

Urban Design Review

for Ku-ring-gai Council

DA0327/13 742, 746-748 Pacific Highway, Gordon The Lawson Clinic

Report Date: 12 December 2013

INTRODUCTION

The proposal is seeking alterations and additions to an existing facility currently offering medical services located on the southern edge of the Gordon Local Centre along the Pacific Highway.

The existing site is comprised of 4 allotments with a total area of 4719 m². While a relatively large site, three of the four allotments are battle-axes; two of which are behind the single lot frontage to the highway (No 748) and the third located behind neighbouring properties (738 Pacific Highway/1A Bushlands Rd and 744 Pacific Highway). Hence, the site in its entirety is forms an irregular L-shape.

The three battle-axe allotments are to be amalgamated into one lot (Lot 1) with 748 Pacific Highway being retained on its current allotment (Lot 2) with some boundary adjustments proposed. The three existing vehicular access points to the highway - one to 748 Pacific Highway (Windsor House) and two battle-axe handles - are to be retained.

The site contains a heritage item - Windsor House at 748 Pacific Highway (Lot 2) - which is also included in the St Johns Avenue Heritage Conservation Area (HCA). The proposed alterations and additions do not directly affect the building fabric of Windsor House being concentrated on construction of a new hospital facility in Lot 1 and retention of an existing two-storey residential dwelling proposed to be refurbished as administrative offices (currently 742 Pacific Highway).

The new hospital facility will provide much needed in-patient care for those patients currently falling through gaps in scarce available, specialised mental health care - adolescents and young adults, perinatal care for young families, and treatment for elderly patients with depressive, mood and anxiety disorders.

Accommodation for 65 in-patients over 3 levels above basement is proposed as follows:

2-bed	15 rooms
1-bed	35 rooms

Other accommodation includes: 5 group meeting rooms, 5 consulting rooms, an examination/assessment room, 2 secured medication rooms, 4 nurse stations, 4 lounge areas, kitchenettes, dining area, kitchen and scullery, administration offices and staff facilities, change rooms, gym and outdoor dining area.

Car parking for 14 vehicles plus 2 spaces for ambulance/emergency parking, and services delivery is located in the basement. The existing home on Lot 1 (742 Pacific Highway) is to be refurbished for use as administrative offices while Windsor House on Lot 2 (748 Pacific Highway) will retain separate out-patient clinical services.

Council did not have the input of an urban designer at the time of a Pre-DA meeting with the proponents although many issues raised included urban design criteria.

1 - Context

Good design responds and contributes to its context.....Responding to context involves identifying the desirable elements of a location's current character, or, in the case of precincts undergoing a transition, the desired future character as stated in planning and design policies.

The existing site on the western side of the Pacific Highway is within a 400 metre undulating walk along the highway to the heart of the Gordon Local Centre to the north. Excellent public transport options are available with trains at Gordon Railway Station, and buses at the Gordon interchange or nearby bus stops. St John's Anglican Church adjoins the site to the north, Ravenswood College is approximately 200 metres to the south-east and there are all the services and facilities offered in Gordon in very close proximity. While there is direct pedestrian access to the site from the Gordon Local Centre and transport options, the highway priority is for vehicular movements with pedestrian comfort viewed as low priority. Hence, the pedestrian experience in the vicinity of the site is noisy, often windy and pedestrians can be in close proximity to heavy vehicles travelling at speed due to the lane configuration that allows for a right-hand turn into St Johns Avenue. Within the Gordon Local Centre, public domain upgrades are urgently needed on the western side of the highway particularly in the block from St Johns Avenue to Moree Street.

Gordon is the largest of the Ku-ring-gai Local Centres and is well advanced in its urban transition with many of the large-scale residential flat buildings in R4 zoned lands having been or are in the process of being constructed. Redevelopment of commercial buildings within

the heart of the centre has not yet occurred apart from the Gordon post office site several years ago.

Being on the western side of the Pacific Highway ridge, the subject site is elevated with proposed Lot 1 (the existing three battle-axe lots) forming a tapered development site that is surprisingly quiet given its proximity to the highway. Existing buildings along the highway frontage provide substantial protection from the highway noise. Being elevated, there are expansive cityscape views to the west and south-west across the tops of trees and neighbouring roof tops typical of the topography following the ridgeline along the north shore. Topography falls from north to south with a high point of RL128.38 at the northern boundary to a low point of approximately RL117.63 at the south-west corner (it is to be noted that no levels have been taken at the southern boundary or within neighbouring properties). There is an embankment at the south west of the site that accounts for a steeper fall of approximately 3 metres of the total 10 metre cross-fall. The building sites around the existing three dwellings are reasonably level before the land falls more significantly along the western boundary and beyond the site boundary to the west and south.

