Dorset Council

INITIAL PROJECT BRIEF

# Recovery and Rehabilitation Centre

Dorset Council

**PLACE**
PROJECTS

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# Recovery and Rehabilitation Centre

Dorset Council

# RIBA Workstage 1

## Sign Off Document

Strategic Briefing

| | |
|---|---|
| **Revision:** | A |
| **Project**: | Dorchester: |
| | Damer's Road/Bridport Road |
| **Client:** | Dorset Council |
| **Issue date:** | 26 June 2023 |
| **Author:** | Craig Griffin, Place Projects Ltd |
| **Feasibility:** | Sonnemann Toon Architects |
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# Contents



PLACE
PROJECTS

# 1.0 Introduction

This Initial Project Brief describes Dorset Council's Client Requirement for the design and construction of a Recovery and Rehabilitation Centre for people who are discharged from hospital or recovering after a fall or illness in their own home.

The Centre will be located in Dorchester and registered with the Care Quality Commission as a *Care Home with Nursing.*

The Brief consolidates the Council's strategic intention, service concept and business case.

# 1.1 Scope of the Brief

This Brief represents the end RIBA Stage 1 information exchange for the scheme and the basis for entry into the Design phase (RIBA Stage 2) of the project.

**It contains the following information:**

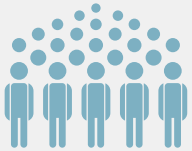
- Project Objectives and Outcomes
- Service Concept - a description of the services that the building is intended to facilitate and support
- Accomodation Schedule
- Functional Adjacencies
- Occupant Pathways
- Task of the Design Team
- Design requirements
- Benchmark Measures for Success - design, construction, building in-use
- Design Approach
- Site Information
- Site Appraisal and Initial Feasibility- Project Approach, Governance and Budget
- Timeline

# 2.0 Project Objectives and Outcomes

30-40 Dorset residents a week require Council brokered care after being discharged from hospital because they are not yet able to look after themselves without help.

Eight out of ten of these people are over the age of 65, many are over 85. The lack of suitable rehabilitation services that could help them to recover more quickly or more fully means that too many people have to stay in long-term care or go back into hospital rather than returning to their own homes. This is bad for them, bad for their families and cost the Council an additional £8.5m in 2022 - 2023.


**£900**
Dorset Council purchased over £150m of care in 2022/23, that's £900 every three minutes



**16,000**
People over 85 in Dorset, increasing by 480 people per year over the next 10 years

**72%**
of Dorset residents will never qualify for Council-Funded Care

**25 miles**
The distance from the person's own home that a care placement may be offered

**£1,300**
The average weekly cost of bed-based care to the Council last year

**1,000**
Older people in care and nursing homes funded by Dorset

**7,092**
People living with dementia in Dorset. This will rise to 9,000 by 2032

**1,800**
Number of people, annually, who are discharged from a hospital and require Council-brokered care

**400**
People assessed as needing care and support who are waiting for services

**309**
The number of new extra-care housing units needed for people over 70, by 2032

# 2.1 Strategic Response to Current Service Pressures

The Council's response to this situation is in the short-term, to direct the Council owned care operator Care Dorset Ltd. working with Dorset HealthCare NHS Trust to provide bed-based recovery care using existing premises and staff.

However, the available premises - older care homes, and community hospital wards - do not meet modern standards for delivery of therapeutic care and are inefficient to operate. In the longer term the Council has identified a requirement for up to three new 60 - 80 bed facilities suitable for the delivery of more effective and efficient recovery and rehabilitation services.

# 2.2 Programme

In July 2022 the Dorset Council Cabinet approved a ten-year programme of investment and change to deliver up to three new recovery and rehabilitation centres and allocated £27m funding for the first scheme.

**The project objectives are to:**

- improve recovery and rehabilitation services for older people after an illness or a stay in hospital
- give the Council greater control over the availability, quality and cost of care
- improve recruitment and retention of care and nursing staff

**The project's measurable outcomes will be a reduction in:**

- demand on services and costs to the Council
- the number of older people going into long term care directly from hospital
- the number of people having to wait for care and support
- the life-time cost of care to the Council and for people who pay for their own care
- costs associated with lack of timeliness, rigour and efficiency of care assessments and reviews

# 3.0 Service Concept

The Dorset Recovery Centre is a centre for people who require intensive, integrated care and rehabilitation after an illness, a fall or a stay in hospital. The primary aim of the Centre is to enable people to return to their own home or place of residence for at least a further six months before they enter long term care or reach the end of their lives.

**The Centre will:**

- be registered with the Care Quality Commission as a Care Home with Nursing, and provide nurse-supervised Intermediate Care services. Specialist clinical and diagnostic services will be provided outside the home.
- be owned by the Council and operated by Care Dorset Ltd. as the registered care provider.
- provide services for people whose care is funded by the Council or the NHS and for people who pay for their own care.

The Centre is not a hospital or a long term care home, it is a place where people receive short-term, intensive care and therapy in a homelike environment. The Centre will operate primarily in a patient-care mode rather than a medical mode with the focus on well-being, promoting independence in everyday tasks and restoring self-esteem and confidence following a period of illness.

The majority of the people accessing services in the Centre will be over 80 and very frail, most will use walking aids and wheelchairs, some may require bed-based care on admission and require hoists or other assistance in getting into and out of bed and in using the toilet, bathing or showering. Many will be living with dementia or related neurological disorders and may have lost confidence in their ability to look after themselves or require more support than their regular carer can provide.

The Centre will admit up to 900 people a year (17 people a week) to receive care and support to help them in their recovery; this is a much higher admission and discharge rate than for a care or nursing home.

80% of people admitted to services will stay for less than six weeks, with some only accessing services for a few days. However, it is inevitable that some people will stay for longer and require higher levels of nursing care and support.

# 4.0 Accommodation Schedule

**The Centre will comprise of:**

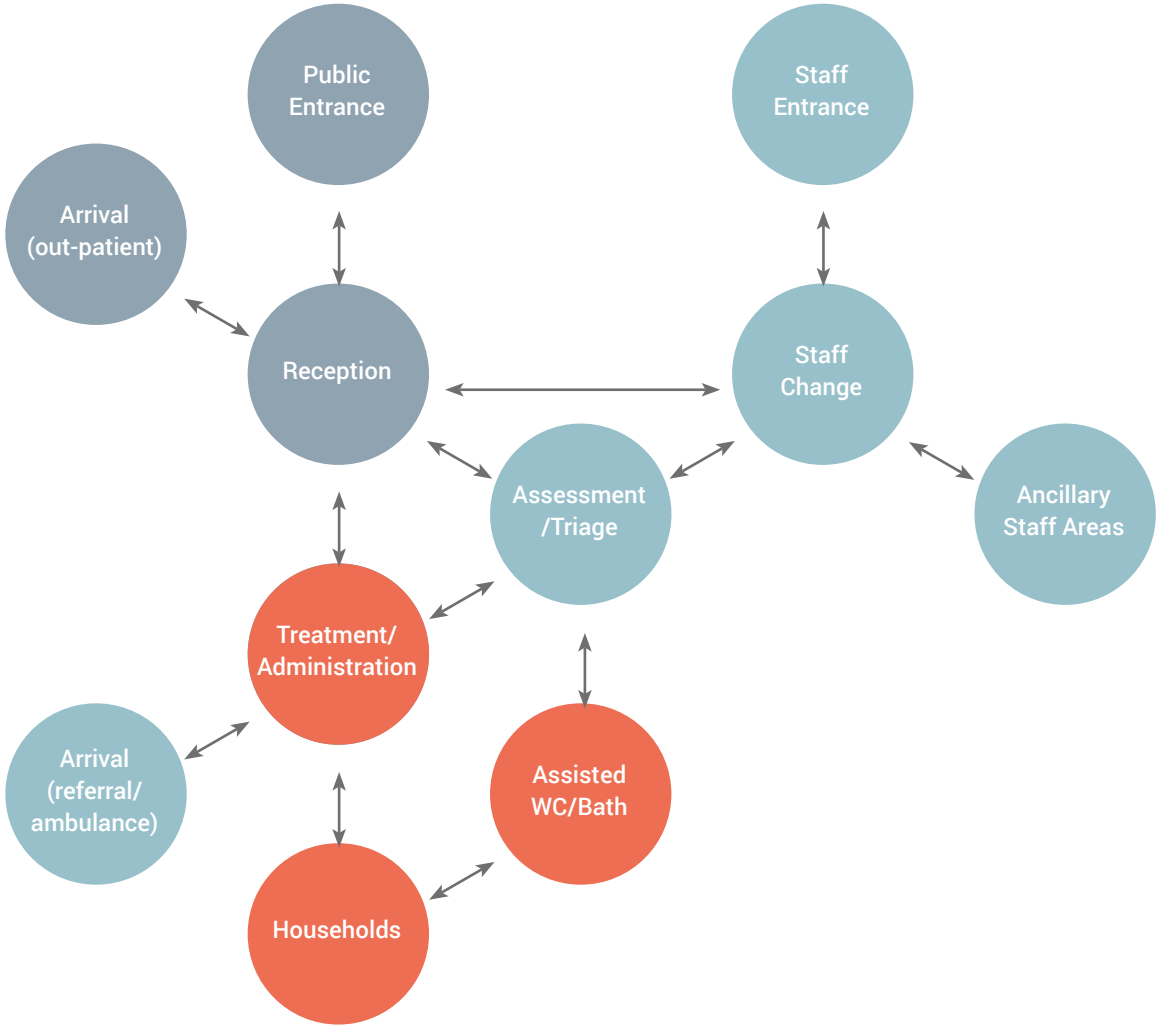
- Minimum 80 beds (in single occupancy en-suite)
- Minimum 20 beds (or 30% of total bed provision) for bariatric and high acuity care
- Household model of a maximum of 10-12 bedrooms
- Communal facilities per household including: lounge, dining, kitchen
- Rehabilitation areas such as: kitchen, laundry
- Treatment areas
- Clinical areas, clinics - with the potential to be sub-let to independent / local health and social care providers
- Balconies, garden and terraces per household
- Medical stores and prescribing areas
- Admission, assessment and triage areas
- Family waiting and bereavement
- Visitor and staff parking
- Ambulance drop-off

