

NSW Department of Health

North Coast Area Health Service

Lismore Base Hospital

New Psychiatric Unit

Preliminary Assessment Report

For

Department of Planning & Natural Resources

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Hassell Sydney

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1. INTRODUCTION

This assessment has been prepared to identify key issues associated with the preparation of planning for the redevelopment of the New Psychiatric Unit at Lismore Base Hospital.

In accordance with Part 3A of the EP&A Act and associated guidelines, this preliminary Assessment Report has been prepared to provide an overview of the New Psychiatric Unit project at Lismore Base Hospital.

In summary, the project involves the development of new 'state of the art' Psychiatric Unit to replace aging and dysfunctional mental health facilities. The proposal involves the establishment of a new 40 bed adult inpatient unit, comprising of a 16 bed sub-acute inpatient unit, a 16 bed acute inpatient unit and a 8 bed high dependency unit. In addition a new 8 bed Child and Adolescent inpatient unit will form part of the redevelopment in conjunction with ambulatory and community mental health facilities.



2. OBJECTIVES OF THE PROPOSAL

The development objectives of the New Psychiatric Unit Project at Lismore Hospital are to:

- Provide new 'state of the art' psychiatric facilities with high quality care standards.
- Facilitate the delivery of improved health, education, research and community facilities on site.
- Provide improved access to and between different health and community services on site.
- Provide flexible building design to allow for future modification and expansion to meet anticipated growth in demand for services and changes in clinical practice.
- Develop a site strategy that will support the future development of the Lismore Base Hospital in the future
- Ensure development provides harmony and balance with the surrounding areas.
- Provide a high quality urban environment through careful design of buildings and a well designed public spaces and interface with the existing hospital campus.
- Improved pedestrian and vehicular access to the Hospital campus..
- Rationalise the hospital campus through the removal of outdated or dysfunctional buildings as part of the site development.
- Provide adequate car parking on site to meet the current redevelopments parking needs and to ensure that the site strategy forming part of the redevelopment addresses future development of parking facilities to meet the overall Lismore Hospital future upgrades.
- Enhance the Hospitals physical environment through a high standard of landscape and built form design..

3. BACKGROUND

NSW Department of Health Mental Health Action Plan

Mental health care in NSW has undergone major strategic reform over the last decade when the shift in focus away from institutionally based care to community care gathered considerable momentum. Accompanying this is an ongoing process of co-location of mental health inpatient facilities within general hospital settings and increased collaboration with the broader health system, including primary care. Significant too is the increasing focus on the involvement of consumers, their families and carers in the development and delivery of mental health services.

North Coast Area Health Service

The designation of mental health as one of the five National Health Priority Areas is recognition of its enormous social and public health importance. The National Mental Health Strategy is a commitment by State, Territory and Commonwealth Governments to improve the lives of people with mental illness. In line with this, the NSW goals for the mental health priority area are to improve the health, well-being and social functioning of people with mental health disorders in NSW.

Current population within the NCAHS catchment is 243,566 and is expected to increase to 310864 in 2011. NRAHS has a disproportionate share of mental health patients. In particular, coastal areas have high levels of transient populations requiring additional services during peak times. In 1998 / 99, NRAHS had the highest rural area utilisation of services by people with no fixed address and recorded the second highest interstate inflow. Transience can affect mental health through lack of family and social supports and compromised medication management leading to isolation and disenfranchisement. The development integrated service model linking psychiatric inpatient, ambulatory and the community sector will ensure the development of appropriate pathways of care for transient people affected by mental ill health.

With current occupancy rates over 90% within the existing mental health facilities, and with no expectation that these will fall, it is a logical assumption that psychiatric bed numbers will need to increase. In line with the abovementioned national priorities, the concurrent increase in population and the established need for mental health beds, new mental health facilities are being planned in Lismore (acute) and Coffs Harbour (non-acute). Lismore will see an increase from 25 to 40 acute adult beds and the establishment of a new 8 bed child and adolescent unit with supporting ambulatory care and community mental health facilities.

