

March 2021





Bicester Health & Wellbeing Hub Design and Access Statement



Design and Access Statement

for

Bicester Health & Wellbeing Hub

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INTRODUCTION

This statement is submitted as an accompanying document in support of the planning application for Bicester Health & Wellbeing Hub at Graven Hill.

The requirement for Design and Access Statements is set out in The Town & Country Planning (Development Management Procedure) (England) Order 2015.

The order sets out the role of the Design and Access Statement to illustrate the proposal, and to explain and justify the proposals in a structured way.

The purpose of this statement is to describe the design process and to demonstrate how the proposed scheme responds to the site's context and the opportunities and constraints presented by both the site and its surroundings.

The application is being submitted by P J Planning on behalf of our client Bicester HC Development Ltd. The project proposals are to provide accommodation for the relocation of both Alchester Medical Group & Montgomery House Surgery.

Background to the development.

Bicester is one of 10 sites nationally to form part of NHS England's Healthy New Towns programme, and is acting as a test bed and beacon site to show how the built environment, community activation and new models of care can promote healthier behaviours, as a means of managing future demand. This includes planning for future premises needs, based on new models of care that will support transformation in primary and community care delivery and the introduction of new and additional services.

The development is the result of extensive public consultation and engagement over the 18 months and helps to deliver the premises strategy of Oxfordshire CCG. The project complies with the findings of a full options evaluation and site appraisal commissioned in 2018 by the CCG to review Bicester's capacity requirements for primary care premises, taking into account the substantial population growth projected for the next 5-10 years.

The project is for a building of 3350 sqm new build primary care, integrated health & wellbeing hub including pharmacy retail space, a new highway access road, 223 spaces for car parking, ambulance bay, service bay, mobile medical unit bay, elec sub station, waste / recycling store, cycle stores & landscaping.

Extent of the Works.

The hub is designed for flexible use, with a substantial proportion of shared space, facilitating a possible later merger between the Practices. It will meet all statutory and infection-control requirements, allowing the Practices to offer more services to local patients and support Oxford CCG in moving more patient care from secondary care into the community. It will also help to deliver the CCG's agenda of clinical service redesign and transformation of care pathways with the opportunity for operational cost savings, as the local population increases. Facilitating more GP and nurse training will allow the hub to become a Teaching & Training Centre of Excellence.

The proposals comprise of a new building at 3350 sqm to replace 4 existing GP surgery premises with a new single integrated primary care hub for Alchester Medical Group / Montgomery House Surgery and a new retail Pharnacy / Dispensary.

It is designed to serve a patient population of 50,000 and potential for a future extension to serve the population which is forecast to rise over the next 5-10 years to 60,000.





POLICY CONTEXT 2

Relevant Planning Policies

Please refer to P J Planning Report for details of the relevant planning policies which relate to this proposed development.

Pre-Application Consultation.

Pre application discussions have been held with Cherwell District Council Planning Officers & a pre-application meeting was held on 11 March 2020. The outcome of these discussions were formulated by a formal note which highlighted items to be addressed including site selection, impact upon open space, design to be rooted in the Graven Hill Design Code and relevant conditions on the outline planning permission.

Planning Matters.

A Masterplan and Design Code was produced by The Graven Hill Village Development Company in 2015 to reflect the vision to offer self build housing opportunities, extensive open space, a strong sense of character and identity, strategic locations for new employment and attract inward investment.

The site location for the proposals is within the light blue area identified as "Gateway Park" within the Masterplan below.

In terms of character treatment "Gateway Park" is identified as a large wetland habitat beside the main site entrance with a "rural" structure and with "low design freedom".

Potential buildings to retain were originally included within both "Gateway Park" and "Sports Grounds" to the West but these have subsequently been demolished to be replaced by this health and wellbeing centre proposal and a future sports pavilion by others.

The height of the recently demolished boiler house was taken as a precedent for the proposals to be 3 storeys with flat roof and parapet structure to be similar in scale and height.

The neighbouring "Sports Grounds" is identified as "rural" with "some design freedom" and includes a sports pavilion intended to sit comfortably in the landscape and be complimentary to it's context, either by reflecting the military heritage of the site or by blending into it's rural surroundings.

The character treatment suggests a sensitive approach using a considered application of vernacular materials is to be employed. Case study examples suggest restrained use of materials, brick and concrete, low tech detailing, a robust and understated appearance that conveys a similar quality to that of the military architecture found at Graven Hill.

Highway Matters

This application includes a proposed new highway access road to the health and wellbeing centre from the spine road to the South. The proposed highway works are to be undertaken in accordance with design, details and specifications provided by Waterman Group and to be carried out by Graven Hill Village Development Company to enable the required vehicular, cycle and pedestrian access to the proposed health and wellbeing centre.

Please refer to the accompanying Transport Assessment, which includes justification for the amount of parking proposed, and Travel Plan together with details of vehicle servicing strategy, swept path analysis, route design, timing and construction details for parking and access.





simple detailing minimise visual impact to nearby residents & respect the established tree-lined character of the grounds

The proposals will replace 4 existing GP premises into a single integrated location at the geographical centre of the combined patient catchment area. As well as centralising the Practices' activity into one, integrated new facility, the hub is urgently required to meet the growing demand for primary care capacity from the rising Bicester population from substantial new housing developments. The current surgery premises are much too small to cater for such a large increase, and while they are in good condition, they will no longer be suitable for this size of patient list to provide modern healthcare delivery.

To accommodate this size of building with appropriate car parking, a site of 1 hectare was required. This was taken into account in selecting the preferred site for the new development, and in the public and patient engagement processes that have been worked through over the last 18 months.

The design for the new hub is for a three-storey building of 3,350m2 (3,200m2 GMS plus a 150m2 pharmacy) with 223 car parking spaces. The centre is designed to accommodate a later extension of c.500m2, if required, to be able to cater for longer term population growth leading to higher patient numbers beyond 2030, that may rise to, say, 60,000 for the two Practices if the 50,000 projection were to be exceeded.

A Schedule of Accommodation was prepared showing the new health facilities required 69 clinical rooms. The building layout will give each Practice its own identity to provide patient choice, while including many shared facilities to reflect growing service needs and the requirements for community, same-day and emergency care (including mental health and counselling) over time. The Practices have a focus on increasing teaching and training in the new hub, for it to become a Centre of Excellence, to include more medical student placements with the Deanery, as well as increased GP Registrars. This is intended also to expand to encompass nurse training.

These shared facilities will include (but not be limited to):

- GP Same-Day Care Suite.
- Staff welfare facilities.
- Patient education rooms.
- Teaching and Training accommodation.
- Minor surgery suite.
- Patient Services office area.
- Main Administrative office area.

The health facilities design will specifically reflect access to important patient groups, including dementia, autism, learning disabilities and mental health, in addition to normal disability access requirements. Patient segregation requirements and the latest technology are also taken into account, including e-consulting rooms and digital access, to provide a post-Covid-19 complaint working environment.

The proposed new health & wellbeing hub will also be available for other visting health care professionals to use

For some time, the GPs have recognised the need to resolve their space constraints in the current surgery buildings. They explored ideas about how best to provide the additional premises capacity required in a sufficiently deliverable and cost-effective way to offer the resilience and future proofing they are seeking while catering for substantial local population growth that would take the combined Practice list up to 50,000, for which the new centre is designed.

Additional space for further growth in the longer term (post 2030) up to 60,000 patients could be accommodated within a planned 500m2 extension to the facility at a later date (taking it up to 3,700 m2). This future-proofing can be achieved within the site boundary without the need to purchase additional land.