This is the minimum provision required. The Design Team is required to carry out an early exercise with the client to explore the possibility of further enhancing the value and utility of the site through development of facilities and capacity in the Centre itself or elsewhere on the site e.g. treatment space for day visitors, other services or key worker accommodation.

*(see also 12.0 Site Appraisal and Initial Feasibility)*

# 5.0 Functional Adjacencies

A site-independent functional adjacency diagram is provided to show the expected working relationship between the spaces. The Design Team is required to develop and maintain effective functional relationships between the spaces in the Centre.




- Public
- Semi Public
- Private
- Room Connection

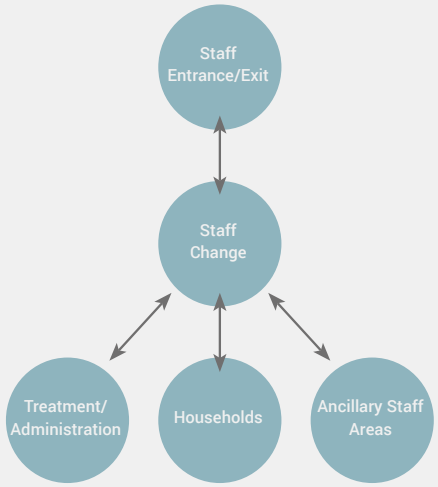
# 6.0 Occupant Pathways

Pathway diagrams show typical staff, visitor and resident pathways through the Centre. They are intended as a tool to inform the Design Team and assist in the design of key spaces and the routes between them.

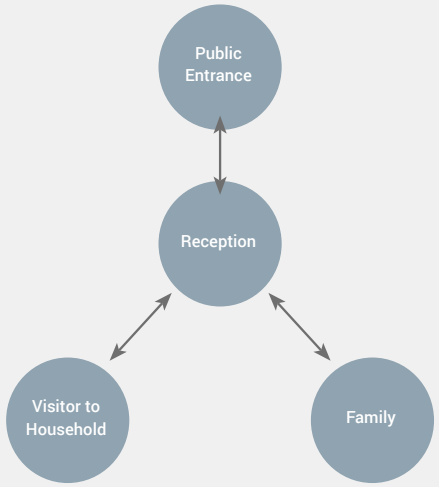
**Key operational metrics for resident flow:**

- **The Centre will operate at a target capacity of 90%;**
- **Staff to resident ratios will be 1:4 with further professionals and support staff on-site during the day;**
- **The average length of stay will be 29 days with a turnover of 17 residents per week.**

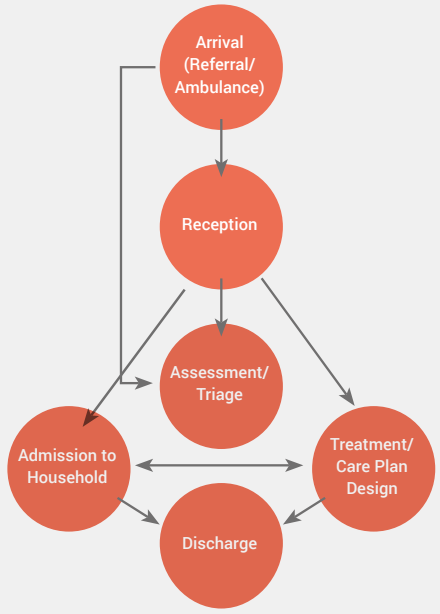
## Staff Pathway




## Visitor Pathway




## Resident/Patient Pathway



# 7.0 Task of the Design Team

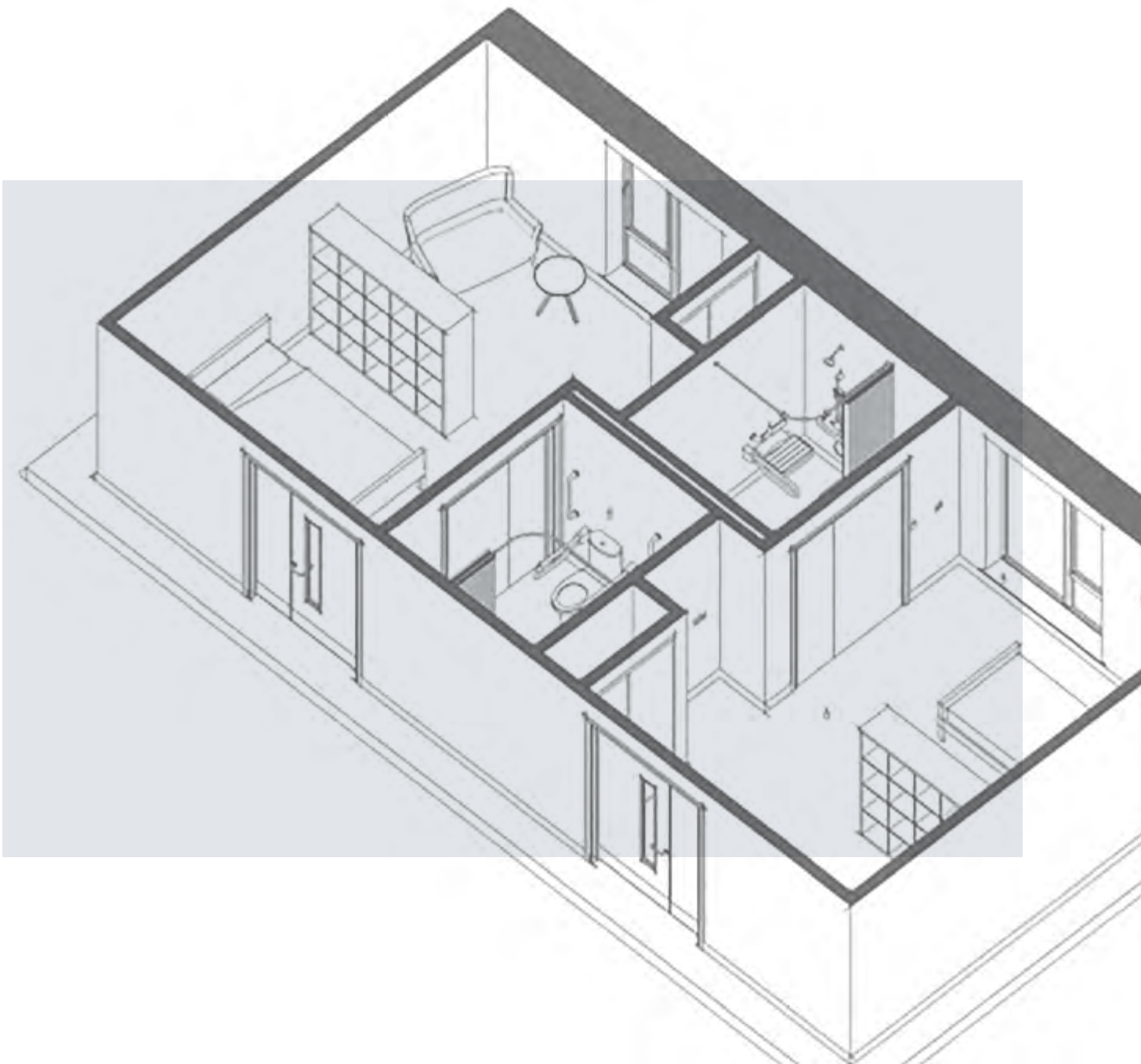
The Design Team is required to develop an effective building delivering at least the minimum facilities provision in line with the design requirements.