Psychiatric Services at Lismore Base Hospital

The existing 25 bed mental health unit, known as Richmond Clinic, is widely recognised as an inadequate and dysfunctional base for the provision of appropriate inpatient psychiatric care. The facility fails to meet current health guidelines for the treatment of mental health patients and is considered to be unsuitable. Currently, ambulatory mental health service staff are housed in a variety of office space that cannot accommodate the increase of staffing allowed through approved growth funding. Current spaces are inadequate to meet the need for treatment, interview and counseling services. Current accommodation includes:

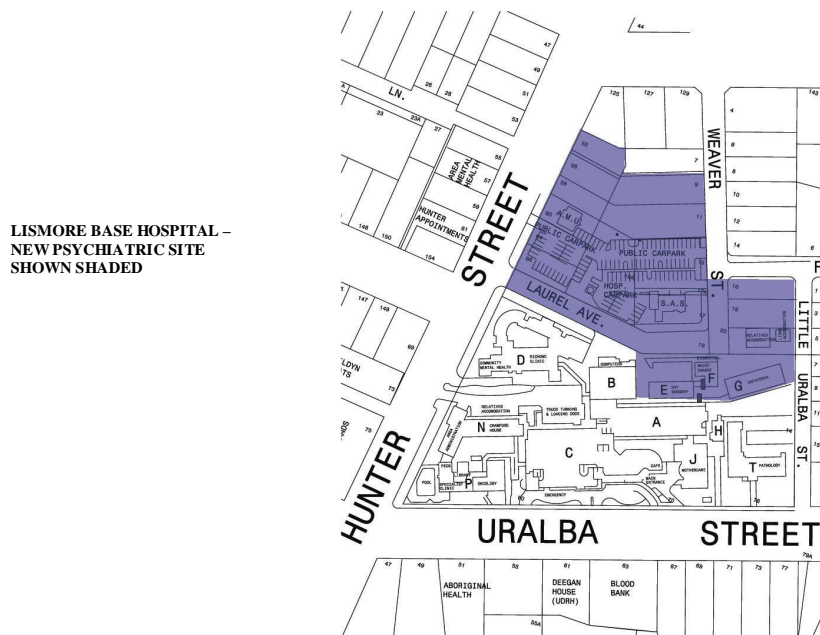
- A portion of the ground level of Richmond Clinic adjacent to the existing Mental Health Inpatient Unit.
- Leased office accommodation in the Lismore CBD.
- Leased premises in Hunter Street and other locations

The redevelopment of Psychiatric inpatient and ambulatory care facilities is the first stage of the Lismore Base Hospital Campus Master Plan of facility development. This will provide the physical infrastructure required for the translation of an integrated service delivery model based on a spectrum of care framework. This is in accordance to the Strategic Resources Plan for NCAHS, the NCAHS Strategic Priorities and NSW Health Strategic Guidelines.

Mental Health will be expanded in all clusters to provide comprehensive services including health promotion, prevention and early intervention to compliment tertiary service provision. The collocation of ambulatory and inpatient services will further enhance an integrated framework.

4. THE SITE & ITS PRECINCT

The site is located is to the north of the existing Lismore Base Hospital and is bounded by the Hospital to the south, Weaver and Little Uralba Streets to the east and Hunter Street to the west, the eastern section of Laurel Avenue extends into the site and forms part of the current Hospital road system.



As part of the amalgamation of the site a number of private residences have been purchased by the NCAHS to accommodate the overall development. Currently there are enabling works being carried out on the site which include:

- Site clearance and demolition of existing hospital building.
- Services diversions.
- Removal of existing houses which were part of the site acquisition program
- Bulk earthworks.
- Construction of new entry road as part of an early works program
- Site decontamination of asbestos.

