



 THE PRINCE'S
REGENERATION TRUST

ROYAL NAVAL HOSPITAL HASLAR
EbD Workshop Report

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1 Introductory Statement/Vision

1.1 The Royal Naval Hospital Haslar (Haslar Hospital) opened to patients in 1754. The site was developed in phases and the first phase comprised the main quadrangle buildings (with the south-western range omitted), with further phases added over time, the last being the cross link and ancillary buildings in the 1980's. The hospital is situated on the end of the Gosport Peninsula. It is surrounded on three sides by Ministry of Defence (MOD) or Home Office facilities and to the south by the sea. As such it sits in a prominent (if isolated) location, with stunning views over the Solent. Haslar Hospital has, over the centuries, significantly contributed to the local community as a major local employer and provided excellent medical treatment to both military personnel and the public.

1.2 Following a change in the policy the MOD ceased using Haslar as a military hospital and leased part of the site to the National Health Service (NHS). Due to new hospital facilities being developed (Queen Alexandra Hospital, Cosham), the Portsmouth Hospitals NHS Trust has now taken the decision to withdraw medical treatment from Haslar Hospital. Whilst this creates an air of uncertainty over the future of the site and for the local community, the owner, Defence Estates, (DE) is committed to trying to energise support for a new vision for Haslar Hospital. As a result Defence Estates commissioned the Prince's Regeneration Trust (the Trust) to assist with the disposal process in May 2008. One of the Trust's first steps was to hold a community based planning workshop based on Enquiry by Design (EbD) principles¹. This document explains the process behind the workshop, describes the agreed vision for the site, and sets out the next stages for the development of Haslar Hospital.

¹ The Enquiry by Design (EbD) process is a key planning tool trademarked by The Prince's Foundation for the Built Environment, which involves stakeholders and the local community in shaping a vision for a place. It is an intensive design enquiry where every issue is tested by being drawn. The EbD process brings together the key stakeholders to collaborate in articulating a vision for a site or place through an intensive workshop, facilitated by a multi-disciplinary design team. This is not just a means of informing the community about a planned development but actively engages it in the planning and design of their community, helping build up the confidence and collective enthusiasm to allow the vision to be taken forward after the workshop has been completed.





1.3 The imposing, (currently mainly redundant) Georgian, Listed, plum brick buildings, situated within a Registered Landscape, and Conservation Area offer both constraints and opportunities for future uses of the site. After significant preparatory work and consultation with numerous stakeholders, a three day EbD workshop was held in November 2008. The workshop brought together key stakeholders in order to fully understand the complex nature of the site and to agree a consensus for the way forward. Each group had good cross representation and a high level of consensus was achieved on many issues during the workshop.

1.4 Despite the imminent closure of the hospital facilities the agreed vision from the workshop is set out below:

A unique opportunity for the site to continue to feature as a prominent local employment generator for generations to come, and through the development of a mixed use scheme (based upon the concepts of health, leisure, heritage, local character, and traditional urban and architectural design principles), create a vibrant and sustainable community for people to live, work and visit, whilst preserving the best aspects of this beautiful and historic setting.



1.5 The vision is guided by the careful analysis of the regional context, so that any proposed development on the site compliments what currently exists in the region.

1.6 Following on from this Introduction and Vision, **Chapter 2** provides a background to the site, including the site's history and its current situation, an analysis of the planning context, alongside setting out the process and purpose of the workshop; In **Chapter 3** are the outputs of the workshop sessions 1 and 2, relating to heritage, development and ecology, transport, community facilities and commercial viability, Masterplan, finally drawing together the key issues which evolved; **Chapter 4** provides guidance on the main design principles; and finally **Chapter 5** sets out the next steps to be explored further.

2 Background

2.1 History

2.1.1 Today Haslar Hospital extends to approximately 23 hectares (55 acres) of land and comprises approximately 75,000m² (815,000 sq ft) of buildings, 13 of which are either Grade II or II* Listed, as is the landscape setting of the whole site.

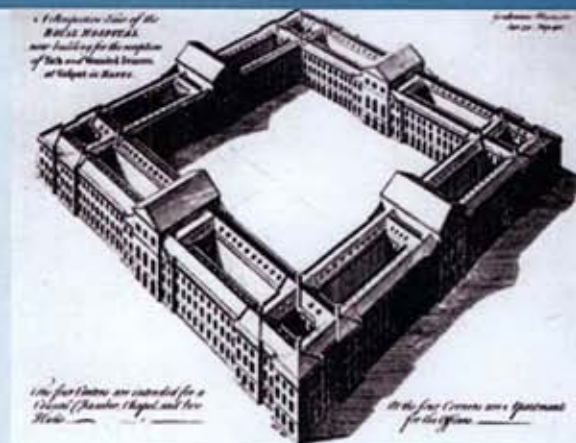
2.1.1 Over two centuries ago, in 1745, the land was bought by the Admiralty and developed as a Hospital to treat naval personnel fighting in wars overseas. Due to its interesting and complex history, Haslar Hospital has exceptional historic significance as the first full-scale purpose-built Royal Navy Hospital in the British Empire and therefore is of national importance. The site was developed out in five phases:

- Phase 1 - Haslar Hospital 1745-62
- Phase 2 - The 1790's
- Phase 3 - Early to Mid 19th Century
- Phase 4 - Late 19th to early 20th Century development of the Hospital
- Phase 5 - Modern era post 1945

2.1.3 Phase 1 - Primary build 1745-62

The (three sided) main quadrangle building was completed in 1762 and was designed by Theodore Jacobsen with input from Sir Jacob Ackworth. It housed 1,800 patients and staff and was surrounded by a high perimeter wall to stop patients deserting. Other important buildings erected at this time included St Luke's Chapel and Officers' housing.

2.1.4 The main site is designed on a strongly symmetric pattern with the main axis comprising a "rites of passage corridor" forming the main east/west axis through the grounds from the arrival point at Haslar Creek, the transfer through the Main Gates to the Receiving House on a horse-drawn tramway, treatment in the Hospital Wards, funeral service for those who died in St Luke's Chapel and,





finally, interment in the burial grounds to the rear.

2.1.5 Phase 2 - 1790s

The next phase of development aimed to provide more Officers' and medical staff housing, as the majority had previously been quartered within the main hospital building. A new terrace of housing was built in front of the paddock to the south-west end of the main grounds.

2.1.6 Phase 3 - Early mid 19th century

Further buildings were added during this phase including functional buildings along the north-west side of the hospital, eg the laundry, dispensary and store houses.

2.1.7 Phase 4 - Late 19th to early 20th century

Many new buildings were erected during this phase including the Water Tower, Surgeon's Quarters, Zymotic Hospital, Mental Hospital and Canada Block, the last a war memorial from WWI. The Zymotic (ie isolation) Hospital and Mental Hospital are particularly significant as evidence of the development of our understanding of the treatment for infectious diseases and mental patients in which Haslar Hospital was at the forefront of good practice.

2.1.8 Phase 5 - Post 1945

Today the Hospital is run by the Portsmouth Hospitals NHS Trust and is open to the public and military alike. In order to provide modern hospital facilities the "cross link" linking the west and east wings of the quadrangle building was developed in the 1980's. Additional treatment, catering and accommodation and mess buildings were also developed in Albert Block and Building No. 026 (Galley and Stores Block). The modern buildings have unfortunately had an adverse visual impact on the setting of the Listed, historic buildings.

2.2 Current Situation

Context

2.2.1 The Borough of Gosport is located on a low-lying peninsula, which fronts Portsmouth Harbour to the east and the Solent waterway to the south and west. Approximately five miles long and four miles across, the Borough has over 24 miles of coastline, comprising a mix of harbour frontage, beach and coastal inlets, with the marine industry playing an increasingly prominent role. However, Gosport's association with the armed forces has left a legacy of historic buildings, a largely defence-dependent economy and skills base, together with inadequate supporting infrastructure.

2.2.2 Gosport has limited transport routes, with one A-road running through the length of the Borough and two B-roads providing access and egress from the west, causing considerable congestion at peak times. Although the eastern end of the peninsula benefits from waterborne access to Portsmouth via the Gosport Ferry, there is no rail service available, which limits accessibility to London and other parts of the region.

