

# Design Review Report

Flint Health Centre

**DCFW Ref: 69**

Meeting of 20<sup>th</sup> March 2015



## Declarations of Interest

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Panel members, observers and other relevant parties are required to declare *in advance* any interests they may have in relation to the Design Review Agenda items. Any such declarations are recorded here and in DCFW's central records.

### Review Status

Meeting date

Issue date

Scheme location

Scheme description

Scheme reference number

Planning status

### CONFIDENTIAL

20<sup>th</sup> March 2015

9<sup>th</sup> April 2015

Flint

Health centre

69

Pre-planning

## Declarations of Interest

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None declared.

## Consultations to Date

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Preapplication discussions have been held with the planning officer, conservation officer and Cadw. Public consultation and stakeholder engagement were undertaken in the development of the case for the new Health Centre.

## The Proposals

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The proposal is for a new primary and community healthcare centre for the town of Flint. The development will accommodate two GP practices (with the potential for expansion to accommodate a third) and other supporting uses including a community dental facility, treatment rooms, minor surgery, consultation and clinic rooms as well as space for community use.

The site is adjacent to a proposed development of a 72 bed extra care residential development. Both developments form part of a wider programme for the regeneration of Flint town centre.

## Main Points in Detail

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This review was carried out at a late stage in the design development with a planning application expected to be submitted within a couple of weeks. The team is reminded that early consultation is recommended when there is greater scope for the Design Commission for Wales to add value through its comment. However, we understood that there would be some scope to consider the comments arising from the review within the rather tight time scale. The following points summarise key issues from the review.

This is an important opportunity for the town centre to not only provide a high quality healthcare centre, but renew and improve part of the fabric of the town centre. Located

close to the town centre and offering important public services, the development has the potential to take on a civic identity.

### **External space**

The external areas around the proposed building are dominated by car parking and “left over” green spaces that offer little amenity value. The site is well served by public transport and surrounding public car parks which could present the opportunity to reduce the number of parking spaces on the site to free up space for more meaningful external spaces such as a garden linked to the waiting room and more space for the pedestrian link to the west of the site.

A landscape architect should be engaged as soon as possible to provide a design vision for the external areas. Each part of the space should be designed with purpose and rationale so that it contributes positively to the development. The south west corner of the site in particular is important as this provides a link to the entrance of the adjacent extra care centre and the town centre shops.

External lighting and boundary treatments should be integral parts of the landscape proposals. High walls should be avoided where possible and in some places a boundary may not be necessary at all.

### **Pedestrian links**

The Commission has concerns about the about the quality of the pedestrian footpath to the west of the site. This has been identified as an important strategic link in the town centre but is represented on the plan as a narrow footpath that will have a 2m high wall on one side and railings/car parking along the other. The significance of this route must be represented in the design and may be better addressed if considered with the health centre as a whole and as part of the landscape strategy.

### **Entrance**

Initially there was concern that the entrance to the health centre was not located on Earl Street, but following discussion regarding the secondary nature of Earl Street and the importance of the footpath running from the north west to south east, the decision to locate the entrance on this route was understood. However, the decision to move the entrance from one side of the waiting area to the other in order to increase its visibility has not been followed through in the interior layout. The entrance is now located some distance from the waiting area to the reception which could be an unwelcoming and intimidating situation for patients arriving.

### **Waiting area**

The waiting area is an important space within the building but this is not reflected in the design. As a large, single storey space there are concerns about what this area will feel like. The roof form could be used more creatively in this part of the building to create a more interesting, inviting and significant space. The location of the toilets, in particular the disabled toilet directly off the waiting area, does not offer the desired level of privacy or dignity.

The necessity of the sub-waiting areas was discussed and it was thought that these might not be necessary. Their removal will overcome issues relating to privacy of consultation rooms and the lack of daylight in these spaces.

## **Legibility**

Internal layout and design should ensure that routes through the building are clearly legible. This includes the sense of arrival when walking into the building, accessing the reception desk (as mentioned above) and navigating to the relevant consultation room. The layout should be intuitive and not reliant on signage. Consideration should be given to whether the doors through to the corridors that serve consultation rooms could be kept open (designed into their wall surrounds) and whether the lift can be less hidden away.

## **Scale and appearance**

Existing buildings on the site are four storeys, the proposed adjacent development is three to four storeys and the neighbouring tower block much taller whilst the residential properties opposite are two storeys. Given this context the site could have accommodated more storeys. Whilst the desire for integration of service delivery has led to a two storey solution, there is no evidence of additional storeys being tested and explored which may have eased pressure on the external spaces. If a three storey building was identified as a viable option a case could have been made for a taller building that would have more presence than the domestic scale of the two storey building.

The requirement from the local authority conservation officer for pitched roofs has also contributed to a domestic scale and appearance which does not fit with the civic role of the building discussed previously. There is no evidence that this requirement has been challenged by exploring alternative forms that might give the building a greater presence. The proposals for the adjacent extra care complex is three to four storeys and features mono-pitch roofs and the health centre should be considered in the context of this as well as the residential properties opposite.

The change in material and 'recess' on the Earl Street elevation is intended to "break up" the building, however the necessity of this is questioned. A well detailed elevation with a consistent material is likely to be more effective.

The glazed projections at the gable ends are complex and expensive proposals that overemphasise elements of the building that do not have a great deal of importance. Savings by simplifying these features could be redirected to give greater emphasis and design quality to the entrance, waiting area and Earl Street facade. Changes to what is currently shown as a glazed stair well could allow a view out of the building from the Practice 2 corridor.

The ambitions for this building to be a strong beacon for the town are not currently reflected in the architecture of the building. The matters highlighted in this report must be addressed to give the building more self confidence and ensure it provides a positive contribution to the town.

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*A Welsh language copy of this report is available upon request.*

## Attendees

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Agent/Client/Developer:	Robin Wiggs, Betsi Cadwaladr Health Board
Architectural/Landscape Designer:	Stephen Taylor, TACP Architects Ltd
Local Authority:	David Glyn Jones, Flintshire County Council
Design Review Panel:	
Chair	Alan Francis
Lead Panellist	Jamie Brewster
	Toby Adams
	Michael Gwyther-Jones
	Richard Woods
	Jen Heal, Design Advisor, DCFW