Current parking numbers across the three main existing surgeries total just 125 spaces. This number is insufficient to cater for the current demand as many patients and staff double park and park on nearby residential streets. The new hub is designed with 223 parking spaces, of which 221 are allocated for the GMS space and 2 for the pharmacy.













SITE CONTEXT

This section considers the setting of the existing site and assesses the key opportunities for the development to which the design proposals are required to respond.

The application site is approx 1 hectare in size and the legal title of the existing site is indicated upon the location plan. The application site comprises the proposed new health and wellbeing centre with associated car parking and landscaping and the existing Northern boundary hedge which is to be protected & retained. The application site is wholly within the Graven Hill Village Development Company.

There is a separate planning application submitted by Graven Hill Development Co. for the proposed new highway access road to the serve the new health & wellbeing hub including a proposed new highway junction to the spine road.

Graven Hill Village just south of central Bicester in the Cherwell District of northeastern Oxfordshire. The application site is located at the northern edge of Graven Hill Village close to the main entrance junction off the A41 Bicester to Aylebury road. Topographically, the site level is broadly level with slight changes in across the site leading down towards the neighbouring wetland habitat area with it's manmade open drainage attenuation pond.

All existing buildings upon the site have been demolished including most recently the former boiler house below.



A vehicular access point into the site exists from the north via a single lane track parallel to the A41 which is intended to be maintained and used for construction purposes.

There are a number of statutory services which run across the site and all relevant diversions, disconnections as required by the works will be undertaken in accordance with Statutory Authorities requirements.

The site contains a number of mature trees and the submitted arboricultural report provides further information upon those trees, including root protection zones, which are proposed to be retained or felled.

An existing large mature hedgerow is located to the north running in a west to east direction which is to be retained and protected.









Bicester Health & Wellbeing Hub Design and Access Statement





5 DESIGN PROCESS

This section describes the evolution of the proposed scheme from the initial brief and requirements through options development and consultation.

DESIGN BRIEF

I B I

The proposals are based upon the following considerations:

- 1. Good integrated design
- 2. Access to open space
- 3. A clear logical plan
- 4. A welcoming reception point
- 5. Appropriate circulation and waiting
- 6. A focus on life cycle in materials
- 7. Natural light and ventilation
- 8. Adaptable to future change
- 9. Out of hours community use

The new building will be accessible to all and compliant with the Equality Act (DDA) both internally and externally, including accessible parking spaces and vehicular drop off close to and visible from the entrance.

The design explored a series of concepts and ideas to support a transition from a place of treatment to a place of support, education and training with an emphasis upon targeting community wellbeing. The Department for Health has developed a website promoting good design in healthcare buildings and the proposals respond to the ideas illustrated within this.

In addition the Department for Health now requires all new building schemes to achieve a minimum BREEAM rating of Excellent.

The original site concept aimed to mitigate potential road noise and pollution from the A41 to the East by locating the building towards the western boundary overlooking the sports pitches. This in turn maximises potential use of natural ventilation.

Accessible parking and drop off was required by the front entrance together with secure staff parking and segregated service areas.

There were opportunities to improve links through Gateway Park to encourage activity and improve pedestrian routes to Graven Hill Village centre and potential public transportation.

A external plaza space was envisaged leading to the main entrance for activities to support health and wellbeing.

A series of initial concept massing options were considered in consultation with the client to aid design development.







Option B





Two storey development

All clinical on ground floor.

Staff / administration fi floor.

Deep plan

Significant trave distances





Natural light and ventilation.

Long distances entrance



Deep plan

Staff accommodation

Recessed entrances Concept massing options A, B & C were rejected in favour of the preferred option D which comprised a three storey development with clinical accomodation over two floors, opportunities for flexibility in use, natural light and ventilation, and ease of access.



CONSULTATION

GP and user group design meetings have been utilised to refine and develop the design solutions and these have continued in advance of the formal submission of the planning application. Cherwell District Council have been involved through Pre-Application Consultation with meetings to refine the design solution developed in support of this planning application. The proposed development is the result of extensive public consultation and engagement over 18 months to deliver the premises strategy of Oxfordshire CCG. The project complies with the findings of a full options evaluation and site appraisal commissioned in 2018 by the CCG to review Bicester's capacity requirements for primary care premises, taking into account the substantial population growth projected for the next 5-10 years.

Information meetings were hosted by the GPs for patients, staff and the public at which display boards were presented for discussion and questions answered.

The Future Provision of Primary Care in Bicester

Information Meeting for Patients and Public

Your local GPs invite you to hear about and discuss the plans to expand local health care facilities and services that will meet Bicester's present and future needs

John Paul II Centre, The Causeway, Bicester, OX26 6AW Tuesday 14th May at 7.30pm

Further information requests or questions about the event may be emailed to feedback.alchestermedicalgroup@nhs.net

For more information concerning the venue please visit johnpaulcentre.co.uk



A single welcoming point at the entrance offers an early welcome and point of orientation when moving around the building. For many the experience of going to the doctor can reduce anxiety, and good vercoming virrival point design can lower or even remove this barrier. New approaches around concierge models alongside the implication of technology can all be explored to support improving the experience. Well considered Circulation areas which are designed in their own right, with views out are important characteristics of these spaces. Waiting areas that offer a variety of spaces, seating types, and varying amenity are important. Opportunities to obtain more information about health and wellbeing activities and services can be provided. Well selected materials, with a focus on low maintenance, providing Materials, finishes and furnishings. robust but attractive finishes should be the priority, reflecting the busy nature of a healthcare building. A focus on life cycle costs will provide on-going benefit as maintenance and replacement costs are reduced Natural light and ventilation are intrinsic to supporting good health and Natural light and ventilation. wellbeing, and can contribute to good and energy efficient environmental conditions. Careful site planning and consideration of facilitating high levels of natural ventilation in summer months, whilst ensuring patient confidentiality is maintained is an important design issue. The continuing demands on our healthcare systems to change and adapt, providing increased activity in a community setting requires Adapting to future change. our buildings to have the capacity to adapt to future changes. Careful planning of 'clusters' of accommodation, alongside consideration of the flexibility of standardised rooms which allows different patterns of use to evolve as required is a vital component of the design process.

> Enabling out of hours community use of parts of the building can enable the community to benefit from additional services provided by a wider range of providers.

community use.











12 | Example Space | Wai

20 | Room Concept | Consulting Examina



AMOUNT 6

Oxfordshire is the South East of England's most rural county with 639,000 residents across 1,006miles2. The county has the lowest population density in the South East region. About a guarter of the population live within Oxford City and over half the population live in towns or villages with less than 10,000 people. This population dispersal enhances the need for maximising services available in the community.

The Bicester catchment area (in excess of 50,000 residents) faces a period of significant change over the next 20 years with the planned provision of 7,800 new homes including a planned Eco-town development. A projected increase in population over the same period of just over 17,500 will increase pressure on services.

The design of the health and wellbeing hub is to be such that it will allow the GPs to successfully deliver the required GMS services and meet all other relevant national and local guidelines.

The organisational diagram explored the relationships between the various functions and activities in order to best determine the proposed spatial arrangement.

The proposed schedule of accommodation was developed in consultation with the client and GPs - the final version is shown adjacent.

The total floor area = 3350 sq m

The hub will provide 69 clinical rooms

(52 dedicated and 17 shared between the Practices). This represents an increase of 22 rooms over the current 47 clinical rooms in the four existing premises.

