

Repurposing heritage buildings for recovery

Dr Christina Malathouni, an architect and architectural historian at the Liverpool School of Architecture at the University of Liverpool, and Haziq Khairi, a Part I Architectural Assistant and graduate of the University who has been working with her on research into mental health facilities UK-wide, consider Mersey Care NHS Foundation Trust's 'unique approach' to its contemporary mental health facilities. They say their review proved 'an uplifting exercise in effective planning, user and community participation, commissioning, design, and communication', and development of both inpatient and 'innovative' community facilities.

In recent months, as the reality of a pandemic became increasingly apparent across the globe, the significance of our physical and mental health has been brought to the foreground of our collective thoughts. Widespread lockdown measures worked their way into daily life, and many of us remained indoors and largely confined to within the walls of our homes. Restrictions on the use of shared open and enclosed spaces further highlighted the key role of the built environment in personal and community wellbeing. Within this context, a review of Mersey Care NHS Foundation Trust's approach to its contemporary mental health facilities has proven to be an uplifting exercise in effective planning, user and community participation, commissioning, design, and communication, as well as its development of both inpatient and innovative community facilities.

Over the course of summer 2020, Mersey Care oversaw the completion of two significant new inpatient facilities. Last June saw the opening of Gilling Dod Architects' Hartley Hospital in Southport (Fig 1),¹ while at Maghull, handover took place for Rowan View Hospital, designed by IBI Group. (Fig 2).² However, these inpatient units are just one facet of the Trust's extensive mental health services portfolio. At a more inclusive, community-focused level, the Life Rooms programme –

which provides a platform for learning, treatment, recovery, and wellbeing services³ – has received significant attention for its re-use of existing heritage buildings, or its co-location with other educational, health, or cultural organisations. The diversity of the Life Rooms service is reflected in the variety of buildings used to house the service, from the former Walton Library, to the Playhouse Theatre in Liverpool's city centre.

A 'people first-based design approach'

Both the Life Rooms and inpatient units are products of Mersey Care's community-based, 'people-first' design approach, which began with the conception of its Design Champions Board in 2014. Beatrice Fraenkel, who has been Chair of Mersey Care since 2009, was asked to oversee the commissioning of new facilities, and subsequently initiated the Board's formation. As a qualified industrial design engineer, ergonomist, and former Chair of the Architects Registration Board, her comprehensive design background is focused, in particular, on regeneration and community involvement. Many of her design processes encouraged by the Board are therefore centred on these concepts.

Inpatient units

Take, for instance, Clock View Hospital (Fig 3) – completed five years prior to Hartley Hospital and Rowan View.⁵ Designed by Medical Architecture, one of the pre-eminent practices within the healthcare architecture field, the commissioning for the hospital was being processed at roughly the same time as Beatrice Fraenkel assumed duties as Chair for Mersey Care.⁴ As a result, it is here where many of the Trust's contemporary procedures were first initiated by her and the Design Champions Board. In this way, Clock View was very innovative for its



Fig 2. Rowan View provides considerable green space; its café 'spills out' into an extensive garden, while other open areas allow for private reflection and seclusion.

time; community participation in the early design stages was emphasised, involving significant communication with users and neighbouring residents. Considerable thought was also given towards the development's impact on the local culture and economy.⁴ An extensive study performed by Arup – acting as technical advisors – made use of focus groups, interviews, and behavioural observation of staff, from five other Mersey Care hospitals, to provide evidence-based precedent for the new hospital.⁴

The result is a sequence of 85 *en-suite* bedrooms over five wards, arranged in an L-shaped plan around inner courtyard gardens intended to provide safe, sociable, and airy spaces (Fig 4).⁴ Commissioned artworks decorate the interior, aiming to create spaces without the stereotype of white, sterile impersonality often associated with clinical environments. To this end, Beatrice Fraenkel expands upon the notion



Fig 1. June 2020 saw the opening of Gilling Dod Architects' Hartley Hospital in Southport.



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Fig 3. Clock View was ‘very innovative for its time’; community participation in the early design stages was emphasised, while clinicians and user groups from other NHS facilities were consulted.