There are specific features on this site that require consideration:

- a heritage item is located on Lot 2 (No 748 - Windsor House) which is also within the St John's Avenue Heritage Conservation Area,
- Lot 1 adjoins the St John's Cemetery at the north-west corner and St John's Church heritage precinct within the St Johns Avenue HCA along the northern boundary,
- Lot 1 interfaces with the heritage item and HCA on Lot 2 within the site
- Lot 1 is an interface site to adjoining R2 residential properties to the west, and
- proposed development must demonstrate that 744 Pacific Highway is not isolated (zoned R4 but the battle-axe handle of the subject land holding currently prevents future amalgamation with lots to the south).

LEP 2012 zoning of R4 does not permit an in-patient hospital facility, however, it is acknowledged that SEPP (Infrastructure) 2007 does permit the intended use. The site has seen the operation of an existing mental health facility, The Lawson Clinic, since 2007 which is proposed to remain offering out-patient treatment. The new facility enables in-patient treatment not currently available.

The location is accepted as being appropriate for offering these much needed services for those afflicted by debilitating mood and anxiety disorders with the proviso that a satisfactory urban outcome can be achieved.

While the use of the site to provide in-patient mental health care services has our full in-principle support, there are a number of urban design issues across most of the Urban Design Principles within this report that make the proposal unacceptable in its current form. Within Principle 1-Context, these are as follows:

- a) Site Strategy and arrangement – location of buildings, building use, orientation, relationship to the ground plane and outdoor spaces
- b) Heritage – within and adjoining the site
- c) Street address - entry and access
- d) Engagement and relationship of built form both within the site and neighbouring the site
- e) Landscape and setting – amount and location of landscape, setting for Windsor House, relationship and access to outdoor spaces
- f) Insufficient contextual information on architectural drawings that provide clear spatial relationships to ground plane, neighbouring buildings and within the site on all architectural drawings
- g) Other deficiencies are discussed in Items 2 – Scale; 3 - Built Form; 4 – Density; 6 – Landscape; 7 – Amenity; 8 Safety and Security; and 10 – Aesthetics.

a) Site Strategy and Arrangement

The submitted architectural documents fail to demonstrate a clear spatial and functional structure for the proposed development. It would be expected that a clear coordinated strategy for the site is developed informed by thorough site analysis that overlays an hierarchical response to public/private domain, access, pedestrian network, open space/landscape, development zones and internal functions, heritage and the like. Such a structure plan considers the site as a whole, in context, establishes a hierarchy of spaces and functions that meet the requirements of the development program and optimises urban design and architectural objectives. Such a plan provides a constant reference for a development.

The decision to retain the existing house on Lot 1 (742 Pacific Highway) has meant that development of a robust site strategy has not been possible due to the myriad of conflicting design considerations that cannot be resolved due to the ambitious accommodation requirements. As such, retention of the dwelling on Lot 1 is not supported for the following reasons:

- its location essentially divides the site and reduces available developable area
- the density and bulk of the new facility is therefore concentrated into a small area within Lot 1 resulting in an overdevelopment evidenced by inadequate setbacks, insensitive

relationship to the heritage items, HCA, neighbouring property, and poor relationship to landscape spaces all of which are unacceptable.

- the main landscape space is isolated from the new facility. Being at the southern end of Lot 1, the landscape space is functionally available only to staff of the proposed administrative offices
- the building type (2-storey detached residential house) is inconsistent with the R4 zoning that will see RFBs to the south and east
- minimal building separations between proposed development and the existing dwelling create an unacceptable spatial relationship between the two buildings evidenced by the 3m high wall as fire protection between property assets (this also appears to apply along the western boundary)
- the hospital facility is forced to the highest part of the site increasing the amount of excavation required to accommodate a basement car park both of which have a negative impact upon the setting of Windsor House
- there are privacy issues to the neighbouring property at 22 St Johns Ave that arise from insufficient setbacks and unacceptable built form from the proposed hospital
- communal spaces and gardens are not able to be accommodated around the proposed hospital resulting in is a poor indoor/outdoor relationship.

The combination of retaining 742 Pacific Highway and the functional requirements of the proposed hospital result in a built form that is sandwiched into the most critical part of the site surrounded on three sides by development constraints - the St John's Heritage Conservation Area and its buildings and cemetery along the northern site boundary, Windsor House the heritage item within the site to the east, and an existing two-storey residence (22 St John's Ave) in close proximity to the west.

It is unclear operationally why the Lot 1 dwelling (742 Pacific Highway) would be retained given the adverse consequences to the proposed development.

b) Heritage

It is important to discuss the development controls around the preservation of heritage as these, quite rightly, should reflect cultural shifts as different approaches to heritage management are debated and become better understood. The objective being to optimise the continued use of heritage items while retaining those characteristics we value as warranting preservation.