The proposed allocation of the 69 patient rooms for the new centre is as follows:

- Alchester Medical Group 28 rooms.
- Montgomery House Surgery 24 rooms.
- Shared Rooms 17.

The shared rooms are allocated as follows:

- 5 for teaching and training.
- 8 for same day care / GMS access
- 2 group rooms

BI

- 1 room for social prescriber
- 1 minor procedures treatment room (with support areas).



ORGANISATIONAL DIAGRAM







Staff Change

Staff Rest / Kitchen

Job ref: Bicester Hub Job Title: 122447 Schedule of Accommodation - Sign off as agreed 10.10.2019

Activity Space	Department	Source / HBN Reference	ADB Reference	Space m2	Qty	Total m2
Entrance Foyer	Public Areas	12.0		1	12.0	
Dublin Spanse						<u> </u>
Walling Areas	Dublic	7.5m ² nor consultin		7.5	22	240.0
waining Areas	Public	room (5 x 1.5m2)	8	7.5	32	240.0
WC, semi ambulant		HBN11-01	V1121	2.5	6	15.0
WC, accessible	Public	HBN11-01	V0922	4.5	2	9.0
Baby Changing Room	Public	HBN11-01	V1131	4.5	1	4.5
Baby Feeding Room	Public	HBN11-01	S0012	6.0	1	6.0
Reception Desk	Shared	HBN11-01	J0232	5.5	4	22.0
Patient Services / Reception Admin Office	Shared	HBN00-03	J0232	5.0	12	60.0
Interview Room	Shared	HBN11-01	M0724	8.0	1	8.0
Social Prescribing Office / Interview Room	Shared	HBN11-01		16.0	1	16.0
Beverage Bay	Shared	HBN11-01	P0625	8.0	1	8.0
Clinical Spaces						<u> </u>
Consulting Room - GP	Alchester	HBN11-01	C0237	16.0	20	320.0
Consulting Room - GP	Montgomery	HBN11-01	C0237	16.0	12	192.0
Consulting Room - Nurse	Alchester	HBN11-01	C0237	16.0	1	16.0
Consulting Room - Nurse	Montgomery	HBN11-01	C0237	16.0	1	16.0
Consulting Room - HCA	Alchester	HBN11-01	C0237	16.0	1	16.0
Consulting Room - HCA	Montgomery	HBN11-01	C0237	16.0	3	48.0
GP Registrar - Trainee	Alchester	HBN11-01	C0237	16.0	1	16.0
GP Registrar - Trainee	Montaomenu	HBN11-01	C0237	16.0	2	32.0
Treatment Boom	Alchester	HBN11-01	00201	18.0	6	108.0
Treatment Room	Montroomeru	HBN11-01		18.0	3	54.0
Counselling Rooms	Alchester	HBN11-01	00237	16.0	4	16.0
Counselling Roome	Montroomeru	HBN11-01	00237	16.0		16.0
GP Training Room	Shared	HBN11-01	00237	16.0	8	128.0
Group Room: Multi ournose	Shared	HBN11-01	H1313	32.0	1	32.0
Clean Utility	Alchester /	HBN11-01	T0538	32.0	4	32.0
clear ounly	Montgomery	10011-01	10000	0.0	~	52.0
Dirty Utility	Alchester / Montagery	HBN11-01	Y0431	8.0	4	32.0
Specimen WC	Alchester /	HBN11-01	V1121	2.5	2	5.0
-	Montgomery					
Minor Operations Suite						<u> </u>
Minor Operations (enhanced)	Shared			20.0	1	20.0
Preparation Room	Shared			8.0	1	8.0
Recovery Room	Shared			12.0	1	12.0
Clean Utility	Shared			8.0	1	8.0
Dirty Utility	Shared			8.0	1	8.0
Changing Room	Shared			4.5	1	4.5
Same Day Urgent Care Suite						
Consulting Room - GP	Shared			16.0	4	64.0
Consulting Room - Nurse	Shared			16.0	4	64.0
Clean Utility	Shared			8.0	1	8.0
Dirty Utility	Shared			8.0	1	8.0
Same Day Urgent Care Waiting	Shared	7.5m2 per consultin	g	7.5	4	30.0
Same Day Urgent Care Reception	Shared	room (5 x 1.5m2)		5.5	1	5.5
						<u> </u>

	-								
Storage									
General Store	as design	HBN11-01	W1585	8.0	4	32.0	0 Inr per practice / Inr minor operations / Inr Same Day Urgent Care		
Multi purpose storage	Shared			8.0	1	8.0	Inr adjacent to multi purpose room		
Cleanem Store	as design	HBN11-01	Y1510	8.0	2	16.0			
Records Storage	Alchester / Montgomery			16.0	2	32.0	This records space per practice - others to stored off site		
Central Holding Store	Shared	10		10.0	1	16.0	100000		
Disposal Hold	Shared			16.0	1	16.0			
External Waste Storage	Shared					0.0	External areas		
Meeting Spaces / Training	-	+			-				
Meeting Room (12nr spaces)	Shared			16.0	3	48.0	all meeting rooms to be interconnected with		
Library / GP Training Room	Alchester / Montgomery	HBN11-01	M0330	16.0	1	16.0	16.0 Shiding doors		
Administration	-	-							
Prantice Manager	Alchester	-		12.0	1	12.0	Assumed for PM nom net GP Practice		
Prantice Manager	Montananan	-		12.0		12.0	Assumed for PM room per GP Practice		
Sinde neeron office / interview	Alchester	-		8.0		8.0	Space allowances part of open plan admin suite -		
ange perior oncer merven	CALINGUE					0.0	REDUCED to 1nr room (not as per HBN 00-03 1nr room per 16nr staff - DERROGATE)		
Single person office / interview	Montgomery			8.0	1	8.0	Space allowances part of open plan admin suite - REDUCED to 1nr room (not as per HBN 00-03 1nr room per 16nr staff - DERROGATE)		
Administration - Spatial Allowance	Alchester			5.0	21	105.0	Allowance for 21 WTE (PM incl above + 4 WTE incl Patient Services / Reception Admin)		
Administration - Spatial Allowance	Montgomery			5.0	23	115.0	Allowance for 23 WTE (PM incl above + 4 WTE incl Patient Services / Reception Admin).		
Printer Room	Alchester / Montgomery			6.0	2	12.0	for room per practice		
Beverage Bay	Shared	HBN11-01	P0625	8.0	া	8.0	Admin beverage point		
Shared Staff Support Areas		-							
Staff Rest and Mini Kitchen including cooking	Support	HBN11-01	D0434	1.8	42.6	76.7	40% capacity REDUCED to 30% of staff numbers x 1.8m2 per person (Totals allowed for AL (50c/25nc) MO (40c/27nc) - DERROGATE		
Accessible Change / Showers	Support.	1		12.0	1	12.0			
Staff WC	Support		V1121	2.5	6	15.0	for WC for every 25 staff.		
Accessible WC	Support	-	V0922	4.5	2	9.0			
Staff Change, Lockers (M)	Support			6.0	1 5	6.0	142nr staff total (M/F)		
Staff Change, Lockers (F)	Support			24.0		24.0	142nr staff total (M/F)		
ICT Hub	Support			8.0	2	16.0			
Plant Room	Support			25.0	1	25.0	to be confirmed by services engineers		
Electrical Switch Room	Support	- 10		2.0	1	2.0			
External Garden Store	_					0.0	External areas		
NETTOTAL						3368 G			
Discrime Allowance	-			-	5.01	2309.2			
Planning Allowance					5.0%	110.5			
SUD-TOTAL	-				3.0%	2467.0			
Engrisering Zone Allowance					3.0%	74.0			
SUB-TOTAL (GIA)	-			1	25.0%	3184.2			
Dharenan (OlA)					-	110			
TOTAL BUE DING (CIA)					11	100			



Same Day

Clinical Spaces

_		
Consult	41	
Treat	9	
neelling	2	
ratining	8	
Group	1	
or Ops	1	
Consult	8	
TOTAL	70	

LAYOUT 7

Our design approach to the development of the master plan for the site has been focused around designing a highly functional, contextual development, which draws from the Graven Hill Design Code and recognises the aspirations and vision of Graven Hill Village Development Company.