**Operational procedures will be in place to ensure that the flow of residents through the Centre is maintained by:**

- applying strict admissions criteria - only people assessed as capable of recovery/rehabilitation are admitted
- delivering services that effectively and efficiently help people to regain independence
- timely and appropriate onward care alternatives for people who are unable to recover within six weeks of admission

Inevitably a number of residents will require longer term care and a key risk to delivery of the project benefits is that the Centre admits people who are unable to recover within six weeks and/or have no suitable place to move on to. The probability of this risk being realised is very high.

To mitigate the potential impact of this risk - that a facility designed to accommodate short-term stays becomes a long-term care home - the design of the households and residential areas should allow the building to operate effectively as a home in which some residents will live for the rest of their lives.



# 8.0 Design Requirements

The general design requirements for the Centre are therefore to deliver the facilities and:

- create a home-like physical environment for older people with specific attention to features that support maintenance of their self-management, independence, orientation, and safety
- address ageing and its accompanying physical and mental impairments including loss of visual acuity
- help people to connect to their previously lived lives and to be able to do as many of the things that they consider enjoyable as independently as possible
- be an attractive, comfortable and safe place to work and visit
- be efficient and cost effective to build and operate

**A thematic exploration of the design requirements is provided under the headings :**

8.1 Homelike and Therapeutic Environment
8.2 Operational Efficiency and Cost Effectiveness
8.3 Cleanliness and Sanitation
8.4 Wayfinding and Signage
8.5 Accessibility
8.6 Security and Safety
8.7 Aesthetics
8.8 Sustainability
8.9 Energy Saving Design and Sound Attenuation
8.10 Fire Safety

# 8.1 Homelike and Therapeutic Environment

The basic unit of operational organisation within the home is the household; units of no more than 12 ensuite bedrooms with access to shared communal and private space in which people live quietly for a short period of time as they regain physical independence.

**The Design Team is required to develop a design with the following characteristics:**

- spaces with a homelike size and scale with natural light and views of the outside world
- a warm reassuring environment enhanced by using a variety of familiar non-reflective finishes and cheerful, varied dementia-friendly colours and textures
- independent, safe access to outside space
- promote traditional residential qualities of privacy, choice, control and personalisation of personal surroundings
- support orientation by providing differences between personal space, residential household space and other areas of the home
- encourage autonomy by making spaces easy to find, identify and use appropriate levels of lighting in personal, communal and service spaces
- appropriate sound attenuation and the need for quiet space
- address the need for some people to walk safely and with destinations that alleviate distress

# 8.2 Operational Efficiency and Cost Effectiveness

**The design must promote staff efficiency by:**

- allowing easy, passive supervision of residents by minimal staff
- minimising the distance of travel between frequently used spaces
- secure access to the site including supervision of entrances and reception arrangements (ingress and egress)
- access, changing storage and toilet facilities for staff and visitors

**With well designed:**

- arrangements for storage and access to key equipment and consumables including storage and management of medication and controlled drugs
- access to IT for assessment, monitoring and recording within the Centre
- cooking, distribution and warming of food including arrangements for transport of food and crockery between the central kitchen and households

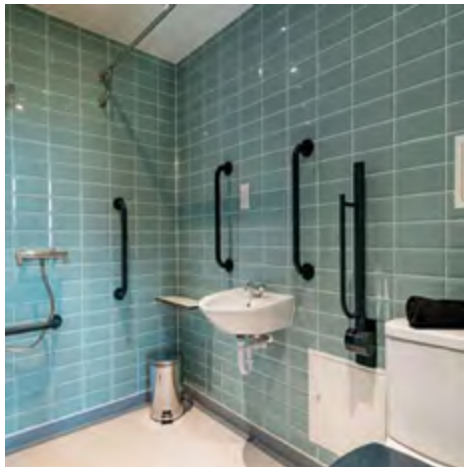
Making the Centre an outstanding place to work is a high priority for the Design Team.

*(see also 8.7 Aesthetics)*

# 8.3 Cleanliness and Sanitation

**The design of the building and choice of furniture and finishes will support good operational practice in maintaining a clean and odour free environment by:**

- adequate and highly visible toilet rooms in key locations near spaces where residents congregate
- use of appropriate and durable finishes in areas used by residents
- detailing of door frames, casework and finishes transitions to avoid dirt catching and hard to clean joints and crevices
- adequate and appropriately located housekeeping spaces
- effective ventilation
- location, design, ventilation and equipment of sluice rooms
- arrangements for collection, storage and disposal of household waste including laundry
- storage and disposal of biohazardous waste and sharps
- storage and disposal of waste from the catering kitchen



## 8.4 Wayfinding and Signage

The Design Team is required to devise a suitable system of way-finding that helps residents to avoid disorientation and to maintain their dignity.

A number of design schemes and standards address the general aspects of wayfinding design for people with dementia and/or visual impairment, none are definitive.

**An appropriate way-finding and signage system will:**

- use cues in building elements, colours, textures, patterns, artwork and signage to help people understand where they are, what their destination is and how to get there and back
- identify frequently used destinations by the use of architectural features and landmarks which can be seen from a distance supported by features such as signage, artwork, or fixed furniture
- clearly identify rooms and spaces which residents should use and avoid drawing attention to spaces which residents should not enter
- use simple lettering and clear contrast in signage

## 8.5 Accessibility

Most of the people accessing services will require walking aids, wheelchairs or assistance in moving around. All spaces accessed by residents inside and outside the Centre, including car parking and access ramps will be disability access compliant and:

- be designed so that all spaces, furnishings and equipment including storage units and operable windows are easily useable by people in wheelchairs
- will ensure all bathrooms, toilets and showers used by residents can be accessed by a standard wheelchair with room for an assistant on each side of the person to assist them in use of the toilet or shower
- ensure flush, ceiling mounted hoists tracking from bed to bathroom are designed and installed in all resident bedrooms - the hoist and motor unit to be concealed at bedside when not in use
- feature a destination 'spa' room with accessible bath and therapeutic hydrotherapy unit on each floor of the building
- be equipped with grab bars in all appropriate locations
- be free of trip hazards
- ensure all resident accessible services are located on one level

# 8.6 Security and Safety

Design Team are required to create a secure and safe environment for highly vulnerable and frail people. The design will support safe, passively supervised use of spaces inside and outside the building including entrance and exits to the households.

**The Centre will have a high volume of visiting professionals, and visitors.**

**The Design Team is required to address the following safety and security features:**

- use of non-reflective and non-slip floors to avoid falls
- control of access to hazardous spaces
- control of entrances and exits to avoid residents leaving The Centre without supervision
- provisions of secure spaces to safeguard supplies including medication and controlled drugs
- secure changing and storage facilities for staff and visitors

# 8.7 Aesthetics

The aesthetics of the inside and outside of the building will be an important part of the centre's public image and help to attract families and staff to the home.

**The Design Team will create an attractive living and working environment with:**

- increased use of natural light, natural materials and textures
- balanced relationships between the scale and colour of design elements and details
- use of artwork
- bright, open, generously scaled shared spaces
- homelike and intimate scale of residents rooms
- features of the spa type destination room with bath/hydrotherapy facilities
- exterior design and materials that enhance the site and surroundings

## 8.8 Fire Safety

**The Design Team is required to develop an effective strategy for fire safety in the building with specific attention to:**

- use of materials including insulation and cladding
- fire detection and alarm systems suitable for operation in an environment with frail, older people and people living with dementia
- fire containment and suppression
- a design that supports effective evacuation procedures for residents, a high proportion of whom may be non-ambulant

## 8.9 Sustainability

The Centre is a major public building that will have a significant impact on the local environment. The Design Team, in collaboration with the Council, will address the following elements of the BREEAM metrics and indices to deliver a target rating of 'Outstanding':

- Energy and water use
- Health and wellbeing
- Pollution
- Transport
- Materials
- Waste
- Ecology
- Management processes

*(see also 8.10 Energy Saving Design & Sound Attenuation)*

# 8.10 Energy Saving Design and Sound Attenuation

The Design Team will create a quiet, energy efficient building with light, sound and temperature conditions appropriate to each space.