The site topography has a marked slope to the north with level differences of approx 12m to 16m, with the highest point being the south western corner of the site. Being partially an existing hospital site the area has a high degree of existing overhead and inground engineering services a number of which will become redundant as various redundant and buildings are demolished to make way for the new Psychiatric Unit. Other engineering services will be maintained or redirected as they form part of the infrastructure of the existing Hospital or the new development.

As discussed above the site is bounded by the Hospital to the south but primarily has private residential buildings to the north, east and west. The majority of premises on Weaver and Little Uralba Streets are private single family residences. A number of premises on Hunter Street are owned by NCAHS and have healthcare related functions. Laurel Avenue, Hunter Street and the surrounding precinct has experienced significant upgrading and changes of use from existing houses as well as new buildings. This is primarily due to the association with Lismore Base Hospital and/or other health related facilities. This development of associated health facilities of the surrounding precincts will continue as the Hospital is developed in the future and other parts of greater Lismore are developed for residential development, over the past twenty years there has been a marked reduction of residential premises around the Hospital.



Heritage Issues

The existing buildings on the Lismore Base Hospital site are not items of environmental heritage and are not listed on any heritage register. The majority of buildings date from the 1950-70's and have minimal architectural or heritage value.

Site Contamination

Buildings on the site for the New Psychiatric facility, which have been designated for demolition, have been inspected for presence of asbestos. Where asbestos has been identified this has been or is currently being removed in compliance with all relevant State and National codes and standards.

Flora and Fauna

The existing site has been utilised as an intensive healthcare facility or residential premises for an approximate period of seventy years. There are no endangered or rare flora or fauna species known to inhabit the subject site of the new Psychiatric Unit at Lismore Base Hospital

Geotechnical studies

An initial geotechnical study was carried out on the subject site in January 2005. The outcomes of the study are as follows:

- The site primarily consists of a shallow layer of silty clay.

- Weather shale exists at a level of 1.5 to 3 metres below the surface.
- Dense rock capable of supporting the new development was found at 5 metres below the surface.
- The site is considered stable in relation to the proposed redevelopment

Flooding and Flood Levels

Lismore City Council has established the 1:100 year flood level for Hunter Street at AHD 12.4 metres, the sites lowest level is approximately AHD 14.4 metres, this will be primarily on grade carparking facilities. The proposed level of the New Psychiatric Unit will be AHD 19.5 metres, this places the new development approximately 7 metres above the 1:100 year flood level for Lismore.

Indigenous Issues

There are no known indigenous issues effecting the proposed site.

Traffic & Parking

A traffic study is currently being completed on the new development. The general outcomes are:

- The new development will not have adverse effects on the flow of traffic or generate traffic beyond the capacity of the existing road system to support.
- The 70 new carparking spaces that have been proposed as part of the new development will meet the needs for staff and visitors to the new facility.