As a team we have been very conscious of deliverability of the project and the functional and gualitative aspects of the design process, along with reference to the NHS Guidance such as AEDET and iDEAS, and CABE's commentary on the development of high quality healthcare environments. Some of these themes include:-

Good Integrated Design

A design that contributes to its environment.

Public Open Space

A patient centred building extending its concern beyond its walls

A clear plan Clear organisational diagram

A single reception point Clarity for patients

Circulation and Waiting areas Pleasant in their own right

Materials, finishes and furnishing Robust, attractive and fit for purpose

Natural light and ventilation

Contribute to good and energy efficient environmental conditions.

Adapting to future changes

Providing inherent flexibility

Out of Hours community use

Encourages use out of hours, both internal and external environments.

The design solution we believe responds to these themes in a positive manner and the words and graphics compiled as part of this submission illustrate and explain how these concepts are engineered, as well as ensuring that the proposals are deliverable within the timescales indicated.

The design also considers sustainability and environmental impact in line with The Eco-Bicester Shared Vision initiative which sets out proposals for increasing consciousness and deliverability of sustainable communities for Bicester. The proposals have been developed with a vital aim to reduce the carbon footprint, the hub has been aesthetically designed, allowing maximum natural light entry throughout, with the installation of solar panels while also ensuring that patient privacy is preserved within the building.

The Practices and design team are committed to developing the premises to have as low carbon emissions as possible. The aim is to make as much use as possible of natural light and to have maximum energy and water conservation through good design.

The project is committed to delivering sustainable solutions through:

· Considering the environmental and social impact of design proposals upon their immediate surroundings and minimising the negative effect on local eco-systems.

• Ensuring the orientation of any proposals optimise their ability to exploit renewable energy (natural daylight, natural ventilation, passive solar gain and shading).

• Seeking to ensure that the designs are as energy efficient as possible through use of low energy technologies and energy saving materials.

 Creating simple energy efficient solutions to reduce energy use and carbon emissions.

· Specifying sustainable materials wherever possible (recycled, recyclable, local and low embodied energy products).

 Optimising economic design solutions to minimise material use and volumetric content.

• Designing flexibly to ensure future use.

· Advocating the use of materials and products which do not cause pollution through their manufacture, utilisation, demolition and disposal / recycling.

· Recommending (wherever possible) and providing advice on 'alternative technology' installations.

· Providing low maintenance solutions with high life expectancy.

The master plan for the site has been developed following a careful and detailed consideration of the existing site and its interrelationships with the adjoining fabric of the Graven Hill Village Development area. The site analysis highlights the site boundary which is characterised by agricultural fields to the north, sports pitches on the western side, wetland habitat to the south and open land on the eastern side.

The following key aspects of the site are recorded in reference to the strategic development of the overall master plan for the site.

- of the site

- direction.
- shadows.

- therapy.

• Mature trees along the A41 act as a natural buffer to sound and pollution from the main road.

• A large mature hedge row, runs aong the northern boundary

• Vehicular access to the site is proposed in two places, one from the Graven Hill Village spine road which will include a new junction and access road leading to the proposals, and a second off the single track road parallel to the A41 which leads to the haul road access for construction traffic. This second haul road access is only for construction access and will never be used for public access.

 Active pedestrian routes run to the south of the site, at various times in the day as a leisure walk around the wetland habitat. The site is broadly flat with limited changes in levels in either

• The site is well illuminated with no buildings creating light

The site has open aspects to the north, east, south and west with long distant views to landscape.

• Public active frontages to the East and South.

Private staff only frontages to the North and West.

· Main entrance through green space, enables us to create linkages with the existing wetland habitat pedestrian routes.

· Active public open green space to promote healthy lifestyles and giving opportunity for exercise, healing and complimentary





Access

Pedestrian access to the main entrance of the building is provided from the north and the west, both through external garden areas connecting both adjacent healthcare facilities and also public transport bus stops. These routes both terminate at the heavily glazed entrance pavilion providing visual linkages and creating understanding about routes into the building.

These entrance routes will be level approaches with no steps or obstructions and enlivened with activity though the amenities included. Access pathways will be in excess of 1:20 gradients ensuring routes to entrances which are not a challenge in use, whilst level spaces are provided at locations along the route for resting points. The entrance pathways are a minimum of 1.8m wide, ensuring sufficient space for people to pass each other without obstruction.

Pedestrian access to the entrance of the building from car parking areas is from the eastern side, articulated at the point of entry by a projecting canopy. This route provides direct access to the main reception internally.

Secure cycle storage facilities, shall be provided with cycle numbers in compliance with BREEAM requirements, and located under the projecting entrance canopy. They will not obstruct the entrance into the building, but equally their location ensures passive supervision by the general movement in the vicinity.

External lighting will be provided along these access routes to ensure a level of illumination compliant with Secured by Design requirements.

Car parking

Refer to Transport Assessment for justification of the car parking numbers and confirmation of numbers and types of spaces being provided. All bays have been designed in accordance with spatial standards.

The car parking areas have been designed to accommodate a breast scanner or other medical mobile units / MRI scanner with a hard standing areas defined within the car parking areas. An external plug in post shall be provided providing the necessary services of power, data, water and drainage outlets shall be provided. The staff car park will be segregated from the public, patient & visitor car park. The car parking areas will include accessible parking bays in excess of the standard 5% allowances, and all shall be of sizes as defined by the Department of Transport. Bays shall be fitted with level access thresholds back onto pedestrian pathways as well as signage in line with Approved Document M, and also BS8300.

Deliveries will occur via the service bay leading directly to goods in store as well as to refuse collection points. Refuse spaces will include compactors and balers as required by BREEAM as well as waste storage in line with HTM09.

Boundary Treatment.

The design solution proposed will retain the existing mature hedgerow to the North. There will be a secure boundary fence to the West with gated access for staff only. The South & East boundaries will be relatively open and marked by low planting.

Landscaping

We understand that connections between inside and outside spaces bring occupants into close contact with nature for improved recovery outcomes and stress alleviation. The landscape proposals continue the healthy living ethos developed within the architectural design by incorporation of the following principles:-

Clarity of routes - Ease of access to avoid confusion and ambiguity to minimise stress

Variety of open spaces - A sense of control for choice to be sociable or to relax in solitude

Landscape planting - Contrast with hardscape and for therapeutic benefit of sensory stimulation

Exercise opportunities - Physical exertion to rehabilitate, improve fitness and reduce depression

Environmental protection - View screening, shelter from wind and noise mitigation for physical comfort

Positive distraction - Contact with nature and gardening activities for mental stimulation

Sustainable approach - Conservation and enhancement of natural resources for future wellbeing

The site layout feels both intuitive and welcoming because the building entrance location is logical and clearly visible from circulation routes that lead through attractive landscape places. Public open spaces connect the new building with the surrounding community for both active and passive therapeutic benefit. The retention of existing mature trees to the southern boundary will enhance the attractive approach to the new building. During construction, protective fencing will be used to conserve protected species, trees and associated habitats, whilst new native planting will enhance the habitat value of the site and promote contact with nature for therapeutic benefit. For more information please refer to the Ecological Impact Assessment.

