

PLYMOUTH CDC

DESIGN AND ACCESS STATEMENT

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Document Revision

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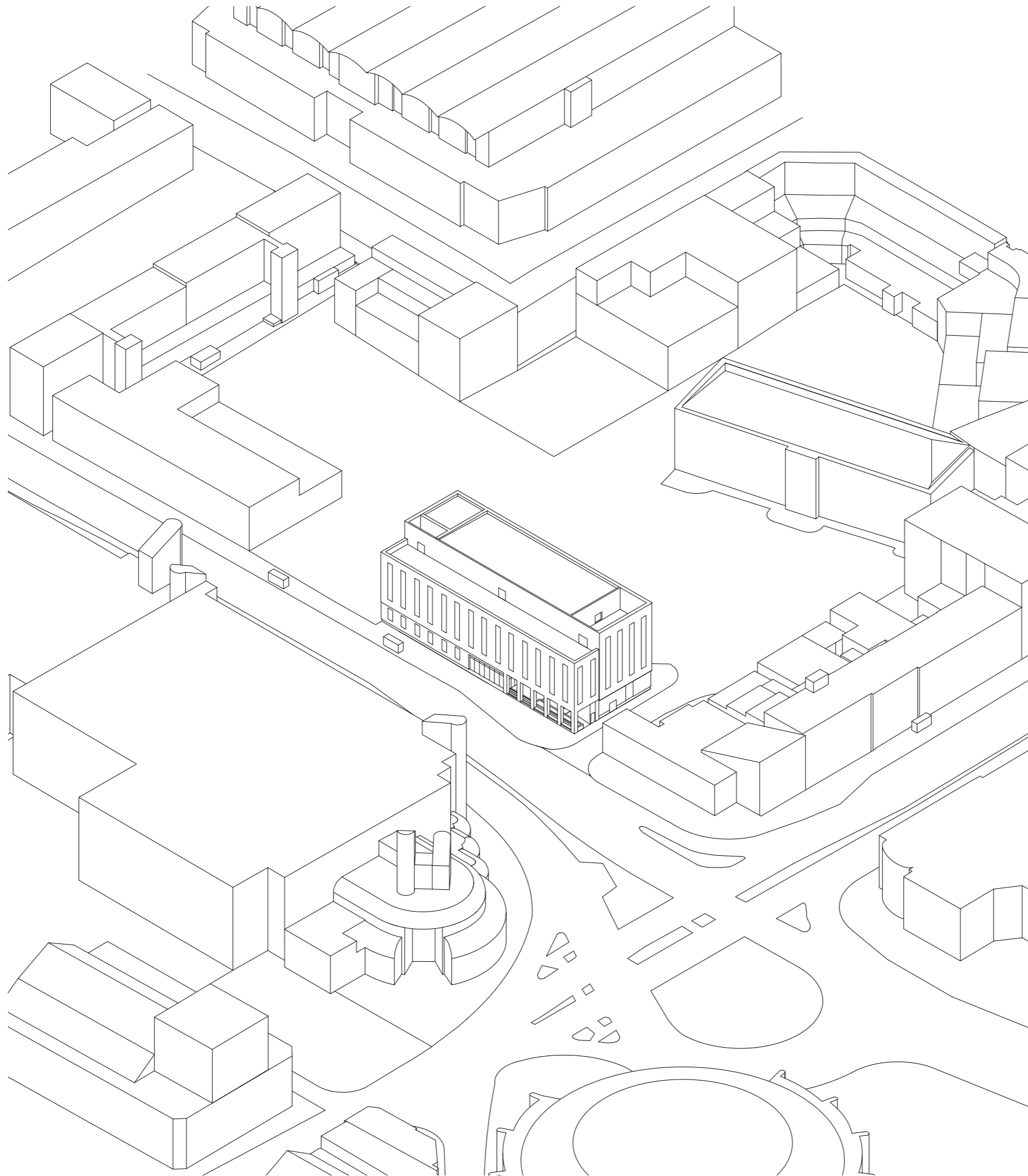
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1.0 INTRODUCTION

1.1 PROJECT OVERVIEW AND BRIEF

The site is located at **Colin Campbell Court (CCC)** in **Plymouth**.

The site is located within Plymouth **City Centre** in the **West End** regeneration area at the junction of **Western Approach** and Union Street. The site is directly opposite the former Toys R Us building and Western approach multi-storey car park.

The current use of the **CCC** site includes public car parking in the centre, with a number of derelict and live businesses surrounding the parking with majority of businesses having their servicing located from within CCC.

The **Plymouth Community Diagnostic Centre (CDC)** is part of a national programme to deliver CDCs following **Professor Sir Mike Richards** October 2020 report '**Diagnostics: Recovery and Renewal**' which reviewed **NHS capacity**. It is proposed that the new CDCs are located **closer to the communities** that they serve and away from the acute hospitals. This allows diagnostic facilities separate from urgent care, thereby **reducing the risk of cancellation** and **improving patient experience**.

The Plymouth CDC will serve **thousands of patients** each year and take **pressure away** from the busy Derriford site. It will allow for faster diagnosis and treatment through **MRI, CT, X-Ray and Ultrasound** imaging facilities, **Phlebotomy, Physiological measurement** facilities such as **echo cardiology** and **lung function** as well as a full **Audiology department** with multiple treatment and assessment rooms. These diagnostic facilities will be complemented with **staff administration, welfare and support** services.

The Plymouth CDC brief also requires the building to meet the standards set out in NHS net zero guidelines including modern methods of construction (MMC) as well as achieving a BREEAM excellent rating.

Following various optioneering exercises by **University Hospitals Plymouth NHS Trust's (UHP)** design team, the vacant Colin Campbell Court site was chosen for the location of the **Plymouth CDC**.



PLYMOUTH, SITE LOCATION



STONEHOUSE AND MILLBAY, SITE LOCATION

1.2 KEY DESIGN ASPIRATIONS

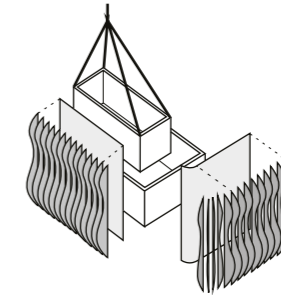
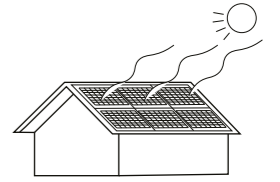
The diagram adjacent shows the design aspirations that have been key throughout the design of the Plymouth CDC.

OUTCOMES FOR PLYMOUTH

- Improving population health outcomes
- Faster, earlier, more accurate diagnosis of health conditions
- Assisting in COVID-19 recovery from pressure on acute hospital sites
- Single point of access for diagnostics
- Redesigning clinical pathways
- Improving efficiency of acute and elective diagnostic service
- Contributing to provision of equal health service and equal outcomes for all
- Supporting joined-up care across primary, community and secondary

NET ZERO CONSTRUCTION

- Photovoltaic
- BREEAM Excellent
- Local Vernacular

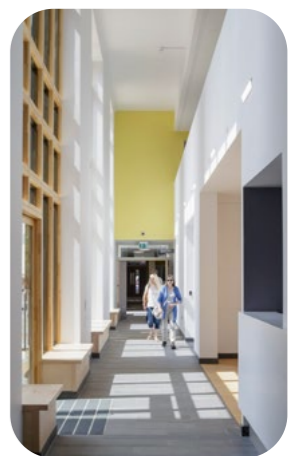
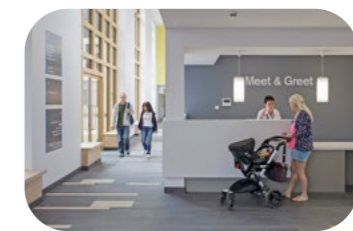
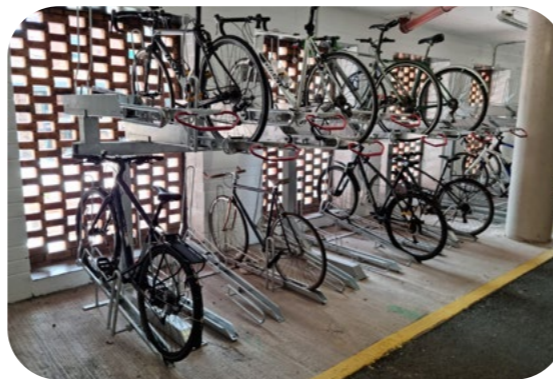


- Modular Frame + Customised Skin
- Standardised Construction
- Modern Methods of Construction

DESIGN ASPIRATIONS



- Community Acknowledgement and responsiveness
- Active frontage and active wait space
- Adaptability & Future proofing
- Permeable and unobtrusive
- Glazed frontage
- Comfortable patient environment & flow



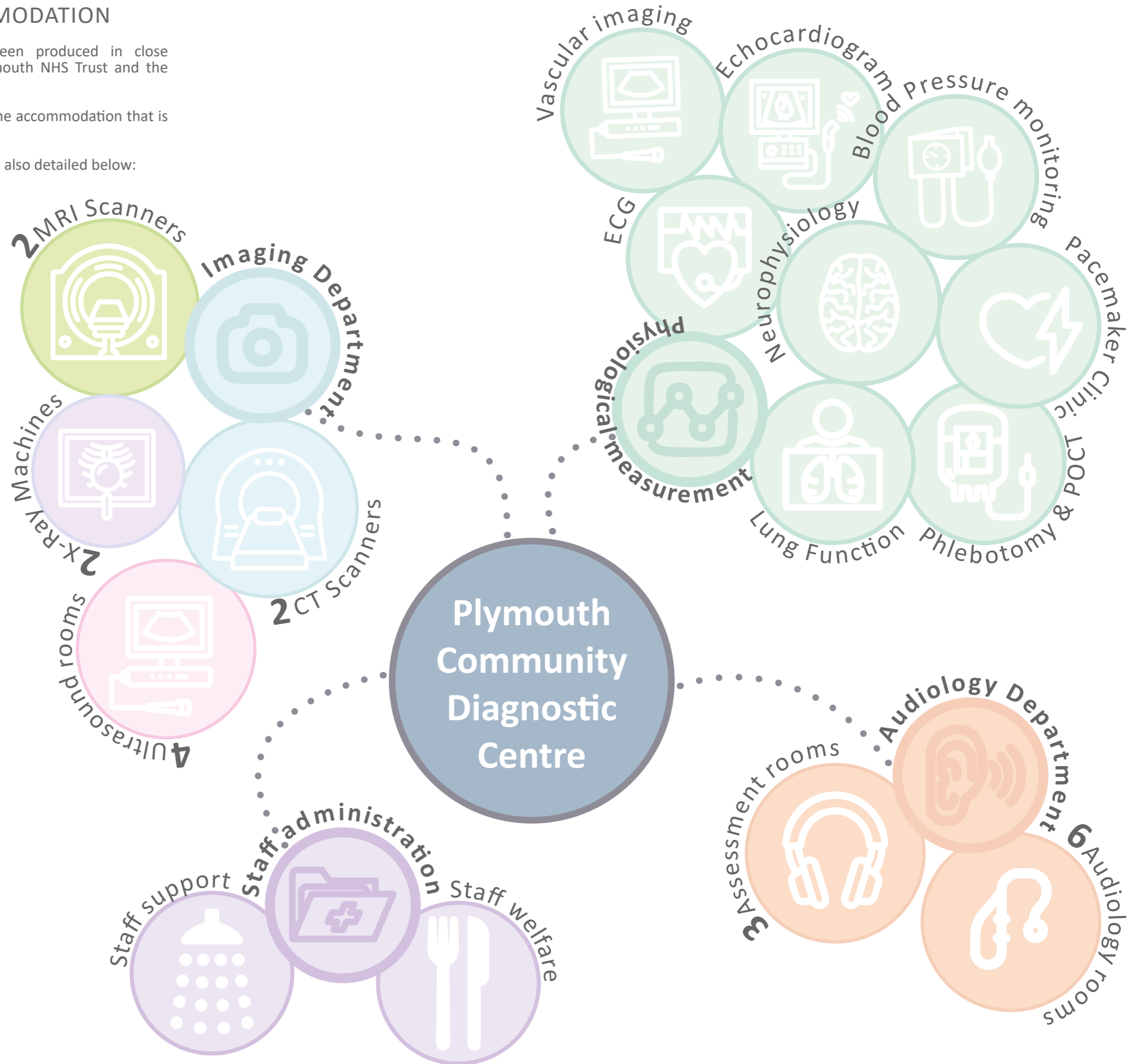
1.3 SUMMARY OF ACCOMMODATION

The schedule of accommodation has been produced in close consultation with University Hospitals Plymouth NHS Trust and the Model of Care workstream for the CDC.

The diagram to the right aims to visualise the accommodation that is included within the CDC.

A summary of the specific accommodation is also detailed below:

- 2 x MRI Scanners
- 2 x CT Scanners
- 2 x X-Ray Rooms
- 4 x Ultrasound rooms
- Phlebotomy facilities
- Lung function testing rooms
- Neurophysiology testing rooms
- Pacemaker clinic rooms
- Blood pressure monitoring rooms
- Vascular imaging facilities
- Echo-cardiology facilities
- ECG facilities
- Audiology assessment rooms
- Audiology consultation rooms
- Staff administration areas
- Staff welfare areas
- Staff support areas
- Facilities management areas



2.0 SITE

2.1 SITE INTRODUCTION

The site is located to the east of Stonehouse, Plymouth, bordering Millbay and the city centre. It also sits along Western Approach, the A374 which borders the city centre and links the North Cross Roundabout to Notte Street which lead towards the Barbican and waterfront areas of Plymouth.

The **Plymouth CDC** will be located in the south western corner of **Colin Campbell Court (CCC)** which is the portion of CCC which has already had the existing buildings demolished on it. The main entrance responds to the **axis** of the **Millbay Boulevard** acknowledging the building's key position between Millbay and the City Centre.

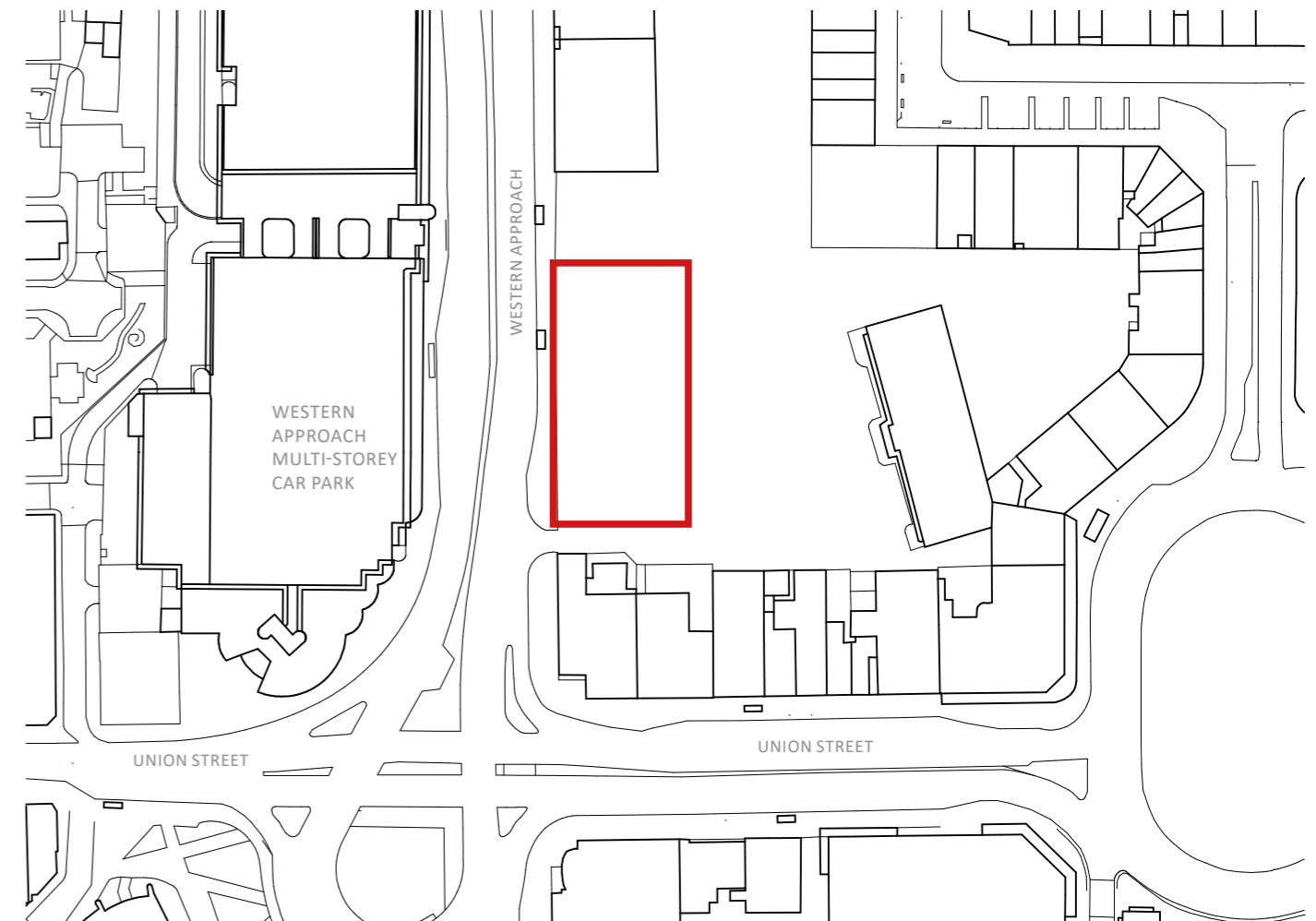
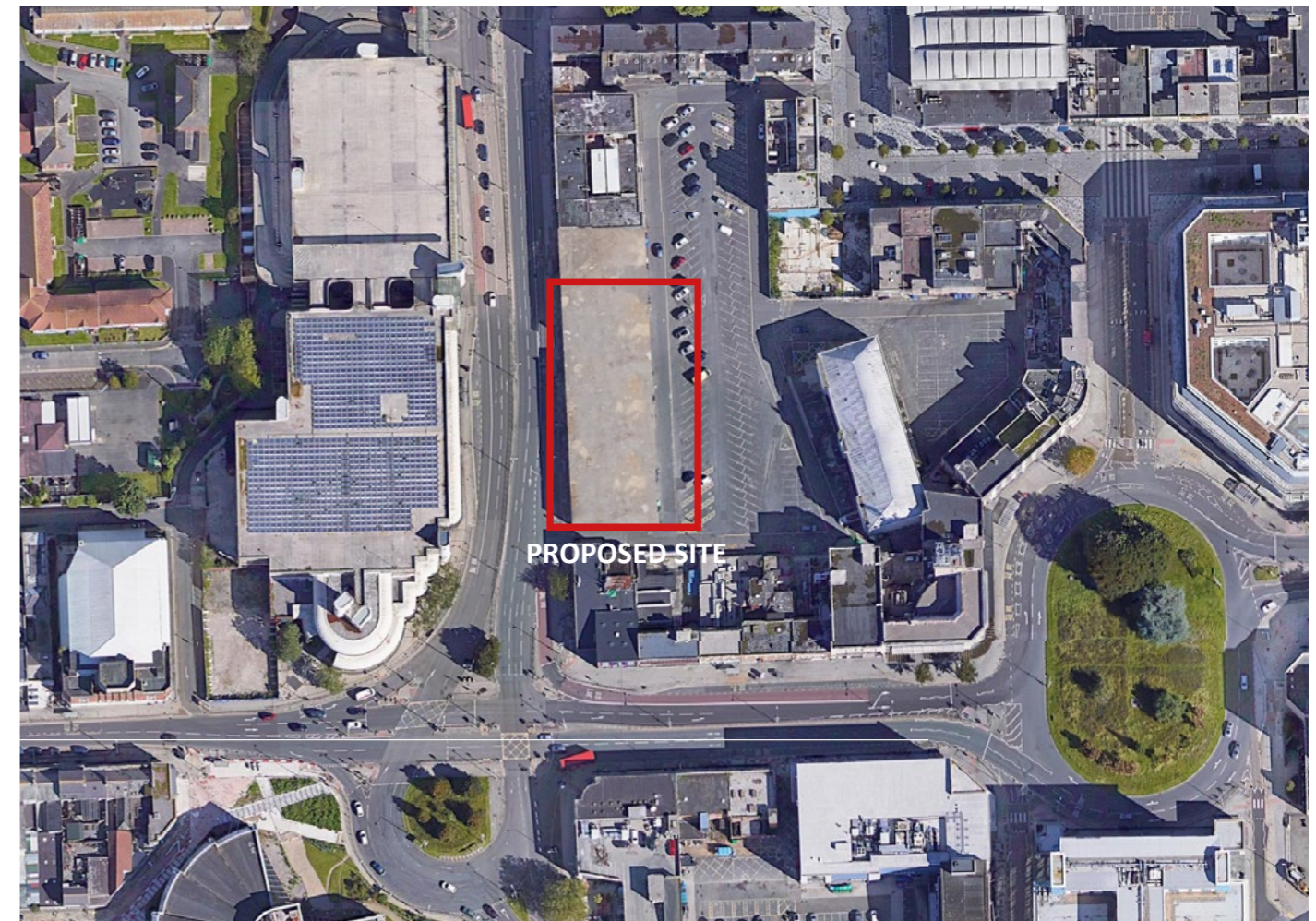
This is a significant location within the **West End** of Plymouth and it is hoped that the CDC will be a **catalyst for regeneration** in this area.

