



12 December 2018

Karen Harragon
Director, Social and Other
Infrastructure Assessments
320 Pitt St
SYDNEY NSW 2000

**STATE SIGNIFICANT DEVELOPMENT APPLICATION FOR NEW TWEED
VALLEY HOSPITAL, 771 CUDGEN ROAD, CUDGEN (SSD 9575)**

Dear Karen,

The Government Architect NSW has been asked to provide independent design review commentary on a State Significant Development Application for the New Tweed Valley Hospital at Cudgen (SSD 9575). Please find our response below.

This review is based on:

- Environmental Impact Assessment, prepared by Geolink
- Built Form and Urban Design Report prepared by STH and Batesmart
- Landscape Plan prepared by Turf Design Studio
- Visual Assessment, prepared by Geolink

It is noted that the application is for approval of the main building envelope and first stage of site infrastructure, with further approval of the detailed hospital building design to be the subject of a future application. The application indicates that there will be further development on other parts of the site but provides no information on those uses or building envelopes. GA NSW considers that this will be a significant urban sub-precinct on the outskirts of Kingscliff and has framed its recommendations accordingly.

The proposal has previously been reviewed by the State Design Review Panel (SDRP - response letter attached). Consideration of SDRP advice and recommendations should be included in the response to this GA NSW submission.

Site planning / concept

The Masterplan principles are considered suitable for the future design of the precinct.

This first stage proposal forms the urban framework for a substantial future precinct (four expansion zones are identified) which occupies more than half of the 19ha site area and could extend up to 500 metres through the site, equivalent in length to Kingscliff's 'high street'.

The proposed layout is excessively shaped by vehicle circulation and not coordinated with a coherent strategy for future infill development or pedestrian movement throughout the precinct.

Landscape drawings are preliminary, with the hospital complex appearing very disconnected from its landscape setting. More consideration should be given to the positive impact of the landscape on community 'wellness' with more consideration of this precinct as a 'Health Village'.

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The proposed setback to Cudgen Rd (to create a buffer from agricultural dust) needs to 'work harder' as a forecourt to this precinct, but also as an amenity for the community, workers and visitors alike. The location and purpose of a 'support' building in this setback zone is also unclear.

Context

There is good background data on environmental constraints such as bushfire hazard zones and flood levels but no investigation into the site's broader urban context has been carried out. This is a place-making opportunity for both the region as well as the site. Situated at the crest of a ridge and on one of the 2 major approaches into Kingscliff, the hospital precinct marks a threshold to the Tweed and Kingscliff. Its visibility and impact, particularly at regional scale, should be considered further.

Architecture

It is noted that design development of the hospital building itself is ongoing and that a 'comprehensive consultation plan for engaging the Government Architect NSW, during the design development stages has been prepared . . .'. While the GA NSW would welcome this, there is no indication of the frequency of engagement or at which stages the work would be available for review. This information should be provided as part of this application.

As requested by the SDRP, these presentations should include the original concept options as well as their evaluation and the rationale for the preferred envelope option.

Sustainability and environmental aspects

It is noted that the proposal has already settled on a 'complex tower on podium (vertical stacked) typology'. Further exploration is recommended into design strategies that promote passive environmental performance such as adjustments to orientation and greater articulation of building envelope. The 'city hospital' approach to hermetically sealing the building may be unsuited to this regional / coastal / semi-rural setting.

Public domain / landscape

There is no ground level site plan to show how the facility will settle onto the site, or how landscape can be integrated with hospital interiors and coordinated with long term development of the precinct.

Transport / circulation / access

The site circulation system is a key component of this application and its longer-term impact on site legibility, pedestrian amenity and future urban form (as noted above) requires further consideration.

The complexity of the road network, configured for one-way circulation, with roundabouts and dead-ends, is counter-intuitive and particularly unsuited for pedestrian use. There should be a higher order public street system, that accommodates the needs of emergency vehicles, routine vehicle operation and pedestrian amenity in equal measure.

The extent of surface parking is also a concern due to the heat island impacts. Further consideration could be given to alternatives such as smaller footprint multi deck parking, integration of tree canopy and landscape into surface parking or basement parking in future development. Consideration should also be given to reconfiguring the street network to accommodate kerbside parking.