2.2.3 The unemployment rate has remained fairly static in recent years, typically ranging between 1.1-1.6%. Although over 2,400 new jobs were created in the Borough between 2003-2006, the reduction in public sector employment and decline in the traditional manufacturing base have largely offset this, resulting in net growth of only 200 jobs during this period. The growth achieved has largely been in the business services and advanced manufacturing sectors encouraged by the provision of quality business space and broadband services.

2.2.4 The Borough has also experienced a significant increase in out-commuting, which increased by 41% during the period 1991-2001, with over half the working population now travelling to work outside the Borough. This means that employment creation and alleviation of road traffic congestion are priorities for the Borough.



next twenty years."

2.3.6 The emerging Plan, the draft South East Plan is now well underway with the publication of the Secretary of State's Proposed Changes – companion document (2008) which has now been subject to consultation. Upon adoption, anticipated in Spring 2009, it will set out the Government's planning and transport policies for the region up to 2026.

2.3.7 Whilst there are no specific designations affecting Haslar Hospital, it is important that account is taken of key general policies in the Plan. Of significance is **Policy SH1**, which notes that until 2016 priority will be given to the development of existing allocations, other sites within urban areas and a number of urban extensions. After this date, development will be focussed on sites within existing urban areas and within the two Strategic Development Areas. Haslar Hospital is considered as being within the urban area.

2.3.8 The draft Plan also recognises that DE landholdings within the region should be seen as an opportunity within **Policy CC6: Use of Public Land**.

Paragraph D1.13, Cross-cutting policies states:

"Some sites offer considerable potential and the scale of likely release over the Plan period makes the issue of strategic importance. Where such sites have potential, their public land ownership could assist both implementation and the forward-funding of necessary infrastructure, in order to achieve high standards of development."

Local Planning Policy

2.3.9 The Hampshire County Structure Plan (2000) provides strategic level planning policies to guide development within the County over the Plan period 1996-2011. Under the Planning and Compulsory Purchase Act (2004) the policies within the Structure Plan ceased to be part of the Statutory Development Plan

unless they were formally saved by the Secretary of State. 24 policies have been formally saved, those of relevance to the site include:

- **Policy T5** which sets out transportation requirements in relation to development; and
- **Policies E14 - E17** which seek to preserve features and areas of historic interest.

2.3.10 Current local planning policy for Haslar Hospital is set out in the Gosport Local Plan Review (2006) covering the Plan period to 2016. The Plan designates the whole site as an Existing Community and Health Care Facility under **Policy R/CF2**. Local planning policy exists which prevents the loss of such facilities for which there is 'a significant need.'

2.3.11 There are a number of policies considered relevant to the future development of the site and a detailed summary of these can be found in RN Haslar, Gosport, Planning Review (2008) prepared by DE. The Local Plan provides little guidance on alternative uses for the site, although it identifies numerous environmental and heritage designation which are set out later in this Chapter.

2.3.12 The Core Strategy Preferred Options consultation is expected to commence in Spring 2009. The Issues and Options Paper (2007) makes specific reference to Haslar Hospital and retention of health facilities at paragraphs 12.14 and 12.16, as follows:-

"The Council is concerned that the loss of Haslar will result in the loss of certain health services from the Peninsula and represent a missed opportunity to improve facilities in the area (paragraph 12.14)."

"The Council considers that Haslar should be retained as a hospital given the recent substantial investment in medical facilities and its potential role in providing a more sustainable location for health facilities for local communities (paragraph 2.16)."



2.3.13 Initial work has commenced on the Site Allocations DPD, with the Preferred Options consultation expected in 2009. DE will welcome the opportunity to make representations to these emerging documents at the Preferred Options stage.

Other Planning Considerations

2.3.14 Other planning considerations are set down in the following planning policy background documents:

- Haslar Peninsula Conservation Area Appraisal (2007); and
- Haslar Peninsula Policy Statement (2004).

2.3.15 As these are background documents they do not have Supplementary Planning Guidance status, but are intended to help inform planning decisions.

Environmental and Heritage Designations

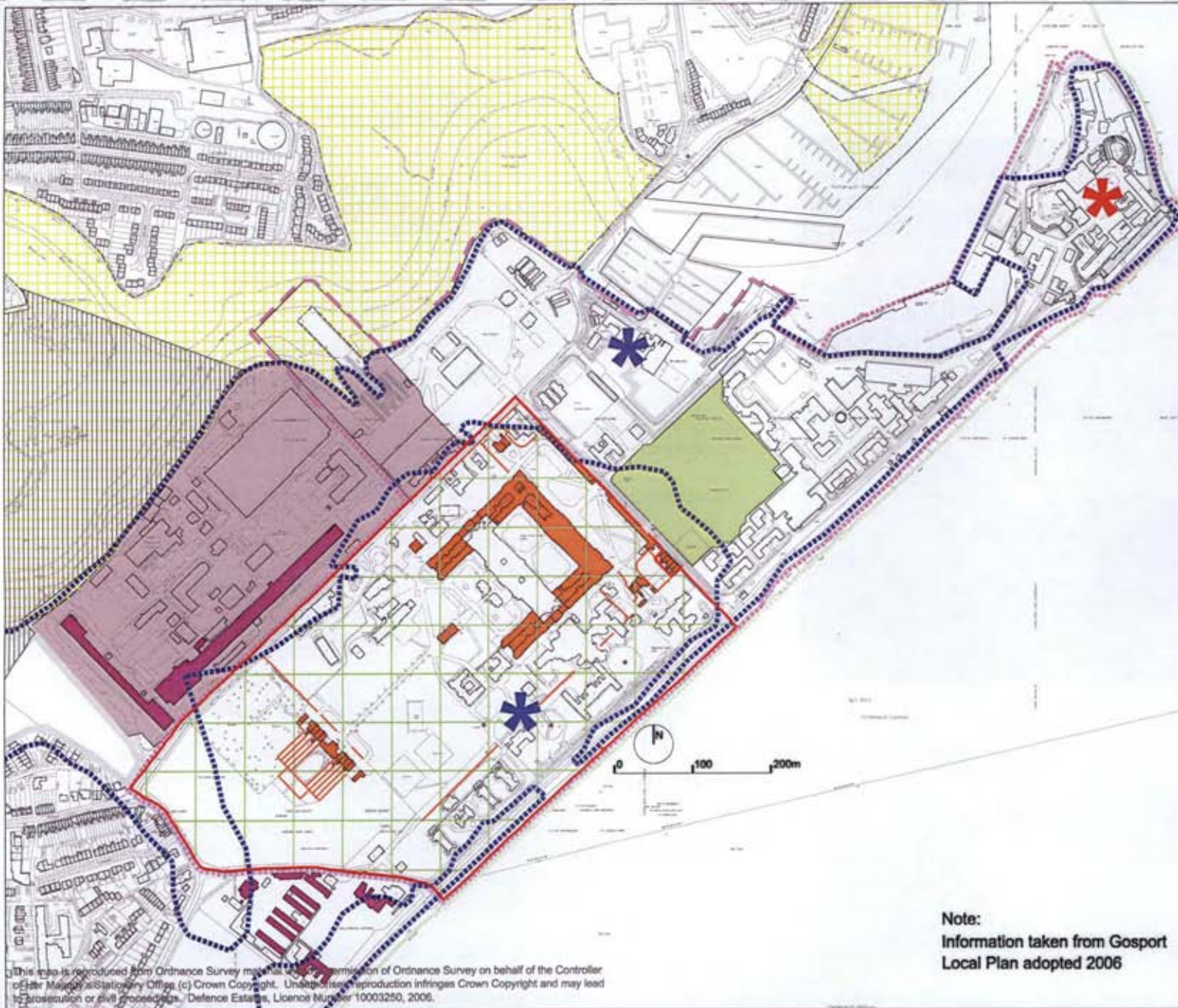
2.3.16 There are numerous environmental and heritage designations affecting the site set out in the Local Plan (2006), as follows:
















- **Archaeological Site of Interest** - There is one site of archaeological interest at the north eastern part of the site.
- **Buildings of Historic Interest** - A number of buildings on the site have been identified at the local level as having historic interest.
- **Conservation Area (R/BH1 and R/BH2)** - The whole of the site falls within the Haslar Peninsula Conservation Area, which is designed to protect the historic buildings and archaeological areas from inappropriate development.
- **Listed Buildings** - There are a 13 listed structures on the site which are Grade II* or II listed. Other buildings or structures which are considered to be within the curtilage of a listed building and have been there since before 1 July 1948 are considered within the curtilage of that listed buildings and are similarly protected and alterations would require Listed Building Consent.