The City Centre location of the site ensures that it will be **accessible for all**. The existing bus stops on **western approach** will remain directly outside the building and Colin Campbell Court and Western Approach **car parks** are adjacent to the site. The proposals also include a **drop-off bay** and **5 accessible parking bays** that will be designated for **users of the building**.

2.2 AREA

The site area is approximately 1500m².

The building consists of approximately 3,460m² GIA total area.



2.3 RELEVANT PLANNING HISTORY

The Plymouth and South West Devon Joint Local Plan has allocated CCC for mixed use and high-end residential development.

The PLY7 policy recognises the location as a key position with the potential to create an improved link between the City Centre and Millbay.

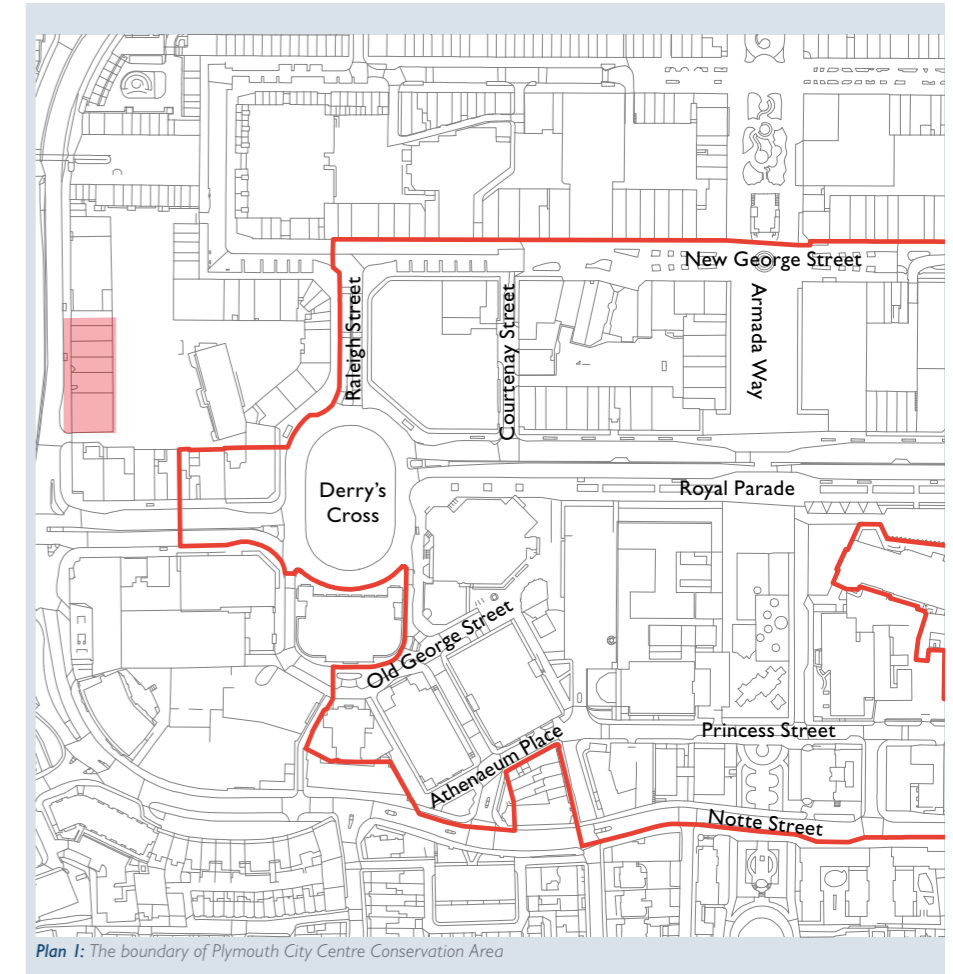
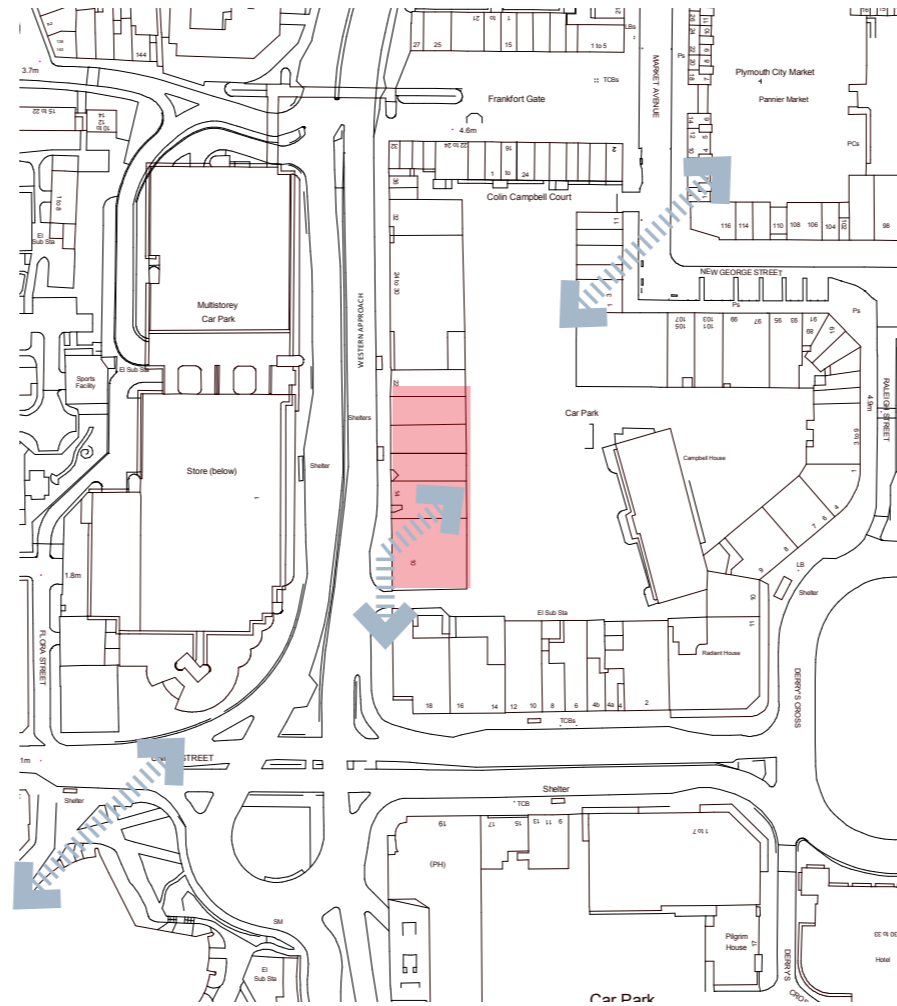
Both New George Street and the new Millbay Boulevard have undergone recent refurbishment and surface improvements to create better pedestrian walkways. Any development within CCC should look to create and reinforce a link between the two areas.

The southern and eastern part of CCC lies within the conservation area, however no part of the site is within it.

Development should provide for the following:

- A positive first impression of the city from Western Approach.
- A more intensive form of development with strong street frontages and a range of active ground floor uses, including retail.
- Ground floor uses which create activity throughout the day and into the evening.
- A more urban scale of development with an average building height of between 5 to 6 storeys with accented and landmark buildings on key corners.
- Alignment of development blocks to the city grid pattern with a network of streets which provide improved connectivity between City Centre and the proposed Millbay Boulevard.
- The retention and refurbishment of the Art Deco Colin Campbell House, where it is practicable and viable to do so.
- High quality public realm throughout the site and maximising opportunities to create an accessible public space as a focal point for the community.
- Improvements to the pedestrian / cycling crossing point across Western Approach.
- Public parking to support the West End, provided in way which does not dominate the street scene.
- Consideration of the potential to open up Frankfort Gate for vehicular access.
- Opportunity to better connect the west end of the City Centre with Millbay as part of a scheme to improve the junction of Union Street and Western Approach.

Planning approval was received in May 2022 for the Plymouth West End Health and Wellbeing centre (21/02222/FUL). Unfortunately the project was not awarded government funding and so the site has remained dormant since the demolition works, which would have enabled the construction of the project, were undertaken.



Plan 1: The boundary of Plymouth City Centre Conservation Area

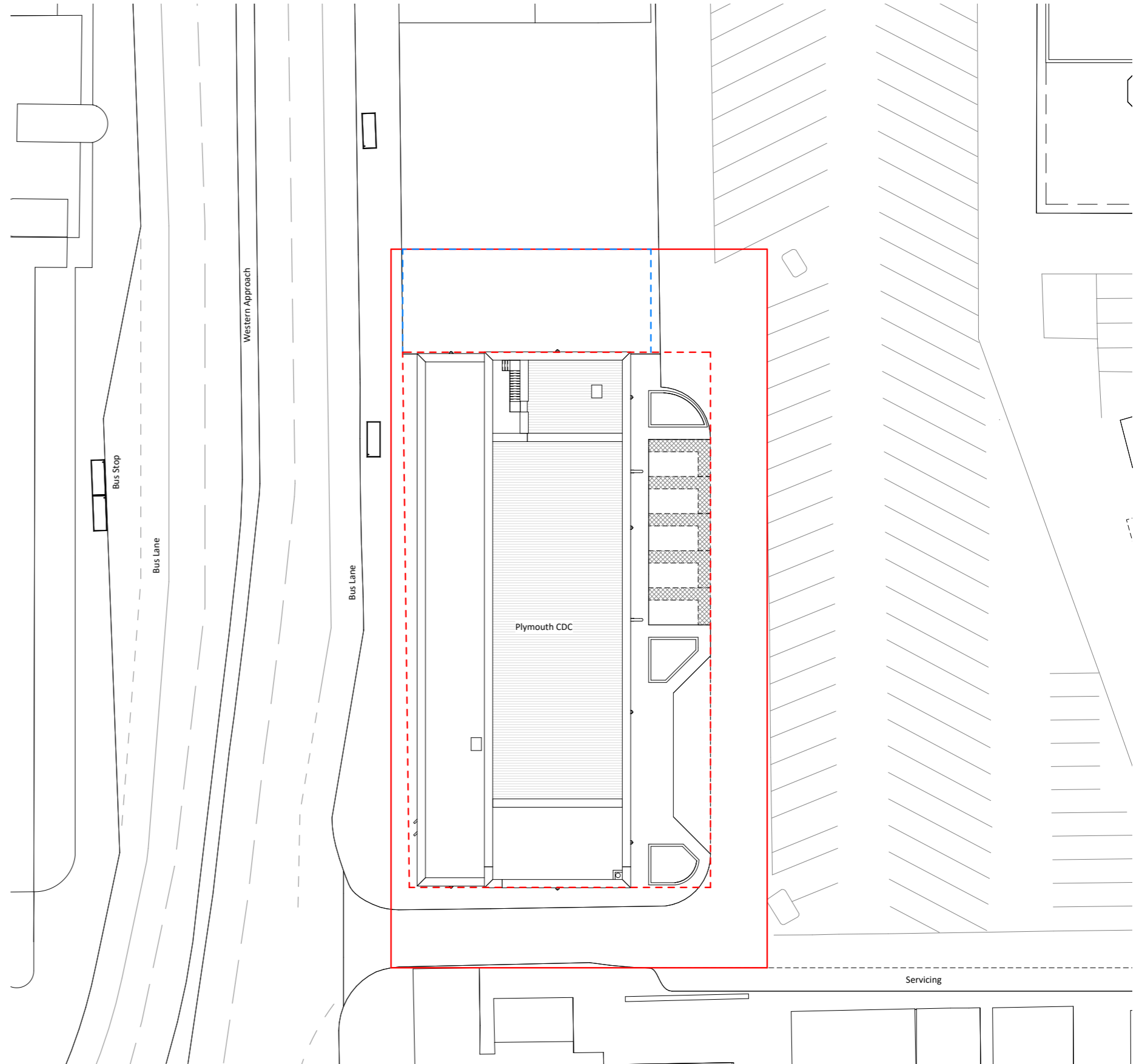
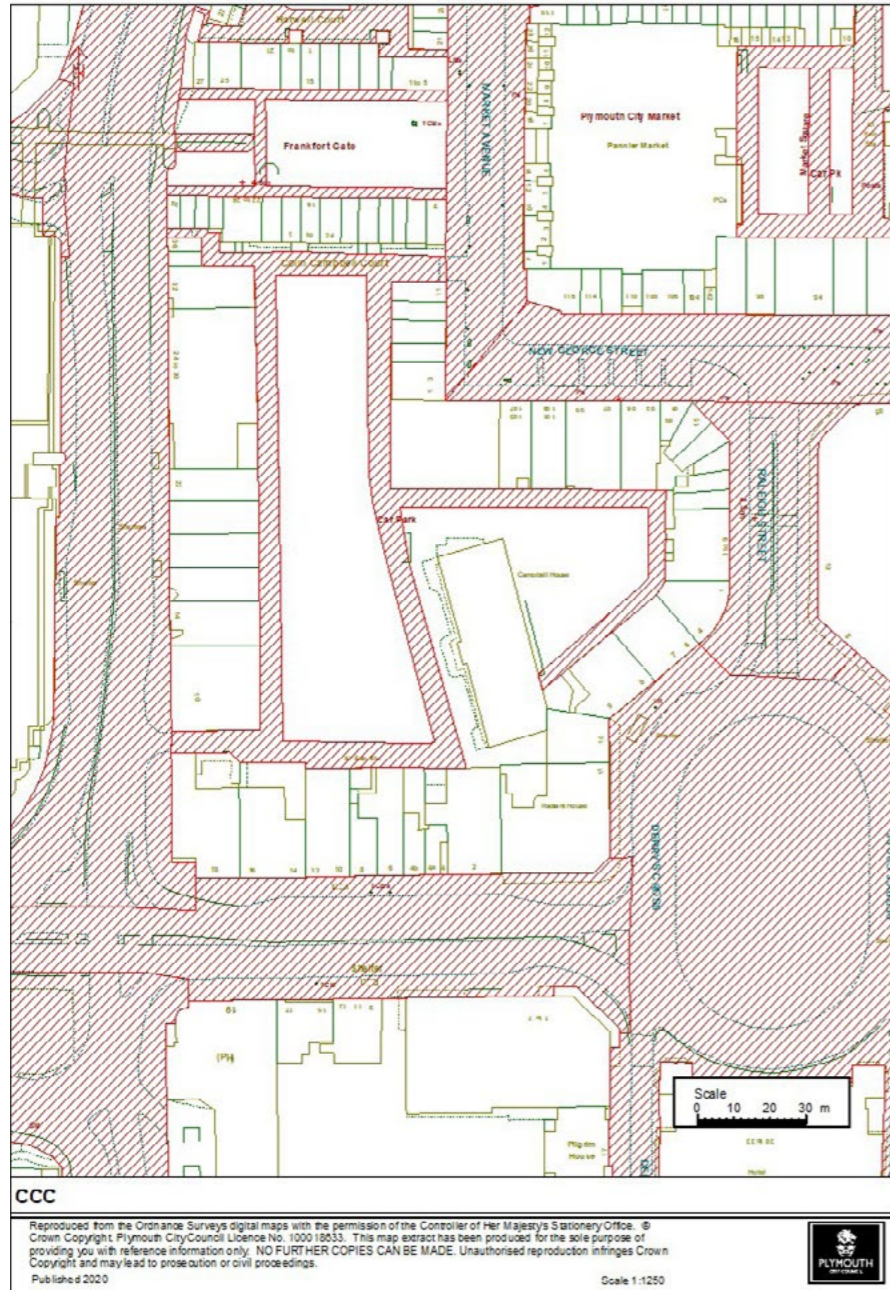
The southern and eastern part of CCC lies within the conservation area, however no part of the site is within it.

2.4 SITE BOUNDARY AND OWNERSHIP

The plan opposite indicates the application site boundary and the vacant/demolished plot which previously had commercial premises located on it. The dotted blue and red lines also show the parts that will be owned by and leased to UHP NHS Trust.

The public highway, as indicated on HMPE plan below, shows the extent of the public highway maintained by Plymouth City Council the under the provisions of the Highways Act 1980.

The carpark is owned by Plymouth City Council.











KEY

- Red line planning boundary
- - - Proposed Ownership boundary
- . . . Proposed Lease boundary



2.5 LOCAL TYPOLOGIES

The site lies within an important location in Plymouth, located in Colin Campbell Court (CCC) and fronting Western Approach, the area defines the border between the commercial and civic centre to the east and residential areas of Stonehouse to the west.

-  RESIDENTIAL
-  EDUCATION
-  GP SURGERY
-  SHOPPING
-  ENTERTAINMENT
-  HARBOUR
-  LEISURE
-  ECCLESIASTICAL



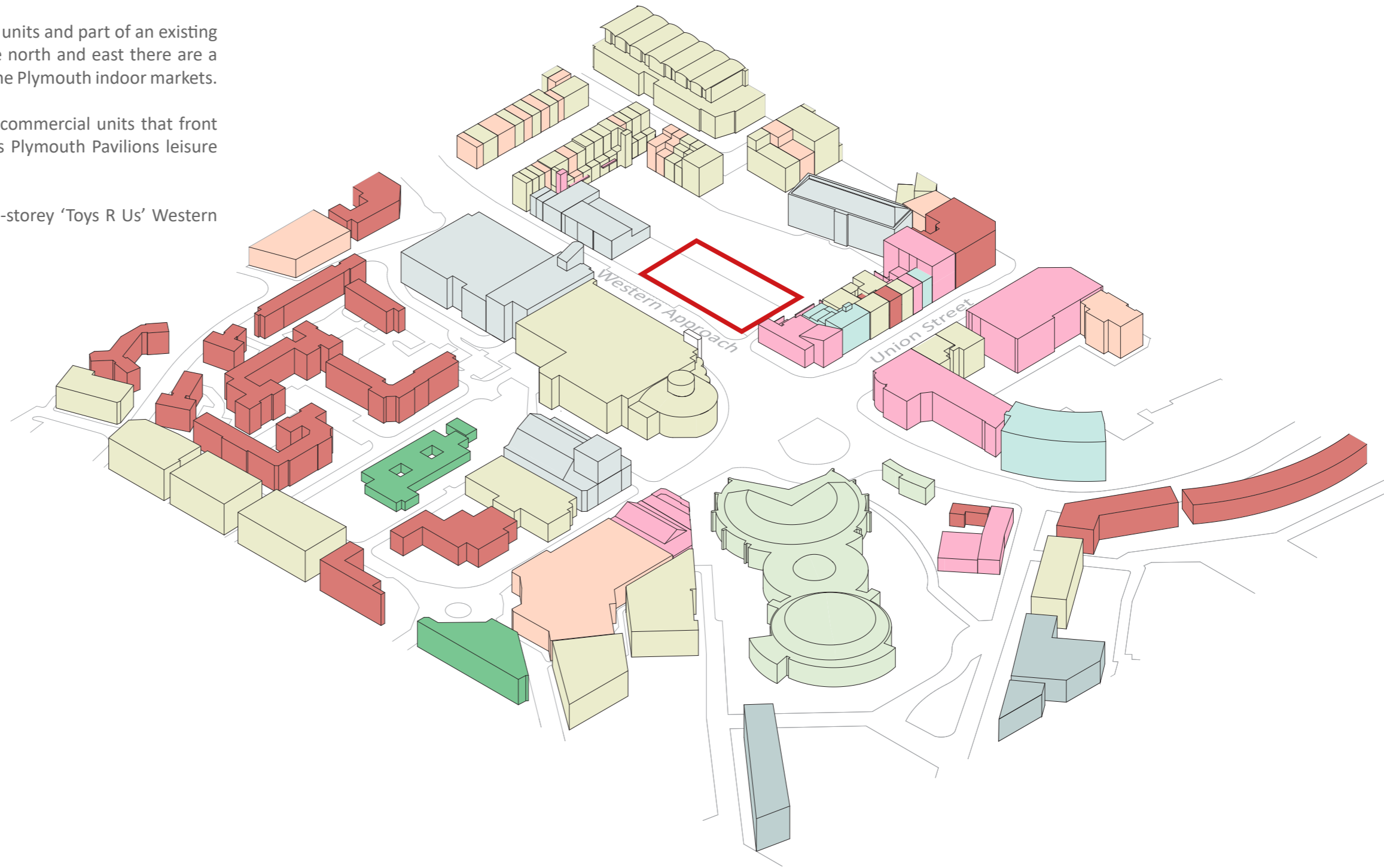
2.6 SURROUNDING CONTEXT TYPOLOGIES

Land use around the site is a mixture of commercial, leisure and residential.

The site itself is occupied by existing retail units and part of an existing car park within the centre of CCC. To the north and east there are a commercial and leisure outlets as well as the Plymouth indoor markets.

To the south there are further retail and commercial units that front Union St. and across the roundabout lies Plymouth Pavilions leisure facilities.

Opposite the site to the west is the multi-storey 'Toys R Us' Western Approach car park.