A brief analysis of the building fabric of the heritage items is helpful in understanding the context of the site and forms the basis for implementation of heritage protection. If we

consider the heritage items present on, and neighbouring this site we find both share a history of alterations and additions that directly about their building fabric. A layering of construction over time.

In the case of St John's Church, the original small 1872 Edmund Blacket sandstone church was extended first in 1899 before being incorporated into a larger brick church in 1923. Further additions occurred in 1933 and relocation of the old hall and the construction of its replacement was completed in the 1960s.

These additions have demonstrated that each of the church structures were important temporally, culturally, and functionally. With each intervention, the decisions consistently retained what had gone before and added-to rather than replaced with new. This represents a confidence to engage physically with the building fabric with each stage of work; the realness of place-making as an exemplar of tangible layers of time through function, architectural styles, building methods; and pragmatism (sometimes with varying degrees of sensitivity and skill) that give a richness and tell the layered story of the site and the city.

Likewise, Windsor House retained the original 1905 brick residence constructed after subdivision that saw the site's European use first as an orchard. Formerly named *Kinawanua*, it too has seen a layering of additions and alterations - a billiard room in 1920, and in 1970 extensions to the verandah and changes to openings. Further internal alterations enabled the residence to be used for medical consulting rooms. The original garden setting has been substantially lost, firstly with the dedication of the front garden to allow for widening of the Pacific Highway, the annexing of the battle-axes allowing subdivision of the lot during the 1940s, and then with the conversion to commercial premises that required on-site car parking resulting in the rear 'garden' becoming a hard paved car park. The result now being that the entry to the building is from the driveway to the north via the side of the front porch rather than via a front garden path. There has also been a change to the ground plane relationship to the street (highway) where the front garden area has become elevated following excavation for highway widening, the impact of which is exaggerated by the reduced front setback. Interventions to setting and curtilage have had cumulative negative impacts certainly upon the item's setting and street presence and to a lesser extent upon the building fabric.

In this context, it is worth noting that heritage protection within Ku-ring-gai has moved away from allowing a direct physical relationship of new built form with existing building fabric. While past experience can find many poor outcomes, there may be specific conditions where directly abutting new work with old achieves an optimal outcome when undertaken

with sensitivity and skill. There will be differing opinions as to the success of additions to St Johns Church, however, when considering their entirety, a rich story of historical, spiritual and cultural significance is the legacy.

Controls contained in the Local Centres DCP - Heritage and Conservation Areas do not encourage direct engagement of new building fabric with the heritage building fabric.

As such, the application has observed CLs 7.2 and 7.3 that require a 12 metre building separation from heritage items within the site. However, separations are not achieved to items within the St Johns Church precinct nor does the proposal achieve setbacks for new construction with façade heights above 8 metres.

These variations are to be considered on merit as to whether the intent of the DCP objectives is met.

There is an established culture within the international body of heritage work and to a lesser extent in Australia that encourages a physical engagement between present day architectural interventions and the existing building fabric to be preserved. The outcomes of which do not replicate architectural styles but are used to inform an architectural response that responds to the present while engaging with the past breathing new and different life into heritage items. St Johns Church being an example.

Our opinion is that a positive outcome that satisfactorily addresses heritage considerations requires the site to be reconsidered holistically and the proposed development to be redesigned.

The decisions to retain separate out-patient consulting services is logical and continuing an adaptive re-use of Windsor House is supported. However, if reconsidering the site holistically, there may be alternative decisions to retaining out-patient services in Windsor House. For instance, there may be opportunities to re-use Windsor House for administrative offices that could incorporate an intervention to the rear of the house that provides a connected, clear building entry either to new separate out-patient facilities if executed sensitively and skilfully.

Another option might be to retain the out-patient services in Windsor House and locate new offices to the west with gardens separating both it and the new in-patient facility in Lot 1 located further to the south while achieving generous setbacks to the St Johns Church precinct and cemetery and that enable more open view corridors to the west and south-

west with less impact to the well vegetated neighbouring properties through a more sensitive built form, and considered landscaped spaces.

Such options are likely to create more opportunities to provide the landscaped spaces, view corridors and improved setting to Windsor House as well as opportunities needed to more sympathetically respond to the St John's Cemetery and St John's Avenue HCA.

We find that development as proposed does not adequately respond to the heritage items within and neighbouring the site, does not engage with the surrounding historical context, does not engage with the site attributes – the phenomenal cityscape views above the treeline - and isolates Windsor House as a stand-alone object devoid of meaningful setting either within the HCA in which it sits or within its formal relationship to the proposed development.

There are no references expressed in the proposed development or clear design interpretation or analysis of the building alignments, massing, height data, site arrangement, materials selection and interpretation, or architectural language of the heritage items and HCA that would support the variations being sought. Indeed it can be argued that the proposal represents an example of a poor outcome similar to that identified in Figure 7.2.2 of Local Centres DCP - Heritage and Conservation Areas.