There is also an opportunity for better integration of public transport – such as bringing bus routes into the precinct. Given the elderly demographic in this region, public transport should extend into the hospital precinct, instead of a single bus stop at a remote road frontage.

Aboriginal cultural heritage

It is recommended that further engagement and consultation be undertaken with the local aboriginal community to incorporate site specific histories and narratives into the design as it develops. GANSW is available to provide assistance with this.

On the basis of the materials submitted, our design recommendations are;

1. Further consideration of the visibility and urban impact of the hospital precinct at both local and regional level.
2. Prepare landscape strategies, including:
 - a ground level plan that identifies and prioritises a hierarchy of open space.
 - the Cudgen Rd setback zone as an amenity for the community, workers and visitors alike.
3. Review vehicle and pedestrian circulation and access to address considerations outlined above:

- a coherent and connected street network that creates a framework for future development
 - priority given to pedestrian amenity
 - accommodates multiple modes including pedestrian, bicycle and public transport movements
4. Proposed engagement with the GA NSW, should occur at the following design stages:
 - site concept plan, including the original concept options as well as options evaluation and the rationale for the preferred envelope option.
 - concept plan for the hospital
 - schematic design, including sections and elevations
 5. further engagement and consultation with the local aboriginal community to incorporate site specific histories and narratives into the design as it develops.
 6. A brief report which outlines a clear response to all issues raised by the SDRP.

I trust that this information is helpful. Please contact me if you would like to discuss these recommendations or require clarification.

Sincerely,^[1]_[SEP]



Lee Hiram
A / Director Design Excellence

Encl: Tweed Valley Hospital Concept Plan - SDRP01, advice

23 October 2018

Leone McEntee
Planning Manager,
Health Infrastructure
Via email –
leone.mcentee@health.nsw.gov.au

PROJECT: TWEED VALLEY HOSPITAL – CONCEPT PLAN
RE: SDRP SESSION 01 - 3.10.18

Dear Leone,

Thank you for the opportunity to review the above project. Please find below a summary of advice and recommendations arising from the design review session held on Wednesday 3 October 2018.

Please note that this letter and subsequent letters of advice relating to the SDRP will be distributed to the meeting attendees listed herein.

The panel noted that the immediate intention is to secure approval for a building envelope and site infrastructure, however we appreciated that the project team was able to provide so much more information about design work in progress in their presentation on the day. It highlighted the significant impact that the proposed internal road and carpark network will have on the future shape and structure of the precinct. The panel's recommendations relate to both the site infrastructure as well as the longer-term design recommendations for both the hospital and future infill development.

The next presentation to the SDRP (date and time to be confirmed by the GANSW design advisor) should respond to the following:

Site planning / concept

The panel noted the 9 Masterplan principles proposed and consider these to be suitable for the future design of the precinct.

As this first stage proposal will form the urban framework for a substantial future precinct (four future expansion zones are identified), the panel believes it to be excessively driven by vehicle circulation imperatives and not coordinated with a coherent strategy for future infill development.

Diagrams showing green 'fingers' extending through the site and into the hospital complex are promising but the rigid and compact geometry of the building would seem to preclude this. More consideration should be given to the positive impact of the landscape on community 'wellness' and the panel suggests this precinct is conceived as a 'Health Village'. To achieve this, better engagement with site and landscape is necessary as the current proposal seems isolated from its context.

The proposed setback to Cudgen Rd (to create a buffer from agricultural dust) needs to 'work harder' as a forecourt to this precinct, but also as an amenity for the community, workers and visitors alike.

Context

There is good background data on environmental constraints such as bushfire hazard zones and flood levels but no investigation into the site's broader urban context has been carried out. Similarly, there is no indication that there has been any analysis of visual impacts - particularly on local view catchments such as adjacent residential areas, street approaches or Kingscliff village.

The panel considers that this is a place-making opportunity for both the region as well as the site. Situated at the crest of a ridge and on one of the 2 major approaches into Kingscliff, the hospital precinct marks a threshold to the Tweed and Kingscliff. Its visibility and impact at both local and regional scales should be considered further.

Architecture

The hospital functions seem quite well resolved and the panel commends the thoughtfulness of the inpatient strategy which seems to be driven by more than just clinical considerations.