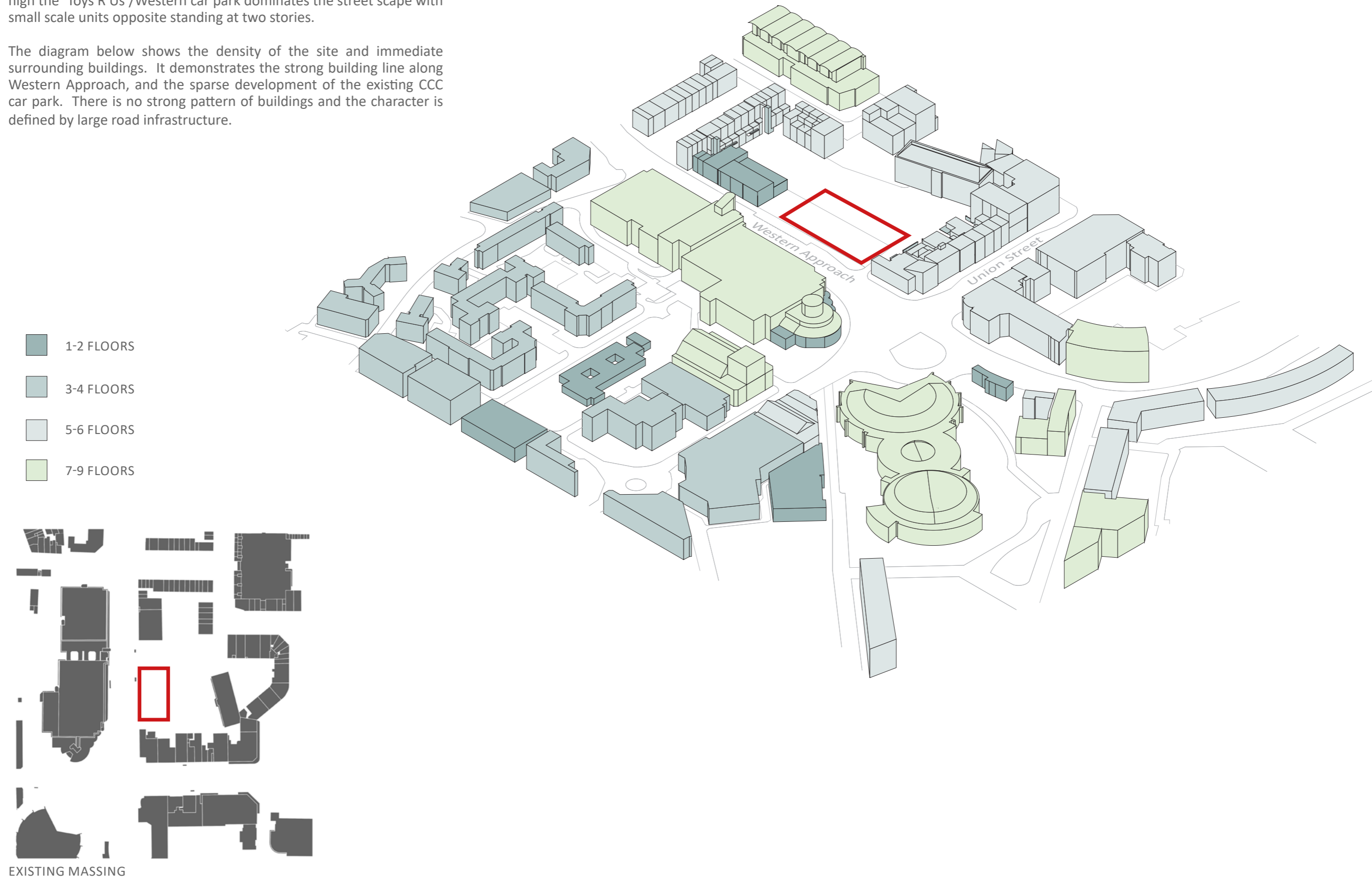


- EDUCATION
- RESTAURANT
- UNOCCUPIED
- COMMERCIAL
- RESIDENTIAL
- LEISURE
- PUBLIC HOUSE/BAR
- OFFICE
- HOTEL

2.7 BUILDINGS DENSITY AND MASSING

The existing building massing in the area is varied. The older buildings fronting Derry's Cross roundabout averaging 4-5 stories. At 6 stories high the 'Toys R Us'/Western car park dominates the street scape with small scale units opposite standing at two stories.

The diagram below shows the density of the site and immediate surrounding buildings. It demonstrates the strong building line along Western Approach, and the sparse development of the existing CCC car park. There is no strong pattern of buildings and the character is defined by large road infrastructure.



2.8 ACCESSIBILITY

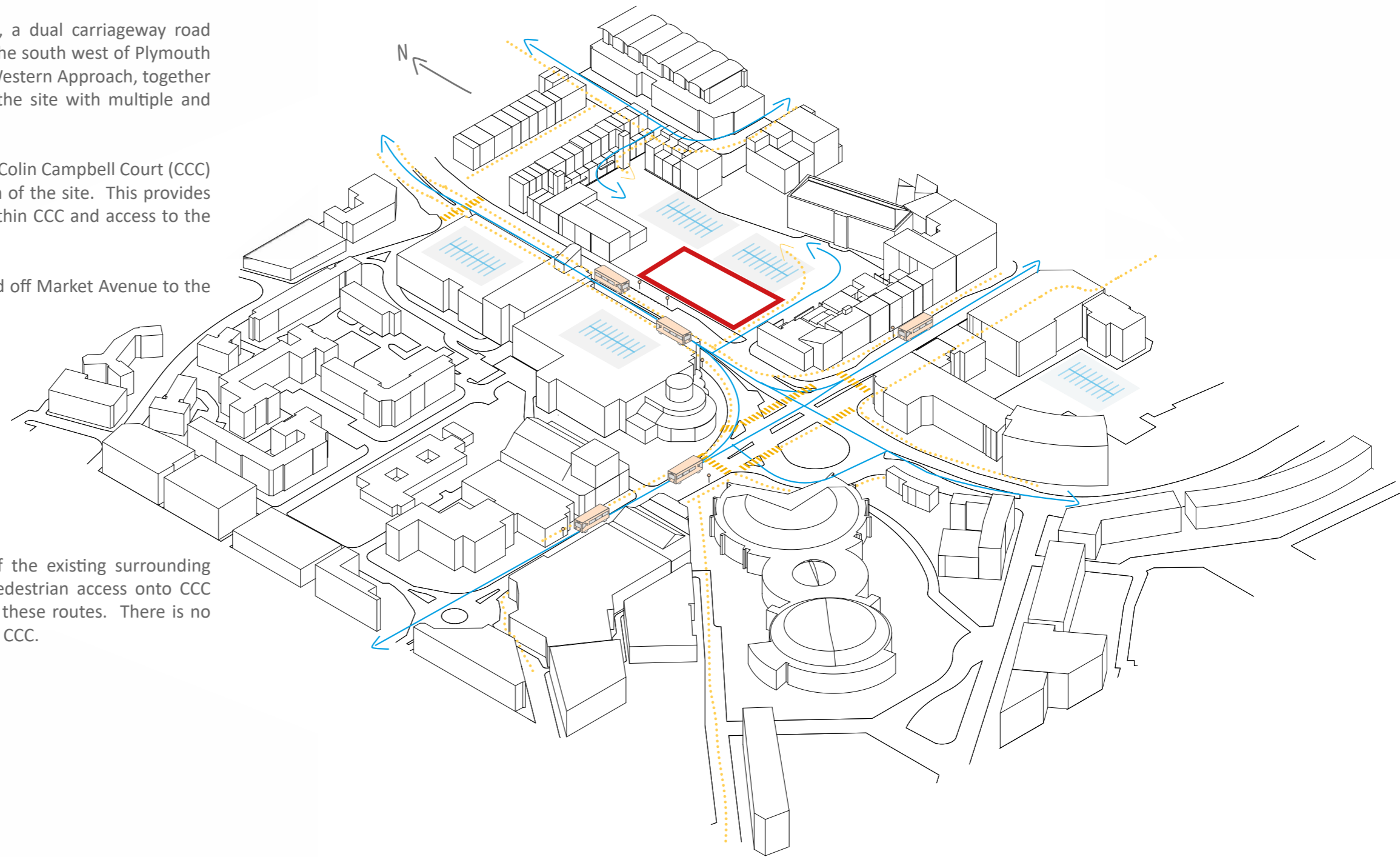
This diagram illustrates the relationship and movement of cars, public transportation, cyclists and pedestrians around the existing site.






The site is located on Western Approach, a dual carriageway road connecting Millbay and Barbican areas to the south west of Plymouth city centre with North Cross roundabout. Western Approach, together with Union Street to the south provides the site with multiple and regular nearby bus connections.

There is an existing vehicular entrance into Colin Campbell Court (CCC) directly off Western Approach to the south of the site. This provides service access to the rear of properties within CCC and access to the central car park.

A second vehicle access onto CCC is located off Market Avenue to the North West corner of CCC.

Pedestrian routes follow the roadsides of the existing surrounding roads including Western Approach and pedestrian access onto CCC is not separated or designated away from these routes. There is no existing designated pedestrian route within CCC.



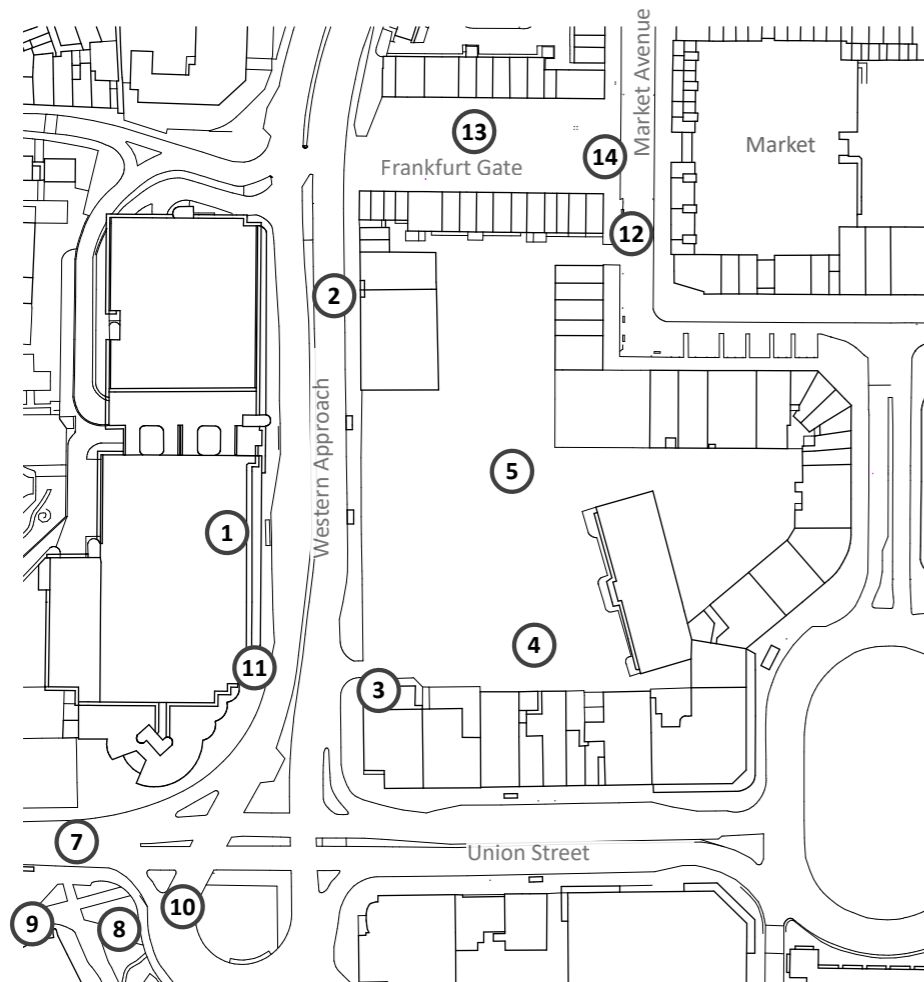
-  VEHICULAR ACCESS
-  BUS STOP
-  PEDESTRIAN ACCESS
-  CAR PARK
-  PEDESTRIAN CROSSING

2.9 SITE PHOTOGRAPHS

The area is characterised by a diverse range of architectural styles ranging in materiality and heights. The buildings fronting Western Approach are predominantly two storeys, flat roofed with brick facades and large areas of glazing. As with the majority of buildings in Plymouth City Centre they are post- 1950s.

The car park opposite has a mixture of concrete glass and metal cladding from the 1980's.

The site includes Colin Campbell Court which has a unique art-deco facade - noted in the development plan to be retained.



2.9 SITE PHOTOGRAPHS



Existing access road from Western Approach



Towards CCH entrance and rear of Union Street buildings



View across CCC towards Union Street



Existing car park



View looking west along Union Street



View towards site from Millbay boulevard

2.9 SITE PHOTOGRAPHS



View towards Millbay boulevard



View east along Union Street



View towards CCC access road from Western Approach



View towards CCC entrance from Market Avenue



View of Frankfurt Gate



View towards Pannier Market

2.10 SITE HISTORY

The proposed Colin Campbell Court site comprises an irregular pentagon of land on the Western Approach, which incorporates shops and car park.

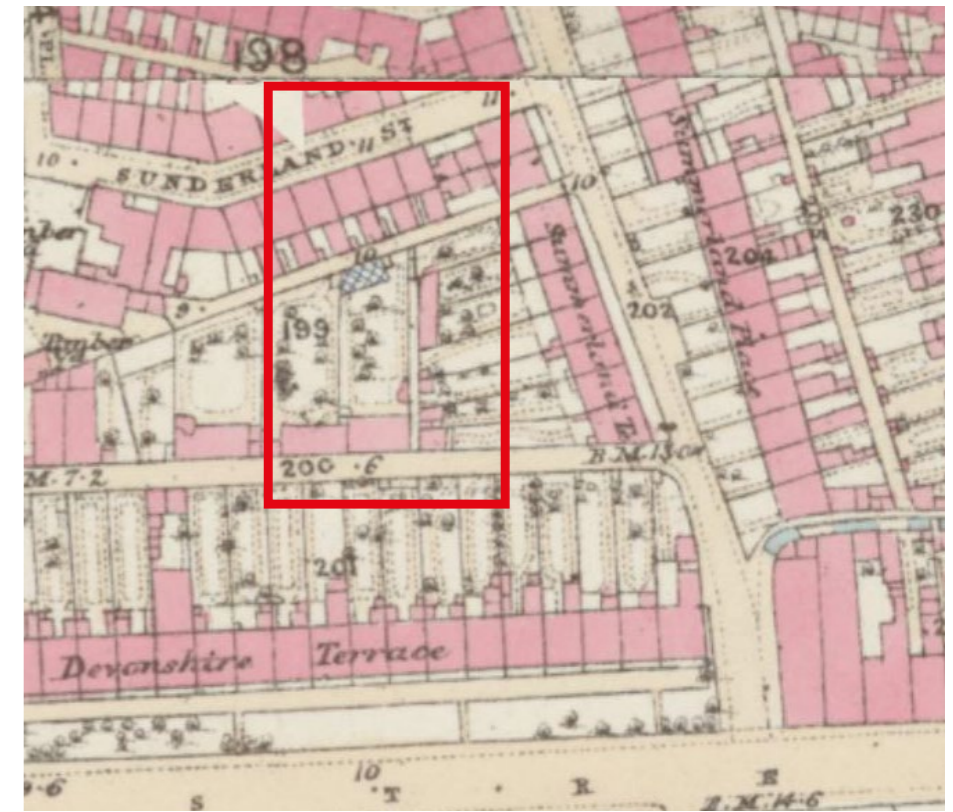
The site is on a gentle south-western slope and is of a 20th century urban character. The soils of the area are classified as Urban (SSEW 1983) and the bedrock is the sedimentary mudstone and siltstone of the Torpoint Formation. The site lies at a height of between c.3 and c.7m AOD.

The site is located on the edge of the historic town of Plymouth, in what until c1820-1860 appears to have been marshland, used mainly for agricultural purposes and market gardens until at least 1845. The site then is occupied by aspirational mid-19th century houses and terraces, mostly with relatively large gardens, although by the later 19th century many of these buildings were replaced by a school, and most of the gardens in filled with additional buildings. This became part of the most densely populated part of Plymouth City centre before the destruction wrought on the city during bombing in the Second World War. The area, including the site, was cleared in order to follow the redesigned city plan of 1952, with Campbell Court built in the early 1960s. It is unlikely that any remains of the pre-1950 buildings survived the bombing or the clearance works, and the probability of finding any pre-19th century archaeology in this location is thought to be low.

The footprint of the site maintains the shape of the buildings for this area of the city centre on the 1952 plan, and, if the shape could be maintained, then the post-war narrative of the city centre and its design would be retained. A modern building would also be in keeping with the aim of the mid-20th century designers to present Plymouth as a 'city of the future'. The site has been identified for development in the Plymouth and South West Devon Local Plan 2014-34, so redevelopment is also consistent with the plans for the future of Plymouth.



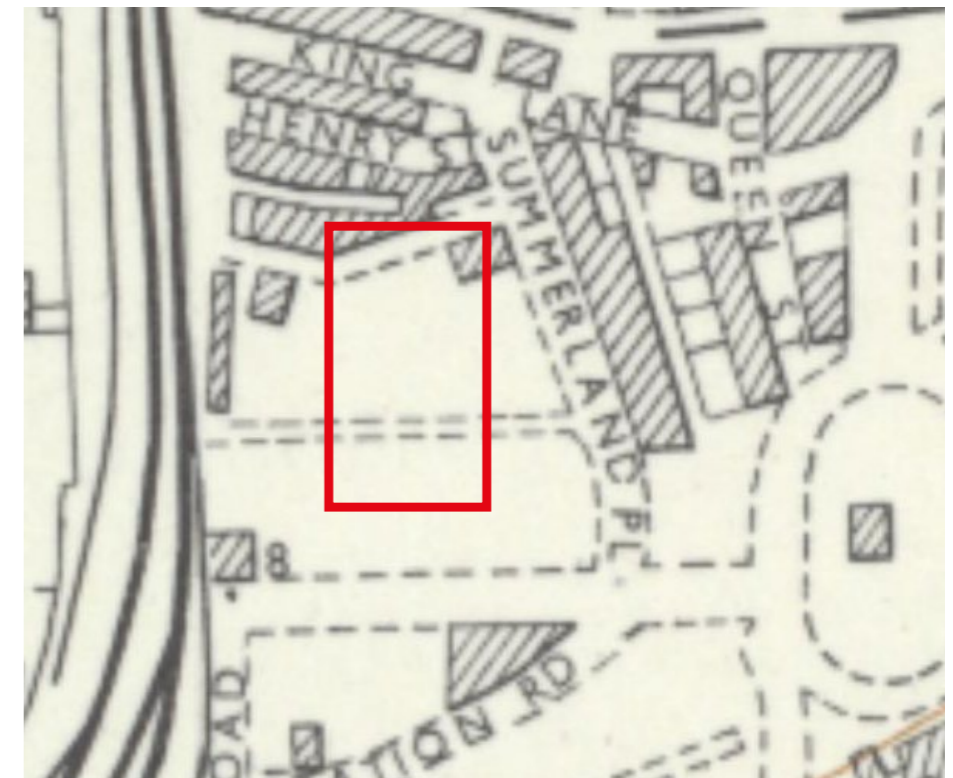
The earliest detailed map of the site in 1820



Site shown in 1863 when the site was redeveloped from agricultural plots with new street and residential developments.



The site in 1895 showing a large building (Union Street School) replacing the northern end of Summerland Terrace.



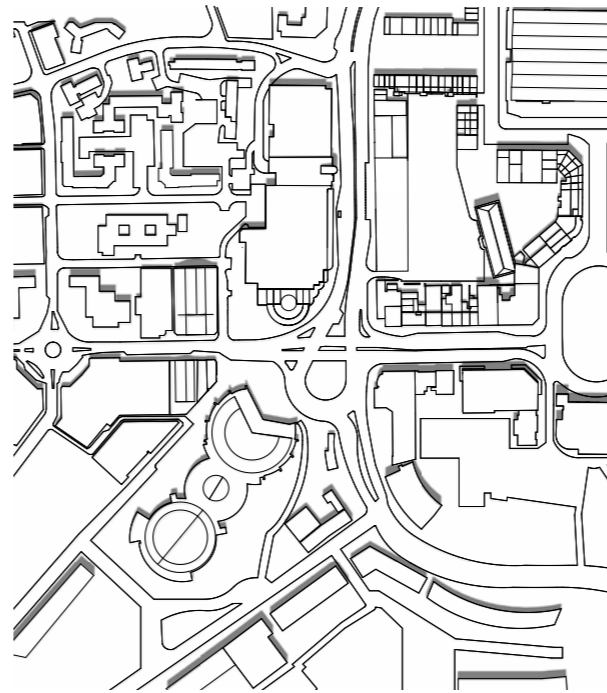
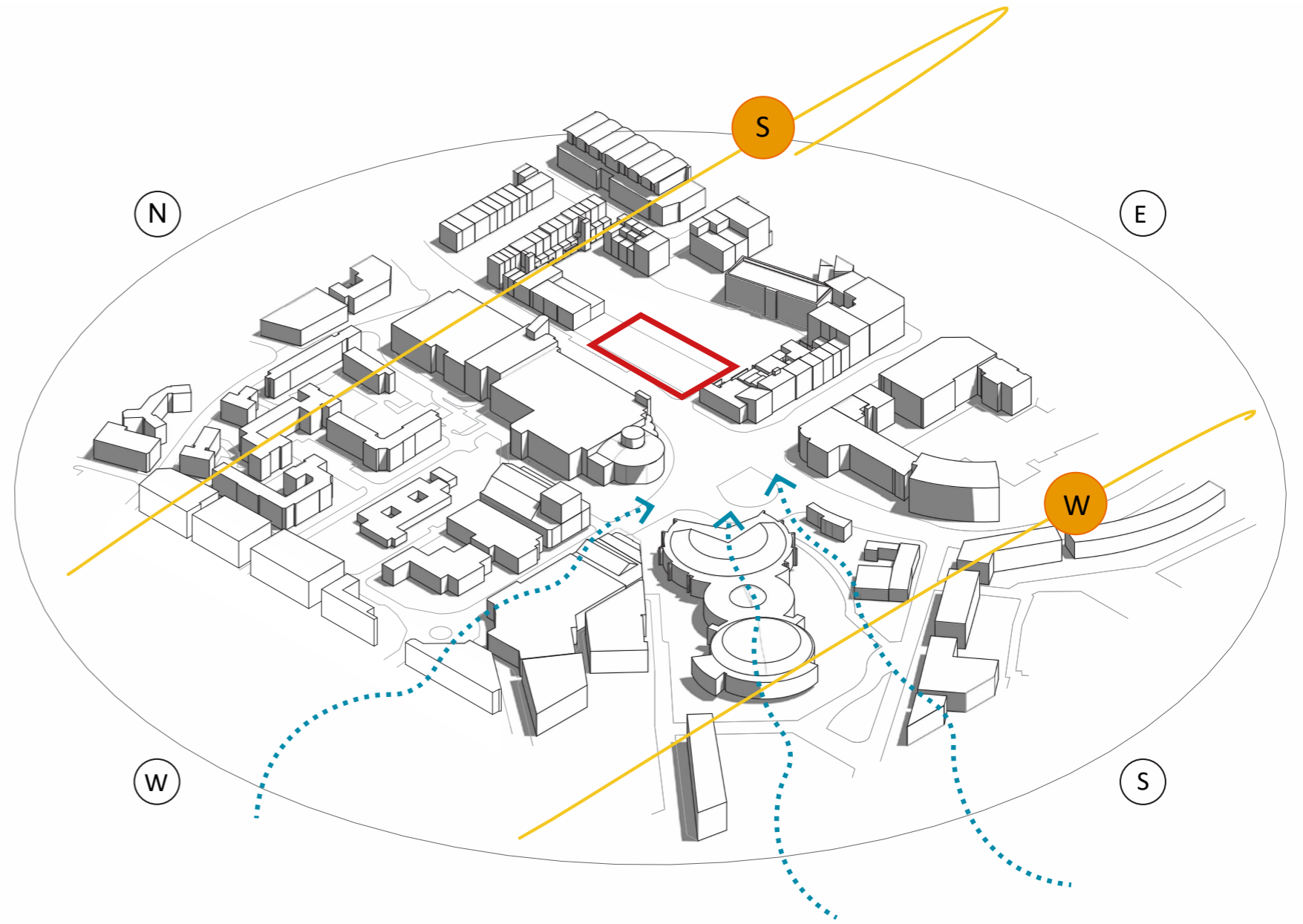
The site in 1949-70 after the bombing and Plymouth's rebuilding in c.1960. The site comprises a single surviving building.