Landscape Proposals

Introduction

The Landscape design creates a therapy garden, which provides a verdant setting for the health centre. Three main areas are located around the health hub – the tranquil area, the sensory area and a courtyard space within the centre of the building. A variety of materials within the hard landscape emphasises primary routes towards the health hub and creates a hierarchy of footpaths, while complementing the materials used on the building façade. A meandering gravel path leads through the different green spaces and joins the varying elements of the garden together.







Tranquil Area

The tranquil area provides a seating area which is backed by shrub planting and shaded by trees. This sheltered space features a sculpture in its centre as a focal point. It should enable visitors to sit in a calm space, where they can reflect and relax.



Sensory Area

The sensory area creates an interactive space, where the planting selection features an abundance of textures, smells and colours which stimulate the senses. Seating among the plants enables visitors to be engulfed in the sensory experience. Raised beds with herbs for interaction and use for therapy sessions. A sculpture creates a focal point & visual connection with the tranquil space.



Courtyard Space

The courtyard is an aesthetic feature which provides light to the health hub and visually brings the outdoors into the building. This will be what visitors see as they enter the reception area. Trees and low growing shrubs and ferns should create a woodland appearance which has a calming effect. A sculpture within the centre of the space should create a visual connection to the therapy garden at the entrance of the building.





















Bicester Health & Wellbeing Hub Design and Access Statement



Ground Floor

Patients and visitors entering the building will already have glimpsed the internal environment upon their approach to the main entrance. The glazed entrance frontage provides transparency into the building ensuring a welcoming entrance sequence. The reception point is immediately opposite the main entrance to the building ensuring patients visiting the building are able to gain information and check in at the immediate point of entry. The reception point has a view out into the courtyard and to the pedestrian routes so as to provide visibility and a degree of natural surveillance over the external and internal areas. The entrance lobby also enables access into the building to be controlled out of hours without the need for staff to leave either the reception desk or the adjacent office.

The reception desk is an open fronted, welcoming counter, ensuring a patient focused environment is promoted. A reception office is directly adjacent to the reception desk, ensuring staff have the ability to retreat to a place of safety in the advent of concerns about their security. The desk will in addition be fitted with panic attack alarms..

Patient WC and Baby Change areas are located opposite the reception. A location that ensures passive surveillance, particularly important in the out of hour's scenario.

The main waiting is visually connected to the reception desk, and shall provide a relaxing environment for patients to wait for treatment with views and access into the landscaped courtyard adjacent. A series of health information panels, as well as public information screens shall be installed on the internal wall of the waiting area. Artwork procured through community consultation will be displayed and we also propose the investigation of feature lighting within this space, reinforcing the high quality nature of this space.

The main public vertical circulation in the form two passenger lifts and a wide staircase are immediately off the main waiting area, ensuring ease of way finding to the upper floors. A void connects visually the ground and first floor in this location, again assisting with way finding and understanding of the building from a public perspective. Smaller sub wait areas are provided midway along each of the clinical corridors with views out and access to the landscaped courtyard.

This stair core serves as a the primary fire escape from the upper floors with direct exit to outside.

The pharmacy space is directly accessible from outside via it's own shopfrontage and also connects internally to the main entrance lobby for ease of through circulation flow.

A separate zone accommodates the urgent care facilities directly accessed via the main waiting and also with it's own external door to the ambulance bay. The urgent care zone is self contained and therefore suitable to be used as a "hot" or "red" zone if required.

There is also a separate prescibing hub with dedicated consulting rooms, counselling rooms and larger group activity spaces.

Clinical rooms are arranged around the perimter of the ground floor and wrapped around the central landscaped courtyard with all areas having views out. These rooms are all standardised to provide flexible accommodation for GPs, nurses and visiting service providers or as a training suite.

There is a separate minor surgery suite with dedicated patient sub wait, patient change, support and recovery rooms.

A second fire escape staircase is provided to the rear of the building together with a stretcher size passenger / goods lift. This will be used only by staff to gain access to the upper floor and will be electronically controlled to facilitate this.

The simplicity of the configuration of the plan ensures suitable levels of access are provided as well as providing security and efficient use of space, whilst importantly maintaining high quality spaces and internal environment.

First Floor

This simplicity of plan is again evident at first floor level, where the plan is simply split between public access areas and private access areas. From a public perspective the main public stair core visually and physically connects the ground and first floor. A void adjacent further creates visual linkages and assists with way finding around the building. As visitors arrive at first floor a second reception point is on hand to assist patients and also naturally survey the waiting area, all of which look out onto the landscaped courtyard.

There are also sub waiting areas at the midpoints of the clinical corridors with views out onto an external terrace.

Clinical rooms are arranged around the perimter of the first floor and wrapped around the central landscaped courtyard with all areas having views out. These rooms are all standardised to provide flexible accommodation for GPs, nurses and trainees.

The staff stair and lift core provides segregated acces to all the clinical rooms without having to pass through the waiting area. A hot desking office space is provided also in this location with it's own beverage bay and access to the reception admin office.

The staff lift is a larger stretcher size to allow patients to be discretely transferred to the ground floor and out to the car park or ambulance bay. This lift may also be used to for servicing and moving equipment to the upper floor which enables the first floor location of the stores, clean and dirty utility rooms.

Second Floor

The top floor is private for staff use only and accommodates all the shared staff facilities,. There are accessible, male and female staff changing rooms equipped to meet the requirements of BREEAM for staff facilities associated with cycle provision. A shower provision within both male and female will provide an accessible shower facility. The main staff room with kitchenette facility is located adjacent to the external south facing terrace space, providing the ability for staff room to expand externally.

The meeting rooms are adjacent and could be interlinked to the with a sliding screen to enable a much larger space with addition functionality to be created. This also opens out onto the north facing roof terrace.

Administration offices, interview rooms, beverage bays and photocopier spaces and Practice Manager's rooms are located within this private zone also. All spaces are afforded natural light and ventilation with views out in all directions and access to roof terraces.

Roof

The upper roof area is accessible for maintenance purposes and for the location of the photovoltaic array to capture solar energy for direct use within the building.



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APPEARANCE 9

The logic behind the built form of the building has been explained in terms of not creating dominant massing of landscaped zones, but also in responding to the location at Graven Hill and the Design Code.

The new health and wellbeing centre is generally three storeys in height with a flat roof and parapet. The overall scale and massing is reduced by splitting the elevations with vertical recesses and changes in materials

The top storey is also set back from the two storey element to reduce the overall scale and height, also expressed with a change in materials.

In response to the brief, site location and associated Graven Hill Design Code the proposals comprise ;

· Robust, low maintenance and simple detailing to respect and convey similar qualities to that of the former military architecture associated with Graven Hill

· An understated and restrained palette of materials to appear discrete in it's rural, natural surroundings and also minimise visual impact upon nearby residential area

• Respect the character of Gateway Park / Sports amenity area

· Facing material predominantly heavy textured masonry brick in light blend of white, blueish grey, pale oolithic limestone colours

· Solid two storey elvations, split into quarters with a lightweight third floor and a contrasting openness to inner courtyard elevations

· Vertically express the entrances, stairs, waiting and sub waiting, spaces, and also mark the horizontal storey heights and roof parapets with smooth contrasting string courses

· Recessed tall window openings with fixed over panel and inward opening side lights with louvres for natural ventilation

Our architectural response has also been to demonstrate the of the development and provide a positive visual narrative to the aspirations of the Graven Hill Village development.