It is noted that excavation is proposed along the southern boundary of Windsor House (Lot 2) to provide access to the proposed hospital basement car park (Lot 1). Excavation commences at grade with the site boundary at the Pacific Highway and extends for the full length of the driveway with a maximum depth of 1.2 metres removed at the western end of the Windsor House boundary. This will result in amplifying the effect of alienation and isolation of the Windsor House from the site as a whole as it will create a podium setting with no connections to the site and ground relationship the majority of which is defined by hard paving. There are no interventions proposed that would seek to compensate this isolation by otherwise engaging Windsor House into the St Johns Ave HCA or St Johns Church group that one may expect.

While landscape is proposed as low screening between the Windsor House car park and new driveway and hospital, the spatial provision for this landscape is inadequate. We find a similar condition along the northern boundary that when combined with the proposed expression of built form, results in a response to the heritage context that is not supported.

c) Street address - entry and access

Vehicular access and pedestrian path to the hospital will be clear from the site boundary along the driveway. However, once within Lot 1 there is neither pedestrian access nor any indication of where the building entry is located. This is unacceptable.

The existing pedestrian access to Windsor House is currently quite ambiguous also. The combination results in the entire site being difficult for pedestrian way-finding. There are no obvious visual cues, no sense of arrival and is generally unsatisfactory.

This is the consequence of the combination of poor site strategy and arrangement, development concentrated on one part of the site, topography and building form that results in an awkward basement configuration and relationship to ground.

d) Engagement and relationship of built form both within the site and neighbouring the site

As for issues discussed in items a) to c) the concentration of development to the north-western corner of the site results in a multitude of urban design issues that could have been avoided.

Building separations to neighbouring buildings are inadequate such that insufficient landscape area suitable for trees can be provided along the northern and north-western boundaries. The objectives for an R4 zone are to provide a landscape character that supports development within a leafy, tree rich garden setting. Being within and adjoining a HCA, it is puzzling that such considerations have not been addressed as a priority.

While it is accepted that the new St Johns Hall and relocated heritage timber hall primarily have walls along their southern boundaries that essentially 'turn their backs' on the subject site, the proposal does not demonstrate any engagement of the heritage items that would enhance that relationship or engage with them architecturally such as the arrangement of building alignments/built form to provide a 3-dimensional spatial definition between the items.

The proximity of the proposed hospital to the retained Lot 1 dwelling is unacceptable. There is no engagement of built form, architectural expression, internal planning layouts. They sit as isolated, incompatible building forms.

e) Landscape and setting – amount and location of landscape, setting for Windsor House, relationship and access to outdoor spaces

As noted in points above, the primary landscape space is isolated from the proposed hospital by the retained building on Lot 1 (742 Pacific Highway) and the construction of a 3 metre high fire wall. Access to this space appears to be through the retained building and via a series of ramps to the basement level although there is no destination. This is unsatisfactory.

Furthermore, the proposed landscape spaces around the site are unsatisfactory with inadequate setbacks, no defined communal spaces relating to the proposed hospital (ie additional to setback zone) and inadequate landscape zone between Windsor House and the proposed hospital.

There is no landscape setting to Windsor House proposed that would see an improved streetscape relationship or re-engagement with the St Johns Ave HCA or reinstatement of its setting. Rather the existing hard paved car park is to be retained with hard paved driveways to the north and south. A redesign of the scheme, for example, could see car parking (if it is retained at the rear of Windsor House) accessed from the battle-axe handle to the south of the building allowing for improved landscape and pedestrian access along the northern boundary.

f) Insufficient contextual information

Site analysis lacks clarity and sufficient scope:

- DWG DA-02.08 - the site should be indicated in its entirety and the site boundary adjoining 738 Pacific Highway/1A Bushlands Road should be accurately drawn
- The full context of the St Johns Avenue HCA should be included as well as buildings on adjoining properties to the south-west and south
- Street addresses of neighbouring buildings are to be included.
- Information regarding views, westerly sun exposure and topography is to be provided
- DWG DA-02.02 building descriptions are inconsistent and/or with little specific information – single storey, double storey, highset dwelling, neighbouring building, heritage building. 'High set' is not a term used in NSW (though may be relevant to the Queensland timber housing typology). Accurate descriptors of existing built form such as 'detached single-storey brick dwelling' or 'St Johns Church c1872-1923 – sandstone and brick - Heritage Item, 'Windsor House c1905 - single storey brick dwelling - Heritage Item' are expected.
- Existing site levels as RLs are to be provided
- Contours are to be indicated
- Noise sources are to be included
- Heritage considerations such as curtilage/alignments/entry, privacy concerns, view corridors to or from the site are to be provided. This may form separate heritage analysis

that includes elevations/sections and ground planes that accurately describe the existing and proposed relationships to heritage items and how they have been interpreted

Proposed development drawings are inadequate and need to provide the following information:

- Existing and proposed ground levels as RLs around the buildings, at openings, corners and at regular intervals, for basement and driveway
- contours
- survey information within the site and of neighbouring property boundaries and features
- all fence and top of wall heights as RLs
- buildings on adjoining properties and their relationship to the proposed development to be included on architectural plans, elevations and sections
- It is suggested that 1:200 sections and elevations be submitted so the full section/elevation can fit on one drawing not as split sections. Generally, the documents do not adequately communicate the context beyond the site.