2.11 SOLAR STUDIES

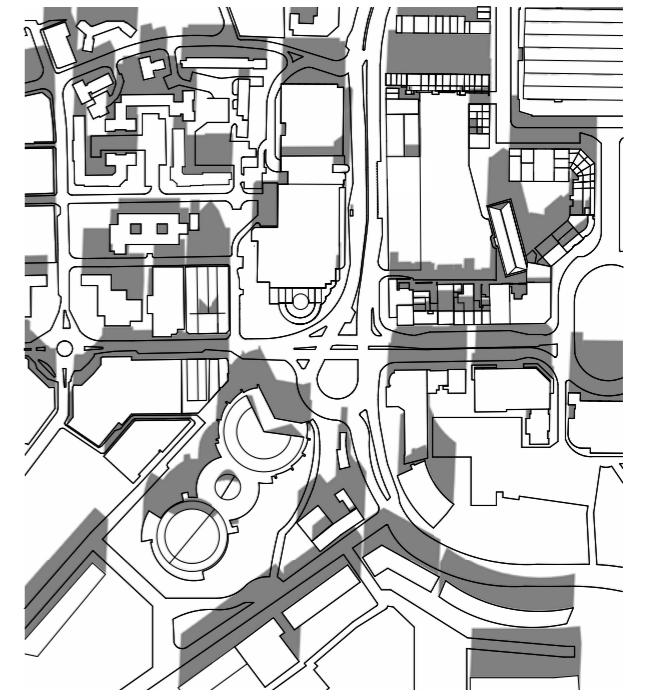
The sunlight on site from winter through to summer is constant and largely unobstructed direct light despite nearby tall buildings. The adjacent western approach multi-storey car park blocks most indirect light from the North.

2.12 CLIMATIC CONDITIONS

Prevailing winds from the Channel pass through Millbay reaching the site from the south west. This creates a somewhat gusty environment on site and along Union Street. This will be considered in the design proposal.



SOLAR STUDY - SUMMER, 1ST JUNE, 12:00AM



SOLAR STUDY - WINTER, 1ST DECEMBER, 12:00AM

3.0 PLANNING & COMMUNITY ENGAGEMENT

3.1 PRE APPLICATION

Since July 2023 the design team have now met with members of the PCC planning department four times. We have received the formal response from all of the meetings. The conclusion to each of the reports has been shown below. As can be seen the PCC planning department have always responded positively to the design of the CDC and shown support.

PRE APPLICATION MEETING 1

Conclusion including likely support for proposal

Based on the limited information provided so far we can broadly support the proposal and welcome the focus on providing a responsive urban design-led scheme which is informed by the emerging masterplan.

We look forward to continuing to work with you to ensure that the scheme meets the requirements of the allocation policy PLY7 and the other relevant policies of the Local Plan as it develops to enable the commencement of the regeneration of the Colin Campbell Court Site.

PRE APPLICATION MEETING 2

Conclusion including likely support for proposal

Based on the limited information provided so far we can broadly support the proposal and welcome the focus on providing a responsive urban design-led scheme which is informed by the emerging masterplan. We look forward to receiving further drawings either as part of this pre-application enquiry or planning application which address the points raised above. We hope you find these comments helpful in developing your proposals and we look forward to continuing to work with you to ensure that the scheme meets the requirements of the allocation policy PLY7 and the other relevant policies of the Local Plan as it develops to enable the commencement of the regeneration of the Colin Campbell Court Site.

PRE APPLICATION MEETING 3

Conclusion including likely support for proposal

Based on the information provided so far we can broadly support the proposal and welcome the focus on providing a responsive urban design-led scheme which is informed by the emerging masterplan. We look forward as the design work develops to receive further details either as part of an additional pre-application meeting or through the details submitted with a planning application which addresses the points raised above in order to meet the requirements of the allocation

policy PLY7 and the other relevant policies of the Local Plan to enable the commencement of the regeneration of the Colin Campbell Court Site and we see this proposal being a development that can act as a catalyst for the wider redevelopment of the allocation site.

PRE APPLICATION MEETING 4

Conclusion including likely support for proposal

Based on the information provided we can broadly support the proposal. We look forward to receive further details as part of a planning application which addresses the points raised above in order to meet the requirements of the allocation policy PLY7 and the other relevant policies of the Local Plan to enable the commencement of the regeneration of the Colin Campbell Court Site and we see this proposal being a development that can act as a catalyst for the wider redevelopment of the allocation site.

KEY CONCERNS AND HOW THEY HAVE BEEN ADDRESSED

Throughout the Pre application process the design team have actively engaged with the process and the consultee comments. Most of the comments and concerns raised have been addressed throughout the process. We have shown our response to the key outstanding concerns below:

- The Local Highway Authority would wish to see drop-off spaces remain part of the scheme to ensure that there is adequate provision from an accessibility viewpoint to enable patients who have mobility issues to have access to the site. Without, such provision there is concern that people would drop off on the access road into the site causing traffic congestion and highway safety issues. It is therefore essential that such provision is made to allow for managed drop-off at the site.

Response - A drop-off bay and 5 accessible parking bays have been shown as part of the planning application.

- We do have some concern regarding the re-siting of the building, these concerns being two-fold. Firstly, the Urban designer has commented that it is regrettable that the opportunity to provide this public open space at the gateway to the building and wider CCC site has been lost as a consequence of the building being moved south; and raised concern about the lack of any public realm being delivered as part of this development. It is however acknowledged that the public realm improvements may well be picked up by the wider masterplan in the future.

- Secondly, and arguably of more concern are the potential implications of the siting of the attenuation tanks to the north of the building in terms of the quality of the built environment and delivery of the wider site allocation. Blank elevations on public frontages are not generally supportable. The justification previously provided for this blank elevation without fenestration was that this was intended to form a party wall to allow for future development in this location as part of the delivery of the wider site allocation. This justification was accepted by Officers. The siting of the drainage features to the north would however indicate otherwise, and as such undermines the justification for this design approach. This elevation will be clearly visible within the street scene particularly on approach from the North.

Response - Regarding the re-siting of the building and the blank north elevation this has been led by the PCC Economic Development team. This was to ensure that the building does not disrupt the aspirations of the emerging future masterplan. The CDC design team's preference would have been for the building to have stayed in the position it was shown at Pre-App meeting 3. This would have then meant that the attenuation tanks could have stayed to the south of the building and all concerns raised by the Urban Designer and Planning Officer would have been addressed.

UHP NHS Trust have agreed to move the proposed attenuation tanks when the future masterplan is due to begin construction to the North of the CDC. Indicative costs have already been prepared for this and this has been discussed with the PCC Economic Development team.

- The Urban Designer commented that whilst it was acknowledged that the public realm along the building's east frontage needs to function as a service zone, and may eventually be contained within the centre of a perimeter block, if the future phases of the emerging masterplan are delivered as envisaged; this area needs to nevertheless be designed foremost for the needs of pedestrians and will need further review to ensure it is as attractive as it can be. At the moment the space appears very car-dominated and utilitarian and this needs further consideration as the design develops.
- We would strongly encourage the planting of trees on site, perhaps as street trees between the building front and western approach or within a landscaped area to the southern side of the building.

Response - One planter has been shown on the west elevation and three planters have now been shown on the east elevation of the CDC.

3.2 PUBLIC CONSULTATION

The design team held a drop-in public consultation session on Wednesday 22nd November from 12pm to 7pm. Several members of public and the local community attended the session and the designs were received positively. Most of the attendees completed a feedback form and the responses are summarised below.

93% of those that completed a response form supported the project.

Do you support the development, if not why not?

- “What does it do for the community in Cornwall for whom UHP is their nearest/only hospital?”

What do you think a new Community Diagnostic Centre will do for the city?

- “Improved healthcare in area enhance area of West End”
- “Enable locals and other Plymouth residents access to over stretched services at local hospitals”
- “Take strain from Derriford”
- “Pure dead brilliant”
- “Provide support for Derriford and ease waiting times.”
- “Help with health provision. Redevelop a run down area.”
- “Very little apart from increase traffic by way of those getting lost while trying to navigate their way to the new centre”

Would you like to tell us more/do you have any other comments on what this service will mean for you?

- “It will speed up diagnostics & save peoples lives”
- “Expanding ‘Health Village’ on site”
- “A great asset for Plymouth. Seems to fit in well, car parking facility is good”
- “Sooner the better”
- “Patients should not be expected to travel to the middle of a city they don’t know for tests which can be being done at a very stressful time.”



3.2 PUBLIC CONSULTATION BOARDS

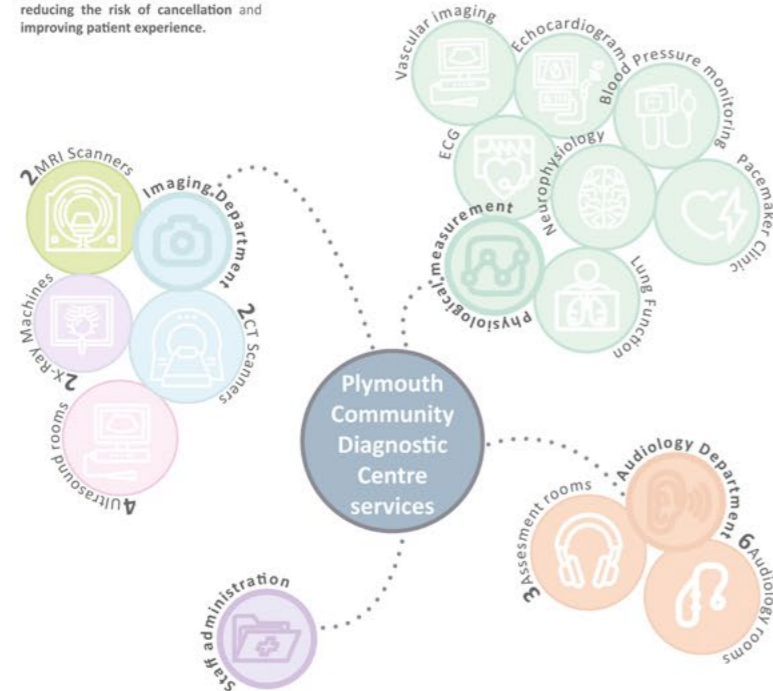
Plymouth Community Diagnostic Centre

Introduction

The Plymouth Community Diagnostic Centre (CDC) is part of a national programme to deliver CDCs following Professor Sir Mike Richards October 2020 report 'Diagnostics: Recovery and Renewal' which reviewed NHS capacity. It is proposed that the new CDCs are located closer to the communities that they serve and away from the acute hospitals. This allows diagnostic facilities separate from urgent care, thereby reducing the risk of cancellation and improving patient experience.

The Plymouth CDC will contain MRI, CT, X-Ray and Ultrasound imaging facilities, Physiological measurement facilities such as echo cardiology and lung function as well as a full Audiology department with multiple treatment and assessment rooms. These diagnostic facilities will be complemented with staff administration, welfare and support services.

Following various optioneering exercises by University Hospitals Plymouth NHS Trust's (UHP) design team, the vacant Colin Campbell Court site was chosen for the location of the Plymouth CDC.



Plymouth Community Diagnostic Centre

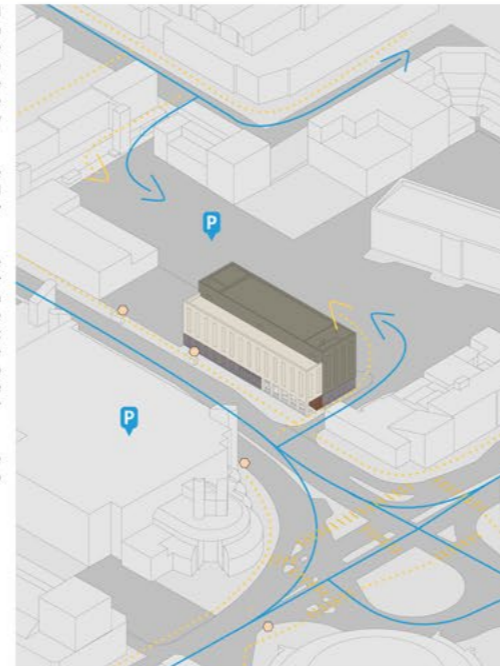
Site

The Plymouth CDC will be located in the south western corner of Colin Campbell Court (CCC) which is in the City Centre of Plymouth. The main entrance responds to the axis of the Millbay Boulevard acknowledging the building's key position between Millbay and the City Centre.

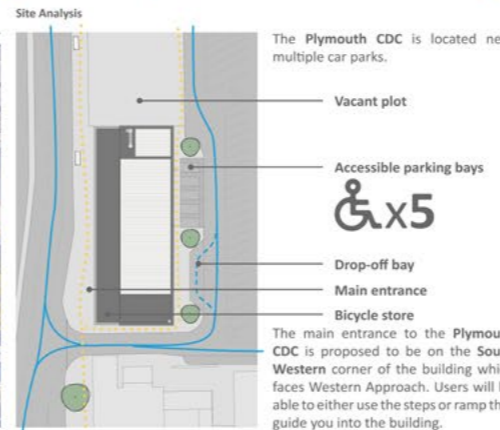
This is a significant location within the West End of Plymouth and it is hoped that the CDC will be a catalyst for regeneration in this area.

The City Centre location of the site ensures that it will be accessible for all. The existing bus stops on western approach will remain directly outside the building and Colin Campbell Court and Western Approach car parks are adjacent to the site. The proposals also include a drop-off bay and 5 accessible parking bays that will be designated for users of the building.

UHP has allocated full funding to the Plymouth CDC and it is scheduled to start construction on site in 2024.



Looking down Western Approach



Looking across Colin Campbell Court

The Plymouth CDC is located near multiple car parks.

Vacant plot

Accessible parking bays &x5

Drop-off bay

Main entrance

Bicycle store

The main entrance to the Plymouth CDC is proposed to be on the South Western corner of the building which faces Western Approach. Users will be able to either use the steps or ramp that guide you into the building.