5. DESIGN CONCEPTS

Masterplanning of the New Psychiatric Unit

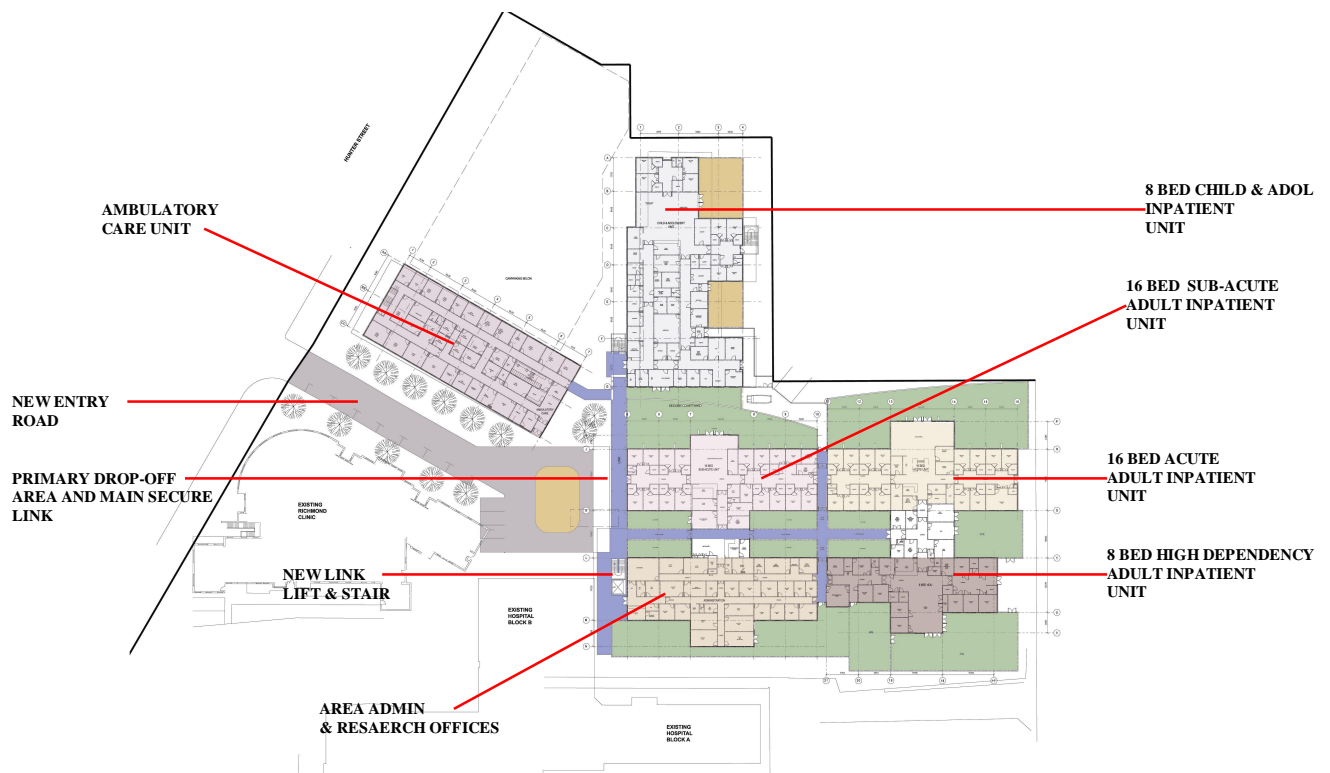
The Lismore Base Hospital site is currently the subject of a Master Development Control Plan. The MDCP is investigating the upgrade of the campus to meet future service planning directions. The New Psychiatric Unit Redevelopment is a key factor of the MDCP and forms its initial stage.

Planning Controls - Local Authorities

Initial discussions with Lismore City Council's Strategic Planning Officers and the General Manager took place and focused on the New Psychiatric Unit Redevelopment and the larger redevelopment of the Hospital MDCP. Council has reviewed the primary issues related to both and is very supportive of the developments.

Planning Controls – Building Code of Australia

Initial analysis of BCA requirements have established that due to the large proportion of inpatient facilities within the new footprint the building would be classed as 9a under the current BCA classifications. The Administration and Research offices and the Ambulatory Care unit are classed as 5 under the BCA. The facility will meet all BCA compliance requirements.



Concept Planning

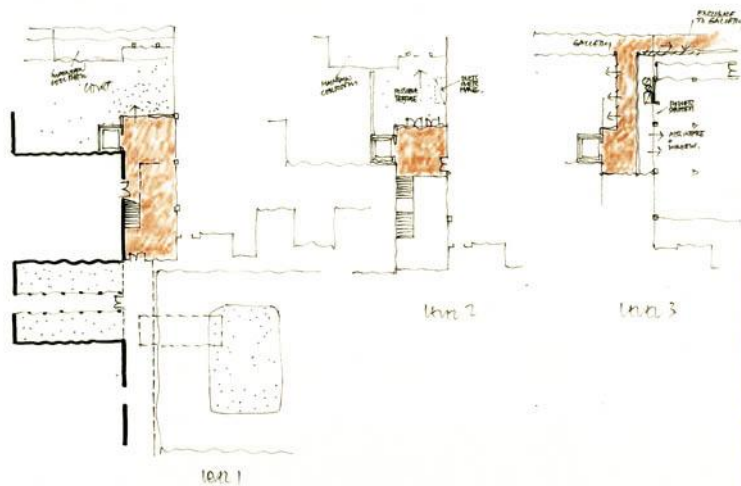
The Concept Plans for the New Psychiatric Unit Redevelopment is for a single storey facility with the following configuration:

