

JERSEY ARCHITECTURE COMMISSION

Date of Design Review: 5th October 2018

Commissioners Present:

A. Theobald (Chair)
A. Gibb
D. Gausden
D. Prichard
T. Ingle (EO)

Jersey Future Hospital

Applicant Attendees:

Bernard Place - Project Director Health
Clive Lewis – Hasell
Richard Malinson – IBI Group
Richard Glover – Jersey Property Holdings

Planning Officers

John Nicholson – Department of the Environment

Policy Background

An Outline Planning Application was submitted in April. Following this a Public Enquiry was held 17th to 22nd September 2018. Due to meeting timings and further iterations of the design the JAC had not reviewed the final scheme presented to the Enquiry. This review has been requested by the Inspector post Enquiry.

Background

This is the ninth review of the Hospital and Westaway proposals. The Design Team presented the Design Principles document alongside the parameter plans with information and illustrations presented to the Enquiry. Only designs and documentation submitted for planning approval were presented to and considered by the JAC.

The Scheme

The Design Team presented the Hospital Campus site and Westaway Court. There is a move away from the traditional model of hospital based care, changing to a complex range of treatments in a coordinated manner. The design of the Hospital as a 'campus' together with Westaway helps deliver this model of healthcare.

The Design Principles set out the aspiration for a 'health campus' with a relationship between the two buildings on either side of Parade Gardens. This gives commitments to deal with connections, layout, access, landscape and public realm matters. Scale and massing - confirming the parameter blocks and confirmed setbacks to deal with street compositions were presented. Streets and squares to break internal patterns and add internal interest and

calm spaces were shown. Finally the Principles deal with appearance, character and materiality as well as heritage and townscape issues. These include the 'zones of disruption' in the ward towers.

The Response of the Commission

The Commission offered views in response to the presentation made and agreed to offer a final set of Notes encompassing these comments and the remaining issues following the 8 earlier Design Reviews.

Responsive Design Team

- The Commission recognise the amount of work and time taken to evolve proposals and the resulting amended parameter layouts. They noted that the emerging scheme was calmer and struggling less to fit as a single large new building in its urban context. The Design Principles and Parameter plans are locked together. They noted that this presentation enshrines other iterations of the design and has responded to previous design discussions with the JAC. The hospital remains a complex building to deliver on a constrained site and has multiple impacts on its context and neighbours. Delivery of a successful scheme will depend on future well produced and detailed designs to ensure architectural and landscape quality. Processes will need to be put in place to guard against reductions in quality, both in design and materials.

The Challenge

- Building a hospital on an existing, constrained site is more intensive than a greenfield site. However the approach offers positive townscape design opportunities to form entrances and links to neighbouring streets. Building in this location requires very careful consideration of the logistics of construction and the impact of the programme of work. There will be disruption during construction for neighbours and professional health workers - this needs to be stated and understood. The complex puzzle will add cost and the brief remains a concern for the Commission with pressure to squeeze a large, complex building into a small envelope. How will the usual and expected changes in life cycle be handled?

Outline Application

- The Commission note that parameter plans do not clearly identify how the impact of the large and significant scale of the building will be managed; which is the challenge of an Outline Planning Application. To ensure public engagement, the use of detailed sketches will add a realism and better understanding of the scheme. There are differing characters to the building being depicted in the illustrative work presented. For example the 'Zone of Disruption' at roofscape level on the highest ward blocks is larger in some renders than others. At this stage there are no commitments to specific sizes of setbacks - they are indicative only.

- The Commission drew comparison with other large UK schemes where significant Outline Planning applications were lodged in parallel with a significant First Phase forming the Outline. In this case it would have been a positive move had the Westaway proposals been developed as a Full Planning Application to illustrate intent, quality and deliverability.

A family of buildings

- The Commission noted that Westaway façade treatments need to be more aligned with the principle hospital buildings than shown within the Design Principles. There will need to be a greater ‘family’ resemblance. Future refinement of this approach will be needed in future as it is clear that the two buildings will need to have some level of connection.