This information should appear on all drawings.

Summary of Context

Our opinion is that the proposal does not achieve the urban character objectives of the Ku-ring-gai LEP 2012 and Local Centres DCPs – Heritage and Conservation Areas and Residential Flat Buildings. In its current form we consider the proposal would lead to a poor urban outcome inconsistent with the desired further character for this precinct.

Minor amendments to the current proposal will not be supported.

In order to adequately address the issues raised, the proposal needs to be redesigned.

There are likely two options:

- Option 1 - substantially reduce the footprint of the hospital so that adequate building separations, landscape spaces and positive urban character is achieved;
- or the preferred option
- Option 2 - demolish 742 Pacific Highway and reconsider the site holistically and in its entirety.

Option 2 would enable the role of Windsor House to be reconsidered spatially and strategically on the site (out-patient or administrative office), establish a structure plan for the entire site that achieves the development objectives required by Ku-ring-gai and has the

potential to achieve building facilities separated by some beautiful landscaped courtyards that may partly reinstate a garden setting Windsor House and provide a considered interface with the adjacent HCA, heritage items and R2 zone.

2 – Scale

Good design provides an appropriate scale in terms of the bulk and height that suits the scale of the street and the surrounding buildings. Establishing an appropriate scale requires a considered response to the scale of existing development. In precincts undergoing transition proposed bulk and height needs to achieve the scale identified for the desired future character of the area.

As detailed in item 1 - Context above, the concentration of development onto the northern component of Lot 1 results in a building that does not satisfy the development controls for the site and leads to an unacceptable urban outcome. Permitted height is generally observed, however, there are areas that breach height controls. Three-storeys above basement is not a high structure but must be viewed in the specific site context and spatial relationships.

The preliminary design decisions to retain the dwelling on 742 Pacific Highway treat it and Windsor House both as completely separate entities from new development are considered to be the primary reasons for the unsatisfactory outcome to scale. Other design options are available that would address height and bulk. The applicant has sought a merit-based assessment in support of proposed variations to height. However, the proposal is found to have significant deficiencies that do not support these variations.

Building bulk is considered to be inappropriate due to the unsatisfactory setbacks achieved between the proposed hospital and neighbouring properties to the north and west and within the site between the retained building on Lot 1. Proposed bulk is considered inappropriate also due to the lack of ability to connect the proposed hospital with proposed landscaped gardens and communal spaces. Also refer to item 3 – Built Form below.

As an interface site, the location of building mass concentrated on the highest part of the site close to site boundaries creates issues of scale to the heritage items that are not supported. Likewise, the relationship to 22 St Johns Avenue (located below ground level of the subject site) suffers greater impacts from the scale of the proposed development due to the combination of its location, topography, and composition of massing on this part of the subject site.

Interface sites require stepping of built form to transition between zones or provide additional setbacks from the ground. This has not been achieved.

Appropriate consideration of heritage items and the HCA is not demonstrated in the arrangement of building mass that has concentrated development in the north-western corner of the site in close proximity to the neighbouring items. Proposed massing does not engage with or demonstrate respect for neighbouring built form such as acknowledging building alignments, height datum, creating spaces defined by the proposed built form and neighbouring built form, or materials selection where appropriate.

A redesign of the proposal should more evenly distribute proposed building mass across the site(s) in order to address issues of unsatisfactory context, scale, landscape, amenity, and built form.

3 - Built Form

Good design achieves an appropriate built form for a site and the buildings purpose, in terms of building alignments, proportions, building type and the manipulation of building elements.....

The built form is a response to both the regulatory controls and the neighbouring built fabric.

Built form is not supported.

Articulation of building mass does not demonstrate a considered resolution between levels. There are differing alignments between the basement, ground and first floors that do not demonstrate a coordinated design rationale.

Stepping of building mass appears to be derived from the functional requirements of the hospital rather than a coordinated design response that has considered the site conditions and is based on a cohesive structure plan for the site.

Ground floor massing that accommodates the Group Meeting Rooms within the basement void is not supported. The arrangement of this mass is not coordinated with the façade expression nor with massing above or below. This is also discussed in item 7 - Amenity.

The building entry within the basement cannot be seen on entering the site. This results in a built form that expresses the main entry as a car park basement. There is no external

expression or vertical expression of the entry or vertical circulation or lobbies through the building.

