



5.0 Proposals

The creation of our National Health Service was a giant leap for the people of this country, and its fifty year span is rightly being celebrated and assessed. Over the fifty years, that universal service, free at point of use and paid for out of taxation, has required and obtained new buildings, large and small, throughout the UK and like all our buildings they have been shaped by ideas.

‘50 Years of Ideas in Health Care Buildings’, Susan Francis et al. 1999

The NHS was established 05 July 1948 following the National Health Service Act of 1946. The intention was to promote the establishment of a comprehensive health service where the services would be provided free of charge.

1950s

During its 72 year history the design of hospital and care facilities has evolved and adapted. At its infancy in the early 1950s, British hospital typologies followed the various forms inherited from the pre-war era - these were seen as outdated and inconsistent with the model of universal healthcare, taking the form of: General Hospitals, Cottage Hospitals, Workhouse Infirmarys, Hospitals for the Armed Services, Specialist Hospitals, Hospitals for Infectious Diseases, Mental Hospitals and Convalescent Homes and Hospitals.

It became evident that suitable buildings were required to practice specialised medical and surgical practices. Hospital designers began to develop larger singular hospitals with specially designed departments, providing professional contiguity and multiple facilities for patients with complex diagnoses. The Nuffield Provincial Hospitals Trust was supremely important in the early years of the NHS, developing many of the ideas that informed health care building design from the mid-fifties onwards.

1960s

Establishment of Hospital Buildings Division at the Ministry of Health (1959) and the Hospital Building Programme (1962) led to

an explosion of ideas, initiatives, designing and building activity. At the same time the public were becoming unhappy with the quality of post-war architecture.

What’s wrong with hospitals? published in 1964. Users of hospitals and other health care facilities began to make their negative experiences heard in the media.

During this period concepts such as high-rise and low-rise; racetrack wards and peripheral bed areas; interstitial service floors; and auto-mated supply systems, etc were developed.

An official report in 1969 broadly supported the idea of the District General Hospital (DGH), on which the then heavily committed Hospital Plan was based.

1970-80s

In the early 1970s the idea of the Community Hospital was introduced into official NHS thinking. As a result of this, the ‘Nucleus’ hospital programme was developed. The Oil crisis of 1973 began to eclipse Britain’s post-war vision built on idealism and generosity. By the mid 1970s cost reductions were needed within the NHS - in a public statement in 1975, David Owen, the then Secretary of State for Health, said that there was an over-riding need to control and reduce expenditure within the NHS. For the following decades, economic considerations dominated the NHS.

1990s

The 1990 NHS Reform (which created a split between purchaser and provider bodies) lead to the reduction in numbers of expert medical and service planners, architects, engineers and others specialising in health care provision and most were lost to the NHS.

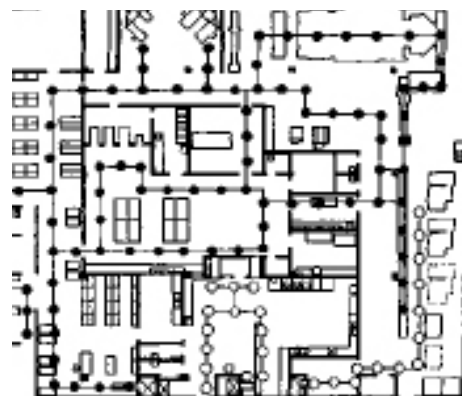
At the same time, rationing of health care predominated and measures of performance were introduced into the health service.

2000-today

By the late 1990s, change was seen as necessary. In 2003, the Agenda for Change was published. In recent developments, high-tech medicine has made very rapid progress powered by advances in information technology. A link was established between a human-centred approach to design and the growing interest in holistic medicine. Other key leading design considerations have been the importance of environmental quality and a patient focused architecture in health care buildings. Energy conservation and sustainability have also rightly begun to affect building technology and legislation



Finsbury Health Centre (1935)



Gordon Friesen's Automated Hospital Concept



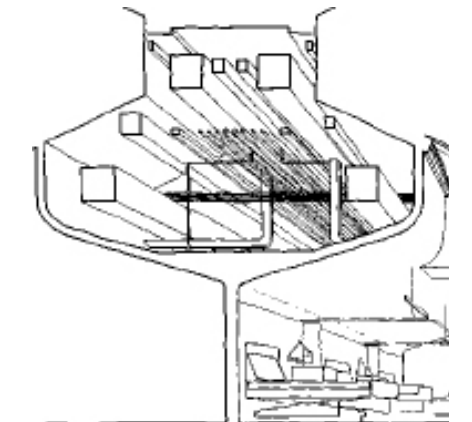
Wexham Park Hospital (1965)



Greenwich District Hospital (1970)



Northwick Park Hospital (1970)



St Mary's Hospital (1990)

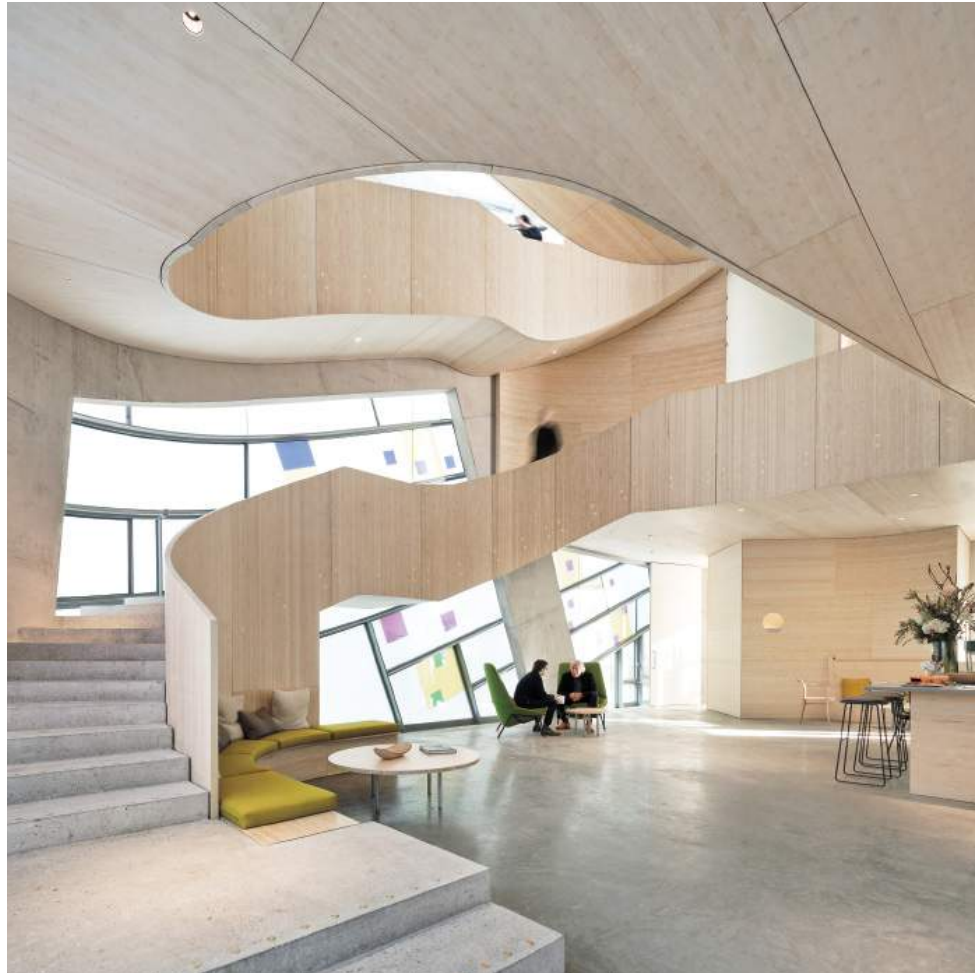
1950

1960

1970

1990

Background - a brief History of the NHS



Modern Healthcare design

The idea of the therapeutic environment, one that positively contributes to the healing process, has recently appeared. It not only gives greater importance to design but also provides a framework for convincing key decision-makers that design is important: for clinical staff in improving patient outcome; for managers in terms of a better service; for patients, visitors and staff in appreciating the value to health of good environmental quality.