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Fig 4. Elements of the demolished hospital that existed in Clock View Hospital’s place were salvaged to create landscape features, while the use of splayed windows ensures a long view of the landscape for every patient.

that everything seen, smelled, and touched, is wholly integral to mental, emotional, and physical wellbeing. At Clock View, this is manifest from the moment one walks through the funnelled, landscaped entrance, where the reception is entirely visible and transparent. At night this is well-lit, while long, splayed windows allow for perpetual views of surrounding gardens and landscaping. These seemingly small, yet welcoming, gestures set a calming tone intended to put users at ease, so that ultimately, the action and sensation of approaching, and being in, a mental health facility is de-stigmatised through design.

Rowan View

As Clock View opened its doors in March 2015, the design process for Rowan View Hospital had also started at IBI Group. With 123 beds over eight wards, it is a larger hospital than Clock View (Fig 5). It is intended to co-locate two medium secure inpatient units at Mersey Care’s Maghull Health Park – unusually combining provision for mental health and learning disabilities.² Individual *en-suite* bedrooms, gardens at each ward, and interior artwork, are consistent features in both hospitals.

Karen Flatt and her team at IBI began the design process with procedures similar

to those for Clock View. At the conceptual stage, engagement sessions were primarily held with clinicians and user groups from other NHS facilities; much like the earlier Arup study did to create a similar evidence base. Karen Flatt brought updates to the Design Champions Board at tri-monthly presentations, where, for example, the distinctive circular plan was discussed and backed by clinicians, who found this arrangement to be preferable. Interestingly, this design characteristic was considered to relate to the notion that straight lines are not found in nature, and therefore that there may be a positive biophilic response from patients due to an increased comfort with curves instead of flat surfaces.

Budget cuts and safety concerns

However, the design process was not as linear as hoped. This curvature could not be fully realised, and neither could all of the landscaping. Karen Flatt expresses frustration that landscaping in particular is often undermined by budget cuts and safety concerns – especially at a healthcare facility, where greenery can have considerable wellbeing benefits, but external spaces also have to be closely regulated for safety concerns. Having

admitted its first patients in November 2020, Rowan View is nevertheless able to provide considerable green space: the café spills out into an extensive garden, and other open areas allow for private reflection and seclusion.⁶

In the same way, garden courtyards characterise Gilling Dod Architects’ Hartley Hospital (Fig 6). These, along with other interior features, were similarly realised through a series of workshops with users, clinicians, and other stakeholders.⁷ Placed on the site of the former Southport General Infirmary, Hartley Hospital is a smaller facility than the previous two hospitals, with only 40 *en-suite* bedrooms over two wards. It also combines both inpatient and outpatient services in order to provide a wider range of treatment options for residents of Southport.¹

‘Commonalities’ established

Commonalities can be established between these new hospitals, where a number of ways in which Beatrice Fraenkel and the Design Champions Board aim to challenge assumptions about restrictions relating to clinical spaces become readily apparent. However, it is also notable that some of these features appear to pre-date the Board’s formation. For example,



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Fig 5. With 123 beds, Rowan View Hospital is intended to co-locate two medium secure inpatient units at Mersey Care’s Maghull Health Park – unusually combining provision for mental health and learning disabilities.



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Fig 6. At Hartley Hospital, both interior features and garden courtyards were realised through a series of workshops with users, clinicians, and other stakeholders.

INCLUSIVE DESIGN

Medical Architecture has prior experience with Mersey Care, having completed the Rathbone Low Secure Unit in 2006.⁸ This 32-bed facility consists of two wards, providing treatment and rehabilitation programmes for men with severe, enduring mental health issues. Here too, the wards are arranged around courtyard gardens, which in turn come together around a communal 'street' intended to provide a range of spaces as a reflection of real-world social patterns.

Christopher Shaw is senior director at Medical Architecture, as well as Chair of the non-profit organisation, Architects for Health. Over 30 years' experience as an architect within the healthcare sector has led him to an enduring, convincing belief in the role that architectural interventions can have in mental health. He even suggests that, in some instances, the built environment may have a more considerable impact on wellbeing than, for example, the medicines developed by large pharmaceutical companies – especially with regard to the number of people the respective outcomes of the two fields actually reach.

