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Dear Tim,

Re: Proposed development: BDC 07/00148 Residential Care Hospital, Barlborough.

I am in receipt of plans/drawings in relation to the above proposed development and wish to make the following comments with regard to reducing the potential for crime and disorder.

As expected this development is one which has produced a great deal of concern from the local community and as the applicant is clearly aware, the fear of crime is a material consideration. In my opinion the fear of crime could be reduced by a number of changes in the design in association with a more intensive Design and Access Statement which covers all the aspects required by "The Seven Attributes of Safer Places".

On each of the visits that I have made to Midland Way for other site assessments, I have noted that there is considerable "on street" parking which indicates that the existing premises on the road have insufficient parking or that the public transport available does not match staff requirements. The car parking proposed for this development is limited to 100 spaces which includes visitor parking, I would question whether this is sufficient at staff turnover times when the number of staff on site will be doubled, this could mean that staff are forced to park on Midland Way causing further congestion. The times of buses on the enclosed Travel Plan would not meet the staff turnover times, the first bus from Chesterfield along the Route 77 does not reach Barlborough until 0654 and does not run on Saturdays, a similar situation arises with the same route from Worksop. I would contend that staff, unfortunate as this is will not be able to use the bus service and will resort to using cars, there is a real potential that the Midland Way could become further clogged with parked cars. On the subject of the car parking, the lighting levels should be good enough to make users feel confident during the hours of darkness, there should be a uniform lux level suitable for the CCTV which I assume will cover the car parking areas. There needs to be some form of segregation between staff and visitors parking, there is no indication that this has been incorporated into the proposed design. During 2006 Barlborough suffered the 6<sup>th</sup> highest theft of vehicles and theft from vehicles amongst the 20 wards within Bolsover District, this car park could become attractive to thieves, it may be worth considering controlling vehicular access to the car park.

The cycle parking area should be in an area that can be supervised at all times, without that surveillance opportunity cyclists will not use the designated area and will abandon cycles adjacent to the front entrance. At the moment the cycle storage area is located behind shrubs and below high windows where it is hidden from view.

I assume that the “security” fencing proposed is weld mesh but I would question the reason for wanting to fit fencing to a height of 5.2m if patients are to be “continuously monitored” as stated in the Planning Statement issued with this application. Fencing over 4.5m and double skinned is classed as high security with a climb time of at least 4 minutes; this would appear to be more than should be required in the circumstances. My advice would be to use a double fence (5 metres apart) of a height more suitable to intermediate security requirements (3.5m), the advantages of this design are that there is no risk of contraband being passed through the fence to patients and that climbing two fences is more difficult than one and gives staff more time to respond to any attempt to escape by a patient. Additionally installing the fencing prior to the main construction allows a greater level of building site security therefore reducing the risk of plant theft or damage during construction.

Although Cygnet “will restrict access to patients whose primary diagnosis is drug addiction” there is no definite statement that patients with drug addiction will not be accepted, therefore it would be sensible to design with that potential in mind. There is nothing in the D&A to indicate whether there is to be any form of drug or alcohol searches of visitors as the potential for contraband being brought into the premises is considerable.

In order to prevent casual intrusion to the land occupied by the development, I would recommend that the 600mm post and rail perimeter fencing be changed to something more substantial, 1.5m weld mesh fencing would be more suitable. My concern is based around the exposed building shell being targeted by graffiti artists with a message to make.

The D&A makes mention of heavy internal doors and double glazed windows with unbreakable glass, there is no standard proposed, therefore I would strongly recommend that LPS 1175 SR3 or SR4 is used and that glazing is laminated all round.

CCTV is proposed both externally and internally, however there is no mention as to whether it is to be monitored or just recorded for future use. In my view the system has to be monitored 24 hours a day and recorded, there is no point in having a system that nobody can respond to if it is just left on permanent record. CCTV should be considered as much for the protection of patients as it is for staff; it is also beneficial in protecting the shell of the building from intruders.

I have concerns over the G132 lobby as it has a direct link to the electrical plant room which in turn appears to have an external door which is outside of the fencing line, is there any purpose for a door from the plant room directly into the main building?

There may be occasions when Police need to attend the building to either take witness statements from patients or conduct video interviews, to facilitate this it is necessary to include a purpose built room on the ground floor.

A number of local residents have made mention of evacuation procedures in light of a major incident in the locality or more likely on the nearby M1, I have concerns over evacuation procedures in the event of a fire within the building. I am led to believe that it is advisable to maintain segregation between low and medium secure patients, has this been considered as part of the scheme proposal?

Derbyshire Fire and Rescue, like all Brigades in the country, have noted an increase in the number of calls outs to deliberate fires in bins and bin stores and have recommended that all bin stores are located at least 5 metres from adjacent buildings to reduce the risk of secondary

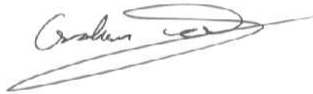
fires. Furthermore bins stores should be designed to be climb resistant and capable of being locked and secured.

As has been mentioned in a number of responses from local residents, there is no dedicated Neighbourhood Policing Team with responsibility for Barlborough and there is obviously a need for one. Cygnet have indicated in their Healthcare Statement that they are keen to liaise with and contribute to the local community in all appropriate ways and that new possibilities are actively sought. There is tentative support from the Community Safety Crime Reduction Partnership for consideration being given for Section 106 funding for two Police Community Support Officers for Barlborough, this will provide policing for the Village and at the same time provide re-assurance for the local residents should this development be given the go ahead.

I would be happy to discuss anything contained within this letter that requires clarification.

Advice is given to “design in” community safety and “design out” opportunities for crime in partnership with your local authority under legislation known as the Crime and Disorder Act 1998, Sect 17 and Planning Policy Statement 1, Delivering Sustainable Development (P.P.S.1). Guidance is also taken from Safer Places, The Planning System and Crime Prevention and any relevant local Supplementary Planning Documents.

Regards,



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