Can Design Affect Clinical Outcomes?

Room with a View

In 1984 Roger Ulrich conducted an experiment investigating the influence of the view from the hospital window on the recovery of two comparable groups of surgical patients. This found that the patients in the room with a view had reductions dosages of analgesics, fewer complaints, lower blood pressure and fewer adverse observations by staff.

Light Treatment

A 1995 study by George Brainard found that light has a profound effect on the human biology independent of the visual system.

Light and Noise

Stanley Graven conducted a study in 1997 into the effect of light and noise on REM sleep of infants in intensive care, finding that infants who are overexposed to light and noise can affect with physiological development.

Theory of Supportive Design

Ulrich furthered his studies in this 'theory of supportive design' promoting improved outcomes by fostering three principles;

- a sense of control with respect to physical surroundings

- e.g. personalised controls of lighting and music and better signage*

- access to social support

- e.g. kitchens for visitors, social spaces and overnight sleeping arrangements for carers*

- access to positive distractions.

- e.g. entertainment, gardens and views*

The aim of this approach is to reduce and relieve stress from the environment. Within current theory and practice there is potential to put architecture back into health: to offer dignity, privacy and respect for the individual and create responsive and sensual environment.

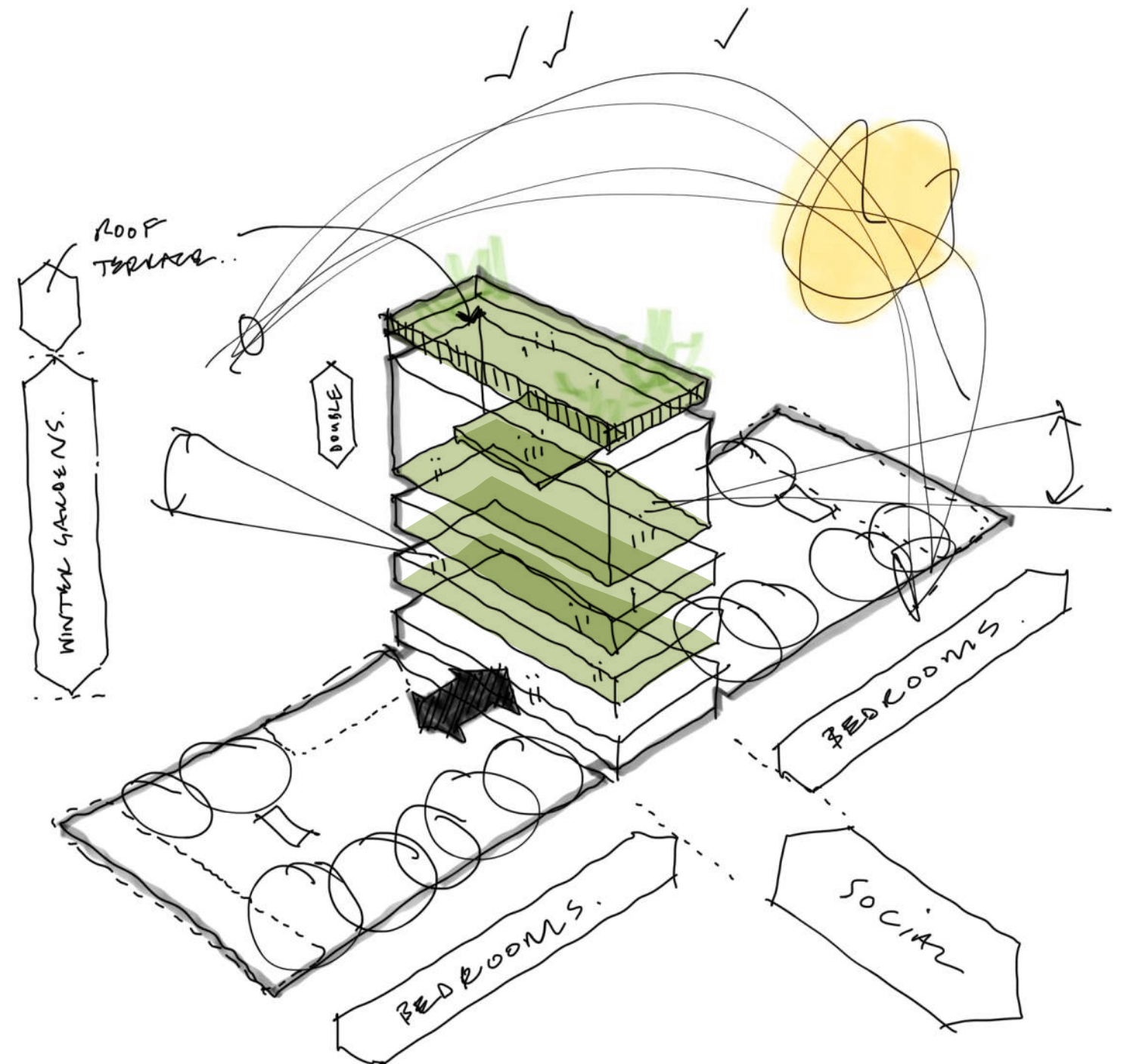
Concept

From the outset of this project, our aim has been to design an exemplary healthcare building that puts health and wellbeing at the centre of the design process, and maximises the recovery journey for patients. The initial concept sketch to the right shows the principal organisation of the main spaces that form the key elements of the patients' journey to recovery. These same elements maintain their prominence in the final proposals.