Our approach has also been to carefully work with the service engineers to develop a passive environmental strategy utilising natural light and ventilation and then articulating them in the built form. This response we believe provides not only an interesting architectural solution, but also an explicit illustration that the public building is not just adding green technologies but the design as a whole is promoting the Bicester Eco Town initiative.

The elevational composition has been designed to directly relate to the internal functionality of the spaces and has been refined and amended following dialogue with the client over the issue of the legibility of the entrance and arrival into the building. Open and transparent at the entrance, assisting with understanding way finding, whilst also enabling waiting areas to have a sense of place in their own right, and a relationship with well designed, active landscape.

Clinical areas within the urgent care facilities are articulated through smaller windows at high level upon the eastern elevation, ensuring the level of patient privacy is maintained whilst also ensuring suitable levels of natural light. Mechanical ventilation is provided in these areas to respond to the functional requirements of these spaces, and hence patient confidentiality issues are not compromised by opening windows.

Clinical rooms are located around the landscaped courtyard garden space, and hence are articulated with larger glazed openings with associated doors affording patient access direct to these secluded external spaces.

Our material selection for the development has been carefully considered from both an external perspective (local community, planning) and internal perspective (BREEAM, sustainability, standards, financial and maintenance). Our approach has also used our experience of working with Facilities Managers on NHS LIFT and Private Finance projects to understand their requirements in order to obtain the best long term value of materials from a life cycle perspective. The products, design approach and development of the proposals through detailed design will all ensure low maintenance solutions.

Our solutions as illustrated are thus to utilise a combination of masonry facing brickwork and aluminium cladding as the elevation materials. The masonry facing brickwork shall be used at ground floor levels to provide a robust and low maintenance finish.

The materials will be sought locally also ensuring low embodied energy and a Green Guide A rating. The soft and soothing hue of the brickwork further enhances the aspirations for a therapeutic healthcare environment.

At upper floors coloured aluminium cladding of a shade complimentary to the brickwork shall be selected. Insulated cladding systems again provide a Green Guide A rating product, with long life spans, requiring low maintenance as well as enabling the team to use a tried and tested construction technique, resulting in high thermal insulation and low air leakage as required under building regulations.

capital costs.

and facilities managers.

materials ;

1. Natural stonework, locally sourced, varying courses

2. Facing brickwork, stretcher bond

5. Powder coated aluminium windows / curtain walling

6. Vertical timber louvres

7. Powder coated aluminium canopy

It is also proposed that elements of the external facade to the landscaped courtyard shall be installed with facing brickwork, aluminium cladding and curtain walling, thus providing a robust, low maintenance product that retains its visual appearance from the outset. We have utilised this product upon a number of NHS projects, following a careful examination of lifecycle costs against

Over flat roof areas we shall be installing a single ply roofing system in dark grey. IBI Group has a long track record in utilising these materials upon projects and would be pleased to take the client group to visit our completed projects, to demonstrate how the materials have been detailed and designed to ensure low maintenance solutions have been implemented, and which have been the subject of reviews undertaken by client groups, local communities, planning officers, conservation offices, contractors

Please refer to proposed elevations drawings with keys to facing

3. Facing brickwork, soldier bond

4. Standing seam powder coated aluminium cladding





ACCESS 10

The Equality Act (DDA) makes it unlawful to treat disabled people less favourably in employment opportunities, education, transport and in the provision of services, goods and facilities without lawful justification. It also requires service providers to make a range of reasonable adjustments in the way that they provide services to disabled customers and in particular to take reasonable steps to overcome any physical barriers which continue to make their services impossible or unreasonably difficult for disabled people to use.

Planning system guidance relating to access recommends the provision of an Access Statement as a means of identifying the philosophy and approach to inclusive design adopted, the key issues of the particular scheme and the sources of advice and guidance used.

The statements included have been produced in accordance with CABE publication Design & Access statements, based on the principles of Inclusive Design.

The Building Regulations Approved Document M also identifies the benefits of an Access Statement, complementary to that developed for planning purposes, in assisting the relevant building control authority in assessing the proposed design solution and management philosophy against established best practice and thereby making a judgement as to whether the proposals makes reasonable provision.

The purpose of this Access Statement is therefore to demonstrate that in its development to date and through the product selections made, the design solution proposed will address the obligations relating to the 'reasonable provision' of accessibility.

It should be noted that this Access Statement is a live document which will evolve as the design solution for the project is further developed and that in due course, it will be passed to those involved in the delivery and long term management of the facility to assist in ensuring the accessibility in the provision of the proposed services and the employment opportunities created are fully addressed. It is also intended that the ongoing development of the Access Statement will serve as an audit trail of the decision making process, recording both decisions made which impact on issues of accessibility as well as the rationale behind these decisions.

The 'Guide to Inclusive Projects' published by the Disabled Persons Transport Assessment Advisory Committee defines an

'inclusive environment' as one which 'can be used by everyone regardless of age, gender and disability'. The applicant is committed to the creation of inclusive environments through a policy of equality and accessibility which will enable all users of its facilities.

The applicant is also aware of the potential cultural and religious diversity and individual abilities of future users of its facilities as well as of its employees and is active ensuring that any potential sources of discrimination are addressed. It accepts that inclusion and sustainability are not only about addressing the needs of disabled people, but also those of older people, families with young children, friends or relatives accompanying disabled people and recognises that in addressing these needs, it can assist in breaking down language and cultural barriers.

SOURCES OF GUIDANCE

The applicant has taken advice from IBI Group who in order to ensure that the design of the new facilities will meet current good practice standards and recommendations. The following have been used as principle documents for reference:-

- Building Regulations Approved Document M, Access to and use of Buildings.
- BS 8300:2001 Design of Buildings and their approaches to meet the needs of disabled people.
- · Access Statements Achieving an inclusive environment by **Disability Rights Commission.**
- Accessibility by Design by Local Authority Building Control
- Designing for Accessibility by Centre of Accessible Environments.
- Inclusive Mobility by Department of Transport

Amongst the additional reference material which will be used in the development of the design and which will influence the selection of materials and components include the following:-

- Building Sight by NRIB •
- Colour and Contrast by ICI Paints •
- Good Signs by DRC
- Sign Design Guide by JMU Access Partnership.

CONSULTATION

The applicant recognises the benefits to be gained from consultation with potential users of the facilities and from organisations representing specific user groups. Consultation with user groups has taken place and further consultation with

of the project.

Consultation as noted before will continue with groups throughout the detailed design process. This continued consultation will be to identify any issues which have not been fully addressed in the design to date and to access their practical impact on the proposed development. This, in turn will assist in identifying the appropriate guidance to follow and complement the overall design and management practices and procedures.

BUILDING

Patients:

the front entrance.

Staff

WAYFINDING:

Functional areas have been placed to reduce the need to pass through defined areas to access another, once the building has been entered via the main entrance.

The lift and stair core areas will be immediately identifiable as a node point by the way of dedicated colour and use of signage. In brief all visitors will enter through a main entrance point.

follows:

PATIENT AREAS: Report to main reception, directed to ground floor entrance to inpatient areas.

