

**Flimkien għal Ambjent Aħjar submissions re
MEPA's Height Limitation Adjustment Policy for Retirement Homes**

Policy Discrepancies:

The policy being proposed in this MEPA document is diametrically opposed to mainstream developments in European care for the elderly over the last 20 years and, most significantly, contrary to Malta's own National Health Systems Strategy 2014-2020 : "Action will be taken to ensure that the care required is delivered in the setting which is most suitable to the needs and is conducive to sustaining and improving the health and well-being of the person at different stages of the life course...there will be increased focus on empowering and encouraging communities to become more involved in the provision of informal care in the community and as near as possible to where people are residing and working."

FAA asks who has authorised a policy that, in strengthening the private sector's grip over healthcare provision, undermines Malta's National Health Systems Strategy?

What professional studies have been undertaken to justify this approach? Instead of seeking medical or specialist design consultation, the document only indicates developers and entrepreneurs as the source of changes to the draft regulations.

Why does the document refer to Government objectives in the planning sector, but not in healthcare sector?

Healthcare Strategy:

The document focusses on "the setting of standards and monitoring of quality of care; staff training, numbers and deployment; design and adequacy of buildings; costs; ...treatment with dignity as well as opportunities for self-determination". However the policy overlooks the fact that Maltese medical authorities follow Western healthcare systems in aiming to provide care for all but the most infirm in the community, rather than in the large institutions that this policy promotes. Studies in Sweden and New Zealand have shown that in spite of growing aging populations, a better service can be provided by increasing facilities in the community, without increasing institutional beds. Scandinavia has a relatively low rate of vulnerable elderly in institutional care as the majority are now cared for in their own homes or community homes. The increased demand in Malta is partially as a result of the lack of home care being offered by the State.

Such a policy does not necessarily require a significant increase in staffing levels, as, if anything, higher-floor institutions require more staff in order to move people from their bedrooms into elevators for meals and access to outdoor space.

Residential Structure:

"The visual character and physical massing of the building should be reminiscent of a house. The building should avoid the institutional look of a healthcare facility.

A residential-looking building appears friendly, familiar and inviting, often stimulating a positive response from family, friends and staff. Healthcare environments that utilise commercial materials and detailing appear institutional and cold. The building should seek to be the opposite of the sterile stereotype we often associate with nursing homes.

Limit the number of units and break down the massing from the street to make it appear smaller and less overwhelming.

Common spaces including restaurants are open to building residents as well as to other older people in the community.”¹ This reflects the need to integrate elderly residents in the community, and not enclose them into ghettos for the aged. This requires a cross-generational approach which includes facilities such as gardens that the public are encouraged to use.

“New nursing homes are increasingly designed as places for residents to live out their lives rather than places largely organized for efficient and safe service delivery. Homelike alternatives to traditional large-scale nursing facilities have been shown to improve residents’ quality of care and satisfaction by enhancing the physical environment of nursing homes, facilitating improved qualities of life and care for residents, and offer the added boon of reducing providers’ operational costs.”²

As the demand for care of dementia patients increases, it is relevant that “Good dementia environments are small-scale settings that subdivide the population into small clusters of 8 to 15 residents...Being able to walk inside and outside the building [to secure outside areas] can reduce the anxiety level of residents who have an incessant need to wander...access to outdoor garden is necessary”¹

Studies indicate that older people suffer from increased alienation at heights of over three floors. “Tall buildings had the stress-generating elements in them as perceived by elderly inhabitants”³ A low rise building suits the elderly better in terms of a higher percentage of rooms at ground level - not dependent on stairs or lifts, and with greater accessibility to outdoor areas.

Conversely, multi-storey buildings are heavily dependent on lifts, requiring more staff to transfer wheelchair-bound inmates to dining rooms, lounges and gardens on different floors and increasing dependency of patients, rendering them prisoners on their floors. “When these care units are on upper floors of multi-level buildings, getting outside becomes a rare event. Staff is understandably busy with many care-giving tasks and the extra time it requires just to get people outside may be more than they can manage...no secure unit should be considered acceptable unless it has direct, unrestricted access to a (secure) outdoor space (Calkins and Mardsen, 2003)”⁴ Moreover, the lift capacity of existing buildings will not be increased in any way by simply adding floors.