The building's purpose is as a stepdown healthcare facility - this is an intermediate level of care for patients that are transitioning out of acute care, but are not yet ready to return home. The patient journey to recovery starts with them normally spending time in the bedrooms, but they are encouraged to join activities in the main social spaces, with the potting sheds and roof terraces offering further incentive to get up and active. These key elements have driven the architectural design

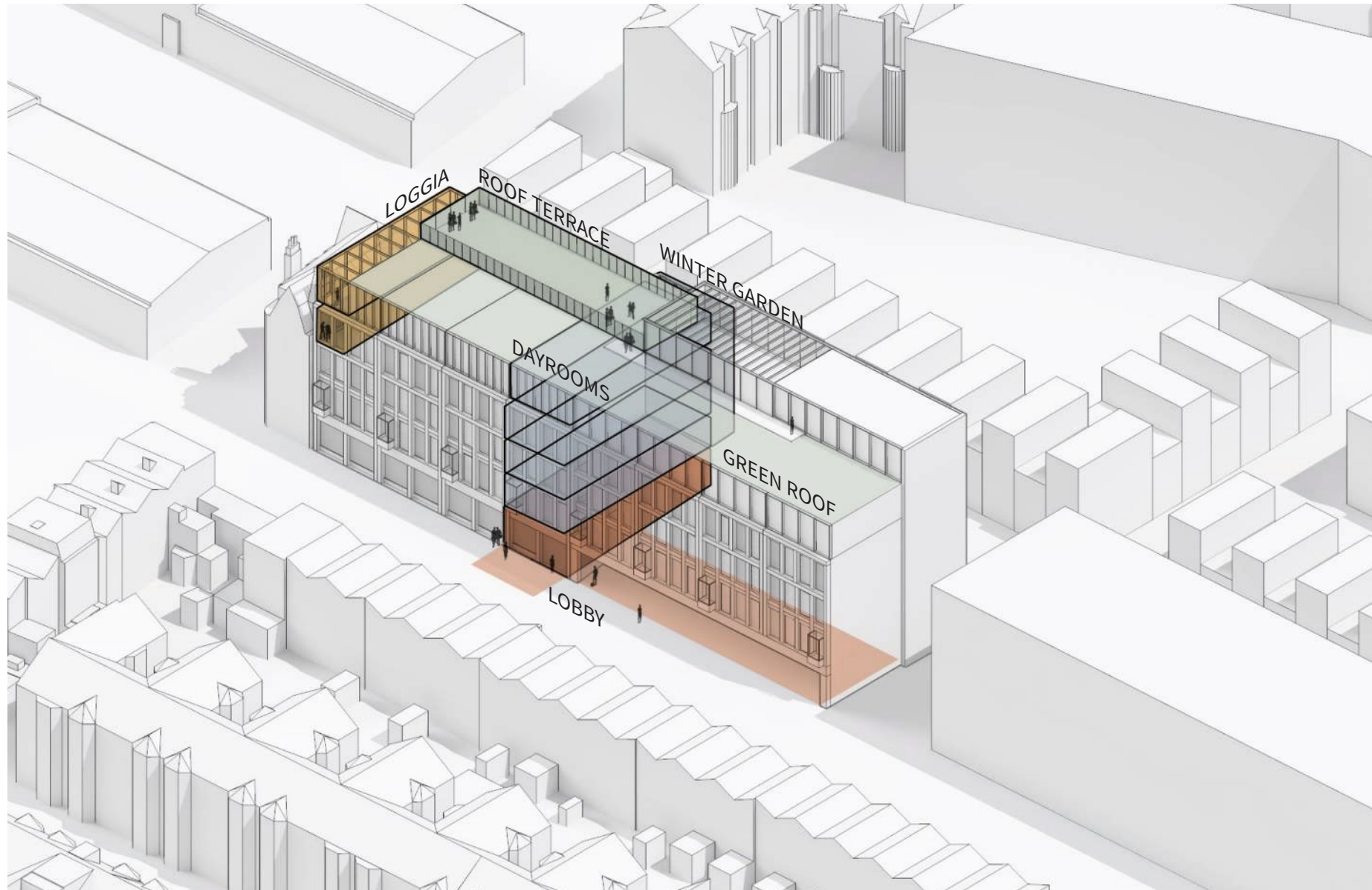
Encouraging and enhancing recovery have informed the choice and arrangement of key spaces in the building. Social spaces are organised centrally with accommodation and ward space located symmetrically either side - all main spaces have clear views out with greenery provided wherever possible. Amenity to green space has also been a key consideration - 'potting sheds' are centrally located off the core and the two roof terraces are accessible via the lifts and provide landscaped areas with planting and greenery for patients and staff. Further greenery on the Royal College Street facade is aimed to add to the aspect from internal spaces and is concentrated outside the main social spaces. This greening of the building has formed a fundamental element of our design proposals and has been encouraged by the Trust and Consultees.

The design and layout of the spaces is explained further in the following sections.

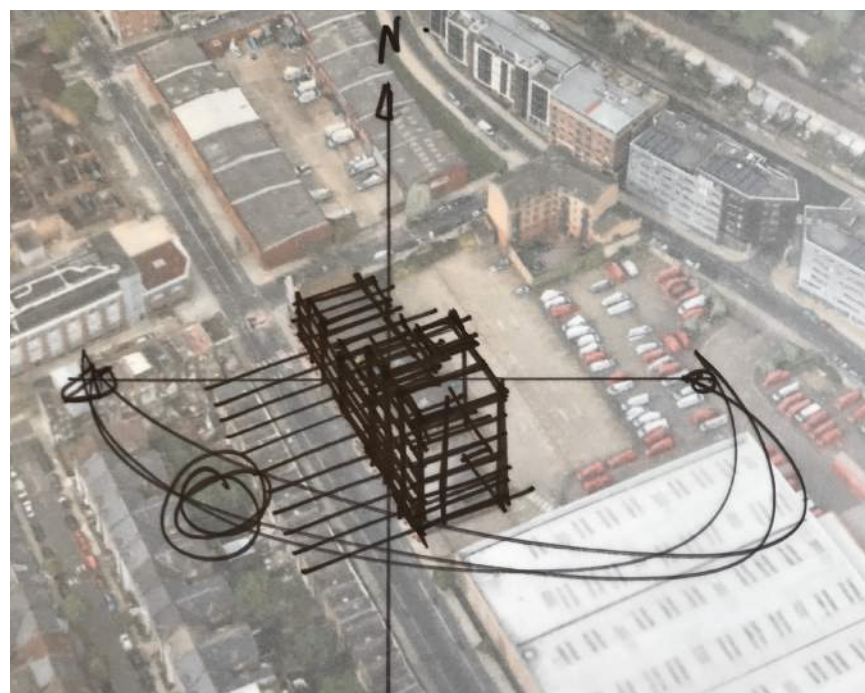


Concept overview - central social spaces





Spatial arrangement - DRP01 July 2019



Early massing diagram - Spring 2019



Sketch - street massing - Spring 2019

Massing

The brief acts as the main driver for the overall massing of the building. To develop a viable facility, we have looked to demonstrate that the site could provide effective layouts for the proposed tenant. The requirement is for 72 beds with an Out-Patients clinic, offices and ancillary support spaces. To achieve this on this site means having 4no. 18 bed wards over four floors, with Out-Patient, office and ancillary spaces distributed over Ground, day-lit Basement and rooftop pavilions.

In developing the brief, the Design Team have consulted with BDP as Specialist Healthcare designers and this has helped organise the internal spatial arrangement and the required accommodation. Department of Health Design Guidance Notes have been used to ensure the proposals provide the necessary ward spaces and meet the minimum spatial standards.

This brief ultimately sets the above-ground building volume at ground + four storeys with a repeat footprint for the ward layouts. This mass responds to the scale of the potential development to the Parcellforce site and the emerging context north of Pratt Street.