**Identifying opportunities for:**

- energy efficient mechanical systems
- reducing thermal building loads
- optimising on-site energy resources
- roof, walls and floors
- window design and ventilation
- lighting systems

**Specific attention will be given to:**

- access to views and daylight which use the sun to produce high quality glare free light where possible
- good outdoor views from residents rooms with appropriate provision for privacy
- energy efficient heating and cooling to create a healthier indoor environment and reduce the risk of infection for both residents and staff
- sound attenuation to provide quieter, more comfortable and productive spaces that reduce stress and anxiety
- energy efficient lighting systems with controls that optimise the quality of the visual environment and allow regulation of light output to save energy

# 9.0 Benchmark Measures for Success

The design will comply with the following design standards and regulations:

## Acts

- Health and Social Care Act 2008
- Care Standards Act 2000 (revised)

## Regulations

- CQC (registration) Regulations 2009 - Essential Standards of Quality and Safety - March 2010-09-03
- Health and Social Care Act 2008 (Regulated Activities Regulations 2010
- Care Home Regulations (2001)
- Domiciliary Care Regulations (2002)
- Building Regulations

## Minimum Standards

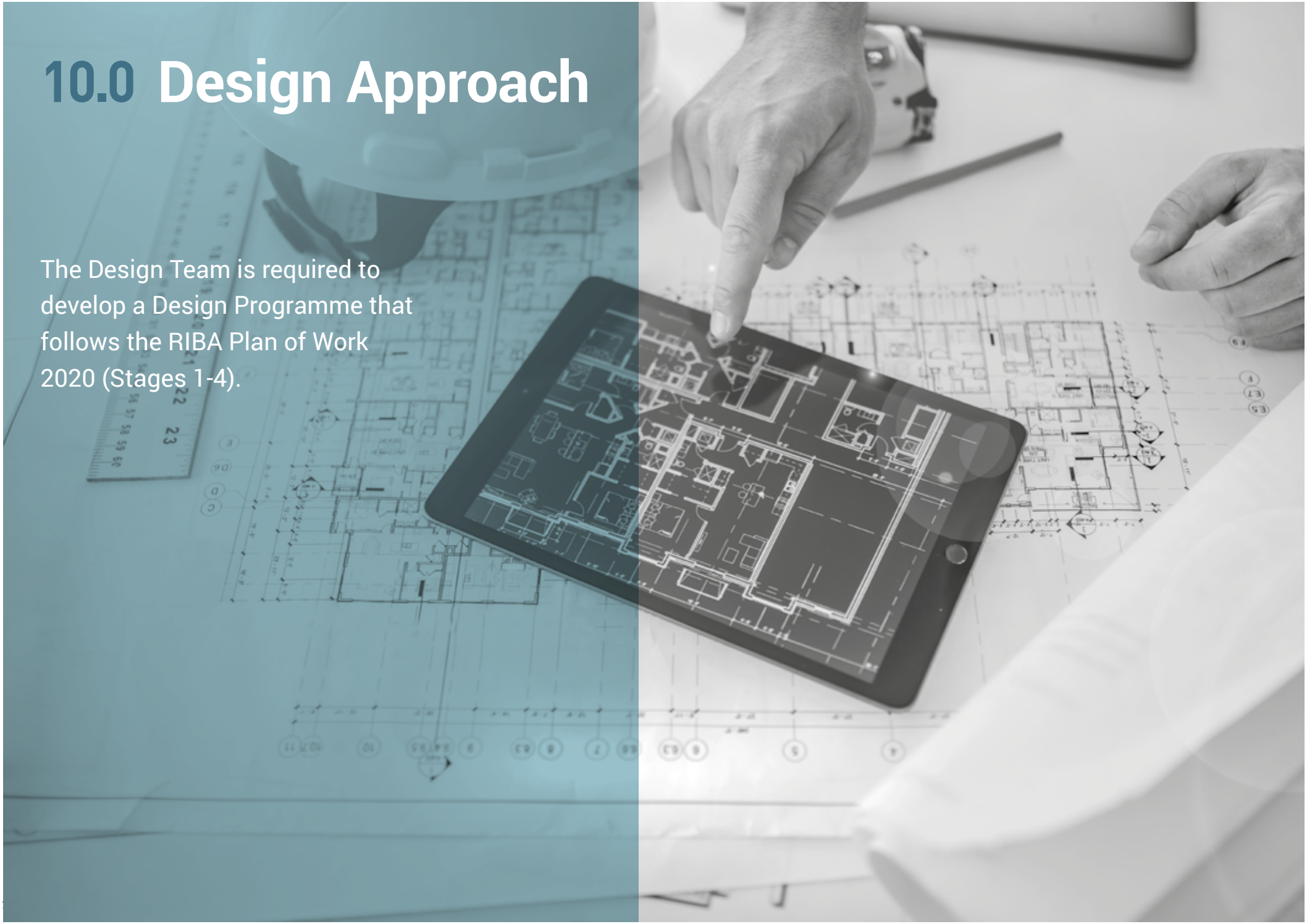
- Care Quality Commission - Essential Standards of Quality and Safety (March 2010)

## Other Standards

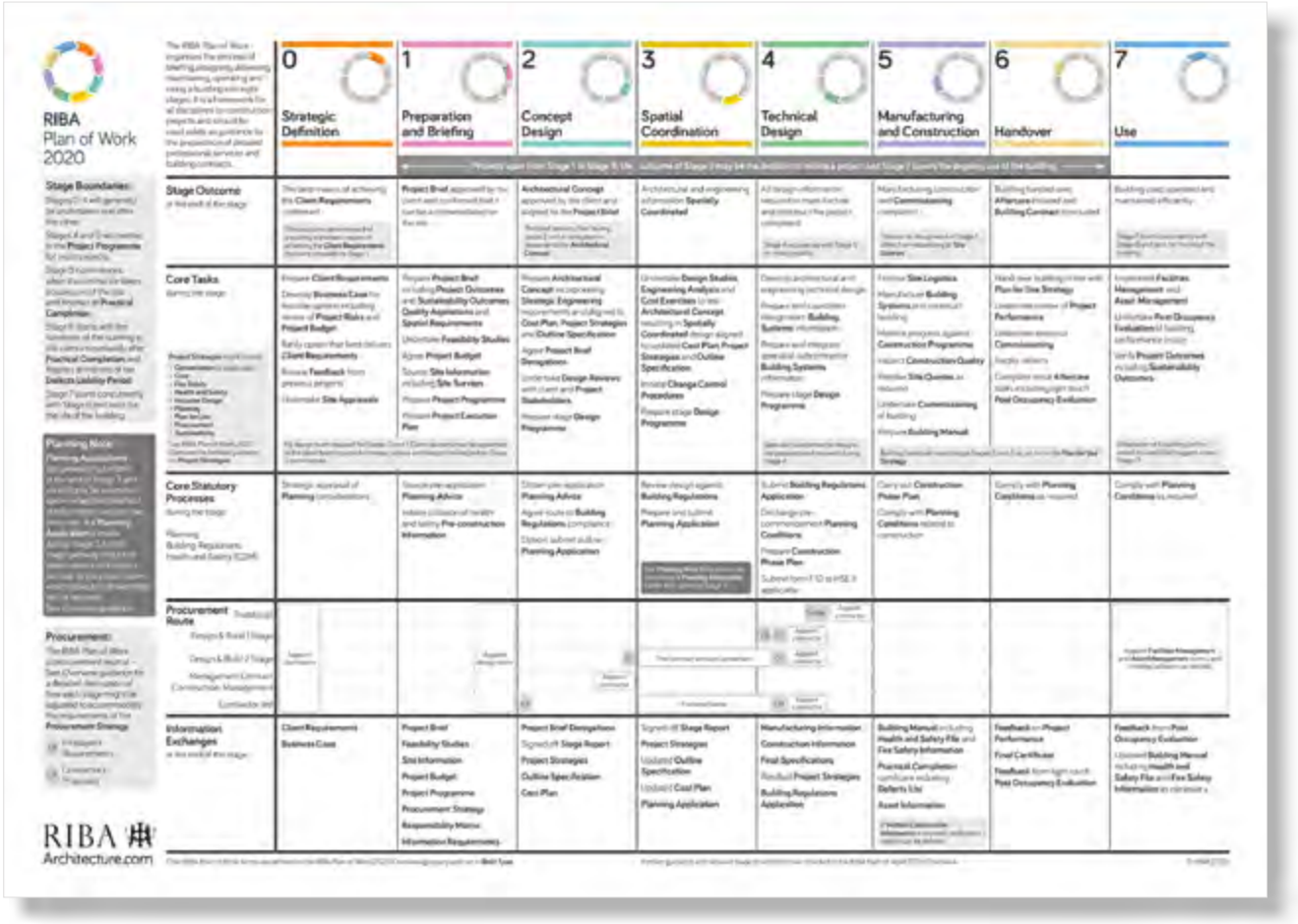
- Stirling University DSDC Gold Award for Dementia Services Design (or similar - to be agreed)
- BREEAM 2018 - Level: Outstanding

# 10.0 Design Approach

The Design Team is required to develop a Design Programme that follows the RIBA Plan of Work 2020 (Stages 1-4).