It is unclear how pedestrians can access the main entry as the 1:8 car park ramp appears to be the only means of access between the driveway level and basement entry level (though public transport has been nominated as a likely means of travel to and from the site).

Pedestrian arrivals would be expected as would staff movements between the administration building and Windsor House.

Insufficient floor and ground levels have been provided.

As previously state, the relationship of the built form of the hospital to built form retained on Lot 1 is awkward, poorly resolved and cannot be supported. It is unclear why this part of the proposed hospital uses a language of columns that do not appear to have any compositional relationship to the building expression as a whole. While it may be to provide a view through the building, this will be unlikely to be achieved due to the undercroft nature of the entry to the basement, the steep ramp as one enters, the western façade composition that partly obscures views and the position of columns and Ground level group meeting rooms accommodated within the basement void.

Composition of façade elements communicates an inconsistent architectural language that does not demonstrate a well-resolved external expression of the internal spaces.

Being an interface site, there is a delicate negotiation yet to be undertaken that recognises the architectural language of neighbouring low density R2 typologies and interprets it into the quite different low-rise hospital typology. This needs to be considered in response to scale and arrangement of massing coordinated with the expression of the built form.

Alternatives to the proposed scheme might involve a two-storey massing (Basement and Ground) in the vicinity of the western neighbouring buildings with a set back 3rd and 4th storey (First and Second Floors) that could incorporate roof-top terraces with wide planter boxes. These could be secure quiet spaces that address privacy issues between residents of both properties, enable solar control integrated with the design of the western façade while maximising the expansive views across the city to the Blue Mountains.

The inclusion of the horizontal fins across the southern windows does not provide any function and is questioned as an architectural element. The fins to the western wall do not

adequately control the western sun once low in the sky but may provide some privacy to the pool area of 22 St Johns Ave.

The northern façade treatment of battened screens in front of windows is not supported. The effect is of confinement and lack of outlook. This is further exacerbated by the proximity of the neighbouring buildings in the St Johns Church precinct. The small confined area allocated as outdoor space on the northern boundary is unsatisfactory. Its location on the north side could be supported where adequate space and outlook is achieved. However, the space as proposed is squeezed between the boundary wall and proposed building with neighbouring heritage items in close proximity to the boundary.

Materials selection has not clearly demonstrated a contextual relationship to those of the HCA and heritage items. Interpretative use of materials is encouraged, however, façade cladding materials need to demonstrate an understanding of the heritage context that is clearly integrated with massing and expression of proposed built form that likewise demonstrates engagement with building alignments, height datums, setbacks, massing and the like of heritage items.

Horizontal alignments of materials appear arbitrary rather than driven by a rigorous design rationale that coordinates the internal/external and three-dimensional expression of built form and surrounding built context.

Our opinion is that these issues could be addressed through a redesign of the development that redistributes built form more evenly across the site and thus reduces the number of conflicts that are required to be resolved while freeing up the design process to better communicate the building form and more comfortably ground it on the site.

4 - Density

Good design has a density appropriate to its site and its context, in terms of floor space yields (or numbers of units or residents)...

While the overall FSR is within permitted density for the site, it must be considered in context of site arrangement and configuration of lot amalgamation.

It is foreseeable that the southern component of Lot 1 (742 Pacific Highway) could be redeveloped in the future, whereby the hospital is annexed separately resulting in a gross

overdevelopment of the site as demonstrated by the issues already raised throughout this report.

Inadequate building separations, relationships to neighbouring buildings, unsatisfactory landscape are all indicative of inappropriate density.

The site arrangement and proposed distribution of density is not supported.

5 - Resources, Energy and Water Efficiency

Sustainability is integral to the design process. Aspects include...layouts and built form, passive solar design principles.....soil zones for vegetation and re-use of water.

While it is accepted the hospital rooms are not intended as long-term residences, there is not a clear expression in the built form or planning layout that acknowledges passive solar design principles. Internal planning layouts generally do not differentiate solar orientations. This may be acceptable for a hospital building type, however, there is not a convincing resolution in elevation that demonstrates an integrated design response to climatic differences of each orientation.

There are inadequate landscape opportunities around the proposed building. There is a predominance of building footprint and hard surfaces for around the proposed hospital on Lot 1 and retains hard surfaces around Lot 2. This belies problems with site arrangement, scale and density. Hence the opportunities for significant tree planting that would be expected on such a site are not achieved.

It is noted that group meeting rooms are to be located within the basement void. This is not supported as there is no opportunity for natural lighting to these rooms thus creating an unreasonable demand on energy resources for artificial lighting as well as adverse amenity.

The basement layout indicates multiple steps in the building alignment. This is generally considered to result in inefficient excavation outcomes as it is more time consuming, requires a higher degree of skill by contractors and thus requires more resources both in excavation and in preparation of shoring which often becomes more complex, and costly. A more rigorous design strategy would address this.