To break down this massing, the building has been designed to respond to the existing urban grain. Our initial response takes cues from the existing row of terraces on the western side of Royal College Street as well as the row of terraced housing that once existed on the site. By projecting the traditional London terrace urban grain across the site it has been possible to reset the terrace and design a building that addresses its context.

The significance of the Golden Lion pub on the corner plot has been acknowledged, with the bulk of the building offset from the party wall with the pub, allowing for the introduction of a lower-scale infill building.

Spatial Arrangement

Whilst the brief has determined the overall scale of the building, we have taken the opportunity to create a clear diagram and introduce a series of key spaces that run through the building. The image left shows an earlier iteration of the scheme, however, the spaces shown have been retained in the plans within this application.

The building presents itself to Royal College Street with a large Ground Floor lobby. This lobby runs the depth of the building to the rear, allowing for a clear route through the middle of the plan and also providing a future potential connection to a new mews street through the Parcellforce site. Garden spaces are provided to each ward floor on the eastern elevation - these winter garden spaces take the form within this application of 'potting sheds' - spaces to aid rehabilitation and assist patients with their activities of daily living.

We have prioritised the patient roof gardens and views onto other green views, and have worked hard with the MEP team to ensure that the plant area is subservient to these spaces and does not compromise patient views. The roof spaces of the building are to be greened wherever possible - a large roof terrace is to be provided for patients and staff on the main building with provision for a landscaped terrace on the infill building adjacent to the pub. A green roof is located along the Royal College Street frontage. This greening of the building has been developed further in the proposals within this application - this is presented in the later sections of this report.

Initial massing/Spatial arrangement

Design

The design of the building has been developed through extensive dialogue with Camden and the Trust.

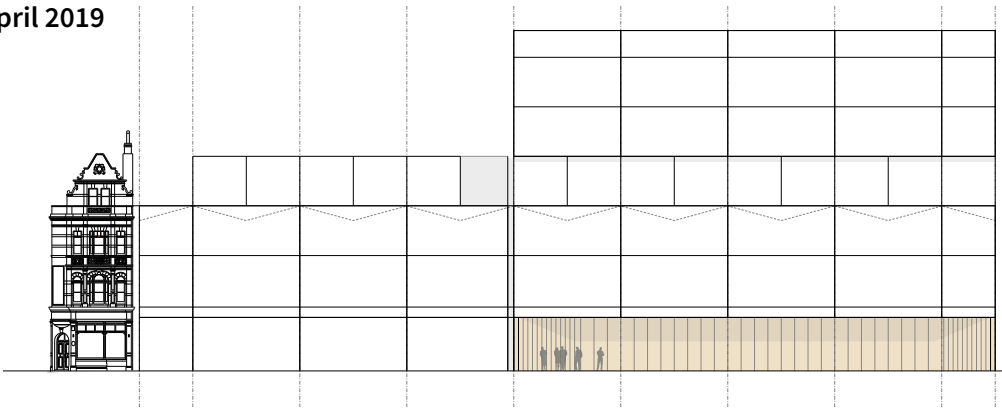
Initial ideas looked at minimising height towards the northern end of the site and increasing it towards the southern end. An approach was taken to folding the ward plan on the uppermost level. In doing so, a double height winter garden space would be created at Fourth and Fifth Floors - this and a flat floor option were discussed with Camden and it was agreed the preferred option would be to maintain the same scale to the principle building along Royal College Street.

Design studies projected the terrace grid through the building - this was aligned with the ward plan to develop an external architectural appearance and rhythm to the facade. This gridded facade forms a strong architectural language and has been an integral tool in developing the design presented within this application. Pop-outs to the front facade were introduced to allow patients views along the street and to breakdown the height of the elevation.

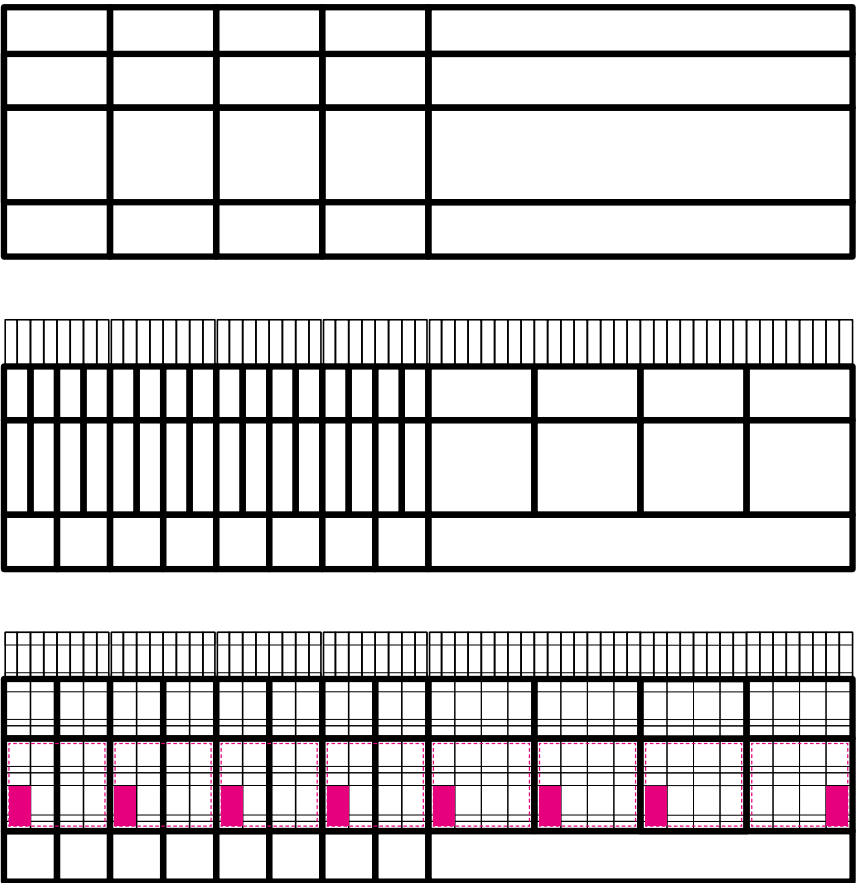
Proximity to the corner pub was addressed by offsetting the main building by a single gridline - this breathing space between the buildings allows for the introduction on a three storey interstitial element negotiating the scale-shift. The building's accommodation provides ancillary spaces to the care facility and hence the main ward plan is maintained throughout the building. At roof level, plant areas were kept to the rear of the building to minimise impact on the existing streetscape of Royal College Street.

Following DRP01, the grid was further refined - the language of the main building was developed in a way that key internal spaces were expressed elevationally through glazing and facade treatment - taking on board comments at the DRP, the pop-out bay windows to the front facade were increased, animating the elevation and creating interest in the street, as well as providing greater opportunities for the patients to enjoy long views from the ward space.