- **Registered Historic Park and Garden (R/BH6)** - Haslar Hospital is included as a Grade II Listed Park on English Heritages (EH) Register of Parks and Gardens of Special Historic Interest. This designation covers the whole of the site. English Heritage will need to agree to any new proposed development.

2.3.17 There are also a number of designations immediately adjacent to the site and close to the site. These designations are shown in the Designations Plan.





-  Site Boundary
25.22ha
-  Urban Gap (Policy R/0S3)
-  SPA, Ramsar, SSSI (Policy R1/0S10/11)
-  Conservation Area
(Policy R/ BH 1 and 2)
-  Schedules Ancient Monument
(Policy R/BH8)
-  Existing Marina, piled and swing mooring area (Policy R/ CH5)
-  Existing Open Space
(Policy R/ OS4)
-  Ministry of Defence Site or Establishment (Policy R/ MOD1 and R/ MOD2)
-  Existing Community and Health Facilities (Policy R/ CF2)
-  Historic Park and Gardens
(Policy R/ BH6)
-  Area at Risk of Flooding
(Policy R/ ENV1)
-  Coastal Zone Policy Area
(Policy R/ CH1)
-  Existing Employment Area
(Policy R/ EMP3)
-  Listed Buildings
-  Local Listed Buildings

Note:
Information taken from Gosport
Local Plan adopted 2006

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Royal Hospital Haslar, Gosport
Figure 02: Constraints

Scale: As Noted at A3
Date: August 2006



Climate Change and Flood Risk

2.3.18 Part of the site is affected by the Coastal Zone Policy Area under Policy CHI in the Local Plan. The south-easterly boundary of the site falls within this designation requiring any development to protect the landscape and environmental quality, wildlife habitats and recreational opportunities of the coast.

2.3.19 Scott Wilson undertook a Flood Risk Assessment in autumn 2008 to inform the workshop. Set out below is a summary of their main findings:

- The majority of Haslar Hospital is located within Flood Zone 1 (low probability) with an area to the south west of the site located in tidal Flood Zone 2 (medium probability).
- The potential effect of climate change (up to 2015) on tide levels on the low lying areas to the south west of the site is located in Flood Zone 3 and the extent of Flood Zone 2 is increased.
- The defences along the Solent coastline are shown to be >1,000 year design standard consisting of substantial sloping stone slabbed revetment with level stone paving at the top.
- Existing permeable surfaces at the site have the potential to cause surface water runoff during times of heavy rainfall.
- The Environment Agency has indicated that existing tidal flaps in the sea wall would be the more favourable option for future surface water management at the site.
- Alternative SUDS such as infiltration or attenuation techniques may have to be considered.

2.3.20 Whilst only small areas of the site are at risk from flooding (Flood Zone 2), the site is nearly completely surrounded by Flood Zone 2 and 3, as evidenced in the figure below:

2.3.21 Mitigation measures from the Flood Risk Assessment would need to be incorporated into any design proposals.





The Site

2.2.5 The entire Haslar Hospital site is currently managed by the MOD and part is leased to the NHS to provide health services to Gosport residents and MOD personnel. The modern buildings and a number of heritage buildings are currently used for health purposes, however, the majority of heritage buildings are under utilised at the present time. This means that currently only parts of A - F Block (including the North and South Pavilions) and buildings 023, 026, 031 and 036 are used for health purposes and that suitable new uses now need to be found for the redundant heritage buildings. The majority of the medical equipment is at the end of its productive life and will need replacing in the near future.

2.2.6 For a plan of the buildings including reference numbers please refer to the Possible Demolitions Plan.

2.2.7 A programme of repairs and maintenance has been on-going during DE's ownership and the majority of the buildings and the grounds are well maintained. The paddock area is leased to a local resident for horse grazing as shown on the Landscape Character Areas plan. However, the cost of maintaining the site in its current condition is considerable and will need to be factored in by a prospective purchaser.



2.3 Planning

2.3.1 The statutory development Plan for the site comprises the following documents:

- The South East Regional Spatial Strategy (2001);
- The Hampshire County Structure Plan – Saved Policies (2000); and
- The Gosport Local Plan Review (2006)

National Planning Policy Statements:

2.3.2 At national level, the key planning policy statements and planning policy guidance notes, which will need to be taken into account in making major applications on the site include:

- PPS1: Delivering Sustainable Change (2005) and the Supplement to PPS1 – Planning and Climate Change (2007);
- PPS3: Housing (2006)
- PPS9: Biodiversity and Geological Conservation (2005)
- PPS13: Transport (2001)
- PPG15: Planning and the Historic Environment (1994)
- PPG16: Archaeology and Planning (1990);
- PPG20: Coastal Planning (1992); and
- PPG25: Development and Flood Risk (2006).

The Regional Spatial Strategy (South East Plan)

2.3.3 The statutory development Plan for the region is the South East Regional Spatial Strategy (formerly RPG9: Regional Planning Guidance for the South East (2001)), which provides a strategic steer for the South East up to 2016. Chapter 3 of the Plan, sets out a number of key development principles, those of relevance to the site include:

- Urban areas are the main focus for development. Development should make them more attractive, accessible and better able to attract investment.

- Increasing economic opportunities. In particular, by positive investment strategies for the Priority Areas for Economic Regeneration to improve the performance of poorer parts of the region.
- Designing and locating development to enable more sustainable use of the region's natural resources.
- Continued protection and enhancement of the region's biodiversity, internationally and nationally important nature conservation areas, and enhancement of its landscape and built and historic heritage.
- Access to jobs, services, leisure and cultural facilities should be less dependant on longer distance movement and there should be increased ability to meet normal travel needs through safe walking, cycling and public transport with reduced reliance on the car.
- Transport investment should support the spatial strategy, maintaining the existing network, enhancing access as part of more concentrated forms of development, overcoming bottlenecks and supporting higher capacity and less polluting modes of transport.

2.3.4 The site falls within the South Hampshire, Southampton and Portsmouth Sub-Region, which is identified as a Priority Area for Economic Regeneration. The Partnership for Urban South Hampshire (PUSH), was formed in 2003 to improve the economic performance of South Hampshire and the regeneration of the cities of Portsmouth and Southampton and the other major urban areas, through the key areas of economic development; housing; planning; sustainability; transport; infrastructure; and culture.

2.3.5 Within The South East Plan, South Hampshire Sub-Regional Strategy, Final Advice (2005), PUSH recognises the importance of public land to providing housing growth within the Sub-Region at paragraph 5.9:

"PUSH has estimated that around 39,000 new homes could be built on previously used sites, in addition to the 17,000 new homes on land that are already earmarked for housing. These estimates include land owned by the public sector (particularly the Ministry of Defence) that local planning authorities anticipate will be released for housing over the

2.4 Building Condition and Conversion Appraisal

2.4.1 GVA Grimley undertook a Building Condition and Conversion Appraisal in autumn 2008 to inform the workshop. Of particular relevance, the report noted the following:

- **Condition of Buildings:** Buildings are generally structurally sound, with minor settlement/movement issues identified to limited buildings.
- **Mechanical Services:** With the exception of a small number of buildings the mechanical services are in a serviceable condition, however, much of it is over thirty years old, inefficient when compared to modern systems and will require replacement in the near future.
- **Electrical Services:** The majority of the electrical services on the site are over 10 years old with some areas potentially over 20 years old which causes problems with reliability, replacement parts and efficiency. Some areas particularly in the main hospital have had cosmetic refurbishments carried out to improve the general appearance and have included the installation of more modern equipment. However generally any redevelopment of the site will result in refurbishment and/or change of use of the buildings which will in turn require the wholesale replacement of the electrical system.
- **Conversion:** The site has listed status with Main Hospital buildings and various other buildings and features of Grade II* or Grade II listing, together with 'Curtilage Listed', which could limit scope for conversion and redevelopment and will require consultation and negotiation.
- **Site Infrastructure:** Capacity of on-site drainage system will require further investigations. In addition, capacity of local off-site infrastructure will also require further investigation with the relevant statutory suppliers. Southern Water Ltd have confirmed that there is no residual capacity in the existing public foul water sewer. Developer funded upgrade works will be required to support any proposed development which increases off-site foul discharge beyond current levels. The cost of these upgrade works can only be confirmed following clarification of development proposals.
- **Measured Survey:** The GVA Grimley/Defence Estates assessment of Gross Internal Floor Areas totals c.75,000 m² including basements and c. 70,000

m² excluding basements. The VOA combined Gross Internal Floor Area (GIA) was stated as c.85,000 m² and a Gross External Area (GEA) is c.76,000 m² excluding basements and c.82,000 m² including basements.