Provision of rainwater tanks in a new driveway is supported.

6 - Landscape

Good design recognises that together landscape and buildings operate as an integrated and sustainable system, resulting in greater aesthetic quality and amenity for both occupants and the adjoining public domain.

Landscape treatment is confined to the new work on Lot 1 and localised landscaping at the interfaces between Lot 2 and does not treat the site holistically.

There are no RLs for floor levels or ground levels indicated on plans. This is unacceptable as it is very difficult and time consuming to extrapolate information from surveys and partially from landscape documents. Existing and proposed ground levels and floor levels are to be indicated on all architectural plan drawings. RLs are to be provided to the tops of all retaining and other walls with ground levels at regular intervals.

The quality of proposed outdoor spaces is unsatisfactory with two small paved areas the only accessible outdoor spaces available, one of which is connected to the waiting area at the entry and thus not likely to be regularly used by in-patients.

Landscape between the proposed hospital and Windsor House is unsatisfactory with little space being available. While it is accepted that the basement requires substantial excavation, the resulting relationship between internal spaces and the ground plane is unacceptable.

The courtyard between the two wings of the hospital is essentially an open pit down to the basement. It is not clear why this has been proposed other than to provide a degree of natural light into the basement. However, this does not appear to be well resolved in plan and does not enable any landscape between the two wings and thus results in minimal landscaping to Windsor House.

Similarly, the landscape space between the proposed hospital and retained dwelling (proposed admin/offices) is inadequate.

Pedestrian access through the site is poorly resolved with ramped access to the southern garden area of Lot 1 not accessible other than via the Admin/offices and do not demonstrate a coordinated network linking communal spaces or outdoor destinations.

The lack of available space for landscaping results in an urban character that is inconsistent with the objectives of the LEP 2012 and Local Centres DCP.

7 - Amenity

Optimising amenity requires appropriate room dimensions and shapes, access to sunlight, natural ventilation, visual and acoustic privacy, storage, indoor and outdoor space, efficient layouts, and service areas, outlook and ease of access for all age groups and degrees of mobility.

There are many issues of amenity that need to be addressed:

- It is unclear how food and other services deliveries are to be accommodated. Plans indicate all deliveries are to come through the basement. From there the only option appears to be via the main entry door, which would be considered unusual for a hospital facility. More information is required.
- Group meeting rooms located in the basement void have no outlook, will be dark requiring constant artificial lighting and are generally considered to be poorly resolved. The design rationale for the building form is unclear such that extensive basement excavation is proposed while a part 2-storey void is accommodated as a result.
- Lobbies above the basement level are fully internalised. This is not encouraged both in terms of amenity and the energy demands required to provide 24-hour ventilation and lighting.
- Privacy between patient accommodation and neighbouring properties to the west is proposed to be achieved with translucent glass in the bottom sashes of windows. This is not supported on grounds that internal amenity to these rooms will be unacceptable, with the effect of highlight windows being the only available outlook. The façade expression of windows is thus in conflict with the amenity of in-patients and that of neighbouring residents. Again, this is indicative of preliminary design responses that were not appropriate to the specific site conditions/context.
- Internal planning has located all communal rooms on the eastern side of the hospital overlooking the driveway or at the north-eastern corner close to the site boundary. Pre-DA submissions may have located these rooms oriented to the west but were identified as posing a problem for overlooking to the neighbouring property at 22 St John Avenue. The location as proposed in this application result in unsatisfactory amenity with little, to no outlook and no opportunity for garden settings or communal views to the west. This could have been addressed by redesigning the scheme as described elsewhere in this report such that arrangement of building mass could have accommodated communal rooms oriented to the west while addressing issues of over-looking and solar control.

- Pedestrian amenity is unsatisfactory with the entry path stopping at the end of the driveway and no clear path or view of the main entry at that point. Pedestrian access throughout the site is poorly resolved.
- Disabled access through the site has not been adequately considered. The proposed ramp to the existing garden of Lot 3 appears to lead to no particular destination and is only accessible from the proposed offices/administration building on Lot 3. This is inefficient and is indicative of a lack of a well-resolved structure plan for the site.
- Disabled pedestrian access to the building entry appears only possible via a vehicle and therefore does not meet BCA requirements and lacks clarity how it is achieved through the site.

8 - Safety and Security

Good design optimises safety and security, both internal to the development and for the public domain. This is achieved by maximising activity on the streets, providing clear, safe access points, providing quality public spaces that cater for desired recreational uses, providing lighting appropriate to the location and desired activities, and clear definition between public and private spaces.

There is an ambiguous definition between public, communal, and private spaces within the proposed development. As stated in previous items, communal spaces are inaccessible (assuming they are communal spaces) or are not of a quality that we consider meets the planning objectives for Ku-ring-gai.