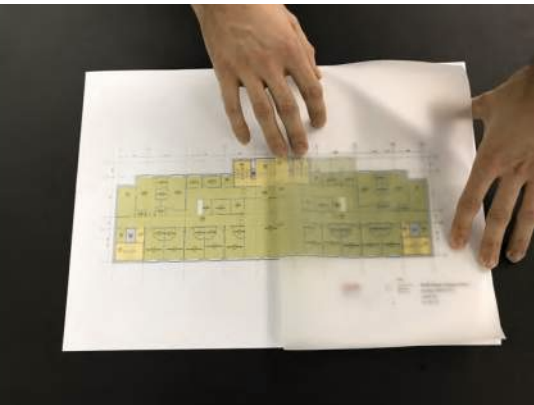
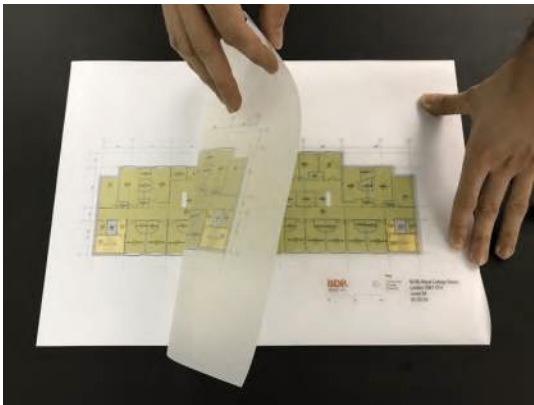
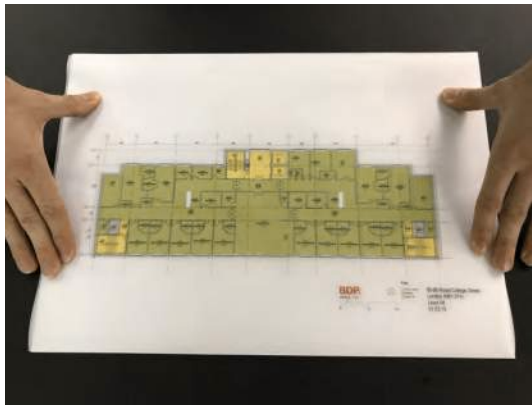
Pre-app April 2019



DRP01 July 2019



Flipping the ward plan



Massing - Pre-app April 2019

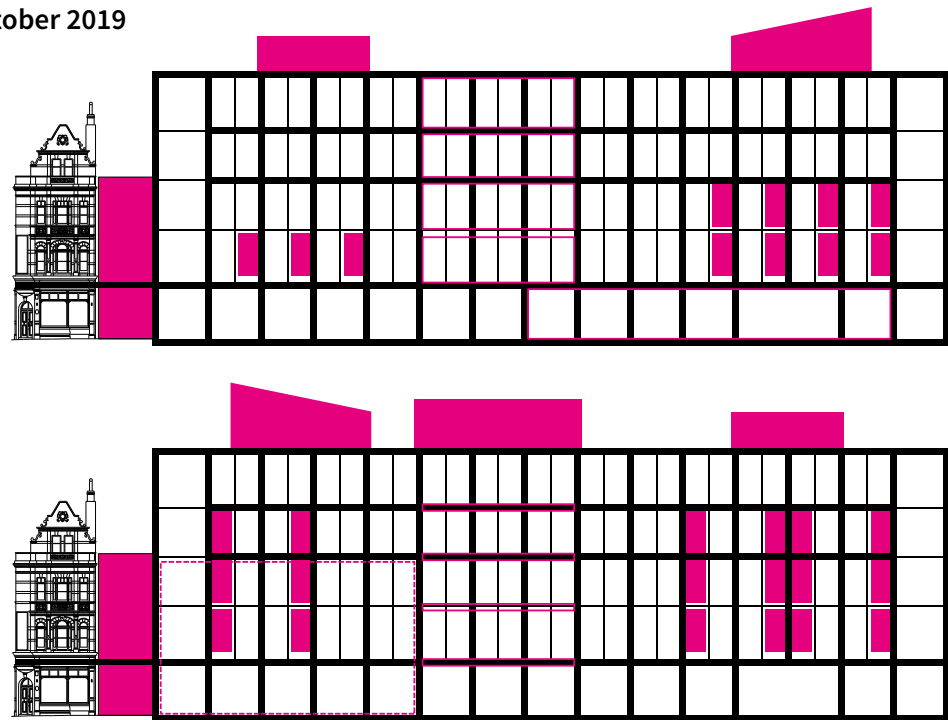


Massing - DRP01 July 2019



Design development

DRP02 October 2019

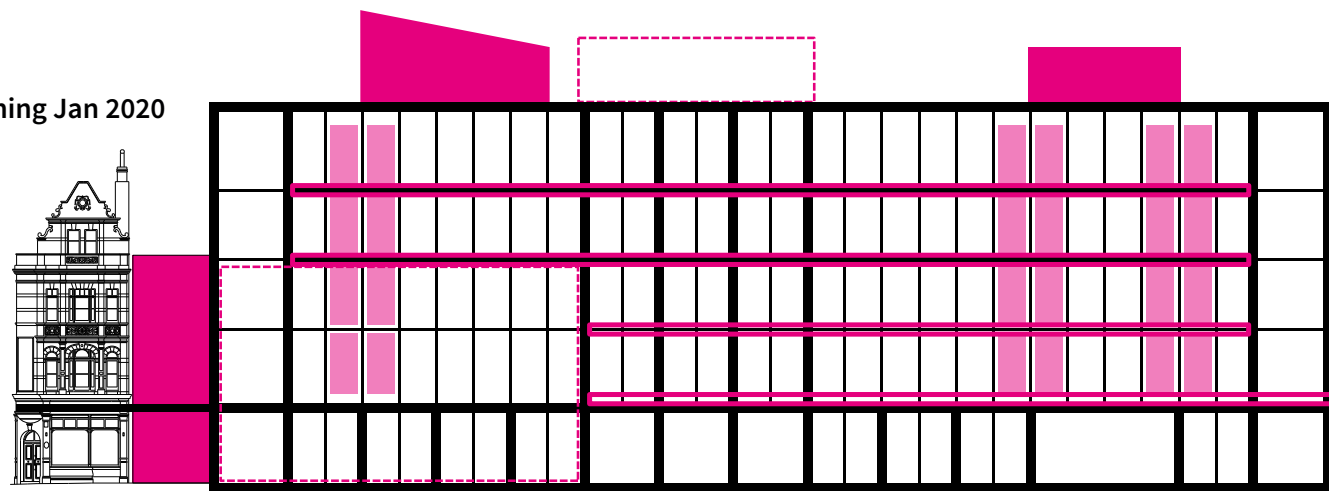


Following DRP01, the grid was further refined - the language of the main building was developed in a way that key internal spaces were expressed elevationally through glazing and facade treatment - taking on board comments at the DRP, the pop-out bay windows to the front facade were increased, animating the elevation and creating interest in the street, as well as providing greater opportunities for the patients to enjoy long views from the ward space.

The roof garden spaces were explored in more detail, free from the grid of the main building - the roof spaces take the form of standalone pavilions set within landscaping. Landscape design was developed through specialist advice to create a coherent proposal that works with the building and design approach.