## RIBA Plan of Work 2020




The Design Programme will include end stage gateway information exchanges and sign-off to assure that the Design Strategies are properly coordinated and that the client requirements are met in full.

# 10.1 Status of this Brief

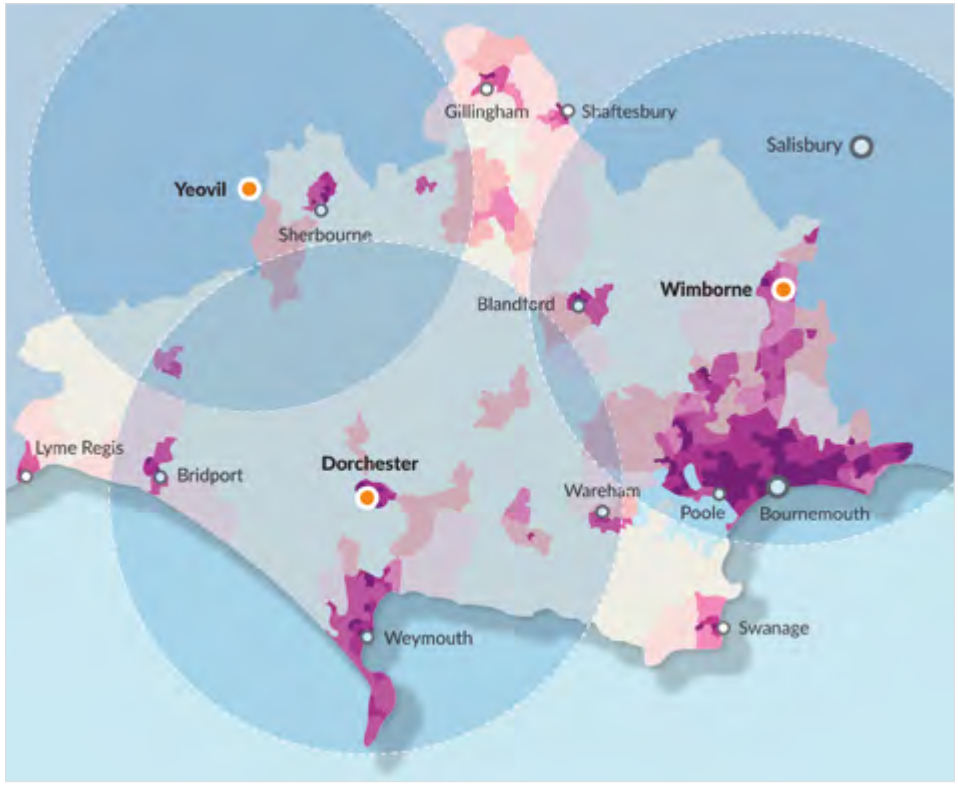
This Brief represents the end RIBA Stage 1 information exchange for the scheme and the basis for entry into the Design phase (RIBA Stage 2) of the project. A preliminary feasibility study has been developed to demonstrate that a suitable scheme could be developed on the site.

The feasibility study is not definitive and was prepared without the benefit of site surveys or pre-application planning advice. The Design Team is required to explore alternative options to meet the requirements and maximise the potential of the site.

The Council requires the Design Team to demonstrate at the tender submission stage how it will facilitate a robust, agnostic optioneering process in order to assure that the Design Requirements and Project Objectives are delivered, including exploring a modular design approach as outlined in section 10.2.

# 10.2 Design Strategy:Towards a Template Design

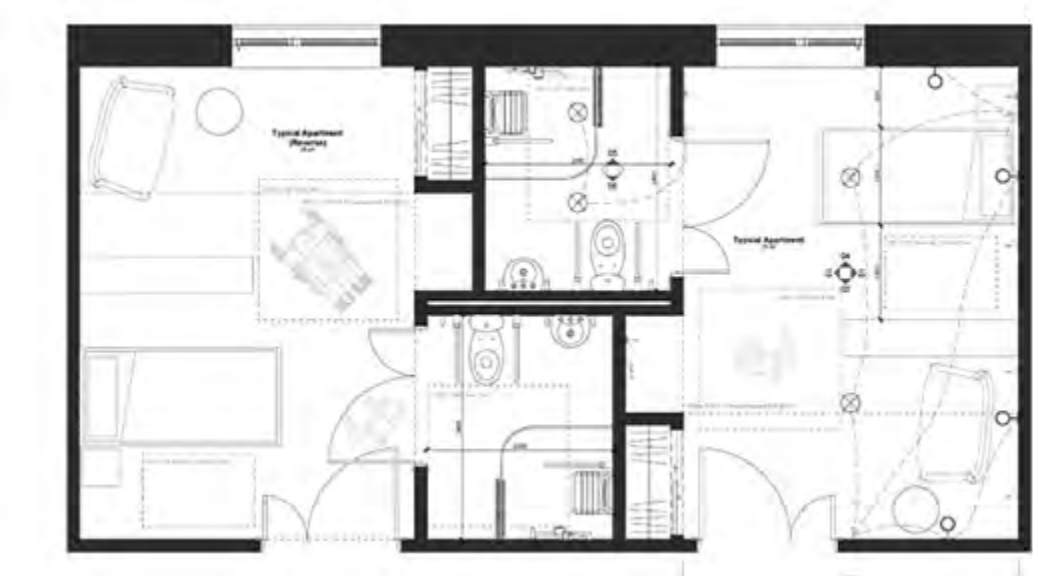
The Council is exploring the possibility of developing further centres and using the design that emerges from this scheme as a proof of concept and template for future schemes.



The Council understands that this scheme will be delivered by traditional construction methods however, adopting modular method of construction MMC thinking at the design stage (MMC Category 1 solution) will provide a repeatable design with the later possibility of replication as an MMC solution - something that would not be possible with a traditional design.

To this end the Design Team is encouraged to approach the design as a modular construction concept with repeatable components and clusters and:

- a standard 3.6m grid with standardised block widths
- high volume repeated components such as the house bedroom / ensuites and part corridors
- mid volume repeated components such as plant rooms, kitchens, offices and link blocks
- site specific bespoke features only where they add additional value e.g. site and building entrance and reception



The product platform approach and disciplines detailed in the Construction Innovation Product Platform Rulebook defines recommended approaches and standards in modular design.

# 11.0 Site Information

Dorchester is the county town of Dorset, England. It is situated between Poole and Bridport on the A35 trunk route. A historic market town, Dorchester is on the banks of the River Frome to the south of the Dorset Downs and north of the South Dorset Ridgeway that separates the area from Weymouth, 7 miles to the south. The civil parish includes the experimental community of Poundbury and the suburb of Fordington.

The area around the town was first settled in prehistoric times. The Romans established a garrison there after defeating the Durotriges tribe, calling the settlement that grew up nearby Durnovaria; they built an aqueduct to supply water and an amphitheatre on an ancient British earthwork. After the departure of the Romans, the town diminished in significance, but during the mediaeval period became an important commercial and political centre. It was the site of the "Bloody Assizes" presided over by Judge Jeffreys after the Monmouth Rebellion, and later the trial of the Tolpuddle Martyrs.

In the 2011 census, the population of Dorchester was 19,060, with further people coming from surrounding areas to work in the town which has six industrial estates. The Brewery Square redevelopment project is taking place in phases, with other development projects planned. The town has a land-based college, Kingston Maurward College, The Thomas Hardye School, three middle schools and thirteen first schools. The Dorset County Hospital offers an accident and emergency service, and the town is served by two railway stations. Through vehicular traffic is routed round the town by means of a bypass.

The town has a football club and a rugby union club, several museums and the biannual Dorchester Festival. It is twinned with three towns in Europe. As well as having many listed buildings, a number of notable people have been associated with the town. It was for many years the home and inspiration of the author Thomas Hardy, whose novel *The Mayor of Casterbridge* uses a fictionalised version of Dorchester as its setting.

# 11.1 The Site

## Damer's Road/Bridport Road, Dorchester

**Summary:**
In a prime location in Dorchester, with easy access to the town. Dorchester is a key strategic location for management of patient discharge from Dorset County Hospital.