2.4.2 Despite the size and complexity of the site, the scale of buildings and location, with outstanding views over the Solent, Haslar Hospital gives the opportunity to develop a mixed-use site, which will provide health, employment, education, retail and live work space providing for both key worker and private residents.

2.4.3 The site is covered in significant designations due to its nature conservation and historic value. These designations will greatly restrict development outside existing developed areas.

2.4.4 It is expected that a site of this nature will require significant enabling development to ensure that the future of the listed buildings is safeguarded and to cover abnormal infrastructure costs, for example repairs to the sea wall and re-interment of human remains from around the site into the Memorial Gardens or Paddock Area.

2.4.5 It will be important for DE to actively participate in the planning processes and submit representations and have the site allocated as a core site for mixed use/ and any enabling development which is considered necessary.

2.4.6 Despite the age of the buildings and site infrastructure, the majority of the site is largely in reasonable condition with ample spare capacity due to the decline in building utilisation. It will important to retain buildings where possible, and provide new build in a phased approach which is sensitive to Haslar hospital and its surroundings.



2.5 Process and Purpose of Workshop

2.5.1 In May 2008 The Trust was appointed by DE to facilitate a participative, three day workshop, drawing on Enquiry by Design Principles. The Trust received support from its sister charity, The Prince's Foundation for the Built Environment. GVA Grimley was also appointed to provide property and valuation advice. The aim of the workshop was to reach a consensus from key stakeholders to develop a sustainable vision for the site.

2.5.2 Prior to the workshop considerable technical work was undertaken to maximise the effectiveness of the three day event. This enabled a briefing pack to be sent out to all participants comprising:

- Information on the planning status of the site
- A Building Terrier with commentary on the condition of the buildings, cost to repair, opportunities for conversion to new uses, heritage tensions and an assessment of viability
- A market appraisal
- An ecology report
- A Transport Assessment
- A Flood Risk Assessment, and
- A Conservation Statement

2.5.3 Key issues were highlighted to all participants in the technical briefings at the start of the workshop. The briefings comprised an assessment of the state of the local economy; current transport and planning position; current position from the NHS; the impact of heritage issues and findings from the market assessment, building appraisal and subsequent impact on viability. Thereafter the workshop comprised two work sessions and participants were divided into five themed groups as follows:

- Heritage
- Development and Ecology
- Transport
- Community Facilities and Commercial Viability
- Masterplan





2.5.4 A list of all participants is attached at **Appendix 1**.

2.5.5 The aim of work session one was to record and analyse key regional and local data on plans, to provide a visual documentation of the facilities, opportunities and constraints and how they relate to Haslar Hospital and the peninsula. On a regional scale this identified community facilities, residential neighbourhoods, commercial and retail centres, health facilities, transport routes and congestion hot spots, heritage sites, public open spaces and statutory designations. On the peninsula itself the key heritage buildings and sensitive curtilage areas were identified, along with suggested opportunities for demolition, sensitive landscape areas for preservation, key views, pedestrian and cycle links and potential development opportunities.

2.5.6 Work session two worked up in more detail the initial proposals from work session one. It focused on the development of a Masterplan for Haslar Hospital and other supporting plans. The groups tackled the type and quantum of development, agreed the retention and demolition of key buildings, identified public, private and semi-private spaces, transport routes through and around the site, car parking allocation and commercial viability and phasing. This information was fed to the Masterplan Group, enabling two final options to be developed.

2.5.7 Throughout the three days, feedback sessions were held to give participants the opportunity to present key findings, raise areas of concern, resolve tensions and agree opportunities to support a sustainable vision for Haslar Hospital. The format of the workshop was specifically designed to encourage participants to engage with the process as fully as possible, by undertaking on-site inspections, working up issues on the drawings and contributing to feedback sessions. This maximises the potential to produce a robust and deliverable vision for the site, where both opportunities and constraints have been fully identified, challenged and a consensus agreed upon.



3 Outputs from Work Sessions 1 and 2

3.1 Heritage

3.1.1 The Heritage Group were important in contributing to the process reflecting the fact that the site includes several important heritage assets as follows:

- 13 Listed Buildings Grade II and II*
- A Registered Landscape on the EH Register of Parks and Gardens extending over the whole site
- The whole site falls within the Haslar Conservation Area

3.1.2 The role of the Heritage Group was to identify key heritage sites, agree the significance of the built heritage and Registered Landscape areas, agree opportunities for potential demolition and new uses and finally, assess new build proposals from other groups. Members of the Group sat in different groups on different days of the workshop, which ensured mutual feedback to and from other groups over the three days. There were also several informal joint site visits with other groups, which ensured that heritage concerns were full integrated into the thinking of the workshop. This was considered essential on such a highly designated heritage site.

Issues

3.1.3 Buildings 06, 07, 08, 09 and 010 (originally store buildings, now residential properties) were excluded from the exercise. These were historically part of the site and therefore, ideally, they should be seen as heritage assets of Haslar Hospital. They have been excluded for security reasons; namely that independent access is not available unless the road connecting them to Shire Road or Haslar road is re-opened. Ideally if it can be integrated with the plans for Fort Blockhouse, it is hoped that the Main entrance can be re-opened. The boundary otherwise respected the extent of the historic estate which has not changed since 1745.

3.1.4 The key tasks that were identified by the Heritage Group throughout the three day workshop included:

- Agreeing the scoring of the Significance and Robustness criteria² for each main building identified in the Buildings and Landscape Terrier, attached to this report at **Appendix 2**.
- Identifying which heritage buildings were particularly fragile and agreeing if further research was needed or if a recommendation for urgent works/attention should be undertaken
- Using the Buildings and Landscape Terrier and associated scores to agree the potential for the change of use for each building
- Agreeing which buildings detracted from the historic setting and which could be demolished, assuming no alternative viable use could be found.
- Identifying and agreeing which key landscape areas should be protected due to their historic significance and which landscape features should be restored.
- Finally, identifying and agreeing potential sites for new enabling development, compatible with the designations and which do not mar key views, axes or the setting of key heritage buildings.

Resolution of Issues

3.1.5 The Group critically reviewed the heritage significance and robustness of each building and agreed the scores set out in the Buildings and Landscape Terrier. No currently un-listed buildings were identified to be put forward for possible future Listing.

3.1.6 The Group drew particular attention to the following buildings the fragility of which already gave cause for concern and which require careful protection and security now and when the site is decommissioned. They would also require careful protection during building works. These are:

- 028 - Surviving shelter of the Airing Yard for mental patients which was in poor condition and physically fragile
- 029 - The Chapel which had almost all its fixtures and fittings in situ but from which the communion table had already been removed to an unknown location

² The value of a heritage asset is measured by significance and scored 1 to 10. Heritage assets are vulnerable when they face change or neglect. This is measured by degrees of robustness or alternatively fragility.



tion and where boards recording officers of the hospital were currently stored but unsecured.³

- A number of monuments in Haslar cemetery require restoration as does the wall surrounding it.