At DRP02, the design moves above were welcomed, although the panel thought that breaking the rigidity of the primary grid should be explored and the greening of the building celebrated and taken further. In response to these comments, the horizontals of the front facade were expressed to reduce the gridded approach - this has the benefit of visually reducing the height in the street scene, as well as allowing pop-outs to occur wherever needed along the facade line. The expressed horizontal ledges also create an opportunity to introduce planting at each floor level along the front facade. The designs that form this submission are presented in the following pages.

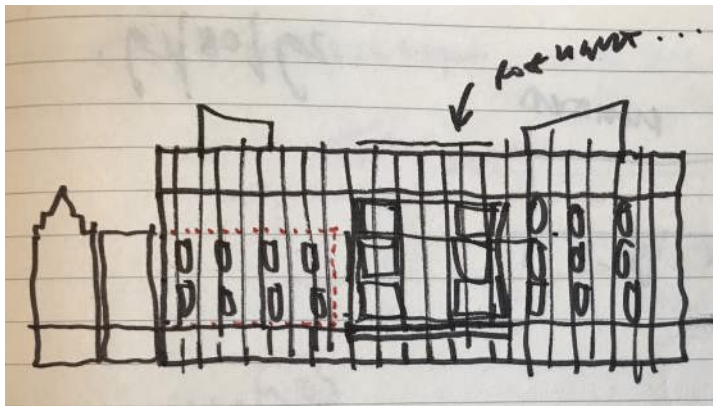
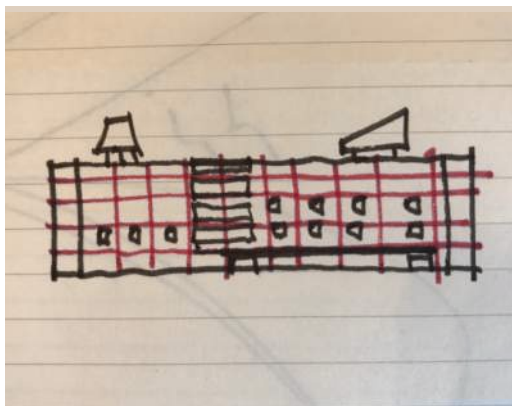
Planning Jan 2020



Facade study DRP 01 2019



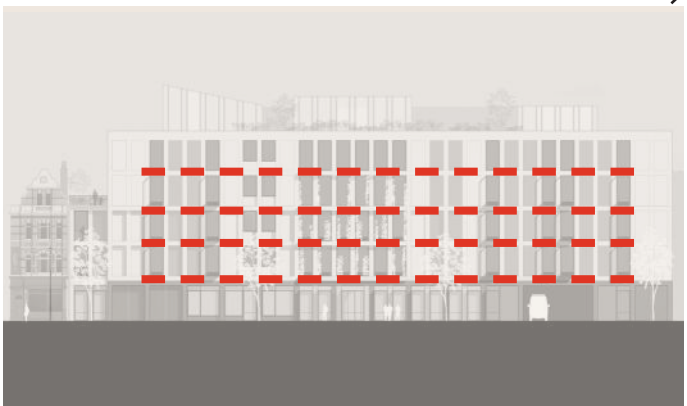
Facade sketches - August 2019



Massing - August 2019



Post DRP02 - 2019 concept - expressing horizontality





Proposed aerial view - Royal Collage Street frontage from south-west



Proposed Section - through central lobby, dayrooms and roof terrace

Proposed Building Scale

As described in the design development chapters, the design and scale of the building have been developed to reflect the site’s context and the advice from Camden.

The building has been intentionally developed with a front and rear - the frontage to Royal College Street acts as the front face of the building and will be the main approach for staff and visitors. The scale of the facade and floor levels takes its cues from the adjoining pub and opposing terrace. The Golden Lion pub is a significant remaining piece of urban fabric and this is respected with the main building set away from the pub’s Royal College Street frontage.

The infill between the pub and main building is designed to read as a standalone building, addressing the change in scale between its neighbours - the proportions and materiality reflect elements of the principal building, but the primary cladding is deliberately different to maintain the reading as a gap building.

The rear facade of the building has been designed to address a new potential future mews street on the Parcellforce site. This building element also stands taller than the front facade due to the rooftop plant spaces and main building core rising above the main roof. The scale of this elevation is broken down by expressing a material change, with ground + three storeys in brick and the upper two storeys in perforated metalwork. The potting shed spaces project beyond the rear building line, breaking down the length of the facade and providing opportunities to introduce planting to the rear of the building.

The standalone rooftop pavilions are expressed as individual buildings and deliberately do not follow the grid and layout of the building below. These buildings are designed as structures within a landscape and have been designed to maximise views out whilst being conscious of solar gain and internal comfort. As elements free from the grid, as with the infill building, their materiality reflects the principal building, but the cladding choice is deliberately different. Material choice and detail is explained in further detail in the later sections.



Proposed aerial view - Royal Collage Street frontage from north-west

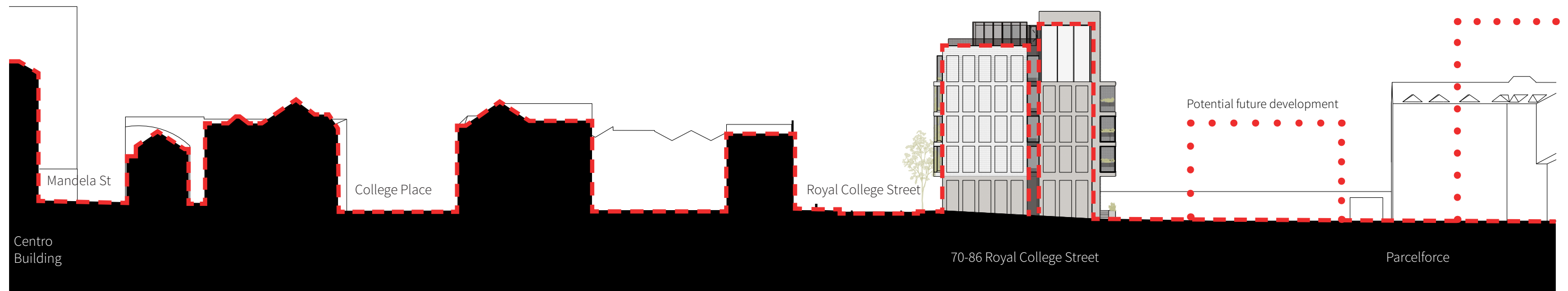


Proposed aerial view - Royal Collage Mews frontage from north-east

Massing



Royal College Street long street elevation - potential future development shown dotted



Long south elevation - potential future development shown dotted

Building Components

As described above the building has been broken down into a number of elements - these elements help the reading of the building and define the internal arrangement externally.

The key components are:

- Royal College Street building
- Royal College Mews building
- Infill Building
- Rooftop Pavilions

Royal College Street Building

This component acts as the principal street frontage and, at ground level, includes the main entrance lobby, reception, vehicle drop-out/turnaround, as well as the Out-Patient Clinic.