**Total area:**
1.04Ha as drawn

**Current use:**
The site is currently in NHS ownership and houses the administrative offices for DCH.

### Advantages of the site:

- Suburban site in a key strategic location
- Close to a supply of nursing and care staff (existing hospital and care homes)
- Good public transport links
- High probability of obtaining planning permission
- Potential for added-value mixed-use, ancillary facilities and key-worker accommodation

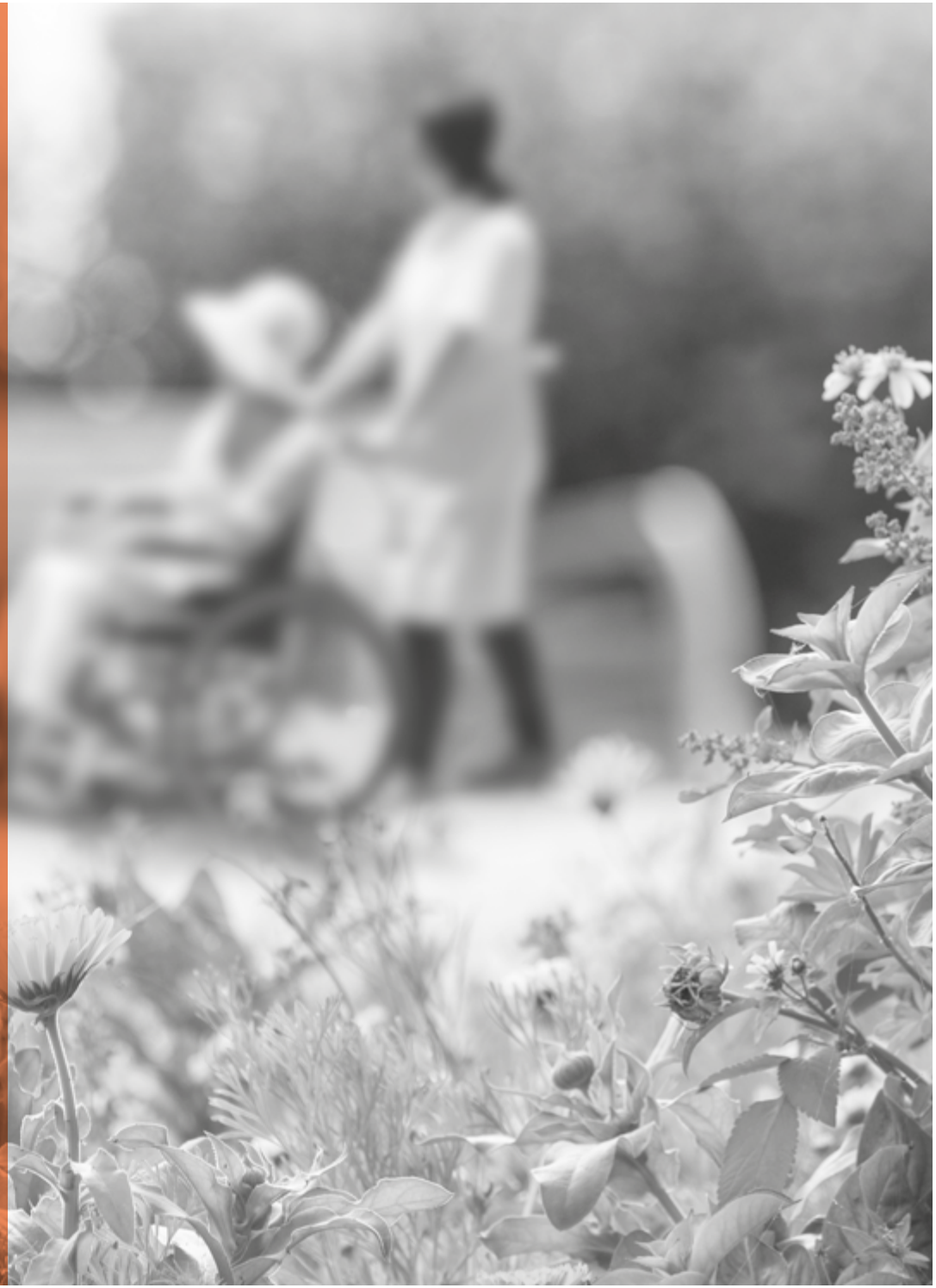
### Disadvantages of the site:

- Site in NHS ownership would require transfer to the Council or contract to use.
- The administrative offices would need to be moved and buildings currently on the site demolished.
- Project would need to be carefully coordinated with NHS plans for the hospital extension.

| Damer's Road Site Character Area Assessment Guide | Good *(Makes a significant contribution - Value of 10)* | Moderate *(Makes some direct contribution - Value of 5)* | Poor *(Does not contribute – Value of 0)* |
|---|---|---|---|
| Clearly identifiable 'edges' that distinguish it from the surrounding developments | | | |
| Strong street pattern or road layout with well-defined public spaces | | | |
| Building and street layout that is easy to find your way around, with good connections to surrounding streets | | | |
| Area with predominance of buildings of architectura/historic interest | | | |
| Buildings with a cohesive scale, massing and details | | | |
| High-quality public realm and/or generally consistent boundary treatments | | | |
| Significant trees or shrubs that make a positive contribution to the identity of the area | | | |
| Green open spaces or riverside areas that make a positive contribution to the identity of the area | | | |
| Topography, significant views or landmarks that contribute to the experiences of being within the area | | | |
| Area with few vacant or underused sites which affect the character | | | |
| Criteria Score | 70 | 15 | 0 |
| **Character Area Total Score** | **85** | | |

# 12.0 Site Appraisal and Initial Feasibility

An initial site appraisal, and feasibility study was carried out by Place Projects with Sonnemann Toon architects. The study was carried out without the benefit of surveys in order to explore the suitability and acceptability of schemes on alternative sites within the Council's portfolio and to secure a site for use in the project.



# 12.1 Site Arrangement

The proposed 2 storey building respects the scale of its built surroundings and its modulated form sits comfortably with the urban grain.

**Summary:**

- 80 beds are provided in 7 households, organised in 2 storey blocks.
- Generous external space is provided between blocks and around their perimeter; the aim being to allow a therapeutic environment to be achieved as the design is developed.

### Urban planning

- The surrounding developments are a mix of 2 dwellings and 2-3 storey hospital buildings.
- The proposed 2 storey building respects the scale of its built surroundings and its modulated form sits comfortably with the urban grain.