Life Rooms

While it is easy to draw several design parallels across the inpatient units, the Life Rooms spaces demonstrate further design interest, as they also benefit from the nature of the services they offer. Because these services are not subject to the clinical requirements of an inpatient hospital, there is greater flexibility for a range of spaces whose requirements are closer to those for classrooms, libraries, employment centres, or private meeting rooms. Notably, Mersey Care's director of Social Inclusion & Participation, Michael Crilly, asks the question: 'Why would you deliver education programmes in a hospital?' Communities can instead revolve around the Life Rooms, which work like a platform where people can choose the service that suits them best.

Mersey Care currently operates five Life Rooms: at Walton, Bootle, Southport, Speke, and the Playhouse Theatre in Liverpool city centre. The first of these opened in Walton in 2016, breathing new life into the Andrew Carnegie-funded Walton Library, first completed in 1911.⁹ Michael Crilly explains that Mersey Care was encouraged to use libraries, as many public libraries were being closed at the time, and Walton provided a fortuitous opportunity to revitalise a much-loved hub of the surrounding community (Figs 7 & 8).

Community involvement was key

Stacey Charlesworth and Olivia Jones of ADT Workplace, which acted as both designer and contractor on this project, explain how Mersey Care was actively involved. They also explain how their own team approached public engagement pieces by creating videos, carrying out roadshows and workshops, and by presenting to the community at design stage to gain feedback and input. As the Life Rooms were designed for the community,



Fig 7. The Walton Life Rooms building's defining central dome was retained and emphasised because of its uplifting quality, and 'because it did not remind people of the sanitised, detached quality typical of healthcare facilities'.

its input was considered to be key.

Encouraging the community to come in, use, and feel welcome in, the facilities available, was, in fact, part of the brief, and Stacey Charlesworth notes that the Walton Life Rooms building was relatively easy to convert, and, what's more, a pleasure to work on. Being originally a Carnegie library, and designed for community use, it already had an abundance of natural lighting, and a clear route for visitors. The building's defining central dome was retained and emphasised because of its uplifting quality – but also, as Michael Crilly notes, because it did not remind people of the sanitised, detached quality typical of healthcare facilities (Figs 7 & 8). This is further reflected in the sensory experience created by the materials specified throughout.

Material choices had to be considered within the project's budget, so, rather than specifying high-cost materials like natural wood flooring and real timber joinery, Stacey Charlesworth and Olivia Jones selected very high quality, contract grade laminates to replicate the patterns and feel, but for a lower cost. Laminate is also much more practical from a maintenance and cleaning perspective. Similarly, for practical and maintenance purposes, the planting is high quality 'look real', rather than real, so it provides a connection to nature without the associated costs or care that come with using actual plants – notably, the focal feature under the circular dome being a large tree (Fig 8). Finally, the addition of softer furnishings and finishes helps balance acoustics.

Acoustic panels

When used in combination with the acoustic panels, which are strategically placed throughout the interior, these softer furnishings and finishes help create a more acoustically comfortable space by absorbing some of the sound and managing the reverberations. Overall, as Michael Crilly notes, the converted interior manages to serve the mind and spirit in ways that clinical 'white plastic' interior finishes are unable to.

This example of refurbishment is also particularly advantageous when attempting to consolidate a mental health facility as a community establishment, as many older buildings already have an



Fig 8. The first of Mersey Care's Life Rooms opened in Walton in 2016, breathing new life into the Andrew Carnegie-funded Walton Library, first completed in 1911.⁹



Fig 11. A sensory room at Rowan View Hospital. Digital technologies – from immersive technologies like avatar therapy, to sensory rooms and ‘media walls’ – are making their presence felt at Mersey Care’s inpatient units.



Fig 10. The Life Rooms facility in Bootle is a new, single-storey extension to the formerly derelict St Winefride’s Church. The refurbished church functions as a learning centre for college students and the community.

ingrained connection with the past and the location. As Stacey Charlesworth and Olivia Jones argue, ‘it would be a crime to lose these buildings from our cities, with them being replaced by new shiny white boxes’, especially when both existing buildings and local residents can benefit from a rejuvenation like that accomplished at Walton.