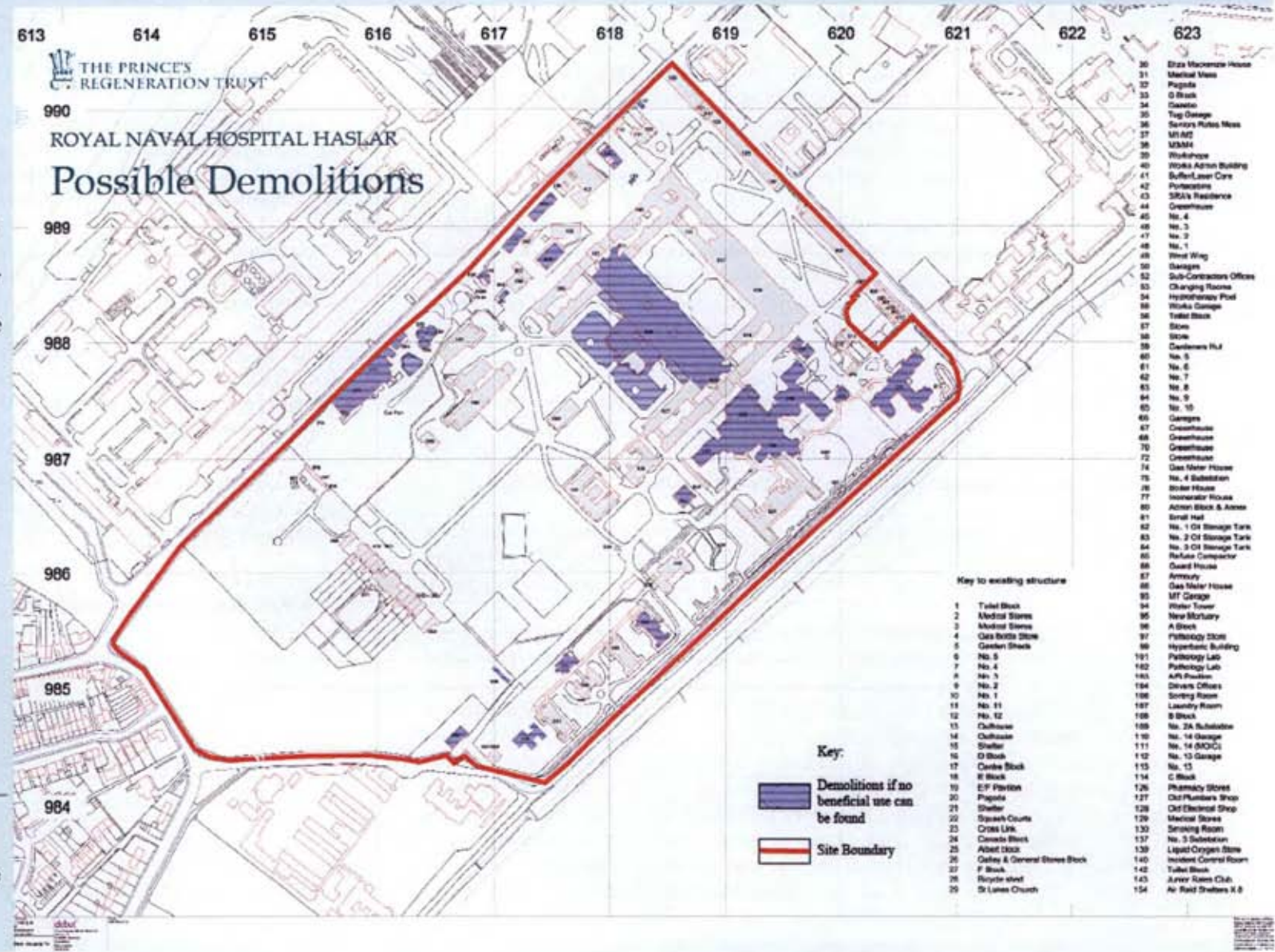
3.1.7 A schedule of buildings which were felt on heritage grounds to mar the setting of the Listed buildings and the landscape was identified on a site plan. It was recommended that these buildings are demolished if no beneficial alternative use can be found for them. These buildings are:

- 019, 023, 054 - Surgical block and ancillary structures
- 053, 137, 016, 143, 049 - Messes, canteen block and ancillary structures
- 022 - Squash courts
- 055 - Mess
- 077, 076, 082, 083, 084, 085, 075 - Incinerator, boiler-house, flues and ancillary structures

3.1.8 The following temporary buildings impair the setting of the Listed buildings and landscape and should be removed:

- 095, 042 - Portacabins

³ Please note many of the fixtures and fittings in the Chapel have been donated. The donors should be contacted to ascertain if they wish their donations returned. This may require listed building consent and any damage caused will need to be made good by the donor.



3.1.9 The Heritage Group then considered the landscape character within the site. They identified that the following relatively distinct areas of landscape character:

- The Paddock
- Haslar Cemetery
- Front and Rear Gardens of the Officers Houses
- Main Hospital Courtyard
- Main Entrance Gardens
- Former Airing Yard and Pleasure Gardens
- Sea Wall and Viewing Shelters and pavilions

3.1.10 For further information, refer to the Landscape Character Assessment (2008) prepared by the Trust.

3.1.11 The following specific proposals were agreed as important to the preservation and readability of the landscape, for their own significance and for their appropriateness to the Listed building to which they formed a setting:

- **The paddock** should be retained as open pasture, firstly because this is its established character since the foundation of the hospital. In addition, the burials there are probably the largest undisturbed collection of military burials outside a war cemetery in Europe and are of both archaeological and commemorative significance.
- **The setting of the chapel** should be maintained such that the chapel reads as an independent, unattached building; downgrading the road between the chapel and the main hospital ward blocks, to pedestrian only, should be agreed, if possible.
- **The entrance gardens** should be restored as closely as possible to their late 19th century appearance. There should be a reduction in planting and parking and road vehicle movements across the area to the minimum necessary. The design should enable the Main gates to be brought into use again when Fort Blockhouse is decommissioned.
- **The historic perimeter wall** should be remain unaltered wherever possible. New insertions should be limited to the minimum necessary, i.e. where previous openings existed and any new build designed so that the wall is read-

able as a backdrop, not completely obscured.

- **The cemetery** should be maintained to the planting regime that has evolved; namely as a memorial garden interspersed with monuments.
- **The courtyard and perimeter arcade of the Main hospital ward blocks** should be recovered and landscape restored to its historic pattern if the surgical blocks were removed. The historic landscaping of this space evolved over time and a number of minor variations might be recreated. The open arcade surrounding the courtyard is readily visible and survives along some lengths. This is considered a vital element of restoring the setting of hospital and setting. The north east/south west cross axis across the courtyard, between the power pavilion, should be clearly readable and preferably reinstated as a pedestrian route.

3.1.12 The optimal uses from a heritage point of view were considered on a building by building basis for all Listed and curtilage buildings. The optimal uses from a heritage point of view are the uses that are likely to:

- Require the minimum alteration to the significant heritage fabric
- Retain intact significant spaces and interiors,
- Retain intact significant fixtures and fittings
- Optimise the use of floor plates
- Reflect the fragility of the fabric as outlined above

