

Statws/Status:

Cyfrinachol / Confidential



Adroddiad Adolygu Dylunio: Design Review Report:	28 July 2008
Dyddiad Cyfarfod / Meeting Date:	16 July 2008
Lleoliad/Location:	Abersychan
Disgrifiad o'r Cynllun Scheme Description:	Primary Care Centre
Cleient/Asiant: Client/Agent:	Torfaen Local Health Board [Sian Chard]
Developer/Datblygwr:	LSP Developments [Ed Sutton]
Pensaer/Architect:	West Hart Partnership [Jim Hart]
Cynllunio/Consultants:	Waterman Building Services [Dave Poulding]
Awdurdod Cynllunio: Planning Authority:	Torfaen CBC [Rachel Standfield]
Statws Cynllunio: Planning Status:	Pre-application
Y Panel Adolygu Dylunio/ Design Review Panel: Wendy Richards (cadeirydd/chair) Cindy Harris (swyddog/officer) Charlie Deng (swyddog/officer)	Ed Colgan Jonathan Adams Michael Griffiths Ashley Bateson Elfed Roberts

Lead Panellist:

Ed Colgan

Observer

Andrew Eustace [WHE]

Cyflwyniad/Presentation

Six possible sites were assessed for this development, and the chosen site where the existing surgery is located, was found to be the only feasible option. Ideally, the team would have preferred the site of the Union Street car park, also in the town centre, but this had a number of constraints and abnormal costs attached.

The chosen site is virtually an island, surrounded by a road and a retaining wall [rising to 5.5 metres] on three sides. The existing entrance at the south west corner is the only possible level access. An existing culvert runs east/west across the site and, although the existing surgery sits above it on a raft foundation, the team stated that it cannot be built over, particularly on account of legal constraints. The new building bridges over an undercroft parking area and provides vehicular access to the rear of the site for car parking. Consequently there is relatively little accommodation provided at ground floor level, and more at first floor level.

A full height [2.5 storey] atrium adjacent to the main entrance provides clear vertical legibility and, together with an open feature staircase, makes patient circulation easy and attractive. The entrance and internal plan are arranged to maximise legibility. The tiered massing and stepped roofline are designed to respect neighbouring properties.

The team is targetting a BREEAM Healthcare Excellent rating and is confident of achieving BREEAM Very Good. They aim to reduce carbon emissions by 10% compared with Part L 2006, and will carry out a thermal modelling exercise to maintain comfort temperatures and maximise natural ventilation. The building is oriented east/west to minimise summer overheating. Solar water heating and rainwater recycling are under consideration.

The Local Authority is broadly supportive of this proposal and noted that the relationship with dwellings to the south has been resolved.

Ymateb y Panel/Panel's Response

The Panel requested further details of the rejected alternative site [Union Street car park], and was told that a number of different ownerships were involved, which would have been very time-consuming to resolve. In addition, as this used to be the main road into the village, a lot of mains services were located underneath. Consequently the abnormal costs were more than double those of the chosen site, even given the costs

of temporary accommodation for the surgery during construction. Despite the design work on the car park site being well progressed, it was considered to be unviable financially.

The Panel was aware that these constraints were a common problem in valley towns where site conditions were likely to be difficult, and we thought it unfortunate that allowances could not be made in the budget. The result of these constraints would be a building whose functionality was compromised by having the majority of clinical accommodation at first floor level, although we were informed that there were advantages in first floor consultancy rooms. The team stated that the required density of accommodation and car parking meant that a first floor larger than the ground floor would be necessary. We thought that it might be possible to bridge over the culvert, just as the proposed building bridges over the undercroft access and parking area, and this could open up the possibility of direct access from the car park to the first floor. The team stated that this would be difficult as the site was essentially flat.

The Panel raised the possibility of re-using the existing building, with extension and refurbishment. We were told that it would need to be tripled in size and that the existing raft foundations would be insufficient to support a larger building.

Especially in view of the building's civic function, the Panel thought that the quality of the approach for pedestrians should be improved, and pedestrian priority established. We advised that the team work with the Local Council to achieve this enhancement of the link between surgery and town. The team stated that cycle parking would be provided close to the entrance. It was confirmed that the number of car parking spaces [25] was considered to be the operational minimum. The Panel agreed that this was acceptable given the site's central location and proximity to public transport.

While accepting that the internal layout and function worked well, we did not think that this was well synthesised with the building form. It appeared that the initial function diagram had merely been clothed in an architectural skin. We found the roof form in particular unconvincing, and the fenestration did not appear to respond to orientation. The architect accepted that it had been designed from the inside out and the footprint determined in conjunction with an engineer. We thought that such an approach to design was unacceptable. This needed to be a more holistic and iterative process and, given the elevated and central location of the building, it was imperative that the design solution worked in its context.

The Panel considered that the quality of the internal waiting areas had not been optimised, and that more could be done to introduce daylight and exploit views. The architect stated that they had deliberately located waiting areas in the central space in close proximity to consulting rooms which meant they were not close to windows, but that views out did exist. The entrance was considered the best location for the atrium. The Panel questioned the location of the first floor expansion space and we were told

that it was placed between clinical and administration areas, so that it could be used by either.

The Panel doubted that one lift would be sufficient given that the first floor needed to be fully accessible to the public. We were disturbed to learn that the second lift had been removed from the scheme as a result of value engineering, and thought that this would leave the service very vulnerable to breakdowns. The team pointed out that there was clinical and multi-purpose space on the ground floor which could be used in an emergency.

The Panel thought that it was essential that a commitment was made to achieve BREEAM Excellent on this public building. We noted that this was not yet a requirement of Welsh Health Estates who are still evaluating the impacts of changing from NEAT to BREEAM. We commended the 10% reduction in carbon emissions [but thought that solar water heating should be additional to this measure], as well as the shading of the atrium and the commissioning of thermal modelling. The team stated that the east/west orientation was adopted to minimise the risk of overheating and therefore the demand for artificial cooling.

It was agreed that the landscape design still needed to be developed and would make use of the natural screening which already existed.

Crynodeb/Summary

The Panel was pleased to review this scheme and found the additional explanation in the presentation regarding site selection was useful to our assessment. While we fully understand the site and budgetary constraints, we think this proposal is an unacceptable response to the site and the brief. In particular:

- We would like to see a better architectural resolution and we do not think that the design approach 'from the inside out' does justice to the aspirations of the client or the community.
- We think there is scope to simplify the form and elevation and this would achieve a better contextual response.
- We would like to see a more radical approach to dealing with the constraint of the culvert and devising a means of accessing the building at first floor level if this is where the majority of consulting rooms are located.
- We support the minimal parking provision and encourage the team to work with the council to improve the pedestrian approach to the site. Currently vehicular routes are dominant and we would like to see pedestrian priority established.
- We think the spatial quality of the waiting areas should be enhanced with better daylighting and views out.

- We are very concerned that the number of lifts has been reduced from two to one, with obvious implications for the smooth operation of the surgery well into the future.
- We think that there should be a commitment to achieve BREEAM Excellent, especially in view of the future financial and carbon savings that this would deliver.

Diwedd/End

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