Christopher Shaw himself is a self-reported fan of the Life Rooms model, and is well aware of the argument for the reuse of existing buildings. From an environmental perspective, the advantages are undeniable. From a sociocultural perspective, the examples at Walton and Bootle, as discussed below, have been widely praised, and the first longitudinal study is currently under way.¹⁰ Intriguingly, however, Christopher Shaw believes the principle can be taken even further. Couldn’t the open plans of retail buildings, for example, be converted into hospitals? Shouldn’t architecture schools further explore the feasibility of such projects? After all, only too recently have we been reminded in practice of this concept: in April last year, architects and engineers from BDP famously helped to convert London’s ExCeL exhibition centre over a period of just nine days, providing the first temporary NHS Nightingale hospital, with space for 4,000 beds, in response to the early throes of the pandemic.¹¹

In this sense, the Life Rooms at Bootle presents an even more overt illustration of building re-use and community integration. Led by IBI Group, the project forms part of the St. Winefride’s Campus at Hugh Baird College, where the Life Rooms facility is a new, single-storey extension to the formerly derelict St Winefride’s Church (Fig. 9).¹² The refurbished church functions as a learning centre for college students and the community, featuring a library, working spaces, and a coloured-glass café as a vibrant nod to the building’s original stained glass windows.

Links to the site’s history

Although a new addition, the Life Rooms building, which replaced the old Presbytery, also established links to the history of the

site. Design requirements were determined through public consultation held between the architects and members of the community. An established connection between the site and local residents led to the retention of its memorial garden, which remains open to the public as a feature of the finalised scheme.

This further underlines the design’s sensitive approach: at reception, the approach and entranceway are addressed in the manner that Beatrice Fraenkel and the Design Champions Board advocated at the inpatient units. Chris Pickup, who is Studio associate director at IBI Group, outlines how privacy is handled at the building’s reception through the use of clerestory windows. With this, visitor confidentiality and natural lighting are simultaneously achieved, without resulting in a building that is oppressive or discouraging for people to enter.

The facility is emblematic of Mersey Care’s ‘people-first’ agenda, especially in Bootle, where many in the area face considerable hardship. The Trust’s collaboration with the College thereby provides the education and employment opportunities needed for social regeneration. Furthermore, this becomes synonymous with the architectural regeneration of St Winefride’s Church, which Chris Pickup summarises as coming ‘full circle’ – from a thriving local church, to a casualty of disuse, arson, and vandalism, and back to an inviting, enticing hub for the community.

Today, with the project having been completed in 2018, Mersey Care and the IBI Group are still in contact as a result of a



Fig 9. The Life Rooms at Bootle form part of the St. Winefride’s Campus at Hugh Baird College.

positive working relationship. Post-occupancy evaluations with building users have shown an overall satisfaction at the design. Few changes have been required, with the most notable being the introduction of some new seating with higher backs, so as to achieve more enclosed spaces within an open plan, and some additional soft fabric panels as an acoustic device, further reducing stress caused by unwelcome sounds (Fig. 10).

Technology and COVID-19

Michael Crilly points out that while certain elements of the model for a centre for learning, social prescribing, and community services, are also used elsewhere within the NHS, the Life Rooms programme is particularly notable in that only Mersey Care brings each element together as a single, combined service. With the coronavirus pandemic inducing the temporary closure of the Life Rooms last March, however, the identity of the service has been through a period of reflection. Prior to lockdown, services were wholly centred on face-to-face interaction, and online programmes were not even considered. In response to the pandemic, however, the Life Rooms now run an extensive catalogue of online videos on health and wellbeing, and Michael Crilly is looking to enhance this further – aiming to provide an online environment that is as welcoming as the physical iteration. At the same time though, Beatrice Fraenkel stresses that the use of digital and online technology must be carefully evaluated. Will this result in disadvantaging certain groups of service-users? Not everyone can benefit from regular remote access, and while the Life Rooms do provide large IT suites, issues of digital deprivation and exclusion must be assessed to ensure that the outreach of any online services is as extensive as possible.