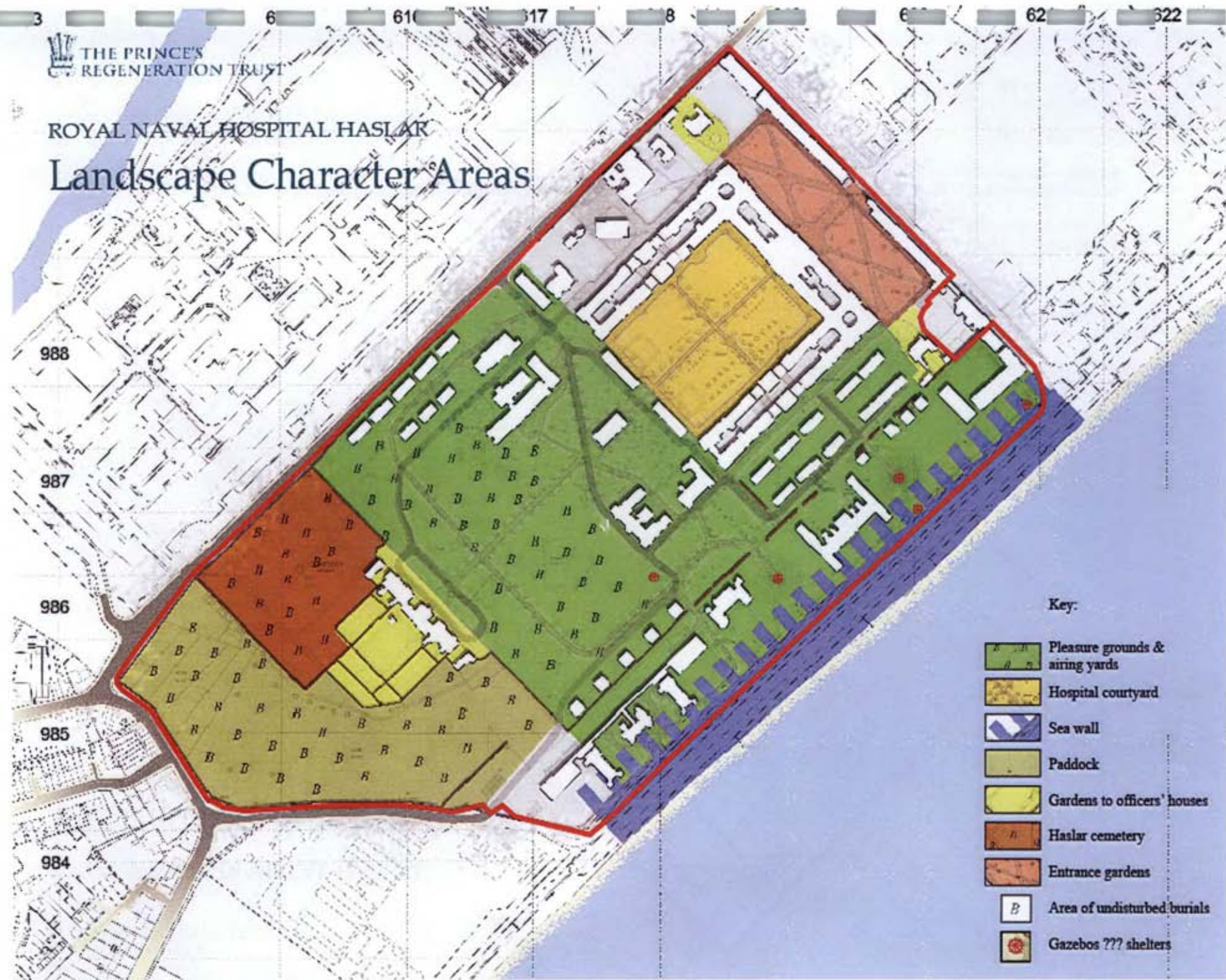
3.1.13 The preferred uses from a heritage point of view were kept as broad as possible in order not to impede the commercial feasibility of possible uses unless the fragility of the heritage building indicates otherwise. Where the heritage buildings are fragile, proposals for acceptable uses have been more prescriptive. The following buildings should retain, as much as possible, their current uses:

- The existing Georgian residential terraces, (in particular Haslar Terrace) - To be retained as residential accommodation with as little alteration as possible, to preserve the significance of these Grade II Listed buildings. Single family houses should remain in use as single family houses and lateral conversions should be resisted. A different attitude might be taken to the North part of Haslar Terrace which has already undergone radical conversion into flats.
- St Luke's Chapel - All fixtures and fittings to be retained, with the build-



ROYAL NAVAL HOSPITAL HASLAR

Landscape Character Areas



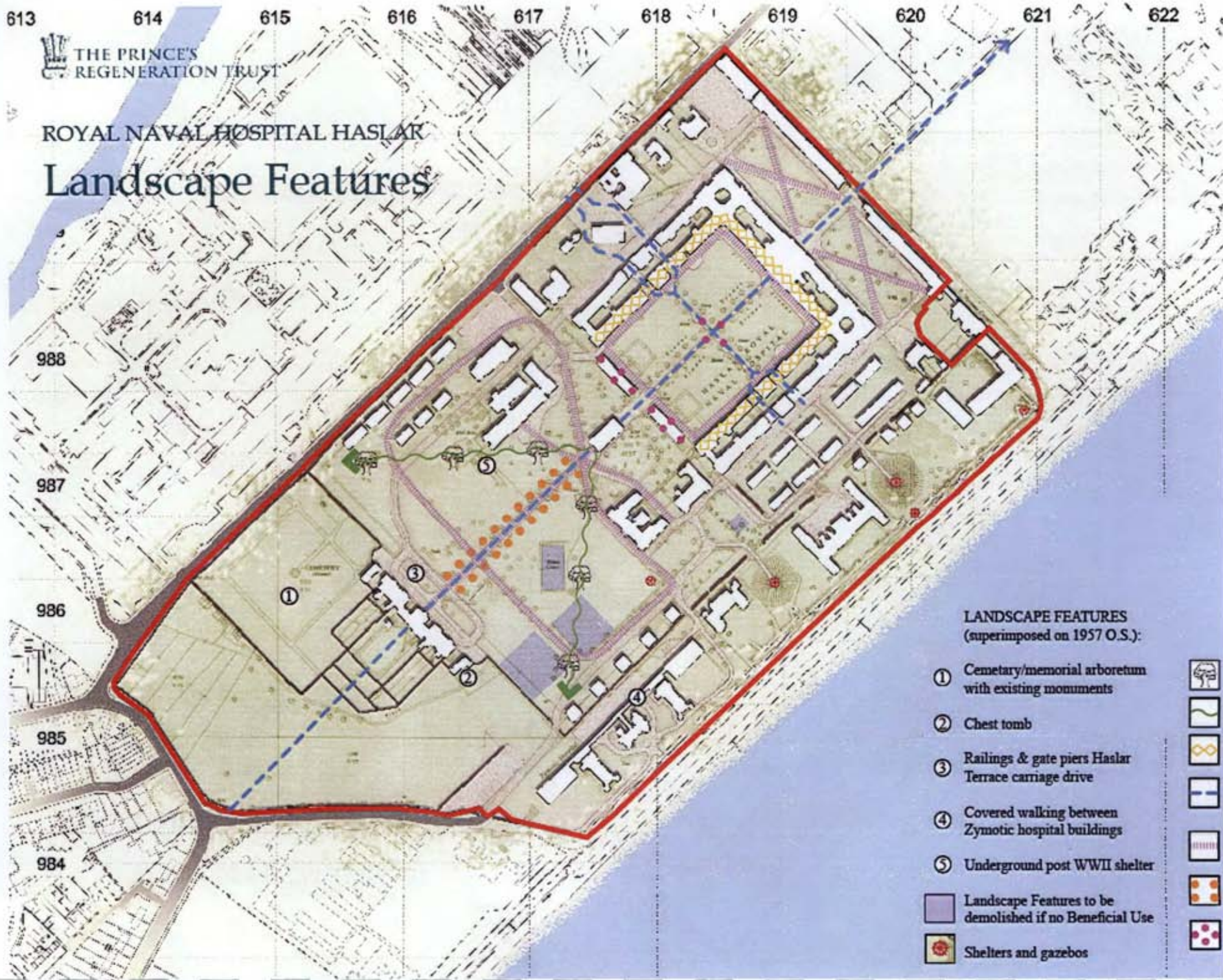
Key:

-  Pleasure grounds & airing yards
-  Hospital courtyard
-  Sea wall
-  Paddock
-  Gardens to officers' houses
-  Haslar cemetery
-  Entrance gardens
-  Area of undisturbed burials
-  Gazebos ??? shelters

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ROYAL NAVAL HOSPITAL HASLAR Landscape Features

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LANDSCAPE FEATURES (superimposed on 1957 O.S.):

- ① Cemetary/memorial arboretum with existing monuments
- ② Chest tomb
- ③ Railings & gate piers Haslar Terrace carriage drive
- ④ Covered walking between Zymotic hospital buildings
- ⑤ Underground post WWII shelter
- Landscape Features to be demolished if no Beneficial Use
- Shelters and gazebos