### Boundaries

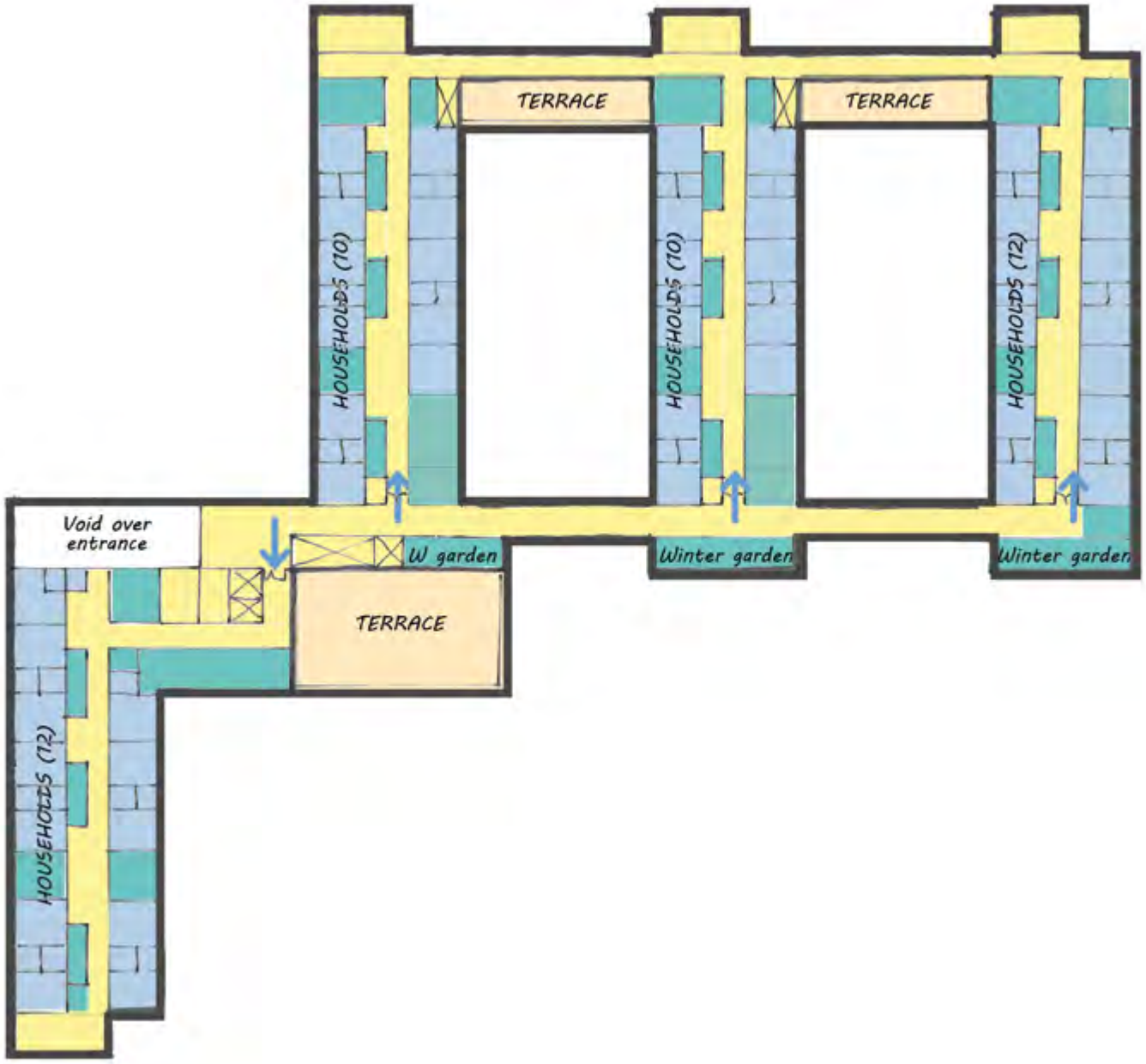
- An offset of over 21 metres is provided between the care home to the West and any habitable rooms in the new building. Further privacy is afforded by a proposed landscaped buffer.
- To the East, the hospital block has few windows and the new building has no habitable rooms planned along its East facing elevation; the blocks are set back less than 21 metres in this location.
- The hospital waste compound to the southwestern corner of the site should not cause substantial overshadowing of the new building though it's proximity could cause a negative visual impact.
- Further consideration should be given to the location of the southern most block of the new building; a greater offset from the waste compound would be beneficial.
- To the North, residential properties are in excess of 21 metres away from habitable rooms in the new building though a landscaped zone along this boundary would help provide visual privacy and acoustic protection.

### Access to outside space

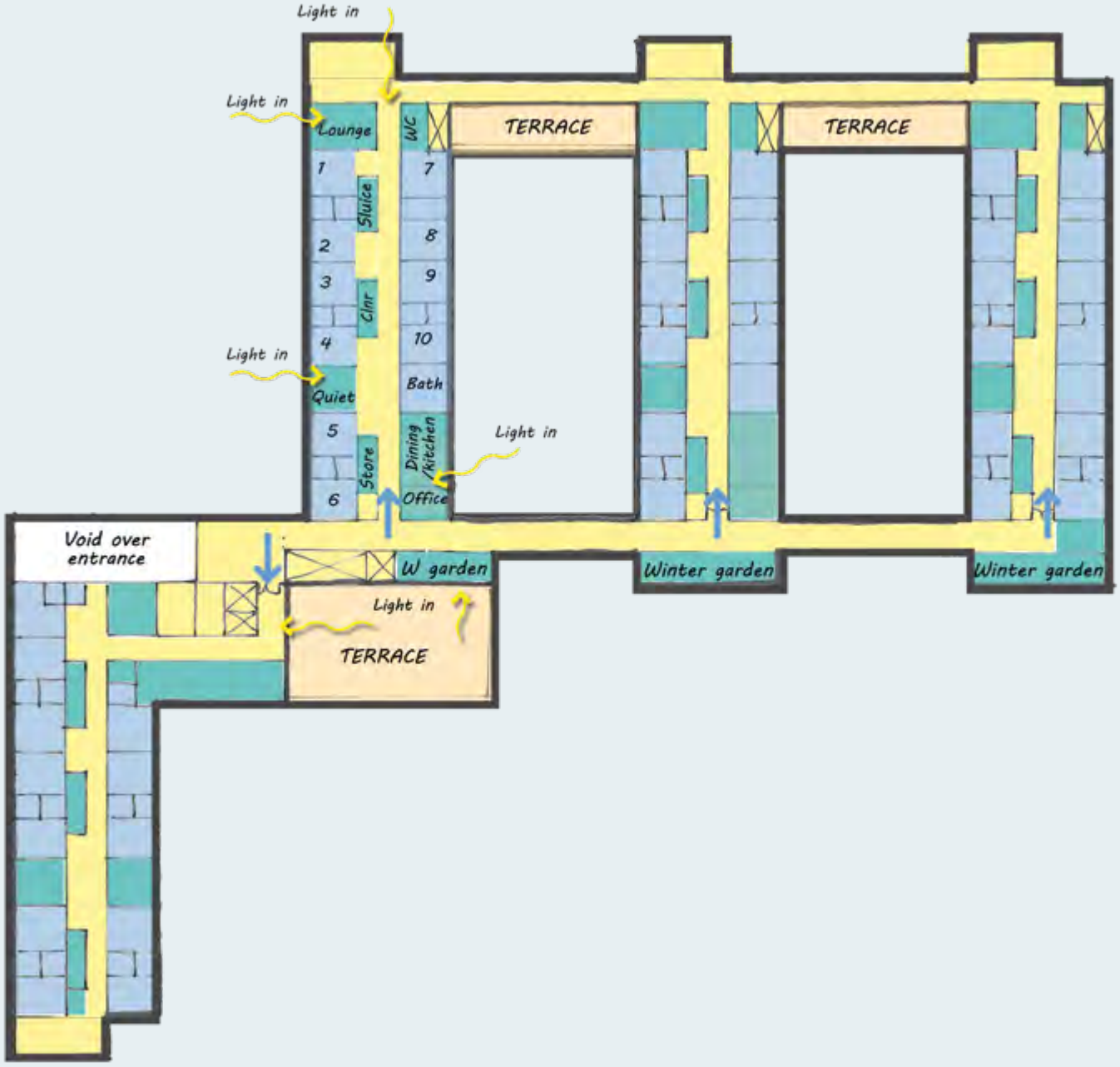
- For ground floor households – residents have level access to South facing garden spaces or courtyard gardens; all directly adjacent to the building.
- Residents in first floor households can access large, South facing terraces.
- South facing winter gardens are proposed to allow fresh air and a connection to nature to be enjoyed during inclement weather or at colder times of the year.