This is a consequence of a poorly resolved site strategy, building arrangement, and open space network within the site. There are no clear site lines to building entries, no clear way-finding to areas that are freely accessible or off limits. While it is a private hospital facility, there needs to be a clear hierarchy established for how the spaces are to function and how public visitors and private patients are managed spatially as they move through the site and or the hospital.

Being a substantially battle-axe development, there are minimal opportunities to activate the street or to provide passive surveillance. Therefore, it is important that the pedestrian path from the site boundary to the building entry is direct, clearly defined, safe and pleasant.

The building entry is in the basement providing no visual cues to pedestrian visitors or staff using the buildings within the site. There is no passive surveillance of the grounds and an unsafe path of travel for pedestrian entering the building.

There are opportunities available to reinstate a street presence for Windsor House that have not been pursued. These would be to re-establish the front and side gardens with new trees and plantings, the possibility of landscape along the northern side to better engage with the HCA in which it belongs, and provide a more direct entry from the street for pedestrians (even though this may not be the main entry for privacy reasons should Windsor House retain its current use as the Lawson Clinic).

Reconsidering the site as a whole, establishing a clear visual and spatial hierarchy, and looking at ways to directly engage Windsor House will achieve an appropriate outcome that satisfies the safety and security criteria.

9 - Social dimensions

Good design responds to the social context and needs of the local community in terms of lifestyles, affordability and access to social facilities. New developments should optimise the provision of housing to suit the social mix and needs in the neighbourhood, or, in the case of precincts undergoing transition, provide for the desired future community.

The provision of services to provide care for adolescents, young adults, young families and the aged suffering from anxiety, mood and depressive illnesses is supported as providing a much-needed facility close to the Gordon Local Centre.

As a private facility, there may be limited opportunities for lower socio-economic patients to access the services. However, the provision of such services is to be encouraged due to the high demand.

The hospital will bring visitors to the site and provide employment opportunities which are supported as contributing to the vibrancy of the Gordon Local Centre as it continues its urban transition.

10 - Aesthetics

Quality aesthetics require the appropriate composition of building elements, textures, materials and colours and reflect the use, internal design and structure of the development. Aesthetics should respond to the environment and context, particularly to desirable elements of the existing streetscape or, in precincts undergoing transition, contribute to the desired future character of the area.

A contemporary aesthetic that compliments and responds to the heritage of the surrounding area would be acceptable on this site.

However, as proposed, the aesthetic of this application does not satisfy the criteria for achieving an appropriate future urban character.

Material selection has not adequately considered the heritage items or HCA.

Façade composition does not adequately demonstrate a consistent architectural language between the internal design and external expression and results in elements that appear arbitrary (such as vertical battens on some windows but not others; similar treatment of west facing openings as south facing; the position, alignment of different materials and use of corrugated sheet metal as cladding).

Facades appear to have been treated as a flat singular surface that has not adequately considered the relationship of materials or architectural elements as they round the corners of the proposed building form. This is particularly important for a building that will be viewed from various locations and with heritage considerations from multiple perspectives.

The structural order is unclear with a basement language mixed between exposed columns, infill massing and solid walls. This appears to be driven by the accommodation program rather than a robust coordinated three-dimensional design response.

The western façade at basement to ground floor is poorly composed with an uncoordinated arrangement of walls and openings, massing and voids, and inconsistent language of architectural elements.

There is no clear expression of the building base middle and roof expressed in the treatment of walls and openings, solids and voids and materials selection.

The intent to provide a contemporary architectural response to the site is supported in principle. However, the proposed scheme cannot be supported and needs to be redesigned.

It is hoped an integrated, coordinated, rigorous design process will enable all identified urban design issues to be satisfactorily addressed.

Summary of Key Issues

- a) Site Strategy and arrangement – no integrated plan that sets out clear, coordinated, holistic hierarchical strategies for heritage, open space and landscape, massing, entries and access, pedestrian network, orientation, privacy, internal planning, relationship of built form to the ground plane etc. Proposed site arrangement is not acceptable.
- b) Heritage – within and adjoining the site. Lack of engagement, reference to or deference to heritage considerations
- c) Street address - entry and access. There is no building entry.
- d) Engagement and relationship of built form both within the site and neighbouring the site – retention of dwelling 742 Pacific Highway is not supported and overlaps with heritage and privacy concerns to 22 St Johns Ave
- e) Landscape and setting – amount and location of landscape is inadequate, setting for Windsor House, relationship and access to outdoor spaces (all overlaps with needing a robust site strategy and structure plan)
- f) Aesthetics – lack of a rigorous expression of built form, arrangement of massing, consistent expression of architectural elements and materials selection that communicates the relationship externally of the hierarchy of spaces/functions of the internal planning. Lack of sensitivity to the neighbouring site and lack of demonstrated engagement with the heritage considerations.