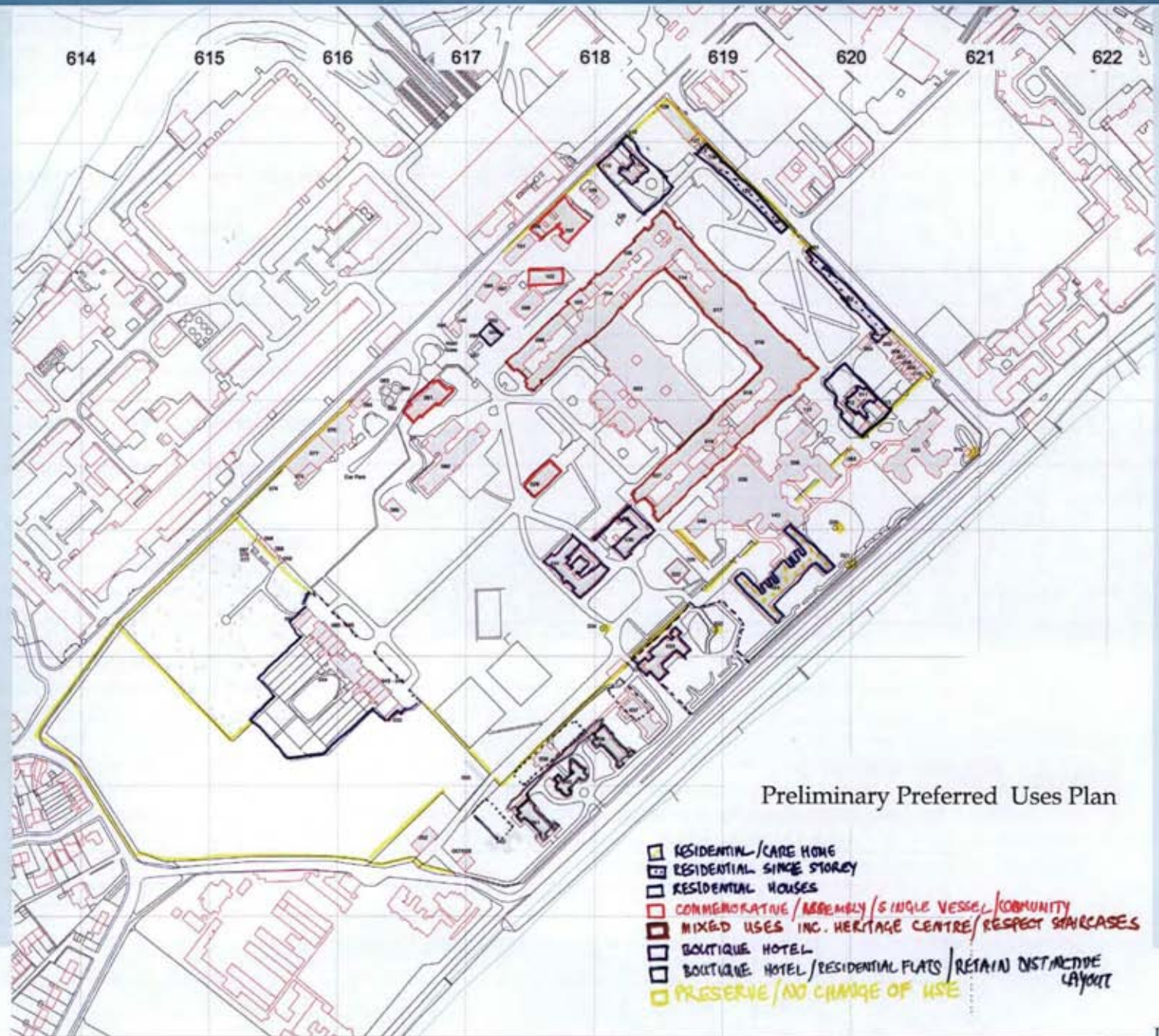
- Tree clumps tp pleasure gardens
- Key vistas
- Loggia around hospital courtyard
- Key cross axes to be re-established
- Main walks to be maintained in pleasure grounds & gardens
- Central avenue
- New development only if courtyard is reinstated

ing to be re-used for weddings, funerals, concerts/ performances etc. The space should be retained as a single volume

- Erroll Hall – The main body of the Hall should remain as one open space; its current use as a community space would be an ideal use in the future, as would retail.

3.1.14 All other Listed and their curtilage buildings were considered for alternative uses and preferred uses from a heritage point of view identified. These uses were those considered best able to preserve the significance of the buildings and to have a best fit with the existing layout, siting and character of the buildings. These discussions were scored against the significance and fragility assigned to buildings.

3.1.15 The largest group of Listed buildings, the original hospital courtyard, were considered to be relatively robust. Due to their large scale a mix of uses could be anticipated within these blocks. Most other buildings were identified for single uses, but a range of single uses were identified wherever possible to provide flexibility in scheme development. This is shown in the Preferred Uses Plan.



3.1.16 By means of spatial planning design exercises, supported by three site visits, the principles for the identification of new build sites were established. These were mediated in debate in order that they respect the Listed Buildings, designated landscapes and important views and axes of the site.

3.1.17 In a few cases new build sites were agreed on the site of existing curtilage buildings in poor condition. These were identified as new build sites only if repair and a new beneficial use cannot be found. Principally, this relates to the buildings in the Zymotic Hospital. If there were selective demolition, it was felt important to retain the symmetry of the composition and the covered walkway between buildings of this ensemble through demolition of 037 to match the already demolished building on the site of temporary structure 042. The altered and partially demolished remains of the steeping house and receiving house of the Zymotic hospital (buildings 052, 057, 058) are in poor condition and were also considered suitable for demolition unless any further discoveries about their historic importance emerge from the further investigations.

3.1.18 Any alterations to existing buildings and new build should be such as to:

- Enable the landscape to be read and to reveal the unique characteristics of each landscape character area.
- Enable the layered history of the successive phases of landscape to be read.
- Improve the setting of the Listed buildings, preserving and where possible re-creating (at least to the extent that they are readable) their designated landscape and settings.
- Accommodate unloading/loading, visitor's car parking and some vehicular access within the site, provided the impact is kept to a minimum.

3.1.19 For proposed new build areas please refer to the Development Group Day Two plan.

Outstanding Issues

- The significance of the complex of buildings that comprise the Zymotic Hospital were inadequately understood and requires further research to estab-

lish the level of significance.

- The importance of the boundary walls was emphasised. A system for managing the structures will be needed once the hospital is decommissioned, although it was recognised that new openings will be needed.
- Building 028, the remains of the Airing Yard for mental patients, is in poor condition and physically fragile and needs urgent maintenance.
- Building 029, the chapel, should have all fixtures and fittings catalogued and left in situ until a use is agreed.



3.2 Development and Ecology

3.2.1 The remit of the Development and Ecology group on day one, was to identify the designations/statutory constraints within the local area including:

- Site of Special Scientific Interest (SSSI)
- Sites of Importance for Nature Conservation in Hampshire (SINC)
- Ramsar sites (wetland sites of international importance)
- Special Protection Area (SPA)
- Special Area of Conservation (SAC)
- The open spaces within the immediate area
- The flood plain area
- Key routes and neighbourhood centres, and
- The key views into the site

3.2.2 On days two and three the Group worked with other groups agreeing new build areas and public, semi-private and private spaces, in relation to constraints arising from other groups' work and consider the development of a Sustainable Urban Drainage System (SUDS) if possible.

Issues

3.2.3 The results of the first work session found that:

- There are spectacular views from the sea on the approach to Portsmouth Harbour and also from the waterfront overlooking the Solent, which should be explored. The Water Tower is a key landmark building, otherwise the site is mostly walled and views into the site from the land side are limited.
- A number of constraints to the possible development of the site from the statutory and non-statutory Conservation designations were identified in the immediate surrounding area, which would need to be resolved during the next two days.
- In conjunction with the Heritage Group, the Group identified key groups of Listed buildings, buildings where internal alteration would be acceptable, significant and less significant curtilage buildings and buildings not Listed where demolition could enhance the conservation area. At the end of the session there

was a consensus over areas where demolition may be possible if the buildings have no viable use.

- In addition to considering the location of designations/statutory constraints in the area surrounding the hospital, the Group noted ecological issues within the site and species recorded. Further information is required regarding the presence of protected or otherwise notable species.
- The group noted the mature trees located within the site, which are of some nature conservation value and should be retained if possible. These trees are covered by Tree Preservation Orders.

