Adroddiad Adolygu Dylunio: 21 September 2006
Design Review Report:

Dyddiad Cyfarfod / Cyflwyno’r Deunydd: 6 September 2006
Meeting Date / Material Submitted:

Lleoliad/Location: Pencoed

Disgrifiad o’r Cynllun
Scheme Description: Primary Care Centre

Cleient/Asiant: Bridgend LHB [Matthew Bunce, Rosemary Fletcher]
Client/Agent: Welsh Health Estates [Mallory Armstrong]

Developer/Datblygwr: Matrix Realty Group [Alistair Black]

Pensaer/Architect: Bundred & Goode [James Bundred]

Cynllunio/M&E Consultants: ESC [Chris Read]

Awdurvod Cynllunio: Bridgend CBC
Planning Authority: [Graeme Oram]

Statws Cynllunio: Pre-planning
Planning Status:

Y Panel Adolygu Dylunio/Design Review Panel:
Alan Francis (cadeirydd/chair) Jonathan Hines
Cindy Harris (swyddog/officer) Lyn Owen
Wendy Richards Ed Colgan
Richard Parnaby
Cyflwyniad/Presentation

This scheme is part of a wider project concerned with the delivery of integrated health care in Bridgend County Borough. Pencoed has been identified as a priority, especially as the practice is currently in temporary accommodation which has to be vacated by December 2007. A steering group comprising all the main stakeholders has been meeting on a regular basis to monitor the progress of the project and public consultation has been carried out.

Pencoed is an ex-mining town, with a population of approximately 11,000. The site is close to existing clinics, village shops and public transport. It is currently an unresolved urban space created by the routeing of the Hendre Relief Road through back lands. Vehicle access from the relief road to the south of the site has been agreed with the Highways Department. The closest properties are three bungalows whose backs overlook the north west boundary from an elevated position behind short gardens. Other properties to the west and north of the site are 2-storey ‘council houses’, set back from the site behind a playground and car-park. A TPO tree and a mature hedge form the site boundary to the north west. Car parking is split into two areas, to the north-east and south-west of the site.

The new building fronts the street on the south boundary. Clinical and dispensing functions are wrapped around a central waiting area. Two storeys of clinical and office accommodation are surmounted by a third storey with reduced floor area for staff only and a roof garden. The dentist and GP accommodation areas are to be capable of operating independently and therefore lifts have been located in the main entrance lobby. A light well by the main entrance links the ground floor and first floor waiting areas. Expansion space has been built in to the proposed layout. Elevational materials will be brick, render and glass.

The sustainability strategy is based on reducing energy demand to a minimum. Very tight standards of air permeability will be specified [4-5 ach@50Pa] and natural ventilation will be used wherever possible. Stack ventilation will be achieved by natural and mechanically assisted modes. Ground source heat pumps will be used to provide the energy for cooling systems. High efficiency gas boilers will deliver heat via low surface temperature perimeter radiators to zoned areas which will have a heating programme appropriate to their use. Solar thermal panels will be used to provide hot water. Compact fluorescent lighting with PIR switching will be used throughout and exterior lighting will be at low heights to minimise light pollution while providing security. Rainwater harvesting will be used for WC flushing and flow limitation valves will be installed together with leak detectors.

The Local Authority is content with this proposal. They are keen to see the front entrance form part of the street frontage and stimulate street activity. It is intended that this building should be a beacon of quality for the area, and act as a social focus for the community.
Ymateb y Panel/Panel’s Response

The Panel was informed that the procurement route would be Design & Build with the architect novated at the end of RIBA work stage F.

The Panel enquired about the future of the garden association building adjacent to the pedestrian approach from the south east. We were informed that this had not previously been raised as a matter for consideration, and its likely future was unknown. The allotments to the south are not yet established. A small new council office building in the south west corner of the site will be developed in a ‘bungalow’ style to complement the health centre building.