OUT OF HOURS / URGENT CARE : Report to main reception, directed to ground waiting areas prior to access to Clinical spaces.

access groups will continue through the detailed design stages

STRATEGY FOR VISITORS AND STAFF WORKING IN THE

Patients arriving by public transport will arrive from Graven Hill, whereby a pedestrian route shall be provided leading directly to

Visitors arriving by car will have access to accessible parking bays immediately adjacent to the entrance, and will have level access between parking bays and pathways.

All routes to entrances of the building are provided at gradients which are shallower in their rise than 1:20.

Staff arriving by car will have access to accessible parking bays immediately adjacent to the staff entrance, and will have level access between parking bays and pathways.

All routes to entrances of the building are provided at gradients which are shallower in their rise than 1:20.

A summary of the patient journey to key functional areas are as

STRATEGY FOR STAFF ENTERING THE BUILDING

Staff may enter the building through dedicated Staff Entrance points into a Stair core that provides access to shared changing / locker facilities.

SPECIFIC ACCESS ISSUES:

Approach:

The location to the pedestrian and vehicular access routes into the site will be clearly identified by means of appropriate signage.

Car Parking:

Parking facilities serving the facility will include accessible car parking spaces designed in accordance with Building Regulations Approved Document M. The accessible parking spaces are at a maximum distance of 10m from the main entrance to the building

The number of accessible parking spaces provided exceeds the requirements laid down in Building Regulations Approved Document M. The dimensions, layout and construction of accessible parking spaces will comply with the requirements laid down in Building Regulations Approved Document M (Diagram 2) and also with the guidance laid down in BS 8300 with respect to the provision of markings and signage.

Pedestrian Approach:

The approaches to the building from the site boundary and the accessible parking spaces will incorporate clearly identifiable and well lit access routes defined by means of a combination of hard and soft landscaping in accordance with a clear wayfinding strategy.

Clear views of the main entrance and the internal foyer beyond will be available from these access routes to assist with wayfinding. Where necessary the access routes will be signed posted in accordance with the guidance laid down in 'Sign Design Guide'. In accordance with BS8300 principal access routes will be of a minimum width 1800mm to allow simultaneous use in both directions by wheelchair users whilst secondary routes will be a minimum 1500mm wide and will incorporate passing places for wheelchair users. Access routes will be appropriately surfaced with slip resistant materials contrasting with surroundings and be edged with kerbs designed in accordance with the guidance laid down in 'Designing for Accessibility'.

The allocated site incorporates variations in level which preclude the provision of level access (1 in 60) to the main entrance to the building as defined in Building Regulations Approved Document M but the design solution has been developed to avoid the need for ramped access routes (1 in 20 or steeper). The gradient from the accessible parking spaces will be approximately 1 in 60

Controlled crossing points at the junction with vehicular routes will be defined by 'blister' tactile hazard warning paving and incorporate drop kerbs in compliance with the requirements laid down in Building Regulations Approved Document M. Pedestrian crossings will be clearly defined in material(s) differing from the surrounding surfacing in both colour and texture.

Access routes will generally be free from physical obstructions but where these cannot be eliminated, such potential obstructions will be suitably guarded in accordance with the requirements of Approved Document M.

The external lighting along all routes will be designed and maintained in accordance with the standards laid down in BS5489 and described in 'Inclusive Mobility - A Guide to Best Practice on Access to Pedestrian and Transport Infrastructure'.

STEPS AND RAMPS:

The design and construction of any stepped access required including the provision of 'corduroy' tactile hazard warning paving and hand railing and will comply with the requirements of Building Regulations Approved Document M. The design and construction of any ramped access required including the provision of any necessary landings and handrailing will comply with the requirements of Building Regulations Approved Document M.

MAIN ENTRANCE:

The buildings main entrance will, through the use of appropriate colour, form, luminance contrast, level of illumination and signposting, be clearly recognisable against its immediate surroundings.

Signage will be designed to achieve good colour contrast with the immediate surroundings and to be visible from the relevant access routes.

A level landing of minimum dimensions 1500 x 1500mm will be provided immediately in front of the buildings entrances. This entrance will incorporate a level threshold and any drainage channel installed with be of the slot type, maximum 13mm width.

The door to the principal entrance will have a minimum clear effective opening width of 1000mm. The door will be fully automated, activated by proximity sensor, appropriately

signed and will incorporate all necessary safety features. In addition, a single action manual non powered door of minimum effective clear width of 1000mm will be provided to the principal entrance. A minimum clear space of 300mm will be provided adjacent to the leading edge of the door to ensure that it can be independently operated by wheelchair users. Ironmongery fitted to the door will be suitable for use by those with limited manual dexterity, colour contrasting against the background to assist users with impaired vision and located and sized in accordance with the quidance in BS8300. The opening force at the leading edge of the door will be less than 20N to assist all users in gaining access to the building. The buildings entrance door will be detailed to ensure that both standing and seated users can observe those approaching from the opposite side of the door. Fully glazed doors or those incorporating a large percentage of glazing will incorporate manifestation contrasting with the background seen through the glass in order to assist in identification.

MAIN ENTRANCE LOBBY: The buildings entrance lobby will be sized in compliance with the requirements of Building Regulations Approved Document M with matwell(s), barrier matting laid flush with adjacent finishes and selected to so as not to impede the movement of wheelchairs and to assist in removing rainwater and dirt.

ADDITIONAL ENTRANCES / EXITS AND FIRE EXITS. Where possible, all other entrance(s)/exit(s) and fire exit(s) will provide level access with external level landing(s) of minimum dimensions 1500 x 1500mm. The entrance(s)/exit(s) will incorporate level thresholds(s) and any drainage channel installed with be of the slot type, maximum 13mm width.

FOYER AND RECEPTION:

In accordance with the requirements laid down in Building Regulations Approved Document M the reception counter within the foyer will be prominently located and identifiable from, but clear of the main entrance, in order to minimise potential external acoustic disturbance.

The design of the reception counter (and any other counter(s) located in the building), finishes, and signage within the foyer and reception area will be designed to assist with accessibility for all users. Building Regulations Approved Document M and BS 8300 wil be used as source of design guidance and the desk(s) will incorporate facilities suitable for both standing and seating visitors.

Any deviations from the requirements / guidance laid down in the above documents will be for reasons of staff security, eq an increase in the height of the upper surface of the desk in order to

reduce the risk of assaults on staff.

In accordance with the requirements of Building Regulations Approved Document M and BS8300, counter(s) will be provided with induction loops, complete with relevant signage, in order to ensure users with hearing impairments are able to converse satisfactorily with reception staff.

The levels of lighting provided at counter(s) will be in compliance with the guidance laid down in the relevant CIBSE guidance.

INTERNAL ACCESS ROUTES:

The buildings principle internal access route(s) will have a minmum width of 1500mm and will incorporate passing places at least 1800mm x 1800mm at reasonable intervals in order to allow wheelchair users to pass or to turn through 360 degrees.

The decor of these routes will provide appropriate visual contrast between walls and ceilings and walls and floors to assist users with visual impairments. Opportunities will also be taken to supplement artificial lighting with natural lighting.

Access routes will be level and finished with flooring materials offering appropriate slip resistance and suitable for wheelchair traffic.

Except for doors required to provide infrequent access to service risers etc, no doors will open outwards onto access wheelchair traffic.

Internal lobbies will be sized in accordance with the requirements of Building Regulations Approved Document M, in order to provide sufficient space for a wheelchair user, person with pram/ buggy or person with assistance dog to clear the first door before approaching the second.