Looking up Western Approach

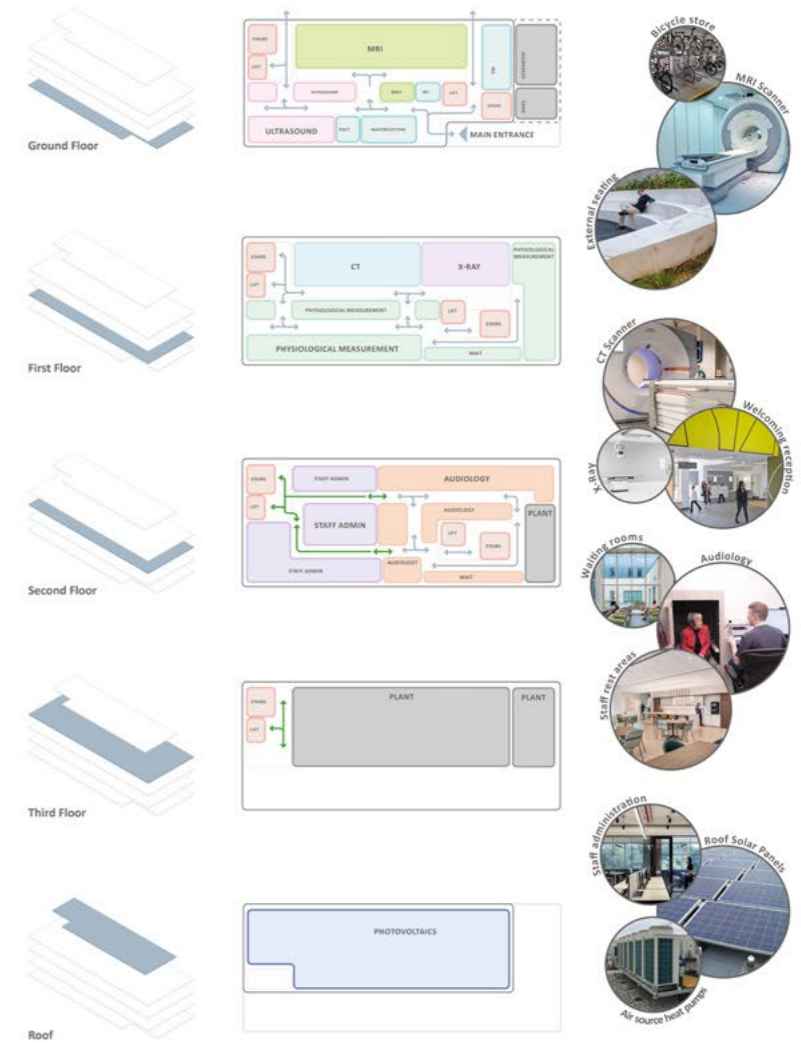
Plymouth Community Diagnostic Centre

Concept Design



Building Material

Visualisation of building looking up Western Approach



4.0 DESIGN PROPOSALS

4.1 DESIGN APPROACH AND EVOLUTION

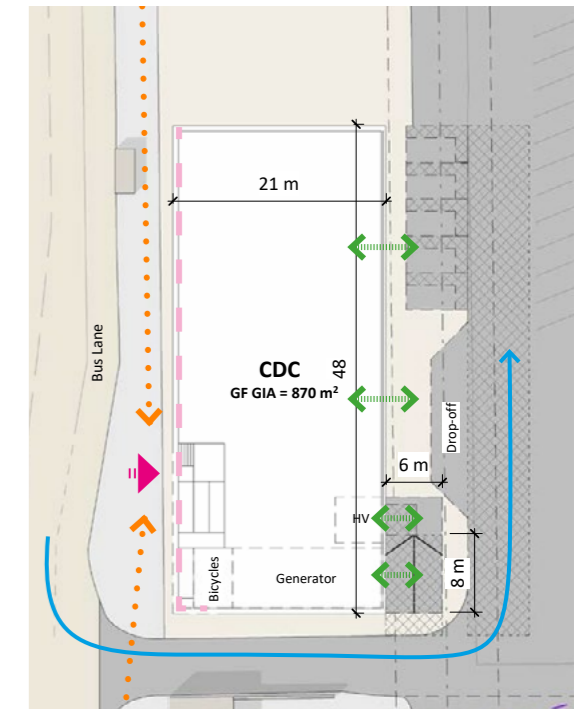
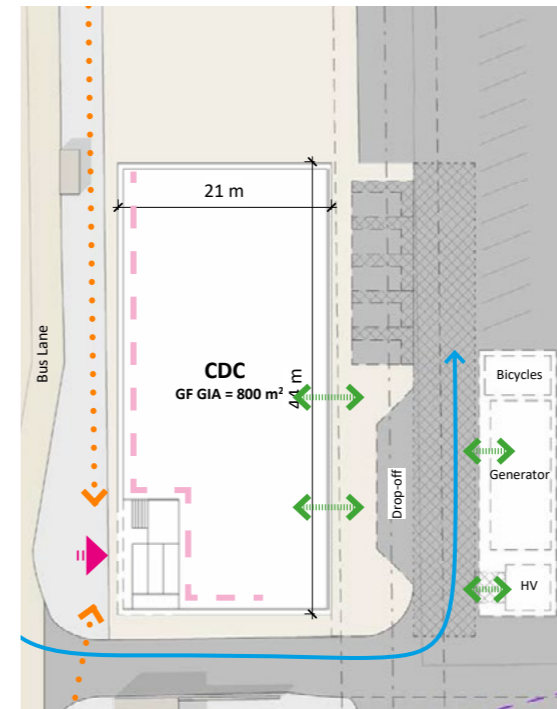
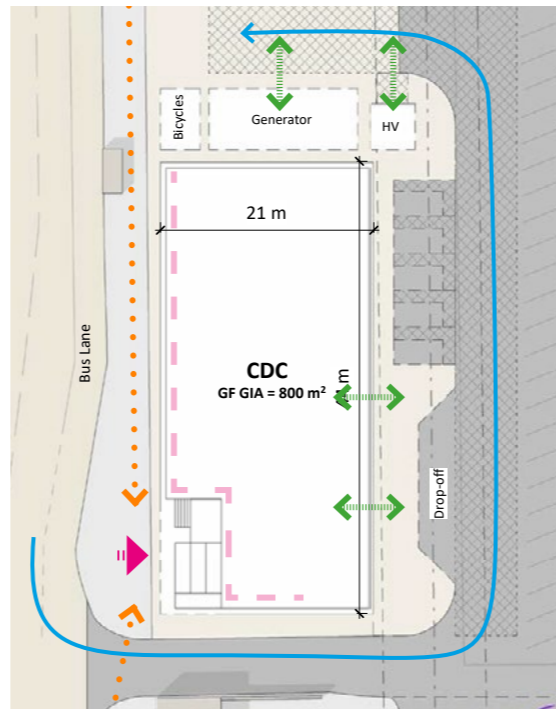
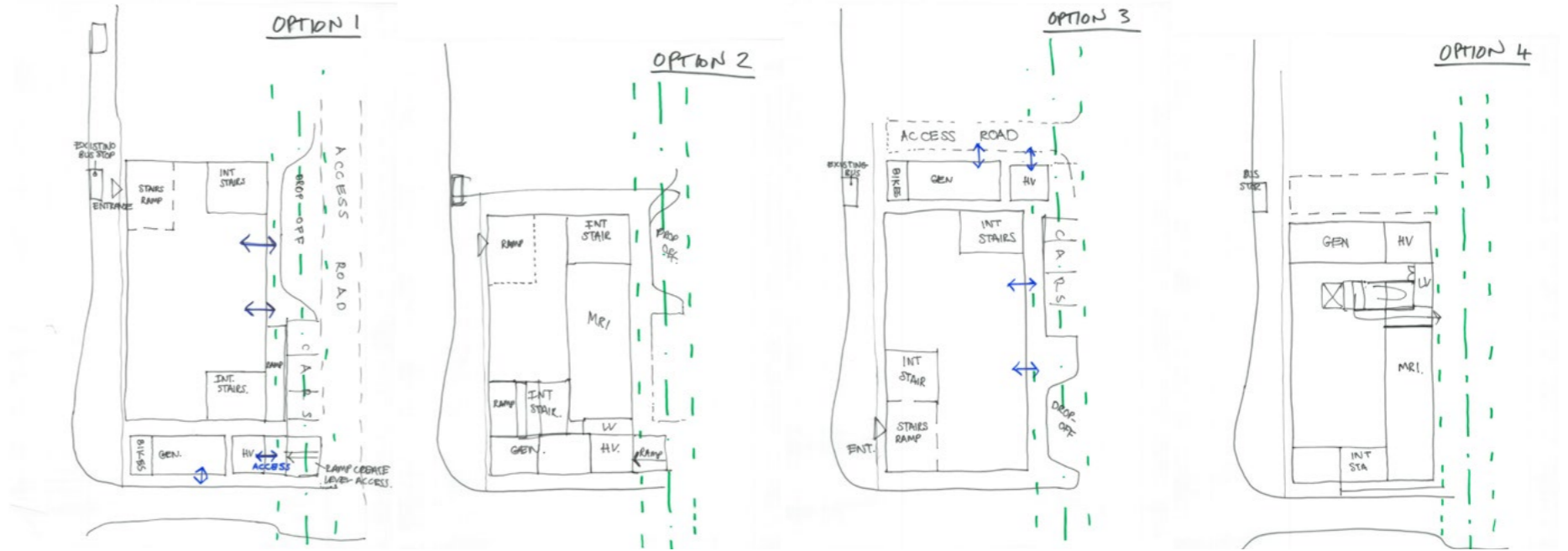
The design team have been through a rigorous and considered design process to develop a coherent concept and design that both fulfils the brief and creates a positive new building in the West End of Plymouth.

The proposal has been developed through understanding of the requirements of the internal spaces and consideration of the building as a whole.

We have used hand sketching and computer modelling to explore options and gain an understanding of the building form and spaces three-dimensionally.

The façade design has evolved, in parallel with the development of internal layouts, paying careful consideration to composition and proportions.

The design has had input from a full design team consultants including fire and acoustic consultants.

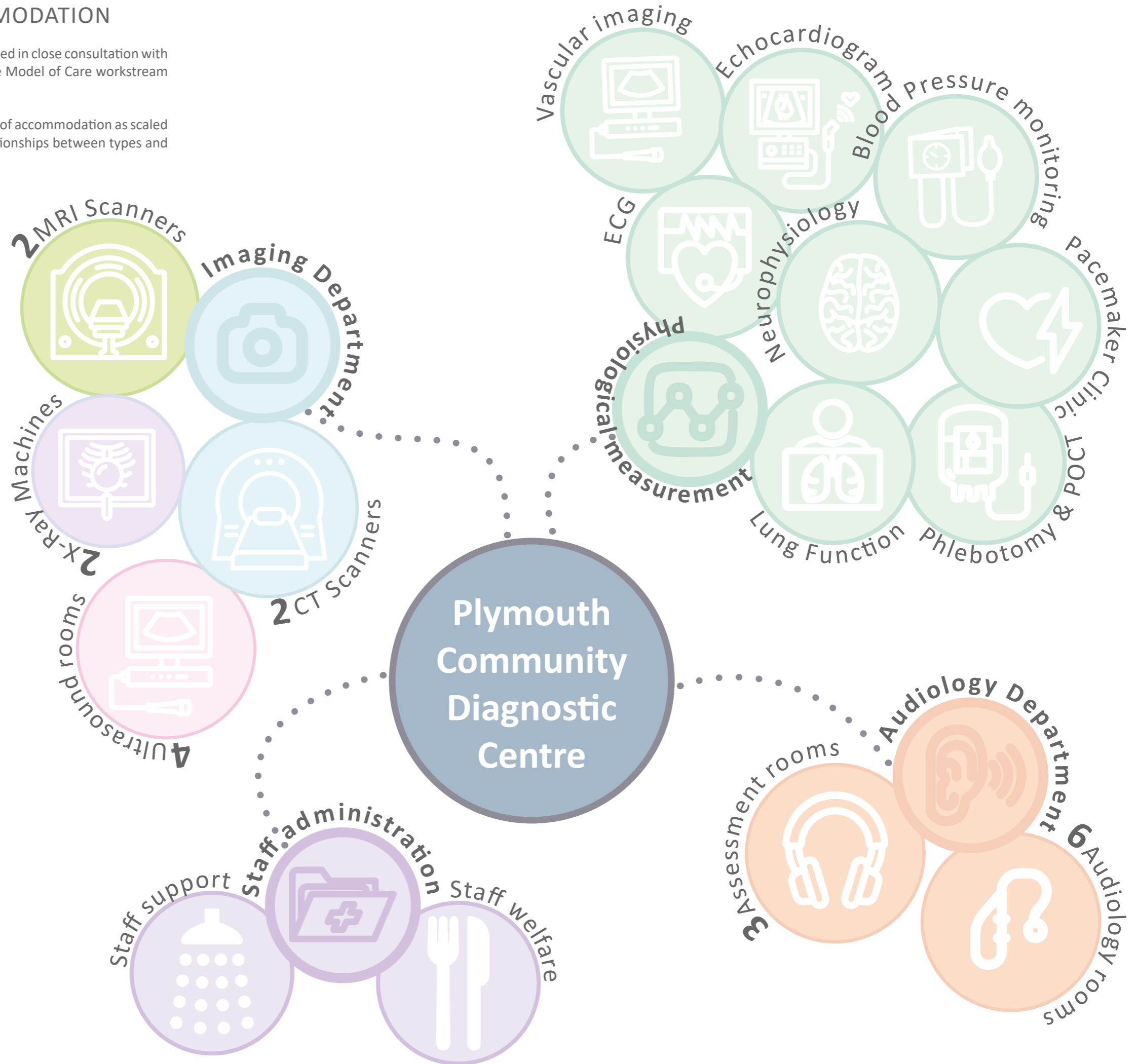


PREFERRED OPTION

4.3 SUMMARY OF ACCOMMODATION

The schedule of accommodation has been produced in close consultation with University Hospitals Plymouth NHS Trust and the Model of Care workflow for the CDC Project.

The following pages aim to visualise the schedule of accommodation as scaled areas and establish the key adjacencies and relationships between types and uses of space.



4.2 SCALED AREAS

In order to begin designing the building we have allocated the area required for each space and diagrammatically shown this area in the adjacent diagram.

- IMAGING**
 CT, MRI, ULTRASOUND & X-RAY

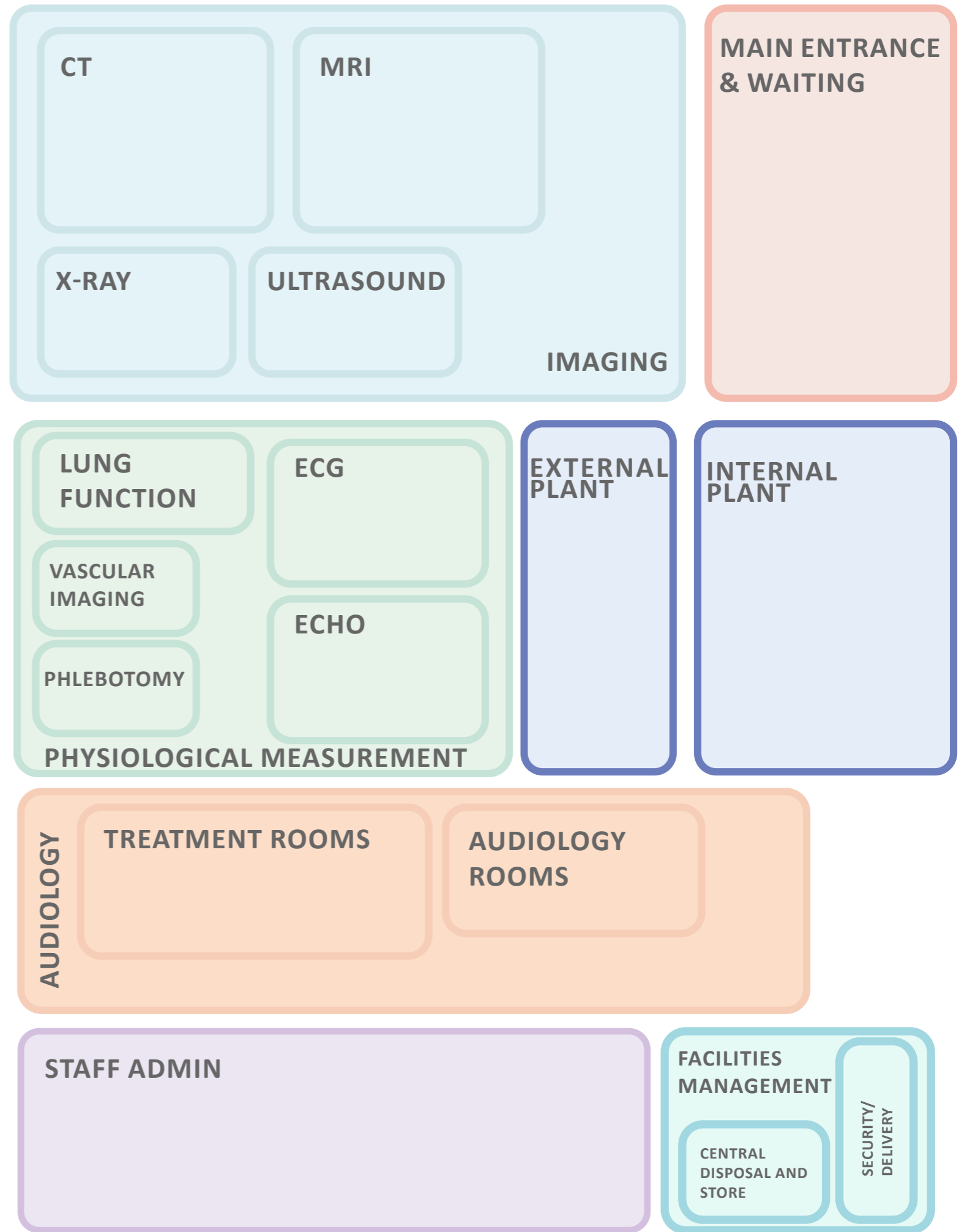
- AUDIOLOGY**
 AUDIOLOGICAL ASSESSMENTS, FITTINGS & FOLLOW-UPS

- PHYSIOLOGICAL MEASUREMENT**
 ECHOCARDIOGRAPHY, VASCULAR IMAGING, ELECTROCARDIOGRAM (ECG), AMBULATORY BLOOD PRESSURE MONITORING, PACEMAKER CLINIC, FENO AND LUNG FUNCTION TESTS, SPIROMETRY, SLEEP INVESTIGATIONS & NEUROPHYSIOLOGY

- STAFF ADMIN**

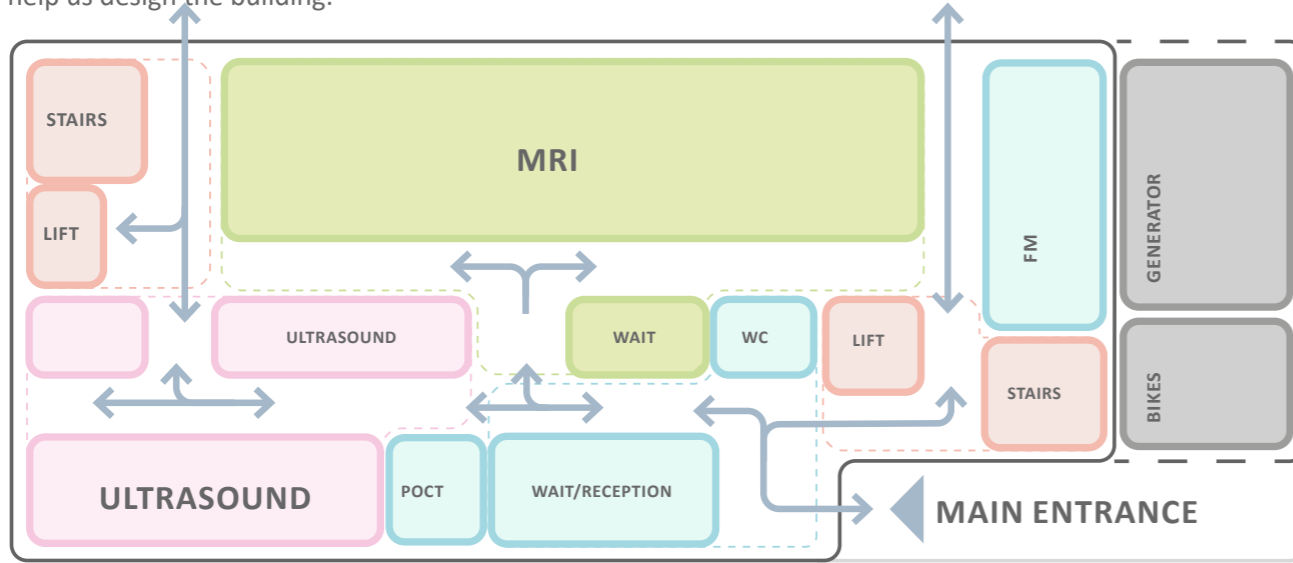
- PUBLIC AREA**
 MAIN ENTRANCE, WAITING

- FACILITIES MANAGEMENT**
 DELIVERY/SECURITY, DISPOSAL, CENTRAL STORE

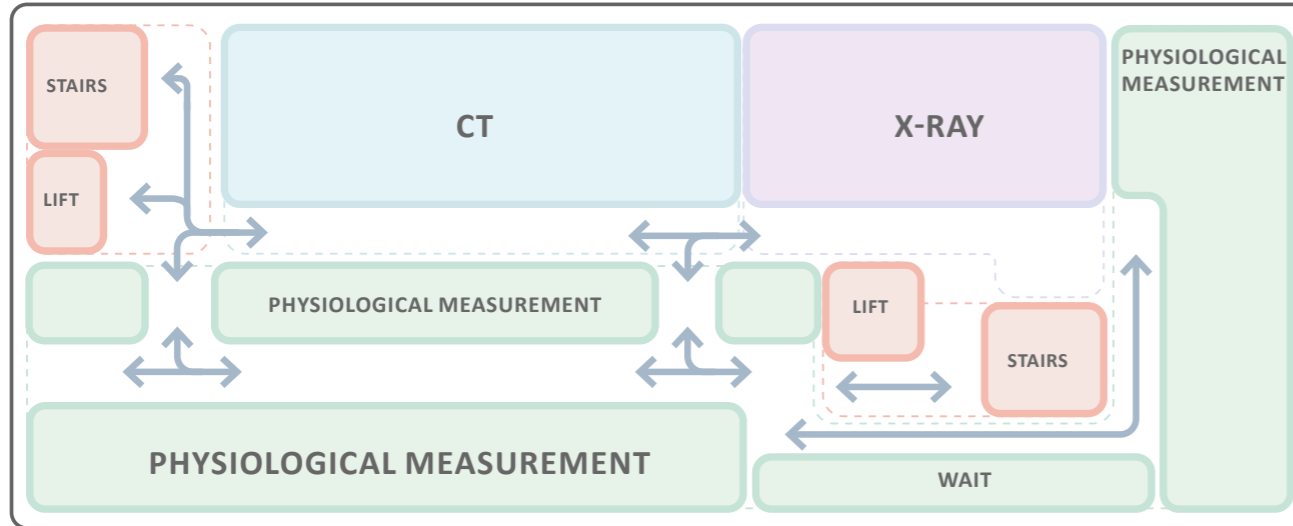


4.4 DESIGN ADJACENCIES

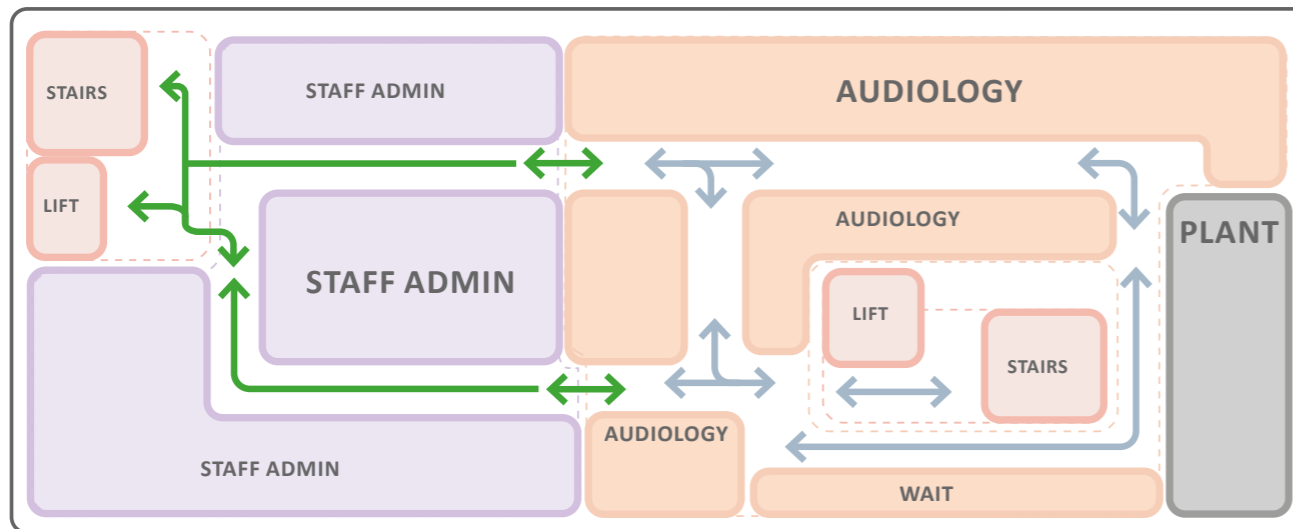
We then went through a process of diagrammatically locating these areas to help us design the building.