Digital technologies in inpatient units

Likewise, new digital technologies are also making their presence felt at Mersey Care’s inpatient units (Fig 11). These feature a range of applications – from immersive

technologies like avatar therapy, to sensory rooms and media walls.⁶ Such technological advances allow patients to regain a sense of control and autonomy with regard to their immediate environment, as well as the amount of social interaction they can have within the confines of their bedrooms. At Rowan View, for instance, users will have the ability to view care plans and activity plans, and order meals, all through online access. Christopher Shaw also highlights the potential for technologies to alter the sensory aspects of the environment, and further enhance this sense of control and autonomy. He points out, for example, that while material choices in the built environment can largely define its sensory qualities, user-led adjustments to lighting akin to those on long-haul flights can have an analogous effect.

A period of continuing uncertainty

The effect of the pandemic on the potential role of new technologies extends beyond applications within patient spaces or for service user-facing programmes. With face-to-face contact becoming increasingly scarce during the pandemic, remote working is a necessary, but challenging, task that impacts on new facilities being designed during the pandemic. As Karen Flatt asserts with regard to user participation, design discussion in large groups usually works much better with everyone together in a physical room. What is more, the very nature of the current pandemic can exacerbate some of the uncertainties regarding the provision of new healthcare spaces, such as the need for specialised rooms for the donning and doffing of PPE, or any adjustments to the dimensions of corridors and other communal spaces to enable appropriate social distancing. Evidently, this remains a period of uncertainty, affecting all aspects of the healthcare architecture field – yet on the other hand, as Olivia Jones describes, the pandemic has also accelerated the wider acceptance of design principles related to occupier/user wellbeing and health. In line with this, ADT Workplace have developed a new initiative called ADT WellSpace, which supports organisations of all sizes in designing and creating healthy spaces based on a set of solid best practice principles.

Mersey Care's future plans

At present, Mersey Care is in the process of expanding its services to include a number of new locations on Merseyside. The Life Rooms in particular are looking into the expansion of their programme within the L7/L8 area. At the same time, a new 40-bed hospital for people with learning disabilities at Maghull Health Park has been given outline permission, and is due for completion in 2023.¹³ With its existing inpatient and Life Rooms facilities as a precedent, Mersey Care's future provision and new specialist spaces will certainly be observed with considerable interest. ■

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Haziq Khairi

Haziq Khairi is a Part I Architectural Assistant and a graduate of the University of Liverpool, having completed his BA Architecture degree with First Class honours in the summer of 2020. Shortly after graduating, he took on a role at the University as a Graduate Researcher (funded by the University's Graduate Research Internship Scheme 2020), where he had the opportunity to collaborate with Dr Malathouni, and get involved with her wider research into mental health facilities around the country.

He grew up living in Malaysia, the US, Vietnam, and Cuba, where he says the 'universality' of mental health issues became increasingly apparent to him as he got older. He adds: "Now, as a young architect, writing this article has further enforced my aspiration to design for the betterment of people's wellbeing. Currently, I am practising in my native Malaysia, aiming to realise these aspirations."



Christina Malathouni

Dr Christina Malathouni is an architect and architectural historian. She graduated from the School of Architecture, National Technical University of Athens, Greece, and holds an MSc and a PhD from The Bartlett, UCL. She is currently based at the Liverpool School of Architecture, University of Liverpool, and is writing a book on Public Mental Health Facilities in Post-War Britain 1948-1973 (Routledge).

She has extensive experience in the heritage sector, specialising in twentieth-century architectural heritage, and is a full member of the Institute of Historic Building Conservation (IHBC), and an associate member of the International Scientific Committee on 20th-Century Heritage of ICOMOS (ICOMOS-ISC20C). She has campaigned for 20th-century architecture in Britain, including writing the successful listing application for Preston Bus Station, Lancashire (2012). Her doctoral research focused on the American architect and theorist, Claude Fayette Bragdon (1866-1946), and the concept of the 'fourth dimension of space'.