INTERNAL DOORS

The provision of doors along internal access routes will be kept to a minimum in order to ease circulation. Those doors which are considered essential will, where consistent with security requirements, be fitted with ironmongery selected to minimise restrictions on access for users with disabilities.

The clear opening widths of door will be as laid out in Building Regulations Approved Document M and thereby will be suitable for wheelchair users, ambulant disabled and people with assistance dogs. A minimum clear space of 300mm will be provided adjacent to the leading edge of doors to ensure that they can be operated independently by wheelchair users.

The selected ironmongery will be suitable for use by those with limited manual dexterity, colour contrasting against the background to assist users with impaired vision and located and sized in accordance with BS8300.

The opening force at the leading edge of the doors will be less than 20N and any thresholds will be suitably detailed so as not to hinder wheelchair traffic or become a trip hazard.

Where consistent with requirements for visitor / staff security doors located along internal access routes will incorporate vision panels so as to ensure that both standing and seated users can observe those approaching from the opposite side of the door.

Fully glazed doors or those incorporating a large percentage of glazing will incorporate manifestation contrasting with the background seen through the glass in order to assist users in identifying this potential hazard. The dimensions and locations of vision panels will comply with the requriements laid down in Building Regulations Approved Document M.

The surface of the leading edge of non self closing doors will contrast with the other surfaces of the door and all door frames / architraves wil visually contrast with he surrounding surface in order to assist visually impaired users.

INTERNAL GLAZED SCREENS

Full height internal glazed screens will incorporate manifestation contrasting with the background see through the glass in order to assist identification.

VERTICAL CIRCULATION

Staircases will be designed in compliance with Building Regulations Approved Document M with respect to dimensions, of rise and going, handrail design, nosing identification etc. Tactile hazard warning surfaces will be incorporated into the landings at hte head and bottom of each flight of stairs in accordance with the guidance laid out in BS8300.

Passenger lifts shall be provided, this will be provided by two lifts within the building. One is provided as dedicated for public access to first floor, whilst the second will be used for patient / staff movement between various departments.

Finishes to the lift landing and car doors and to the car interior will comply with the requirements of Building Regulations Approved Document M. The lift will incorporate audible and visible announcements at each landing level and within the car itself Document M.

INTERNAL RAMPS The design has been developed in such a way as to eliminate the need for internal ramp.

MEANS OF ESCAPE

Staircases at upper floors will incorporate appropriately sized refuges for users who are unable to evacuate the building in the event of an emergency without assistance. The refuges will be located within a suitably detailed fire protected zone and to the approval of Building Control. Fire alarm sounders will incorporate approved flashing beacons as a supplement to audible alarms for the benefit of those with hearing impairments. SEATING

A patient waiting area incorporating seating as well as spaces for wheelchair users will be provided close to the reception counter within the foyer but positioned so as not to impinge on patient confidentiality or to obstruct circulation routes.

background colour.

SIGNAGE AND WAYFINDING

Consideration will be given to the use of iconographical signage using pictograms alongside text signage to aid accessibility and to address multicultural issues. A philosophy of colour coding will be adopted to assist in wayfinding. The main signage within the building will include tactile signage.

SANITARY ACCOMMODATION WC facilities available for staff, patients and visitors will include wheelchair accessible unisex WC's located close to the main patient waiting areas and on accessible routes at each floor level, allowing for left and right transfer on alternate floors.

The dimensions and layout of wheelchair accessible WC's and the type and disposition of appliances and fittings with them will comply with Building Regulations Approved Document M.

with clearly distinguishable signage and tactile indicators and car controls positioned to suit wheelchair users, all in accordance with the requirements laid down in Building Regulations Approved

A selection of seating of varied height and width, and with a variety of armrest, will be provided. To assist users with impaired vision, the seating and adjacent finishes will be selected to ensure appropriate visual and luminance contrast between seating and

Signage throughout the building and its external surroundings will be installed on the basis of directory, directional and room specific signage in order to identify each specific area.

The dimensions and layout of ambulant disabled WC's facilities provided within or seperate from seperate sex sanitary facilities and the type and disposition of appliances and fittings within them will comply with Building Regulations Approved Document M.

BABY CHANGING

Baby changing facilities will be provided.

CHANGING PLACES ACCESSIBLE WC

A suitably sized Changing Places accessible wc is included within close proximity to the main public entrance.

DECOR

Internal finishes will be selected with appropriate acoustic performance in mind whilst the selection of finishes, including colours, will also be influenced by the needs of the visually impaired in identifying the boundaries of rooms, spaces and access routes. Artificial lighting will be designed to provide good colour rendering on all surfaces, without creating glare or pools of excessive light and shadow.

Floor finishes will offer an appropriate level of slip resistance wit any changes in material defined by a suitable trim ensuring that a trip hazard is not created.

SERVICES

All service terminals will be installed at accessible and consistent heights based upon requirements of Building Regulations Approved Document M and BS8300.

11 SECURITY

Security & Well Being

Through careful layout and landscaping, the proposals create an accessible and safe environment through an overarching design strategy which aims to address potential crime, disorder and fear of crime.

The following key documentation was considered when assessing security and methods through which design could achieve a safer environment:

- · Design and Access Statements. How to Write, read and Use them (CABE 2007)
- Safe Places, the Planning System and Crime Prevention (ODPM/Home Office 2004);
- The adopted Cherwell Local Plan (Policy C30 Design Control);
- Secured by Design

The ODPM document 'Safer Places - The Planning System and Crime Prevention' sets out seven attributes of sustainable communities that are particularly relevant to crime prevention and the proposals look to address these attributes as follows:

Access and Movement

' Places with well defined routes, spaces and entrances that provide for convenient movement without compromising security.' The movement structure for this site is simple and legible with a good level of continuous natural surveillance.

Proposed dwelling frontages onto movement routes and landscape space will create a safe environment.

Structure

'Places that are structured so that different uses do not cause conflict.'

The scheme is for residential use, associated activities and hospital use. Adequate separation between homes and the hospital ensures the differing land uses are compatible. The new housing reflects the prevailing land use and character of the area.

Surveillance

'Places where all publically accessed spaces are overlooked.' Active frontages have been provided to the public realm: care has been taken to introduce windows to all elevations to provide passive surveillance where required.

Ownership

'Places that promote a sense of ownership, respect, territorial responsibility and community.' The definition of boundaries between plots is clearly demarcated. Individual plots are clearly defined with boundary treatments, changes in materials and utilising new planting to frontages to help define defensive spaces.

Physical Protection

'Places that include necessary well-designed security features.' The physical security of the dwellings and the hospital will be designed and specified to comply with the respective Secure by Design standards referred to above.

Activity

'Places where the level of human activity is appropriate to the location and creates a reduced risk of crime and a sense of safety at all times.' Areas within the "public realm" are overlooked by adjoining properties and the development is a destination rather than an en route/ or through fare. Public traffic therefore is very limited, routes overlooked and opportunity crime or anti-social behaviour has been designed out.

Management and Maintenance

amenity/ garden areas.

Consultation

Police forces throughout the country employ architectural liaison officers (ALO) or crime prevention design advisor (CPDA) to advise on designing out the opportunity for crime to occur during the design process. As already indicated the main mechanism for delivery is the Secured by Design initiative and award scheme, which uses the principles of crime prevention through environmental design (CPTED).

It is anticipated that Cherwell District Council will formally consult the CPDO at application stage when further dialogue would be expected to occur.

'Places that are designed with management and maintenance in mind, to discourage crime in the present and the future.'

There is obvious demarcation of curtilages which define the extent of the hospital lands, individual properties and their private