It is pertinent to point out that every extra floor poses an exponentially-increased fire risk in having to evacuate a large number of feeble or bedridden elderly people, given that lifts cannot be used in case of fire.

Town planning considerations:

The MEPA draft policy claims that MEPA will assess the building in relation to the context, the effect on the skyline, the design and the microclimate, however these considerations are frequently overlooked at permitting stage. UCAs have already experienced demolition of much of the streetscapes that adorned the characteristic towns and villages of the Maltese Islands. In most cases, the traditional architecture that was destroyed was replaced by featureless buildings that tended to be out of scale and/or out of character with the surrounding urban texture. When the hotel height limitations were relaxed, UCAs were excluded from the policy, however the change to allow retirement home extra floors in UCAs and Schedule Grade 2 buildings, as dictated by developers, will continue to undermine the appearance and character of our historic cores.

This violates MEPA’s Strategic Plan for Environment and Development (SPED) which highlights the need to protect cultural heritage: “Malta’s built heritage and archaeological remains are a significant component of our cultural heritage...These elements of cultural heritage remain under threat from demolition, inappropriate design and use of new and restored buildings which undermines street character.”

The overdevelopment of scheduled monuments such as the Mtarfa Isolation Hospital will destroy the integrity of the site, and in so doing will also violate the Heritage Act (Cap 445) on the protection of Malta’s cultural heritage, and Malta’s scheduling regulations “**Grade 2:** These are buildings of some architectural or historical interest or which contribute to the visual image of an Urban Conservation Area. Permission to demolish such buildings will not normally be given. Alterations to the interior [*NOT the exterior*] will be allowed if proposed to

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be carried out sensitively and causing the least detriment to the character and architectural homogeneity of the building.”

While such taller buildings are acceptable in certain development zone areas, they will ruin the traditional skyline and overshadow neighbouring buildings in low-rise localities, often scheduled buildings themselves.

Extra floors on scheduled ‘Roseville’ would threaten the sustainability of Villa Bologna and also impact San Anton Palace, looking directly into the president’s garden. Such developments would also deprive neighbours of their solar rights which runs counter to current policies promoting solar energy for water heating and alternative energy.

Furthermore, allowing nursing homes to build into their gardens beyond the 30m set by policy P27 will not only destroy a much-needed facility to keep residents healthy and active; it will further encourage the destruction of green urban lungs, increasing the problem highlighted by SPED “Low provision of urban green space and recreational facilities ...have reduced quality of life and resulted in greater air and noise pollution”.

Increasing the size of institutions in the Urban Conservation Area will attract more traffic to village cores, contravening SPED policy 2.46 “High car dependency is having a particularly negative effect on the characteristics and dynamics of UCAs. The narrow streets can no longer physically accommodate the growing demand for parking” 2.39 “Traffic growth leads to pollution especially through congestion which deteriorates air quality”. Vehicle emissions have a significant impact on human health, especially among vulnerable older people, and contribute to the erosion of stonework in old UCA buildings.

There is no need to opt for higher floors in order to avoid building in ODZ, as empty properties in Malta’s towns and villages could be redeveloped for the smaller residential units which are now considered preferable to large-scale institutionalisation. Moreover empty buildings such as the 10 government schools that are no longer in use in various towns and villages could potentially be redeveloped as low-level accommodation for Malta’s growing population of elderly residents.

FAA cannot identify any positive benefits to the wellbeing of elderly residents by the addition of two floors on retirement homes. This policy clearly puts the interests of developers before the needs of the elderly, the interests of residents living close to nursing homes and the protection of Malta’s heritage. It is also of grave concern that MEPA should enact a policy that runs counter to Government health policy in order to favour developers and investors.

The FAA Committee

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1. Design for Assisted Living; Guidelines for Housing for the Physically and Mentally Frail – V Regnier, FAIA, 2002
2. California Health Foundation – New Models for Nursing Homes, April 2012
3. National Symposium on Culture Change and the Environment Requirements – A Pre-symposium Background Paper to the April 3rd, 2008 - Creating Home in the Nursing Home:
4. Mohua Chatterjee, PhD, Lecturer, Department of Psychology , Bethune College, Kolkata

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