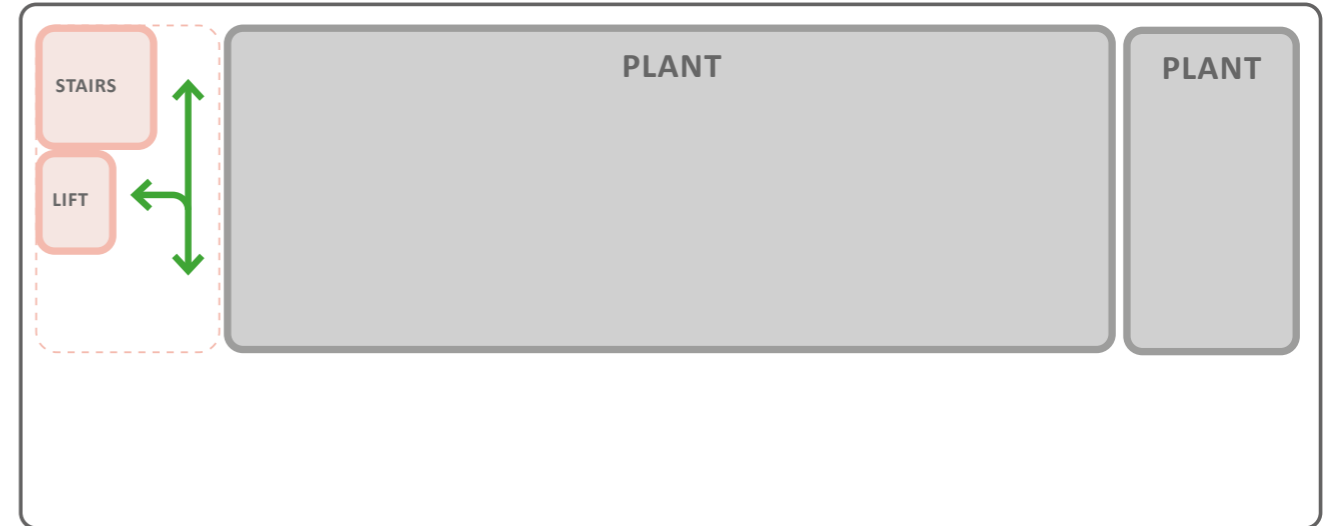
Ground Floor



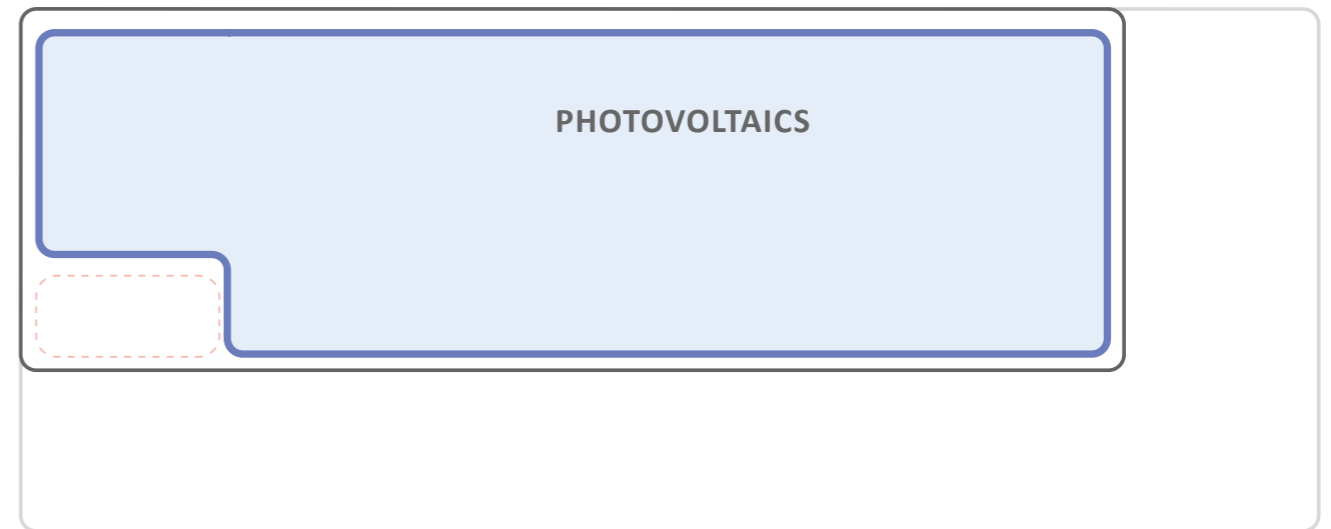
First Floor



Second Floor



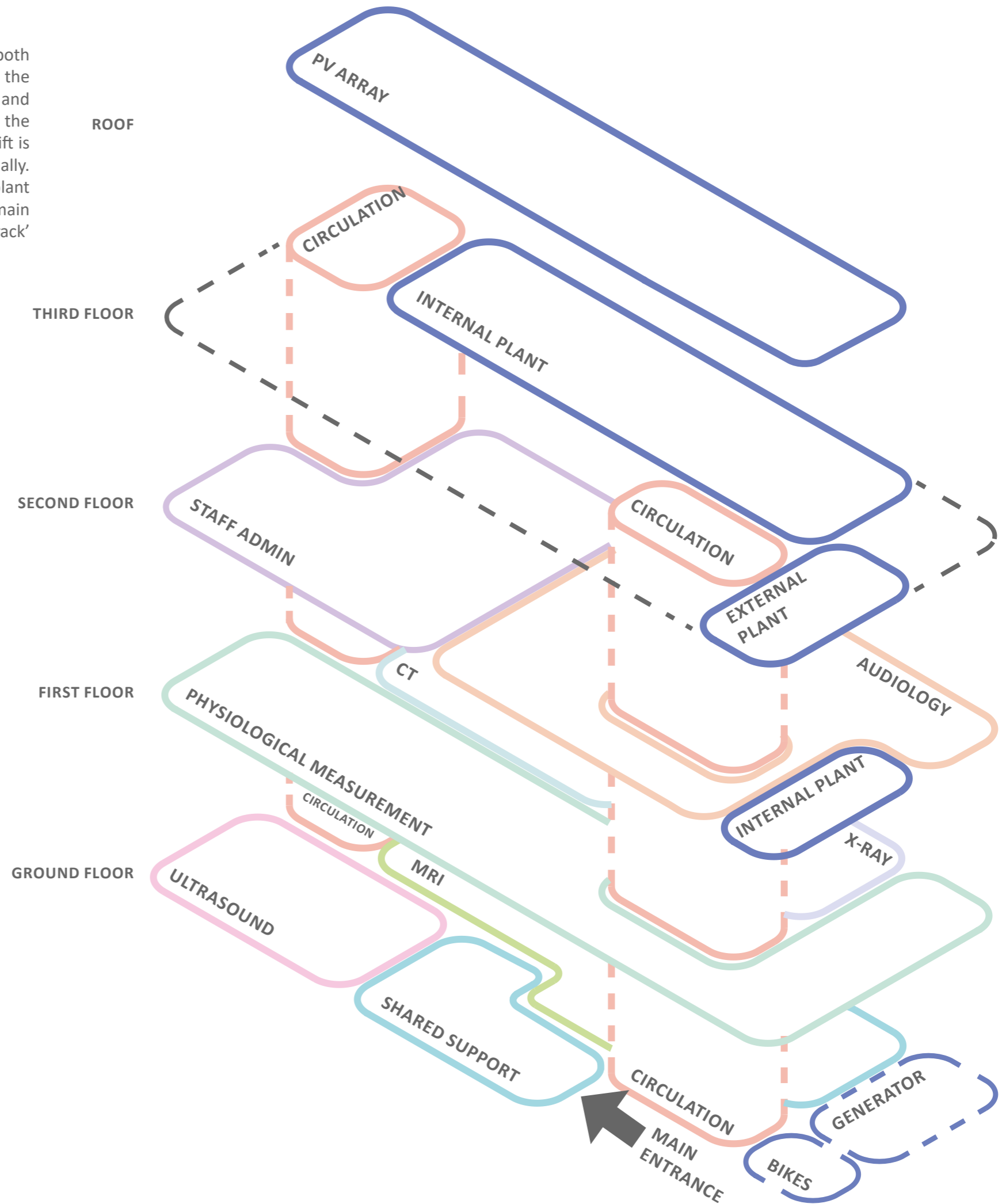
Third Floor



Roof

4.4 VERTICAL ADJACENCIES

Internally the CDC has been designed with two circulation cores both containing a lift and staircase. The main public circulation core, in the southwest corner of the building has a passenger lift and staircase and the secondary service circulation core in the northeast corner of the building has a trolley lift and staircase. The reason for the trolley lift is to enable to removal of the CT scanner and X-Ray equipment internally. The trolley lift will also enable other access and maintenance for plant and the in the event of a medical emergency. There are two main corridors on each floor which are double loaded and in a 'race track' formation which ensure the layout is efficient as possible.



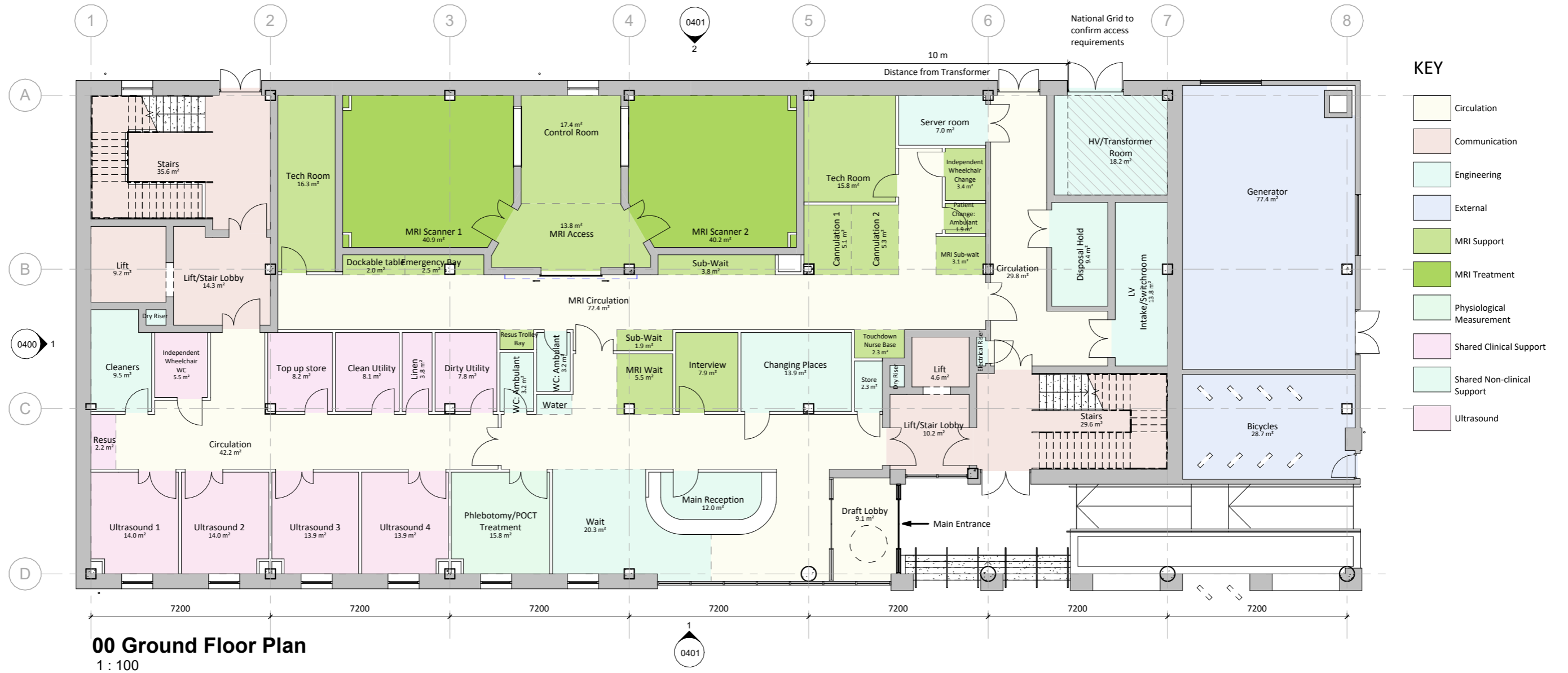
4.5 FLOOR PLANS

Ground floor

The ground floor of the CDC contains the main entrance as well as the Ultrasound and MRI facilities. The main entrance is in the south west corner of the building opening out onto Western Approach, one of the main thoroughfares through Plymouth city centre.

Due to safety requirements in relation to the MRI scanner, this area is a controlled environment and will only be accessible for those that have been checked and confirmed as safe to enter.

The bicycle store and generator are also included as part of the ground floor footprint but do not form part of the building's thermal envelope. All servicing to the building will be undertaken through the access points to east/rear.



4.5 FLOOR PLANS

First floor

The first floor of the CDC accommodates the Physiological measurement department and the CT Scanner rooms and X-Ray rooms. The centre of the plan is dedicated to support services that will enable the functionality of the various clinical rooms that sit on the perimeter of the building. The clinical rooms on the west elevation of the building are defined as 'repeatable' rooms and will assist with our MMC aims.

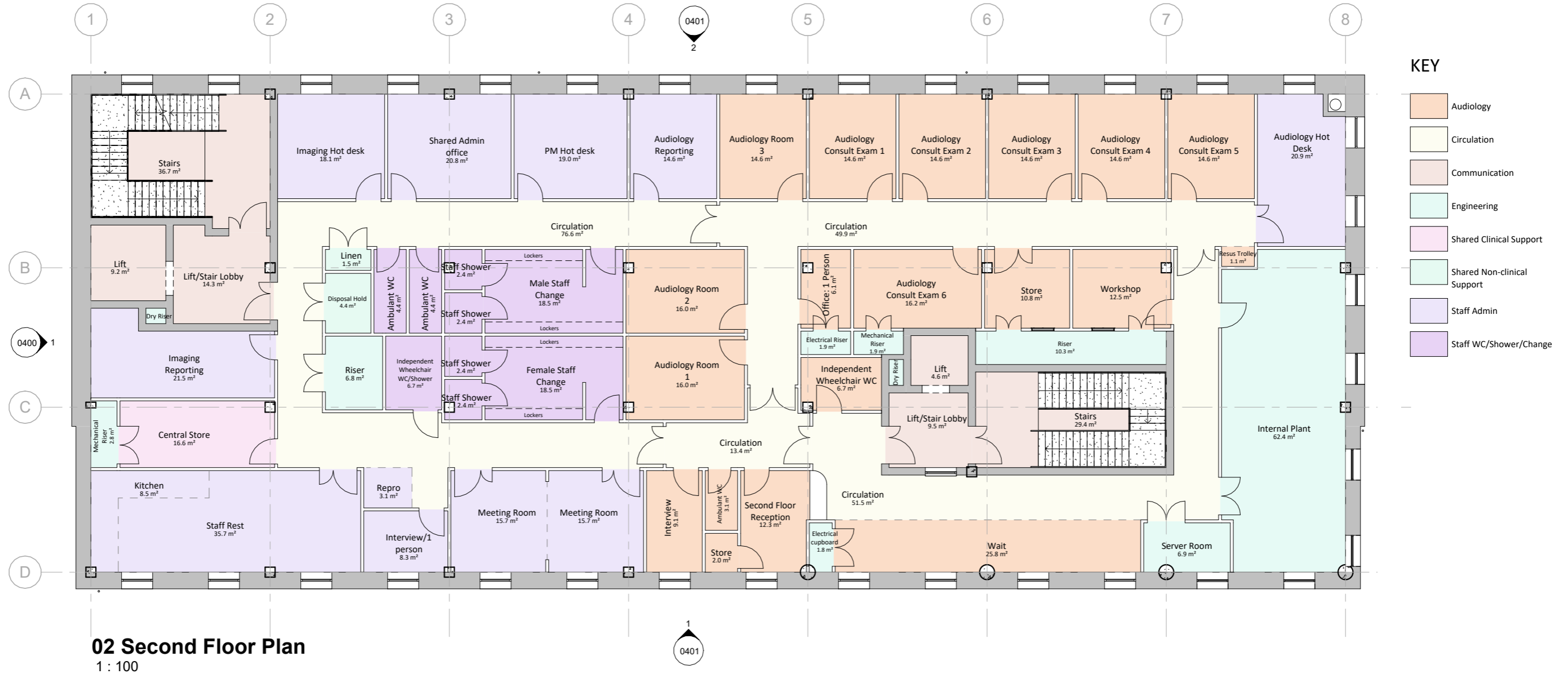


4.5 FLOOR PLANS

Second floor

On the second floor of the CDC is the audiology department and all the staff administration, welfare and support spaces. The audiology department wraps around the main public circulation core with a variety of assessment and consultation rooms as well as workshops and offices for the department staff. There is also a small internal plant room integrated into this area.

The other half of the floor plate is then dedicated to the various different requirements for the staff of the building. There is offices, meeting and reporting rooms. Changing rooms which have showers and toilets adjacent. As well as a large staff rest area with an integrated kitchen space.

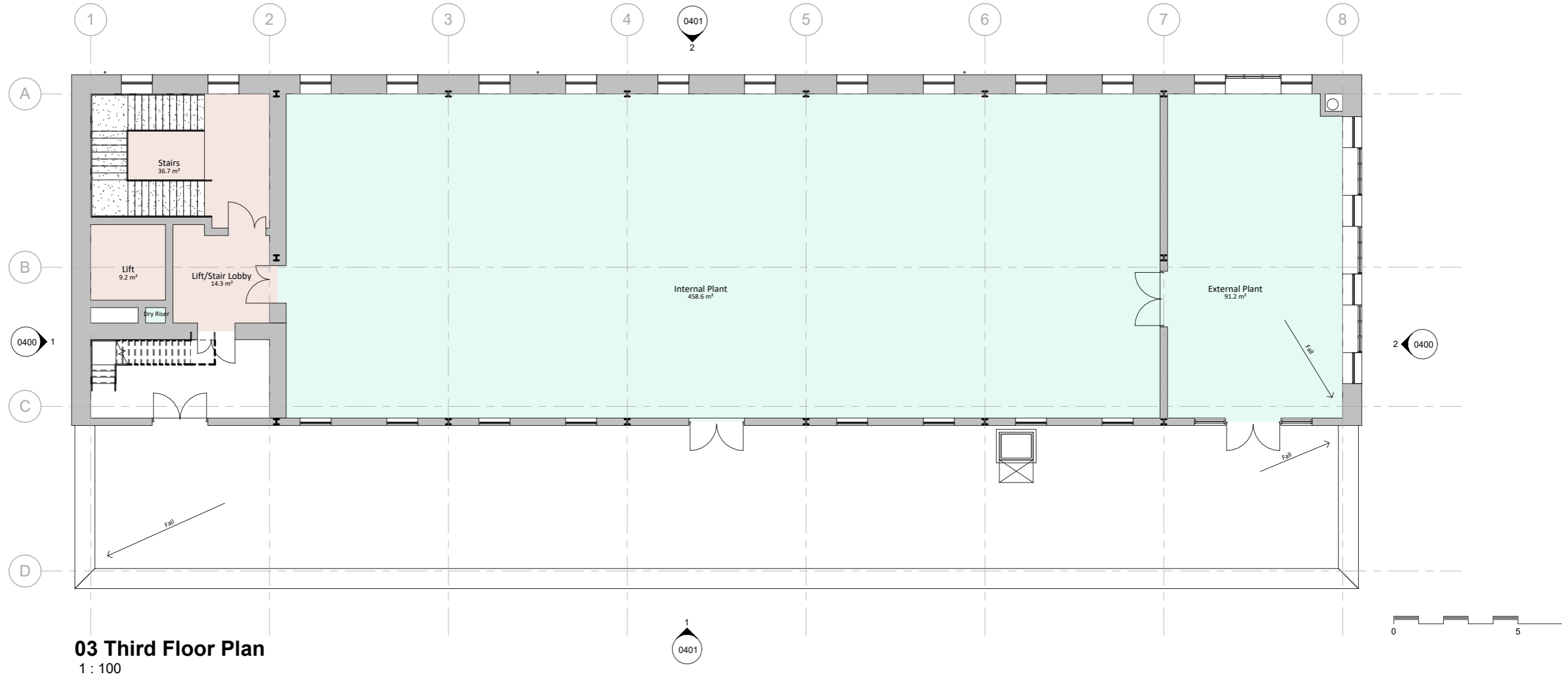


4.5 FLOOR PLANS

Third floor

The third floor of the CDC is purely dedicated to the mechanical and electrical plant that is required for the building to function. Therefore this floor of the building is not defined as a habitable floor and is excluded from the thermal envelope of the rest of the building.

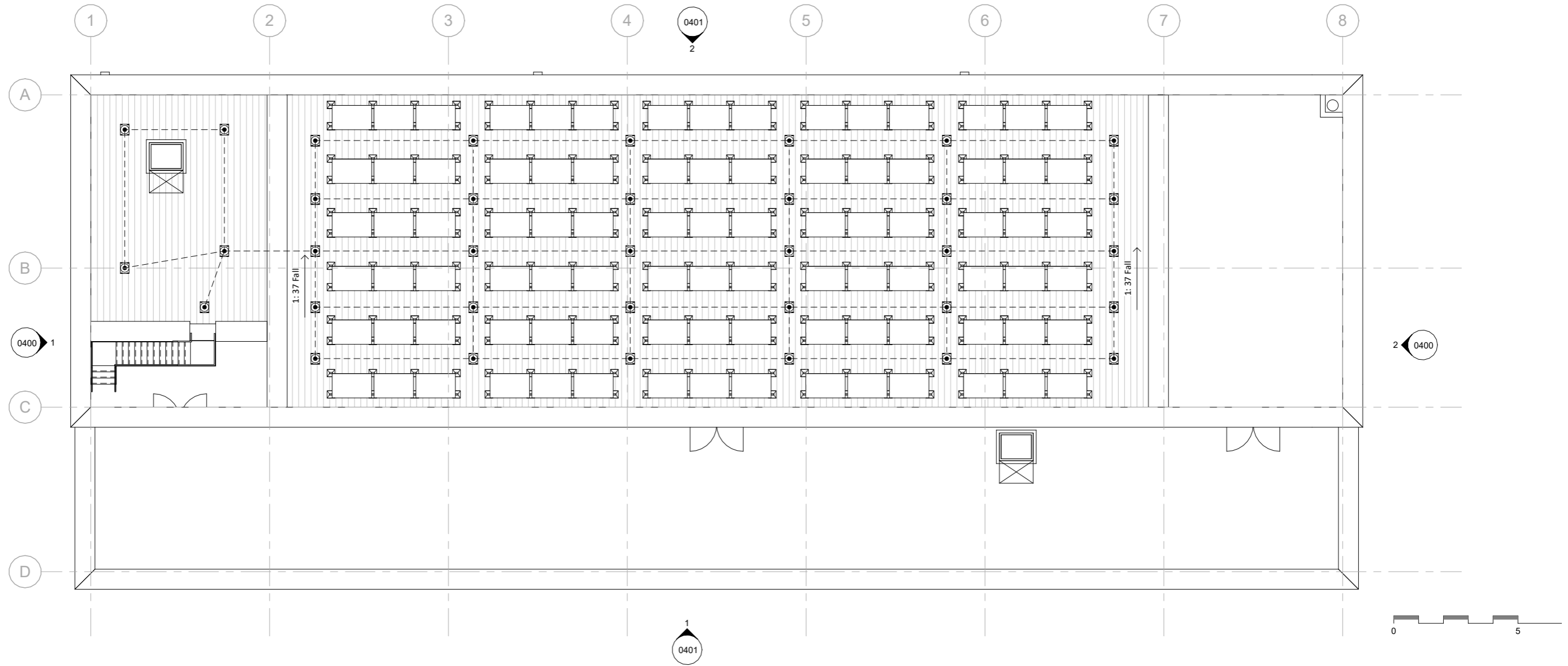
The parapet on this floor is designed to be 1200mm above the finished floor level. This will ensure that any users maintaining the plant on this floor will be protected from falling.