Height and Scale

- The Commission have consistently raised concerns about the proposed height of the buildings, and the measures taken to mitigate that risk within the Brief. As a tall building it needs to be of the high quality demanded of a landmark. At this stage it is difficult to see how this can be delivered using parameter diagrams and the Design Principles. It is not clear how the proposed ‘zone of disruption’ at roof level will be delivered within Reserved Matters. The other risks are value engineering diminishing quality: similar pressures can lead to the upper floors becoming plant rooms, and proposed terraces becoming no longer accessible.
- The relationship of the long elevation to Kensington Place shows setbacks, building breaks and skyline reductions to scale the long elevation. The road level difference will challenge internal functions as well as the external expression. There remain concerns about the impact of the disproportionate scale of the new Hospital block on the residential scale of its neighbours. The future intention of quality needs to be expressed early in the project as precursor planning applications to facilitate the project are made ahead of Reserve Matters being submitted.

Architecture

- The Commission offer examples where they have remaining concerns that the Design Principles may not be robust enough to ensure the design quality aspired to can be delivered. When considering materials the visuals in the Design Principles only offer a menu of materials and early elevation studies in are in two dimensions. There are concerns about the “streets and squares” and their performance and deliverability as true public therapeutic spaces set out below. The concern remains that this is not a robust and defensible position as the scheme moves to the next stages of procurement.

Internal Layout

- The Commission expressed strong support for the aspiration to allow public access through a functioning hospital. The circulation space of

public 'streets' linked to a central reception or hub offers a permeable city block that would link local streets. However the lack of a clear diagram of the interior of the Hospital showing the links and the reception is a concern.

- The quality of the circulation space is crucial. Streets in hospitals allow them to adapt and change over time, while remaining coherent. The main spine could be cloister or sealed and how this is handled could make or break the wellbeing of this public realm. Whilst in illustrations it looks spacious, it feels narrow in the model. It is not clear how natural light would penetrate through the ward blocks to the lower public levels. The risk is that these could become very dark and unwelcoming spaces due to the depth of plan and building heights. In past reviews the use of open streets was suggested to start to overcome this. There are no there sections through the site at a level of detail to illustrate how this will be dealt with
- Being clear about what defines the widths of the public spaces will ensure the aspirations for 'streets and squares' to be delivered. These public spaces form part of the therapeutic environment as a whole and should be embedded in the Brief. In thinking about the possibility of the inevitable requirement for future changes the Commission have quoted Barts, Guys and Great Ormond Street 'campi' as urban hospitals where open streets have enabled the institutions to evolve. The risk remains that the proposed deep plan 'traps' the ability to change in future. This may put pressure on adjacent land for future expansion. In this the nature of the east-west route remains a concern when considering the long term evolution of the buildings. In a deep plan building this can become a self-imposed constraint in that there may be an inability to access that route when managing inevitable future change.
- In considering "Streets and Squares" the Courtyards are fundamental to the delivery of this scheme yet remain words with images of inaccessible plant-filled (p.25) spaces. These are not the convivial meeting spaces at confluences of routes or departmental entrances suggested. The Therapeutic Environment has just one paragraph, yet forms the bedrock to the scheme to be delivered in part within these public spaces.

Robustness

- There needs to be a public and clear statement that future flexibility and capacity has been considered at an early stage of development and this needs to be demonstrated. It is noted that the building has been designed to a demand and capacity model to 2065, including a decant ward. There is a need to confirm the purpose for the non-commissioned space and note that the entrance building has opportunity to be re-scoped as a later commission.

- At Westaway the reduced scale of the courtyard is a negative move. The early aspiration of allowing circulation around and through it has been lost. There should be scope to link the entrance spaces to the courtyard, as previously suggested. Courtyard landscapes are difficult to deliver but this does need to be a usable space. The reduction in heights to Savile Street have constrained this important space relegating it to an open centre with limited access.

