Home Office and USAF proposals would entail drastic redevelopment, they would maintain the site in institutional use, which is a preferred option in government policy. All three applications are at present under consideration by the DOE.

A third, contrasting approach is being taken at Shenley Hospital, one of the St Albans cluster, north west of London. The hospital happens still to be one-third occupied with some 700 patients, and is not due for