4.5 FLOOR PLANS

Roof

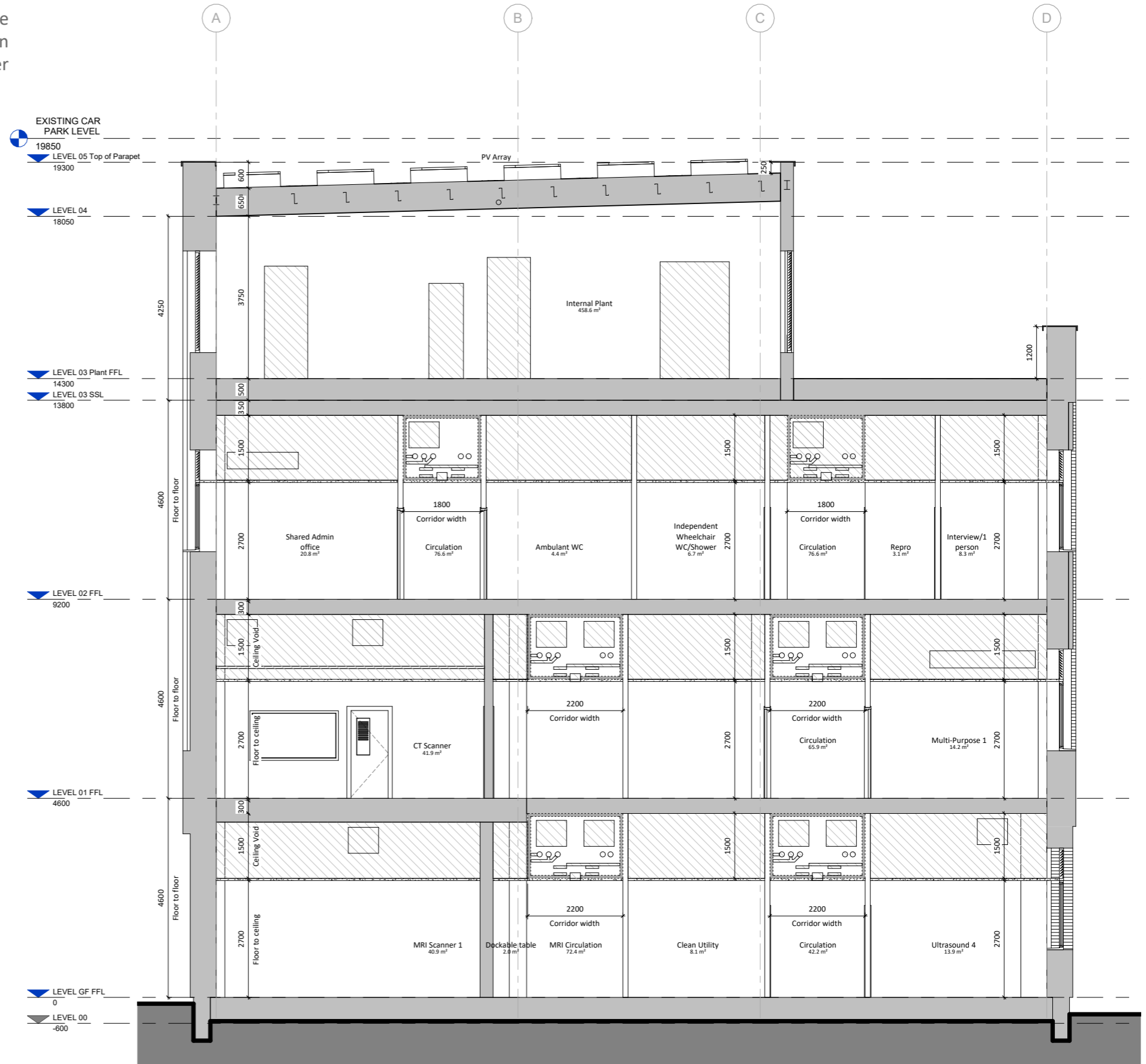
The roof of the building will be utilised in the most efficient way to accommodate as many photovoltaic panels as possible. This part of the building will be accessed via an external galvanised steel staircase and those maintaining the PVs will be clipped into a mansafe fall arrest system.



4.6 SECTION

Strategic short section

The floor to floor height of the CDC is 4600mm this is so that the mechanical ducting and electrical runs can be accommodated within the ceiling voids of the corridors. This height also allows the thicker structural slabs in certain locations.



GA strategic short section
1 : 50

4.7 ELEVATIONS

West Elevation

The west elevation of the CDC is seen as the main/front elevation as it faces Western Approach. Users will enter the building through the colonnade/recessed area in the South West corner of the building.

All of the materials that will be used on the CDC are visible from this elevation. The ground floor has a charcoal grey brick below dpc plinth and then the rest of the ground floor is constructed from grey and red multi brick. The first and second floor are then proposed to be built with buff multi bricks. The windows are recessed and have integrated louvres/spandrel panels above. The floor to floor gap is clad with grey rain screen fibre cement cladding. Most of the third floor can be seen from this elevation which is proposed to be clad with 'linen' and 'hessian' colour fibre cement rain screen cladding. PPC colour matched louvres will also be integrated into this facade of the building.



4.7 ELEVATIONS

East Elevation

The east elevation of the CDC is seen as the rear elevation as it faces the existing Colin Campbell Court. All servicing to the building will be undertaken through the access points to east/rear. Users with limited mobility will also be able to use these doors to access the building.

The ground floor has a charcoal grey brick below dpc plinth and then the rest of the ground floor is constructed from grey brick. The ground floor also has two sections shown as grey fibre cement rain screen cladding as these areas will need to be removed to access and maintain the MRI scanners, every 10 years or so.

The first, second and third floor are then proposed to be clad with 'linen' and 'hessian' colour fibre cement rain screen cladding. The windows are recessed and have integrated louvres/spandrel panels above.

The floor to floor gap and areas where windows are not shown due to the internal arrangements are clad with grey rain screen fibre cement cladding. PPC colour matched louvres will also be integrated into the third floor facade of the building.



4.7 ELEVATIONS

North & South Elevation

The north elevation is shown as blank so that it can be a party wall in the future. This has been led by the PCC Economic Development team. This is to ensure that the building does not disrupt the aspirations of the emerging future masterplan.

The South Elevation forms part of the main entrance to the CDC. Therefore the materiality and design of this space has been designed and considered carefully. Red multi brick in a honeycomb layout has been used to enclose the bicycle store. The lighting within this space will then glow in the darker seasons of the year welcoming users into the building.

We are also proposing the use of honeycomb layout grey brick to surround the generator space. The louvres are required to ensure that the ventilation is attenuated correctly.

The materials on the floors above are as per the west and east elevations described on the previous pages.



4.8 VISUALISATIONS

Computer generated image of the CDC looking up Western Approach.

This image helps to show the main entrance to the CDC which will be on the South west corner of the building. To enter the building users will either use the ramp or steps that have been integrated into the recessed area.



4.8 VISUALISATIONS

Computer generated image of the CDC looking from the west pavement of Western Approach.

This image shows the main West elevation of the CDC. The rhythm and concept of the elevation can be seen clearly.



4.8 VISUALISATIONS

Computer generated image looking towards the CDC from the Pavilions.

This image shows the building within the context of the west end of Plymouth city centre. Through the use of contextual materials and considered architectural design the build blends into its location.



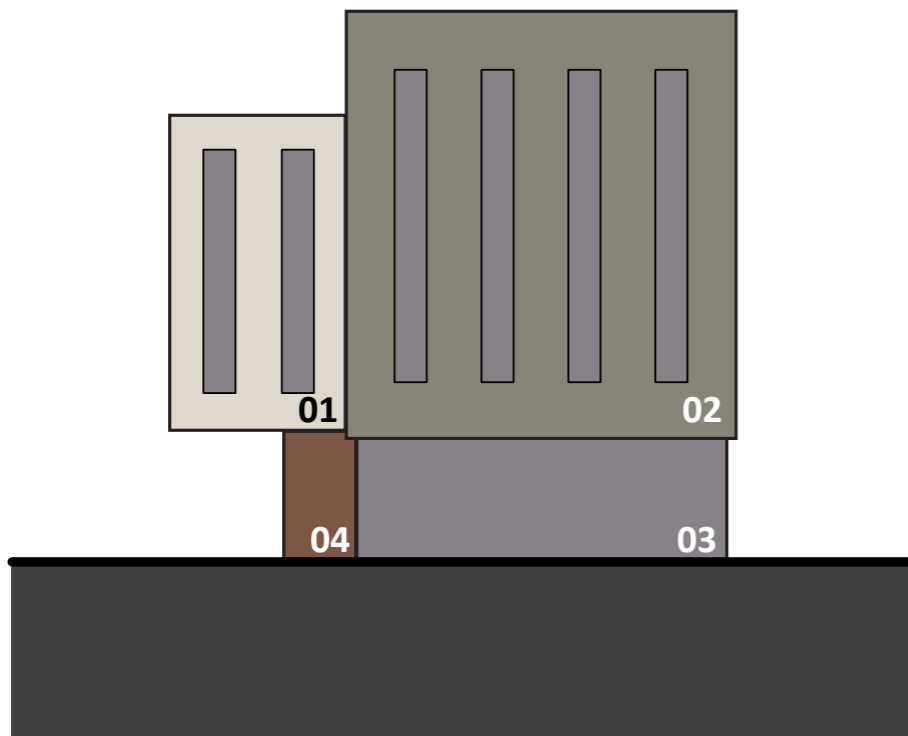
4.9 MATERIALITY

Brick has been chosen as the primary material for ground floor solid areas of the building. As one of the most common materials to the area, including the existing buildings. It allows a robust masonry finish to ground floor.

Its modular nature allows it to form large solid areas when viewed from a distance, while at close proximity it is detailed to form textured surfaces to give the building a comfortable human scale and high quality finish.

The floors above are clad in buff multi brick and fibre cement board. These materials have been chosen for their robustness particularly as the site is in a high exposure area within close proximity of the sea. The low embodied carbon within the fibre cement boards is also one of the main reasons that it has been chosen as one of the primary elevational materials.

Throughout the design process it has been a priority to ensure that the plant floor of the building is kept as part of the main envelope of the building. Through the use of colour matched perforated metal and a carefully coordinated louvre design we have been able to achieve this design intention.



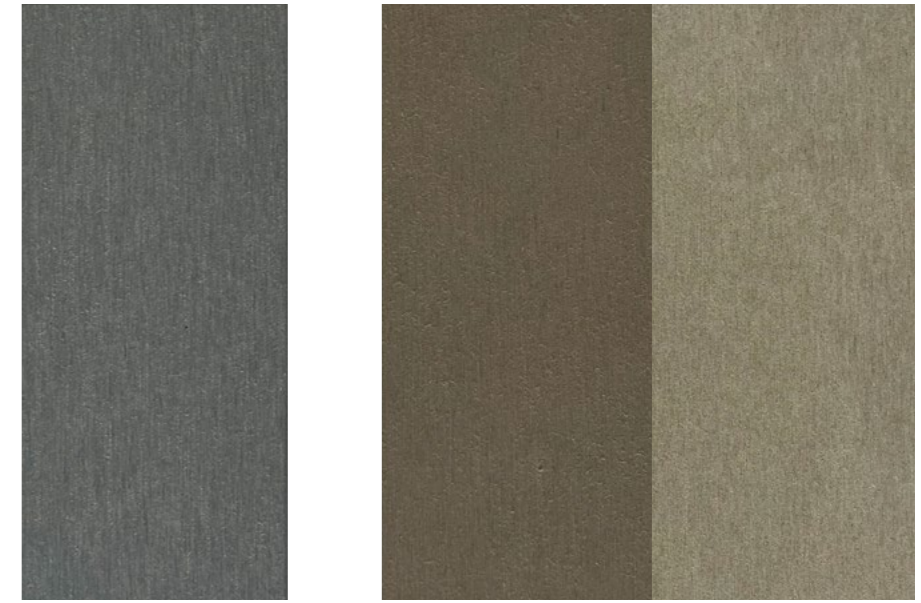
Material sample 01
Buff multi brick



Material sample 04
Red multi brick



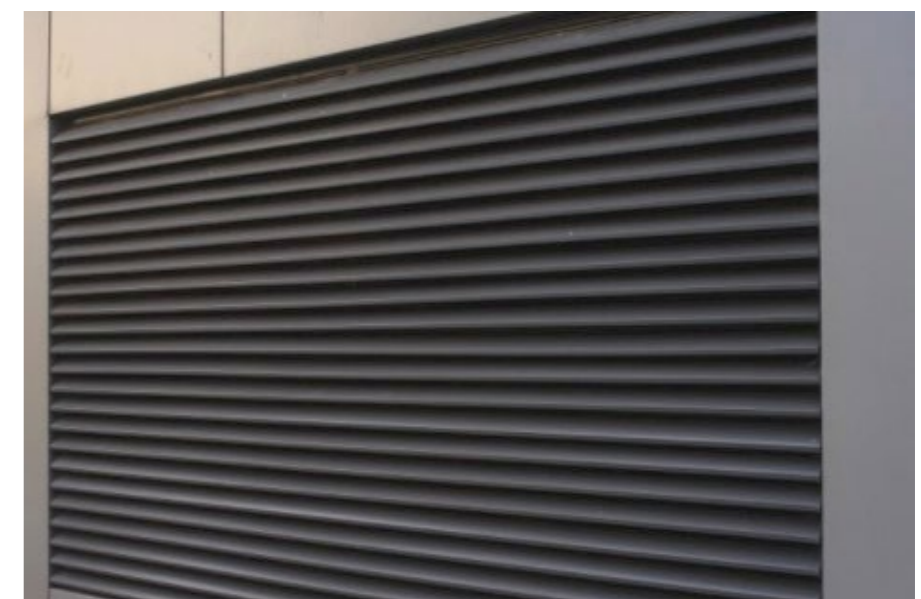
Perforated metal



Material sample 02
Equitone Argent Grey TE15 Hessian TE60 Linen TE10

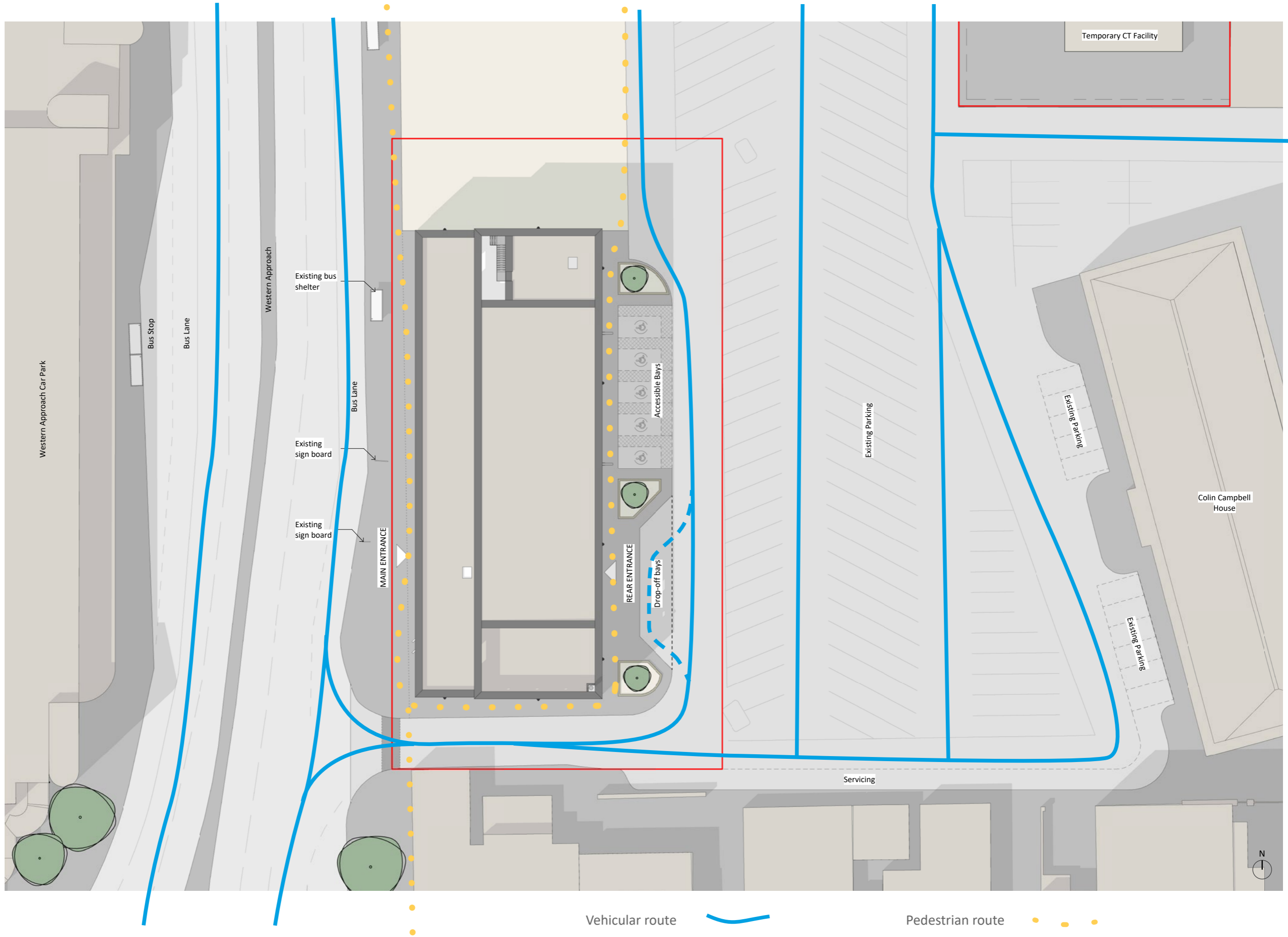


Material sample 03
Grey brick



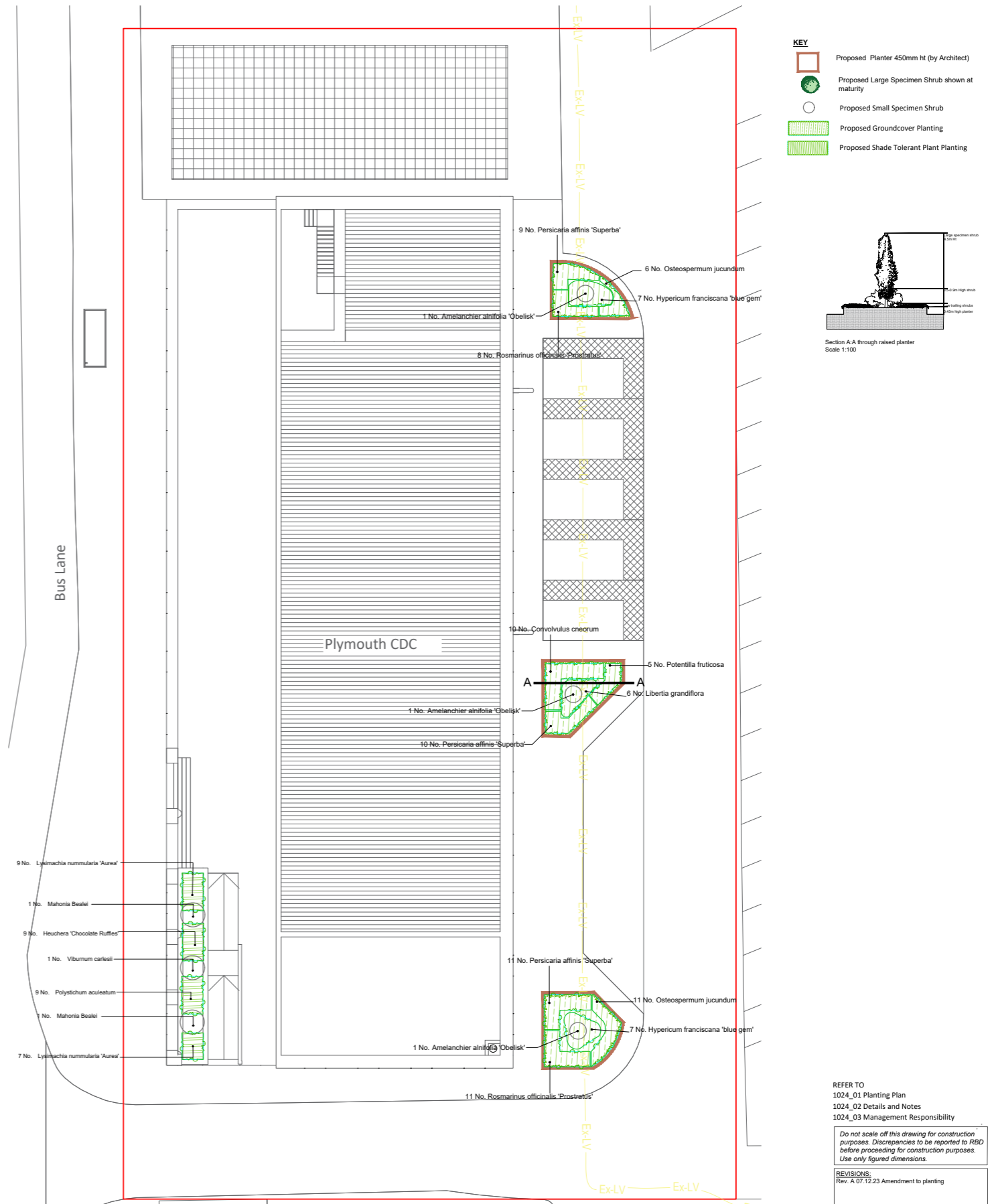
Louvre

4.9 SITE PLAN



4.10 LANDSCAPE DESIGN

The design of the soft landscaping has been undertaken by redbaydesign. One planter has been shown on the west elevation and three planters have now been shown on the east elevation of the CDC. These planters have been designed to ensure that the Biodiversity net gain targets are achieved. The soft landscaping also helps to break up both the main and secondary entrances to the CDC.