On the upper ward floors this element includes the primary dayroom space which is the central social space where patients will be encouraged to spend most of their time during the day. 4 bed wardrooms with bay windows are also within this building

Royal College Mews Building

This component contains more private areas of the building including the consultation rooms for the Out-Patient Clinic at Ground Floor as well as the individual 1bed wardrooms. The building also includes the central stair and lift core. This rises the full height of the building, providing access to all floors. Above the building at roof level, plant enclosures are provided to either side of the main core

Infill Building

This component houses ancillary accommodation spaces that are not fundamental to the functioning of the ward floors - this includes a new UKPN substation at Ground level and office accommodation to the upper floors.

Rooftop Pavilions

These components provide breakout spaces for staff and patients - café spaces are located in each pavilion; one for patients and one for staff. They are linked by a central roof terrace and garden accessed from the main core. The intention is to provide spaces that will encourage patients to leave their wardrooms and support recovery and rehabilitation.



Royal College Street building



Royal College Mews building

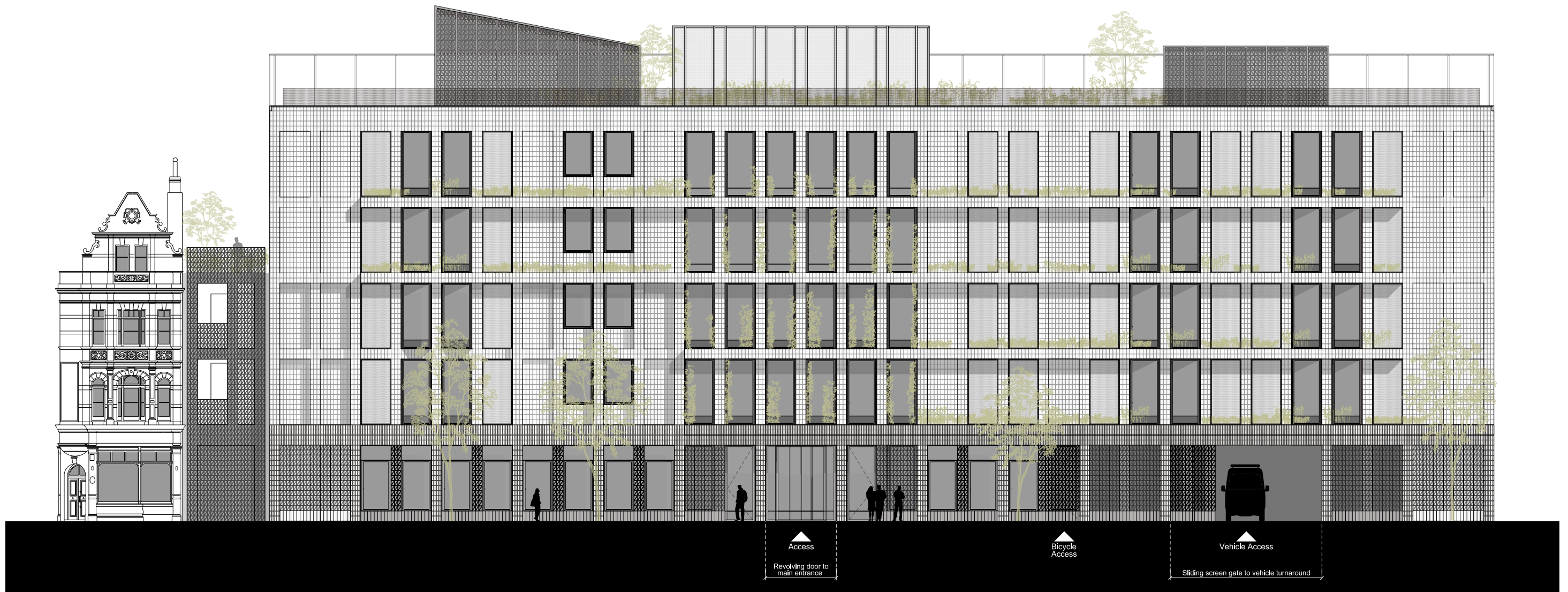


Infill building



Rooftop pavilions

Component elements



Consisting of Ground + Four Storeys and acting as the front door to the care facility, the facade has been designed to have a formality to reflect the building typology. That said, the facade has also been designed with a softness and human-scale to it.

The primary reading of the facade is broken in scale by the choice of materials. Ground Floor is expressed in a robust brick material, with the upper three ward floors highlighted in a more delicate faience tile.

Large horizontal overhangs denote the floor levels and provide a canopy at Ground Floor as well as shading to the glazing on the upper floors. The projecting ledges are designed to accommodate planters. At roof level, planting is set back from the parapet and begins to hint at the roof gardens and rooftop spaces.

The material palette is intentionally monochromatic to allow the planting to be the focus. The use of whites and off-whites also feels appropriate to the hospital typology and references the early bold days of NHS hospital design. Windows and details are picked out in contrasting dark metalwork.

The stair cores at either end of the facade are defined as solid flanks - these stairs are for emergency use and it was not felt appropriate to fenestrate them due to their only occasional use. Instead, they are expressed as solid bookends to the main facade and help denote the main frontage.

Royal College Street building



Royal College Street frontage from south
Ian Chalk Architects : February 2020



Royal College Street - view to front entrance lobby

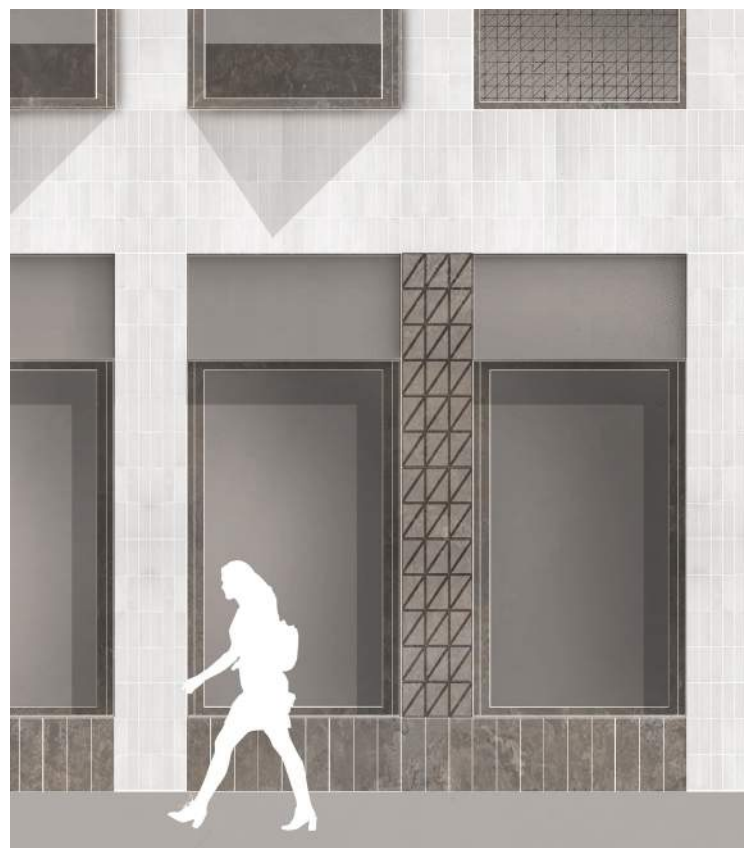
Ground Floor

The street level experience has been very carefully considered when developing these proposals. The building facade measures approximately 60m in total length and we were conscious that this needed to present an active street frontage along its entirety.