- A 40 Bed Adult Inpatient Psychiatric Unit that has been articulated into three inpatient areas and Seclusion/Secure Entry area and the main entrance area. The three areas consist of a 16 bed Sub-acute unit, a 16 bed Acute unit and a 8 bed High Dependency Unit.
- An 8 Bed Child and Adolescent Inpatient unit.
- An Ambulatory and Community Mental Health unit providing support services for the two inpatient facilities and the wider community through outpatient services

Access and Egress

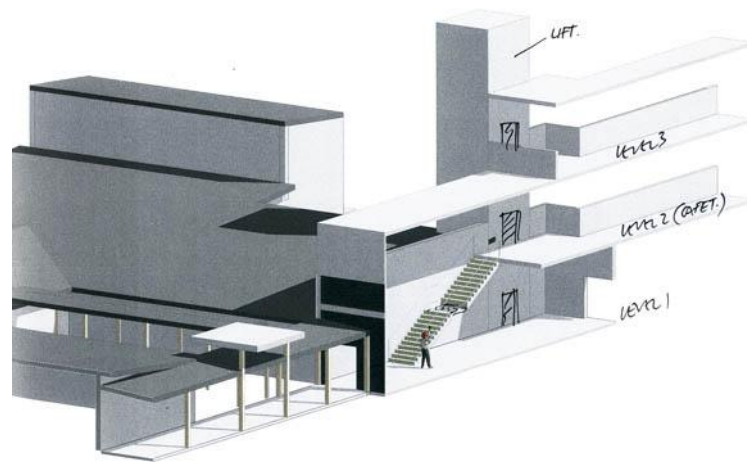
Access and Egress are provided by the following:

- The new facility is linked to the Main Hospital by stairways, lift and corridors that are connected to the Existing B-Block building of the Hospital. The Lift provides access to levels 1, 2 and 3 with level 3 accommodating the main corridor link to the main Hospital buildings.



- A new northern entry road has been established which will provide direct access to the New Psychiatric Centre, the proposed New Integrated Cancer Centre and the Hospital.

- An enclosed Secure Link will connect the proposed Child and Adolescent Mental Health Unit, Ambulatory Care, Adult Inpatient and Administration units to the Hospital.
- Stairways are provided to the south of the facility that enable staff direct access to and from levels 1 and 2.



- Direct access to the new cafeteria is obtained from the new Main Entrance..
- The public access for Ambulatory care is on the western end of the facility off the new entry road and the new secure link

Outlook and courtyards

The location of the new Psychiatric Unit and Council Setback requirements and local neighbourhood requests enables extensive northern courtyards for the 32 patients forming the adult acute and sub-acute units.

South facing courtyards (south-eastern corner of the site) are provided for the 8 bed high dependency unit, this establishes the patients with the highest acuity in the most secure location. These courtyards enable all bedrooms to have windows to the outside and provide secure courtyards for the hot summer months.

Built Form and Massing

The key issues to be considered in determination of the built form include:

- Heights – relationship to topography and diverse range of surrounding heights..
- Street edge – with regard to existing townscape character of the surrounding developments.
- Views – consideration of existing and potential view lines,,
- Activation – in particular the pedestrian and street system,,in order to create a vibrant precinct and a vital, safe circulation system for campus users at all times of the day
- Sense of place – desire to create a memorable, contemporary, distinctive public domain that addresses the inherent qualities of the site
- Address – the need for a clear sense of address and identity to the various functional