Hospital Entrance Block

- The Commission continue to express concern with regard to the limit of the Parameter Volumes, specifically: the lost potential for greater volume to the entrance block which the Commission considers is under-scaled for a frontage. The extra volume here in parameter could have given options to consider residential for hospital staff or visitors to long term patients or children. The risk is that subsequent exploration of extra height here could become contentions should the consent be issued at the current scale. These are lessons learned from other hospital camps and are a key indicator of quality of life and wellbeing for staff and patients. This would be outside the parameter plans, but it is hoped there may be scope to review in the future.

Relationships to Neighbours

- The Commission raised concerns that the vehicular access to Westaway from Savile Street could cause issues for residents. The impact of the volumes proposed on Elizabeth Place remains a concern, which has not been mitigated by the proposed fenestration patterns and setbacks and indents. The Commission are of the view that Westaway's scale needs to be more responsive to its various frontages and its massing is manipulated accordingly, to ensure it is seen as a positive addition to the townscape. Materiality is also important factor but alone is not considered enough.

Landscape

- Parade Gardens have a high value in the townscape and in relation to this building. There will be a requirement for change in the function of the park locally to link this site with JFH. The Commission noted that this is likely to be the front door for some visitors. Intervention in the Park may be necessary to allow for the provision of a positive and safe entrance to transform this zone of the park which is currently obscured. This also gives scope to energise this corner of the Park, which would need illumination at night. The Commission continue to urge the delivery of a landscape strategy for Parade Gardens.

Future directions and areas to deliver at consideration of Reserved Matters.

- The Commission would like to see statements of how the project will be managed in future with clear accountability and project control. This will ensure clarity in future novation, with client control of the detail design and quality in delivery. They continue to raise the importance of

choosing a procurement route which guarantees as far as possible the eventual build and design quality. There remains a question about how the concept design (whatever that is) flows through to the novated detail design team. A clear understanding of design procurement and delivery through Reserve Matters Planning Applications would be useful.

- Internal Space aspirations are not met and demonstrated in the plan or model provided. The opportunity to deliver courtyard use and much wider corridors/ links should not be lost.
- Wayfinding will require the delivery of a legible reception space derived from clear orientation of space and expressed from outside the building.
- There are questions raised as how will materials be agreed and confirmed to deliver the aspiration quality? There needs to be clarity of what is solid or void, transparent or solid, what are the textures etc. These issues are key to delivering the desired quality. There needs to be a demonstrable commitment to outturn quality to deal with this nervousness should the project develop at the Reserve Matters stage.
- Delivering a landmark building will require clarity in dealing with disruption to ensure skyline interest and ensuring this is not debased by demands for future cost savings and pressure to re-order accommodation.

Conclusion

The Commission welcomed the positive response to the comments made in the past Design Reviews. They want to see more collaboration between the design of the Hospital and Westaway to ensure the family likeness is retained whilst each responds to context and place. These links are fundamental.

The Outline Planning Application key documents, the Parameter Plans and Design Principles, do not fully encapsulate the strong commitments to manage streetscape, landscape, skyline, in-Campus spaces and therapeutic environment impacts and does not cover the energy agenda. These are matters that would be expected of such a significant civic project in the capital of the Island.

Other fundamental issues remain managing the scale and height to deliver the high quality required of what will be a new landmark building for St. Helier seen in principle approaches to the Town. In addition there remains work to resolve the connectivity with and to the internal and external landscapes.

Westaway is still a step behind the main Hospital. There needs to be a review of what is happening architecturally, to look at volumes in diagrams to understand the key strategic moves. The concept needs to be the starting point. This will lead to more coherent façade treatments and incorporates the

Savile Street to Elizabeth Place contexts positively and ensures the internal functions and spaces work effectively.

There is lots of positive thinking, however this can be too easily lost. The success of the scheme hangs on trust in the client's commitment to a quality environment.