REFER TO
1024_01 Planting Plan
1024_02 Details and Notes
1024_03 Management Responsibility

Do not scale off this drawing for construction purposes. Discrepancies to be reported to RBD before proceeding for construction purposes. Use only figured dimensions.

REVISIONS:
Rev. A 07.12.23 Amendment to planting

SCALE 1:100@A1	DRAWING NO. 1024/01	Rev. A
PROJECT Community Diagnostic Centre (CDC)		
CLIENT Plymouth NHS Trust		
DRAWING TITLE Planting Plan		
DATE 22/11/2023		DRAWN BY JD
CHECKED BY NP		

redbaydesign
LANDSCAPE CONSULTANTS
T: 01803 605735 E: landscape@redbaydesign.com

5.0 DELIVERIES, PARKING & WASTE

5.1 TRANSPORT LINKS AND PEDESTRIAN ACCESS

The site is located in an area of high public transport accessibility. Bus stops are located on Western Approach. Royal Parade, the largest bus interchange is located approximately 500m away offering services to areas of Plymouth and further afield into Devon and Cornwall.

Pedestrian links are provided across Western Approach from the residential area of Stonehouse, and also allowing access to bus stops on the western side of Western Approach.

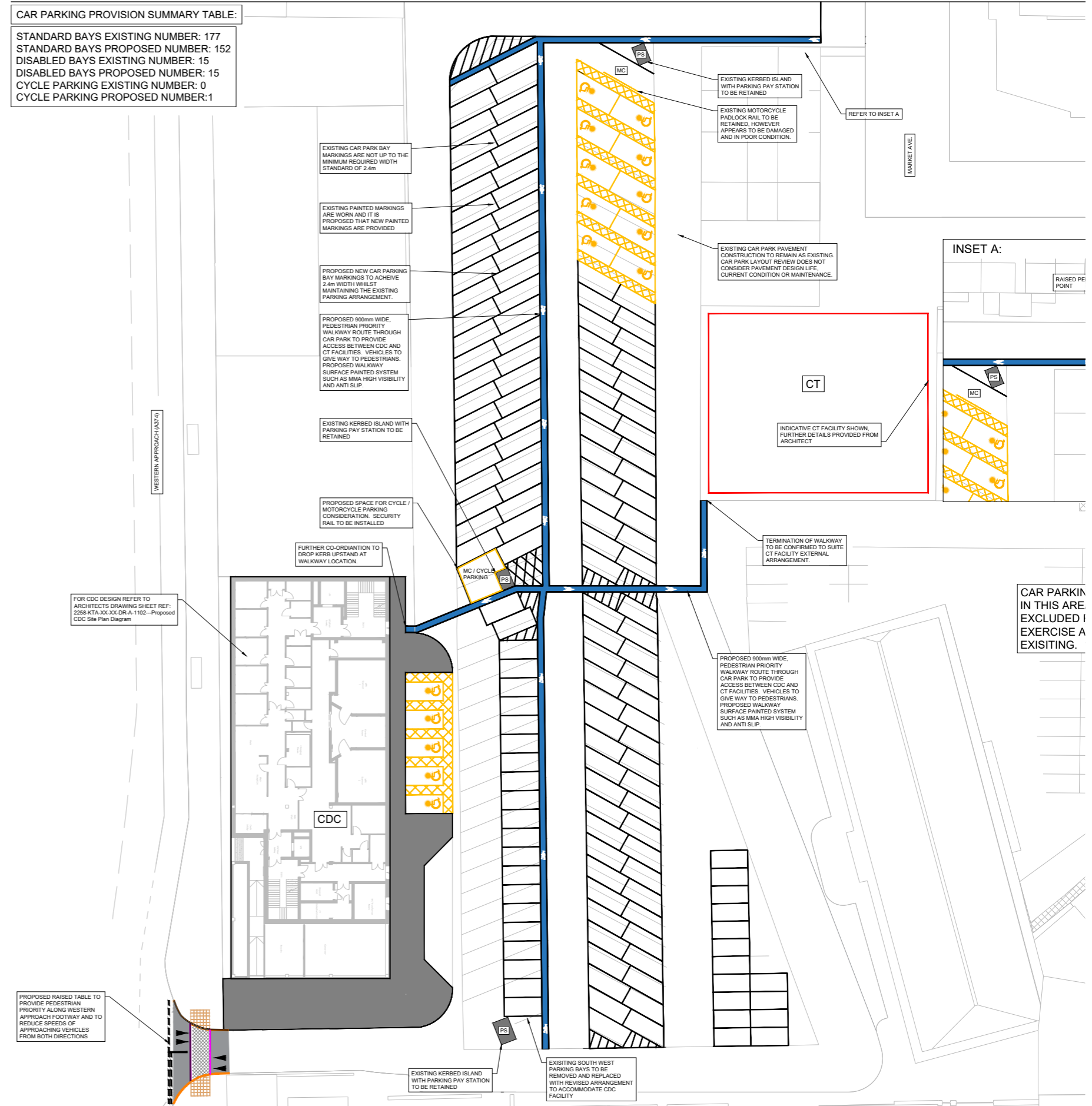
The scheme enhances connectivity across the Colin Campbell Court car park from Cornwall Street and New George Street through the provision of marked out pedestrian paths.

5.2 CYCLE AND VEHICLE PARKING

Cycle parking has been provided for staff and it is secure and covered.

Sheffield hoops will be provided for visitors to the building.

Site is predominantly car free. Only accessible parking has been provided and its use will be managed by the Trust.



5.3 DELIVERIES AND SERVICING

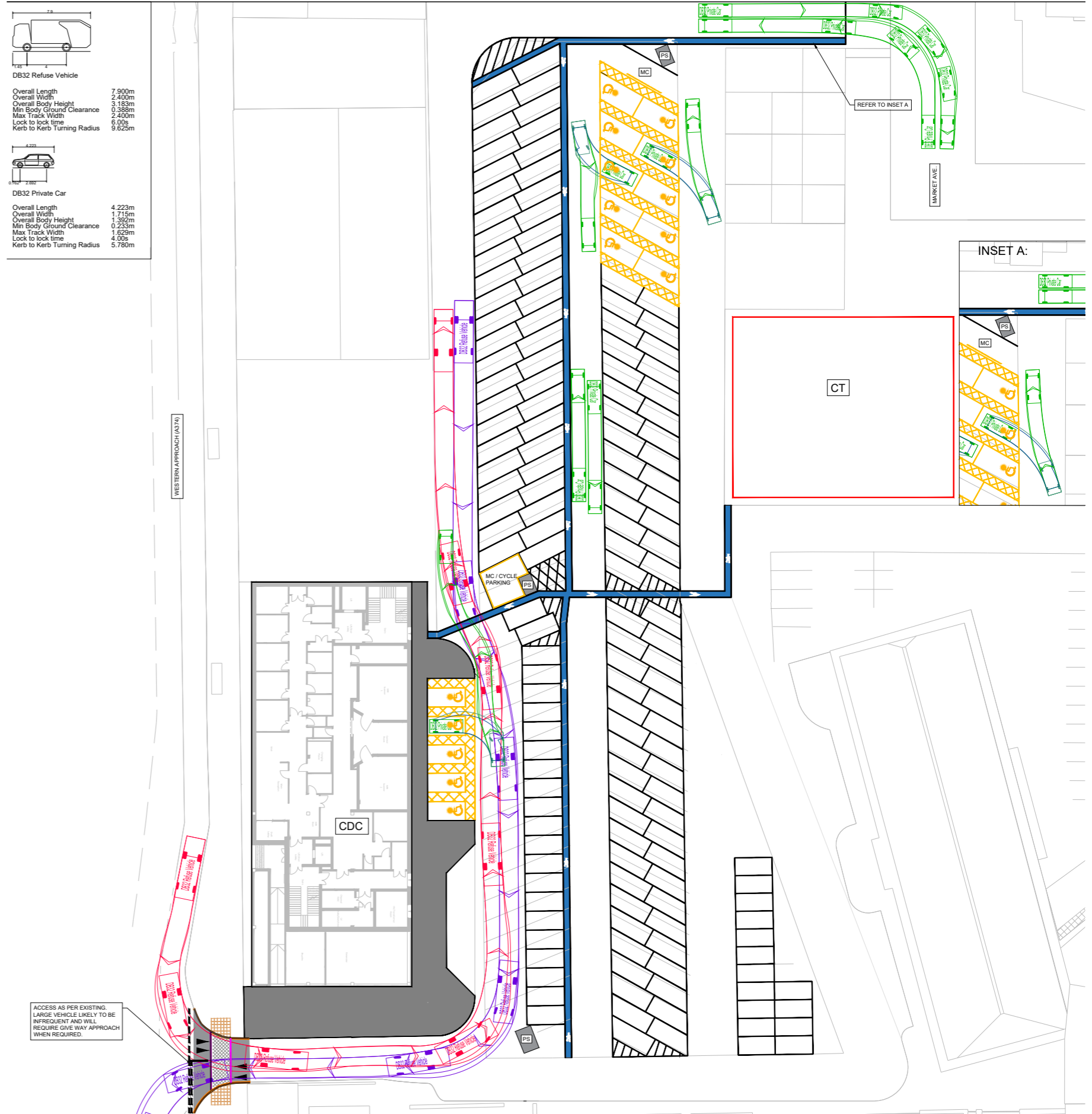
A layby has been provided to allow deliveries off the public highway, its use will be managed by the Trust.

Site has been subject to a swept path analysis to ensure that the proposed development and the surrounding businesses can be serviced.

5.4 WASTE STORAGE AND COLLECTION

Waste will be collected from the rear of the building.

Site has been subject to a swept path analysis to ensure that the proposed development and the surrounding businesses can be serviced.



6.0 DESIGNING OUT CRIME

6.1 DESIGNING OUT CRIME STATEMENT

Access and movement (Permeability) - Places with well-defined routes, spaces and entrances that provide for convenient movement without compromising security.

External - all pedestrian and vehicle routes, parking areas and publicly accessible spaces must have a purpose and take into account the safety and security risks for legitimate users. These areas should be designed so they are as well observed as possible and look and feel safe as this is likely to encourage legitimate use and deter unwanted activities and behaviour. Where appropriate, internal and external access control measures will be required to manage human movement and prevent unauthorised access and roaming into private and restricted areas.

Response - All external areas have purpose and are well observed from either the CDC or adjacent car parks, pavements and buildings. The CDC will have security staff stationed in the building. Access control measures will be implemented throughout the building.

Structure – (Design & Layout) - Places that are structured so that different uses do not cause conflict.

Response - The external and internal layout of the CDC are structured which helps to ensure that uses will not cause conflict. The elevational treatment benches, planters and hard landscaping layout assist with this externally.

Surveillance (Natural, Formal & Informal) - Places where all publicly accessible spaces are overlooked.

External recessed, covered and concealed areas should be avoided where possible, as these reduce surveillance opportunities and can provide cover for criminal and unwanted behaviour, activities and loitering. Where unavoidable the areas must be covered by CCTV and good levels of lighting. It is imperative that there is a good level of natural, passive and formal surveillance between the proposed building and the siting of external structures such as bicycle store and generator for example. If the space between is intended for public use/access it must be wide enough to pass others without conflict and designed so that it is as open to view as possible, well-lit and supported by monitored CCTV. Clear sight lines must be maintained across all public open spaces and places and blank elevations of buildings avoided where possible. As a suggestion could the bike store and generator for example be designed so that they are within the secure envelope of the main building?

Response - The bicycle store and generator are now part of the secure envelope of the building. There will be CCTV and good levels of lighting in the recessed entrance area.

Existing CCTV that would be relied upon to cover the proposed new

development will need to be assessed to ensure that it is fit for purpose, and provides the required level of cover and that the captures and images are of a good quality. Where this may fall short upgrades to the existing CCTV system and additional cameras will be required.

It is appreciated that there is existing street lighting in the area and also on adjacent buildings but it is recommended that a qualified lighting designer is consulted to ensure that the external lighting scheme is appropriate to the location and meets the required British Standards.

Please be advised that should a formal planning application be submitted a CCTV and lighting scheme would be required.

Response - Our MEP consultant SDS have designed the CCTV and Lighting for the CDC. There will be external lighting on all elevations of the building. The recessed area will have ceiling mounted lights to ensure safety. This design information can be viewed as part of the planning application submission.

Ownership - Places that promote a sense of ownership, respect, territorial responsibility and community.

Physical protection - Places that include necessary, well-designed security features as detailed throughout.

It is accepted that much in the way of advice and recommendations regarding physical security measures for the building and its immediate environment are likely to be best placed at a more detailed design stage of the proposal but I would be happy to discuss at this stage if required.

Please be advised that all security fencing and gates (temporary structure) and all new external doors and easily accessible windows should meet a nationally recognised security standard, as this will ensure that the required testing and certification processes will be in place.

Response - All new external doors and easily accessible windows will meet the required certification. Planters and kerbs to the rear of the building will help to protect.

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.

Bicycle store - when these are sited in busy public areas they can provide anonymity to those with criminal intent enabling them to tamper and steal bikes without being particularly noticed or challenged. The securing of cycles left unattended must be considered within the design of any new development. The cycle stands should facilitate the locking of both wheels and the crossbar. In order to encourage cycling

and therefore reduce vehicle journeys, it is recommended that the cycle parking provision is contained within a secure and roofed building.

External and preferably roofed bicycle stores with individual stands for securing bicycles are best located so that they are under the surveillance of a monitored CCTV system. The 'walls' of such buildings should be open to surveillance and therefore constructed of materials such as weld mesh, grilles or bars, polycarbonate or other secure glazing such as glass composites. When in use the store must be lit after dark using vandal resistant, dedicated energy efficient light fittings and lamps.

There should be clear signage throughout internal and external areas, particularly at access points and key areas. This will assist in removing excuses for those with criminal intent from being in areas they have no right to be in. Public and private areas must be clearly defined.

Response - The staff bicycle store has been designed as part of the building envelope. The public/patient bicycle store has been shown under the recessed entrance area.

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

Response - The operational management of the building has been designed through careful coordination with UHP NHS Trust. The access and maintenance of all internal and external elements of the building have been coordinated with the design team as well as our CDM consultant.

Counter Terrorism - If it is proposed to combine pedestrian walkways with vehicle routes, Counter Terrorism security measures to protect pedestrians from moving vehicles, whether by accident or with malicious intent must be considered.

The two aspects should be clearly defined with physical measures installed at the most appropriate places. This can be achieved in a number of aesthetically pleasing ways by using planters, bollards (permanent or retractable) and benches for example but these must meet the correct standard and specification to do the required job. It is recommended that external physical prevention measures, such as bollards or planters for example, are considered to protect the building elevations and pedestrians from moving vehicles. For further information please contact me.

Response - The planters, kerbs and bollards to the rear of the building and the existing street furniture to the front of the building ensure protection of the building and pedestrians.

Please be advised that as 'health' is not exempt from the Government's forthcoming Martyn's Law "Martyn's Law" - What you need to know | ProtectUK and if the maximum occupancy for the proposed new permanent building meets a specified threshold of either 100+ (or 800+) people, then relevant measures may need to be considered.

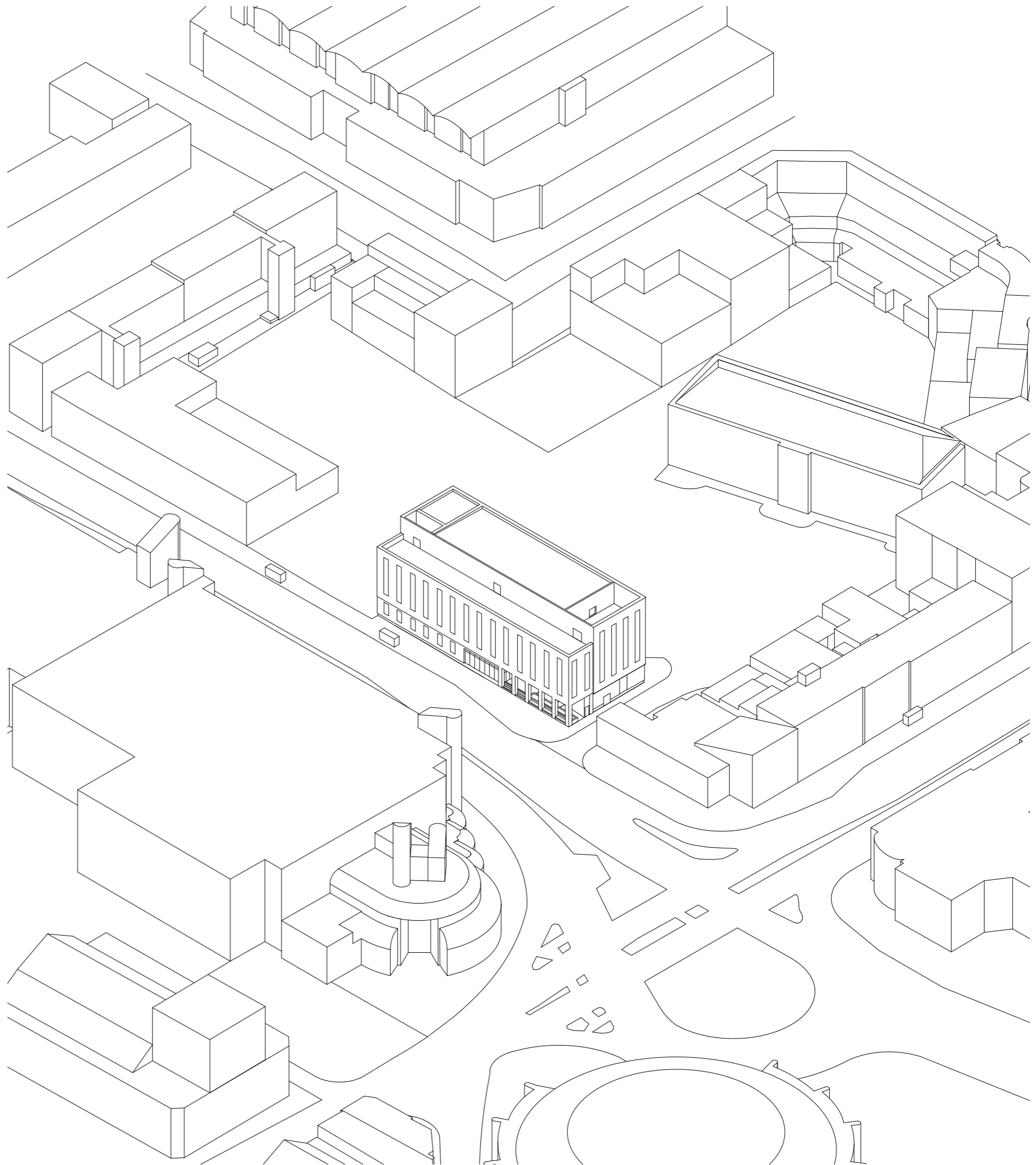
7.0 SUMMARY

7.1 SUMMARY

This **Design & Access Statement** identifies the existing site context and describes the principles used to influence the proposals through the design process. The proposed development will provide a **high quality scheme** and realise the long-standing aspirations of the City Council to **regenerate the West End and Colin Campbell Court**.

The Plymouth CDC will serve **thousands of patients** each year and take **pressure away** from the busy Derriford site. It will allow for faster diagnosis and treatment through **MRI, CT, X-Ray and Ultrasound** imaging facilities, **Phlebotomy, Physiological measurement** facilities such as **echo cardiology** and **lung function** as well as a full **Audiology department** with multiple treatment and assessment rooms.

UHP NHS Trust has allocated full funding to the **Plymouth CDC** and is aiming to **start construction** on site in **2024**.



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