The central lobby space is set back from the boundary edge to create a clearly denoted entrance - the glazing runs the full width of the lobby and is intended to provide a clear view through the lobby, beyond the core and out to the rear of the building. Large folding metalwork screens are provided for the entrance recessed to be enclosed out of hours - these screens also provide an opportunity to incorporate building signage. The horizontal projecting band between Ground + First Floors creates a canopy above the entrance and also acts as the point in material shift between the ground floor brickwork and upper faience tiling. Vertical planting to the central upper elevation helps to define the main entrance when seen from the street. New street trees are also proposed to enhance the overall character of this section of Royal College Street.

To the north of the central lobby, the facade is broken down into a series of windows which give light into the clinic spaces. The glazing scale references the upper window proportions, with stall riser and the secondary-grid coupling panel detailed in dark metalwork.

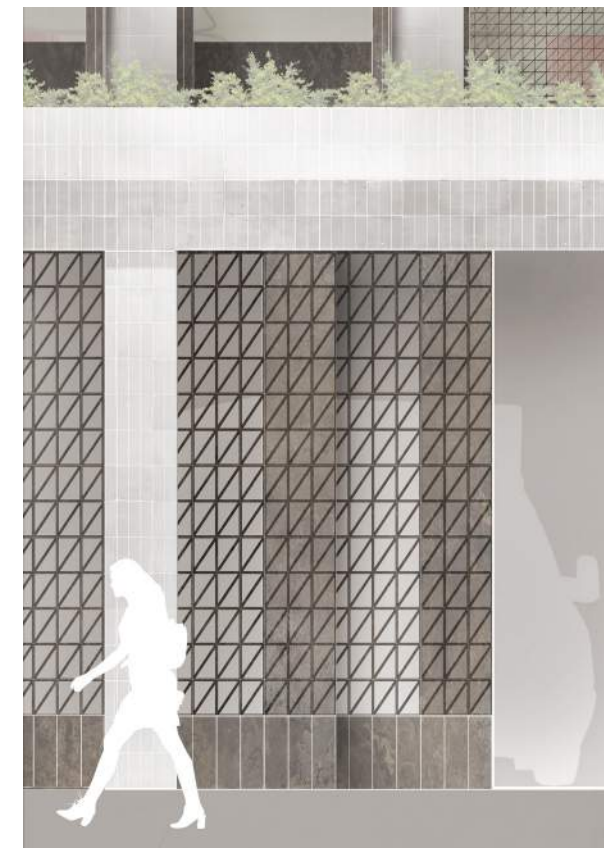
To the vehicle drop-off and turnaround, large sliding metal screens are proposed - these metal screens reference the same details as the screens to the entrance lobby. The screens are made from open trellised metalwork ensuring that the vehicle yard is open to the street and allowing cross ventilation through the space. The gates will be access controlled - highways analysis describes the vehicle bay in more detail.



Ground Floor - typical glazing
Royal College Street



Ground Floor - front entrance lobby glazing



Ground Floor - vehicle entrance gate

Upper Floors

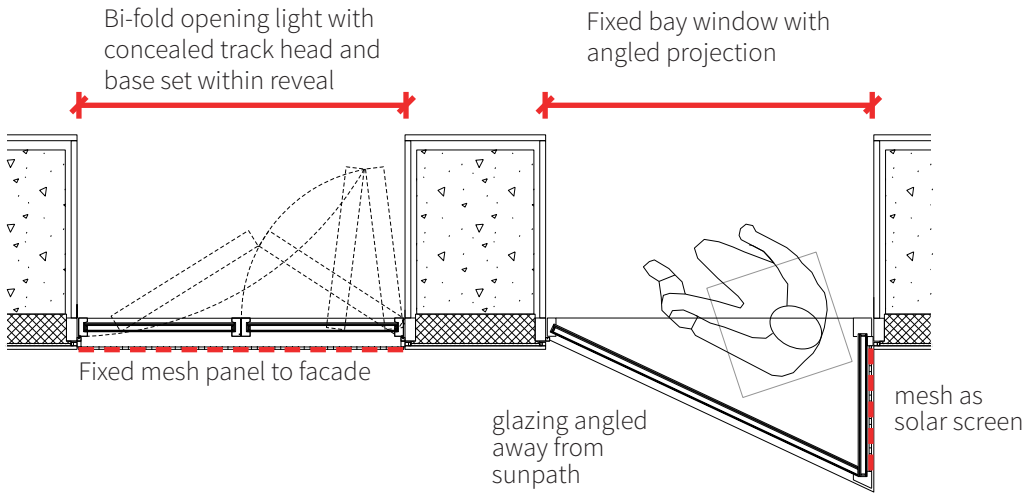
The upper floors are defined by the strong projecting horizontal bands. Set within these bands, the main fenestration is articulated with a series of fixing bay windows and opening lights concealed behind fixed mesh screens. The typical ward room here allows patients to access the bay windows giving views along Royal College Street. The projections have been designed on angle to give views north, with the southern flank overclad in a metalwork mesh to limit solar gain into the bay - angling the bay also minimises overlooking towards the terraced housing opposite.

Set behind the fixed mesh screens are openable window units - to satisfy the thermal and ventilation requirements of the brief, a fully mechanical ventilation strategy is necessary, however, for patient comfort we feel that the option to open the window is essential - given the nature of the occupants, opening windows onto the street could present a fall risk - the mesh screen mitigates this by providing free area for air flow without increasing patient hazards and also ensuring patient privacy. Glazing is to be fritted top and bottom to provide privacy to bedrooms and satisfy internal energy requirements whilst maintaining a simple elevational reading externally.

The central dayroom space is defined with full-height fixed glazing. Fixed mesh trellises run perpendicularly to each window with climbing plants coming from a trough below. These planted trellises provide additional solar shading to the dayroom windows, improved aspect from inside as well as greening the building facade when viewed from the street. This is described in more detail within the internals section of this report.



Upper Floor - typical bay and projecting horizontal bands



Planted mesh trellising - seen from within Dayroom



View showing relationship between pub and key levels to front elevation
Royal College Street



Respecting the street character of the pub

From the outset, we have been conscious of the importance of the Golden Lion pub and the design is intended to respect this importance. As already described, the main building mass has been offset from the pub, with an infill building introduced, that matches the building scale, giving breathing space to the corner and maintaining the pub's street presence.

The cornice line and lower horizontal banding of the pub is a dominant feature of the building's corner plot - we have directly referenced this when setting the floor levels of our proposals. Furthermore, we have referenced the pub's streetscale within the main Royal College Street building. The first five bays of the main building have been designed with deep expressed vertical and horizontal reveals. The projecting horizontal bands do not intersect these bays and allow this portion of the building to have a familiarity in scale to its neighbours.

This expression ends at the main entrance lobby with the building taking on a notably larger scale and acknowledging the anticipated shift in scale with any development coming forward on the Parcelforce site.