As noted above however, the panel is concerned with the scale and rigidity of the proposed structure. It is felt that, given the generous site area, the overall volume could have been more articulated – possibly with more wings to the hospital building - to 'refine' its grain, better engage with the topography and open the structure up to the beautiful local climate.

The proposed 'delineating element' further isolates the structure from its setting – the panel recommends that this device be reconsidered, in the context of other revisions outlined above.

It was helpful for the panel to see the original concept options which had been considered. The options however, don't seem to be comparable in terms of volume and GFA yield, with one appearing to be an appropriate alternative to the proposed design option. The panel would like to see further demonstration of options / options assessment at the next presentation, including elevations and site sections.

The panel believes that these concept options should be used to assist with community engagement.

Sustainability and environmental aspects

Further exploration into design strategies that promote passive environmental performance. Techniques such as natural ventilation, adjustments to orientation, material selection and suitable screening strategies could be considered. The panel felt that the 'city hospital' approach to hermetically sealing the building may be unsuited to this regional / coastal / semi-rural setting.

Public domain / landscape

There is no ground level site plan to show how the facility will settle onto the site, or how landscape can be integrated with hospital interiors and coordinated with long term development of the precinct. For example, the proposed Mental Health unit opens onto a landscaped hospital garden area which is also identified for future expansion of the hospital podium.

Better use should be made of landscape strategies that connect the ground floor to the rest of the site, improve the ground plane experience and take more advantage of local climate conditions. The ground level plan should identify and prioritise a hierarchy of open space.

The appointed landscape architect should attend the next meeting to advise on these aspects of the proposal.

Transport / circulation / access

As the site circulation system is the key component for which initial development consent is being sought, the panel is concerned that its longer-term impact has not been thought through, particularly in relation to site legibility, pedestrian amenity and urban form (as noted above).

The complexity of the road network, configured for one-way circulation, with roundabouts and dead-ends, is counter-intuitive and particularly unsuited for pedestrian use.

The proposed internal 'unifying pedestrian street' is not convincing as a substitute for pedestrian friendly access throughout the site. There should be a higher order public street system, that accommodates both pedestrian amenity and vehicle operation - in equal measure.

The extent of surface parking is also a concern due to the visual and heat island impacts. The panel supports multi deck parking and further consideration could be given to configuring the street network to accommodate kerbside parking.

The proposed ring road creates an artificial barrier that weakens the principle of landscape integration with the core of the hospital. Its alignment should be better coordinated with the overall landscape strategy for the site.

The single formal visitor entry point is also problematic. The panel recommends multiple entry points for visitors into the site to support connectivity and promote the longer-term growth of the precinct into a health village.

Consideration should also be given to bringing bus routes into the site. Given the elderly demographic in this region, public transport should extend into the heart of the hospital precinct, instead of a single remote bus stop.

Aboriginal cultural heritage

The panel encourages the project team to engage and consult with the local aboriginal community to incorporate site specific histories and narratives into the design as it develops. GANSW is available to provide assistance with this.

Design Procurement

The panel understands that the procurement pathway for the delivery of the project may involve novating the existing design team or bringing on a new design team. As such, the panel is concerned that there may not be continuity in the resolution of the design issues that have been raised. Notwithstanding the comments above, the panel believes that there is a strong design team on this project (collaboration between STH and BatesSmart is commended) and recommends their ongoing engagement on this project.

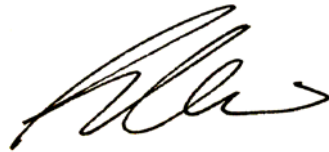
The panel makes the following specific recommendations:

1. Further consideration of the visibility and urban impact of the hospital precinct at both local and regional level.
2. Prepare landscape strategies that connect the ground floor to the rest of the site, including a ground level plan that identifies and prioritises a hierarchy of open space.

3. Review vehicle and pedestrian circulation and access to address considerations outlined above.
4. Provide further demonstration of options and options assessment, including elevations and site sections.
5. Actively engagement with the local community as the design develops, utilising concept options to assist in engagement.

I trust that this information is helpful and look forward to seeing the revised and developed Concept Plan.

Sincerely,



Paulo Macchia
Director, Design and Housing - Government Architect NSW
Chair, Tweed Valley Hospital – Concept Plan SDRP

CC

NSW SDRP Panel members
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Health Infrastructure NSW
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