The Panel considered that the proposal as presented lacked sufficient contextual information, and lacked sections in particular. We thought that the clarity of the early diagrammatic layout and floorplan had been lost in the final building and urged the designer to try and recapture that. The elevations currently are too domestic and this effect is likely to be reinforced by the new council office building. We thought that both buildings should be more civic in their appearance and presence. The roof plan is too ‘busy’, and the money involved in creating the split roof form might be better spent improving the quality of other elements. The extent of the curtain walling also gave us some concern.

The Panel noted that the large waiting area is single storey with a flat ceiling and thought that this could result in an oppressive space. The potential exists to create something much more dramatic and uplifting. With the current proposal it is likely that artificial lighting would be used all the time, and we encouraged the designer to find a way to introduce more daylight into the deep plan of the waiting and reception areas. The Panel was confident that this could be achieved despite the constraints of needing to produce certain amounts of floor area.

The Panel was told that the split roof form as shown does not include clerestory windows. It is intended that the roof space will be closed off and used for plant. We thought that this was a missed opportunity to introduce daylight and natural ventilation into the heart of the building, especially given the expense associated with this roof form.

It was confirmed that the proposed car park will be physically separated from the existing public car park to the north. Car parking numbers have been agreed in discussion with major stakeholders and there has been a strong demand for reserved staff spaces. Thought should be given to pedestrian access from the south west and a footpath provided on the north side of the Hendre relief road, along with a pedestrian crossing.

Boundary treatments have yet to be determined but railings will be avoided. Crime prevention officers have been consulted, and the option of leaving the site open, to encourage use and natural surveillance, may well be viable. Ground floor windows are likely to have vertical blinds rather than obscured glass. We noted in this context that the blank wall of the pharmacy facing the footpath would not promote engagement with the external space.

The Panel was encouraged to learn that a landscape consultant will be appointed. We urged that public amenity areas, including seating, be provided outside the building. We thought that the separate green areas should be amalgamated to create more usable spaces. The existing ditch to the south will be culverted and screening from the bungalows to the west
will be considered. It was pointed out that the building has been located on the site so as to have minimal impact on surrounding houses.

It was confirmed that cycle storage will be provided and refuse disposal will be in external compounds yet to be located. The Panel advised that road circulation and associated tarmac areas be minimised. We noted that the directness of the public footpath had been disturbed by the building footprint, creating right angled turns with no visibility, and that this was not considered good practice in terms of safety and crime prevention. In addition, people will tend not to use a route when they cannot see the far end. We suggested the building could be brought further towards the south west in order to maintain a straight pedestrian route, even though this would mean a rearrangement of the parking areas. The designer stressed that the client and the Local Authority wished to maintain the main entrance as a strong presence on the street, and we did not see that this would conflict with our suggestion.

The Panel supported the sustainability strategy of minimising energy demand and installing solar water heating. We emphasised the importance of creating good daylight levels internally, and using this as a key driver for the design as a whole. We were told that the windows will be powder coated aluminum, but we urged that an alternative be found to artificial slates.

**Crynodeb/Summary**

The Panel support the principle and location of this development, while acknowledging the complexity of fulfilling the different spatial requirements. We consider the proposal to be an acceptable response to the site and the brief, but with some major revisions necessary. In particular:

- We have concerns about the site planning, how well the street is addressed, and how well the pedestrian links will be used
- We urge a return to the simplicity and clarity of the early diagrammatic drawing
- We regret the lack of site sections and contextual information, including information on the proposed new council building and existing allotment building
- We are encouraged by the appointment of a landscape consultant and think that the green spaces need to be organised more rationally. If the blank wall of the pharmacy is to remain then planting should be used to soften this
- The building should become more civic and less domestic, with less reliance on curtain wall solutions. The elevations are too complex and not an appropriate way to spend a limited budget. The split roof, if it remains, should be used to enhance daylight and natural ventilation
- The waiting area needs to be rethought, and a certain amount of double height space incorporated, together with increased daylight.
- Arrangements for cycle parking and rubbish storage areas should be detailed as soon as possible so that adequate and well located provision is achieved.
- We have grave concerns about the tight timescale and how this will impact on the resources necessary to achieve a quality design.

**Diwedd/End**
NB A Welsh language copy of this report is available upon request