## Test Fit Floor Plans - 80 Beds. Ground Floor

## Test Fit Floor Plans - 80 Beds. First Floor



## Test Fit Floor Plans - 80 Beds. Household



## Household Arrangement

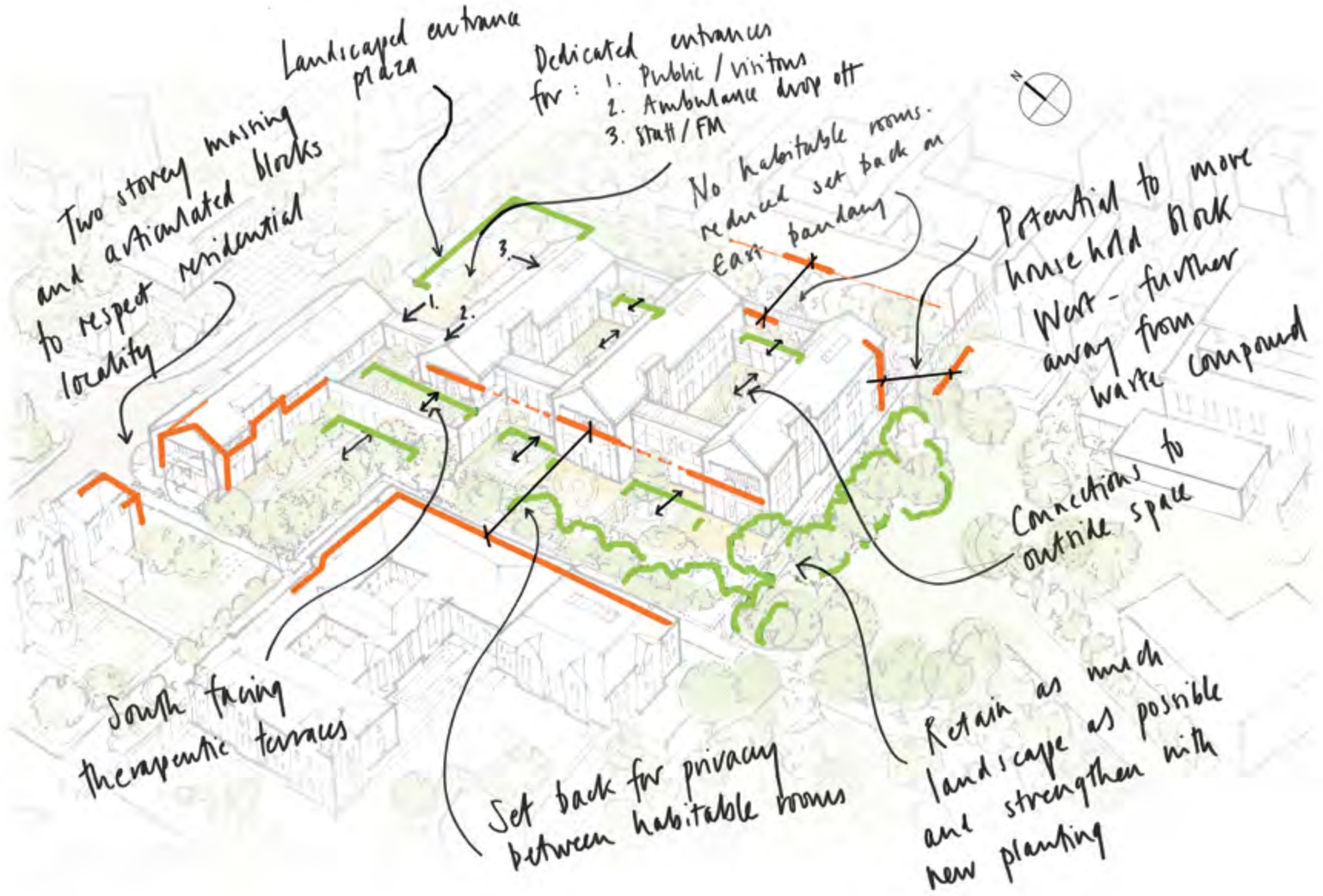
| Room name | Area (sqm) | No. | Total (sqm) | Notes |
|---|---|---|---|---|
| Communal Accommodation | | | | |
| Arrival | | | | |
| Entrance Lobby | 12.0 | 1.0 | 12.0 | |
| Main Entrance | 22.0 | 1.0 | 22.0 | 12 people |
| Reception | 12.0 | 1.0 | 12.0 | 2 people |
| Office | 12.0 | 1.0 | 12.0 | 2 people |
| Visitor WC (wheelchair accessible) | 4.5 | 2.0 | 9.0 | |
| Clinic | | | | |
| Treatment / Assessment | 15.0 | 3.0 | 45.0 | |
| Clinical admin | 18.0 | 1.0 | 18.0 | 3 people |
| Medicine Store | 16.0 | 1.0 | 16.0 | |
| Equipment store | 10.0 | 1.0 | 10.0 | |
| Sluice | 8.0 | 1.0 | 8.0 | |
| Disposal hold | 3.0 | 1.0 | 3.0 | |
| Cleaner Store | 7.0 | 1.0 | 7.0 | |
| Respite | | | | |
| Family / Bereavement | 18.0 | 1.0 | 18.0 | |
| Respite rooms | 25.0 | 3.0 | 75.0 | |
| Storage | 12.0 | 1.0 | 12.0 | |
| Shared therapy space | | | | |
| Activity room | 24.0 | 1.0 | 24.0 | |
| Physio gym | 80.0 | 1.0 | 80.0 | 2 cubicles, steps, bars, bike & store |
| WC (wheelchair accessible) | 4.5 | 1.0 | 4.5 | |
| Staff | | | | |
| Male Staff Change | 45.0 | 1.0 | 45.0 | 30 people |
| Female Staff Change | 45.0 | 1.0 | 45.0 | 30 people |
| Staff Room | 36.0 | 1.0 | 36.0 | 20 people |

| Room name | Area (sqm) | No. | Total (sqm) | Notes |
|---|---|---|---|---|
| Hotel Services | | | | |
| Dirty Linen Hold | 12.0 | 1.0 | 12..0 | |
| Catering Kitchen | 48.0 | 1.0 | 48.0 | Equiv. to 100 cover restaurant |
| Food Store | 14.0 | 1.0 | 14.0 | |
| Cleaner Store | 7.0 | 1.0 | 7.0 | |
| Total | | | 594.5 | |
| Total + 35% circulation | | | 802.6 | |
| Household Accommodation (12) | | | | |
| Cleaner Store | 7.0 | 1.0 | 7.0 | |
| Disposal Hold | 8.0 | 1.0 | 8.0 | |
| Assisted WC | 6.0 | 1.0 | 6.0 | |
| Assisted Bath | 15.0 | 1.0 | 5.0 | |
| Admin | 18.0 | 1.0 | 18.0 | 3 people |
| Sluice | 8.0 | 1.0 | 8.0 | |
| Lounge | 22.0 | 1.0 | 22.0 | 12 people |
| Quite space | 9.0 | 1.0 | 9.0 | 5 people |
| Winter Garden | 10.0 | 1.0 | 10.0 | |
| Dining | 18.0 | 1.0 | 18.0 | 12 people |
| Laundry | 12.0 | 1.0 | 12.0 | |
| Kitchen | 12.0 | 1.0 | 12.0 | Small regen type |
| Storage | 12.0 | 1.0 | 12.0 | Bulky items |
| Storage | 6.0 | 1.0 | 6.0 | Consumables |
| Linen (separate clean and dirty) | 2.0 | 2.0 | 4.0 | |
| Single bedrooms w/ ensuite | 25.0 | 12.0 | 300.0 | |
| Total Household | | | 462.0 | |
| Total + 35% circulation | | | 623.7 | |
| 5 Households | | | 3118.5 | |

| Room name | Area (sqm) | No. | Total (sqm) | Notes |
|---|---|---|---|---|
| Summary | | | | |
| Communal | | | 802.6 | |
| Households | | | 4220.1 | |
| Sum | | | 5022.7 | |
| Communication Allowance at 10% | | | 502.3 | |
| Internal Plant & Engineering Allowance at 10% | | | 502.3 | |
| Total GIFA | | | 6027.2 | |
| External | | | | |
| Domestic waste store, Clinical waste, Bicycle store, Medical gas, Plant required to be external | | | | |

| Room name | Area (sqm) | No. | Total (sqm) |
|---|---|---|---|
| Household Accommodation (10) | | | |
| Cleaner Store | 7.0 | 1.0 | 7.0 |
| Disposal Hold | 3.0 | 1.0 | 3.0 |
| Assisted WC | 6.0 | 1.0 | 6.0 |
| Assisted Bath | 15.0 | 1.0 | 5.0 |
| Admin | 18.0 | 1.0 | 18.0 |
| Sluice | 8.0 | 1.0 | 8.0 |
| Lounge | 18.0 | 1.0 | 18.0 |
| Quite space | 9.0 | 1.0 | 9.0 |
| Winter Garden | 10.0 | 1.0 | 10.0 |
| Dining | 18.0 | 1.0 | 18.0 |
| Laundry | 12.0 | 1.0 | 12.0 |
| Kitchen | 12.0 | 1.0 | 12.0 |
| Storage | 12.0 | 1.0 | 12.0 |
| Storage | 6.0 | 1.0 | 6.0 |
| Linen (separate clean/dirty) | 2.0 | 2.0 | 4.0 |
| Single bedrooms w/ ensuite | 25.0 | 10.0 | 250.0 |
| Total Household | | | 408.0 |
| Total + 35% circulation | | | 550.8 |
| 5 Households | | | 1101.6 |

# 13.0 Early sketches for Site Appraisal purposes



# 14.0 Project Approach, Governance and Budget

The SRO for the programme is the Director of Adult Social Care Commissioning and Market Relationships. The Council has appointed Place Projects Ltd. to act as the client representative and coordinate all activities required to deliver the project benefits.

The Council intends to procure a Stage 2&3 design once the site is allocated to the project and contract with a construction partner for completion of Stage 4 design and construction of the building.

Services will be contracted under an NEC 4 ECC Contract Option C with a target price of £27m for Stage 4 design and construction services including all fees but excluding client-side team costs with a fixed price for the design phases of the project (to end Stage 4) and a no-fault termination clause which may be exercised at the end of the design phases.

# 15.0 Timetable

Prospective design and build partners will be invited to participate in a short competitive procurement exercise with the intention of appointing a design and construction partner to complete RIBA Stage 4 design and build the Centre.

Subject to a successful planning application it is expected that the building will be handed over for operational commissioning in late autumn, winter 2026-2027.

# 16.0 Contact Details

For further information email:
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PLACE
PROJECTS

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