3.2.4 As work progressed over the next two day the following issues were raised:

- The hospital has been developed intensively at the eastern end of the site, including the cross link buildings and other modern accommodation blocks. This has been highly detrimental to the setting of a number of the Listed buildings.
- Even if a medical use is retained on the site new uses will need to be identified for the majority of the buildings.
- The importance of the layout of the grounds to the south, the principal avenues, early tree planting and the formal layout of certain buildings, should be retained, limiting the development potential.
- The three Zymotic hospital buildings are situated in one of the most valuable areas of the site for development. They are in a poor condition and their restoration/conversion would result in a very substantial financial deficit. One option is that they should be demolished, however, the Heritage Group raised the significance of the buildings as an example of the development of our understanding of the treatment of infectious diseases and resisted demolition, until this had been further explored.
- New build development to the south of the hospital block (E/F Block – building nos. 019 & 027) would need to allow adequate width for parking.
- How a pedestrian walk within the landscape grounds could be accommodated in keeping with the Georgian design and fit with new build aspirations and transport restrictions.
- How to find significant car parking spaces within a reasonable walking

distance of potential new residential or care accommodation, for example to the front of the main Quad building (C/D Block - building nos. 016 & 114).

Resolution of issues

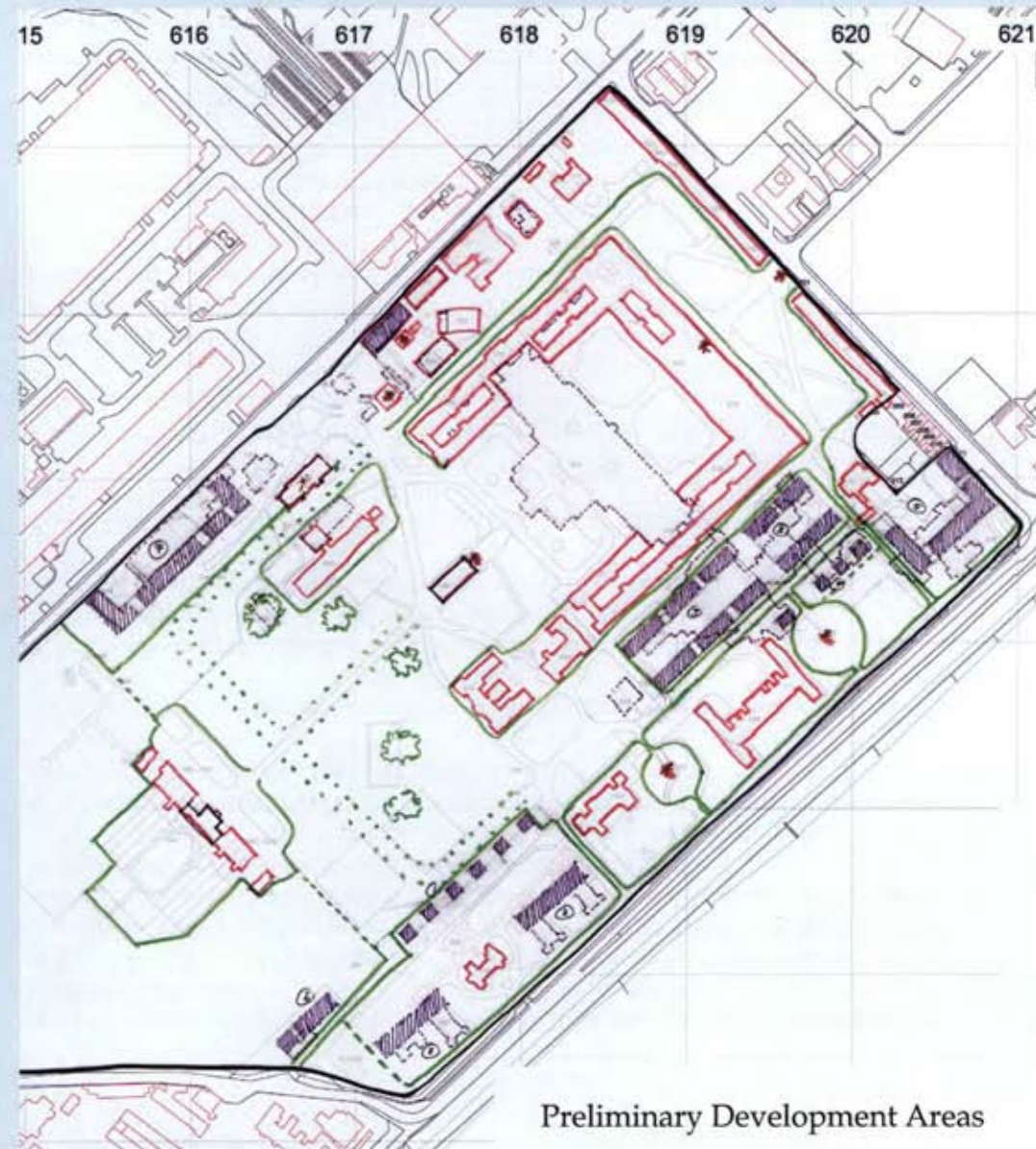
3.2.5 During the various feedback sessions and after several joint site inspections the following consensus was reached:

- If no suitable user could be found to utilise the Cross Link and modern buildings as health facilities or other related use, then these buildings should be demolished, greatly enhancing the setting of the Listed buildings.
- Initial suggestions of where new build may be possible within brown-field areas, either currently in existence or through demolition were resolved. These are shown on the development plan.
- Further research into the importance of the Zymotic Wards should be carried out but, subject to the findings of this research, it may be necessary to consider the demolition of building no 037 and potentially all three buildings (Nos. 037, 038 and 041). This would be conditional on new development of a scale and quality appropriate to the site and setting of Haslar Hospital.
- In-conjunction with the Transport Group the proposed lines of the pedestrian access routes and car parking plans were agreed.

3.2.6 The development plan shows areas of agreed demolition and potential new build areas as follows:

- By the existing incinerator site
- On the footprint of Albert Block and Building 026
- By the Zymotic Wards
- Clustered by the main entrance

3.2.7 Preliminary calculations indicated that in the region of 280,000 sq ft floor space could be demolished. Approximately 150,000 sq ft new build areas were identified, resulting in a net reduction in floor space in the region of 130,000 sq ft. The plan also identifies areas where gardens and grounds may have public access, and areas of semi-private space (ie to a particular group of users) and private grounds (eg gardens).



Preliminary Development Areas

3.3 Transport

Issues

3.3.1 Session one focused primarily on the relationship of the Haslar Hospital with the surrounding area(s). The transport based relationships appeared to be of particular concern due to a number of factors:

- The relative inaccessibility of the site to non-car traffic
- The limited accessibility from the North - East via the Haslar Road bridge
- The congested nature of the more major road network to the North of Haslar, particularly approaching the M27
- The limited number of local facilities/amenities within walking/cycling distance of the site.
- Proposals for a guided bus way using the disused rail track, with the first phase potentially terminating to the North of the site at Redlands Lane; then using the existing road network to access the interchange point close to the Quay.

3.3.2 As a result the Local Highway Authority representatives from Hampshire County Council stressed a desire to see no additional traffic resulting from the proposed redevelopment of the Haslar Hospital site ie a "nil-detriment" traffic situation.

3.3.3 A second issue arising considered balancing the varying demands and needs of the different groups within the workshop. The potential location, form and function of the transport/highway elements of the site were largely constrained by the Listed/heritage nature of much of the site and grounds. This raised a number of key issues to address:

- The listed nature of the boundary wall created a possible conflict with the desire to provide new access points and greater permeability through the site.
- Providing parking arrangements that did not damage the visual setting of the site.
- Treatment of the frontage of the main hospital building was considered particularly sensitive

- The provision of any elements of new road on the listed grounds was also very sensitive

3.3.4 There was also a need to reconcile the commercial / development needs of the proposals with the transport, design, heritage and other sensitivities of the site. This was particularly relevant when considering the following:

- The development potential around the Zymotic Wards area
- The potential for pick-up / drop off bays to the front of the main building
- Emergency access provision
- Provision of pedestrian routes around and to and from the site
- Provision of discrete yet adequate car parking spaces

Resolution of issues

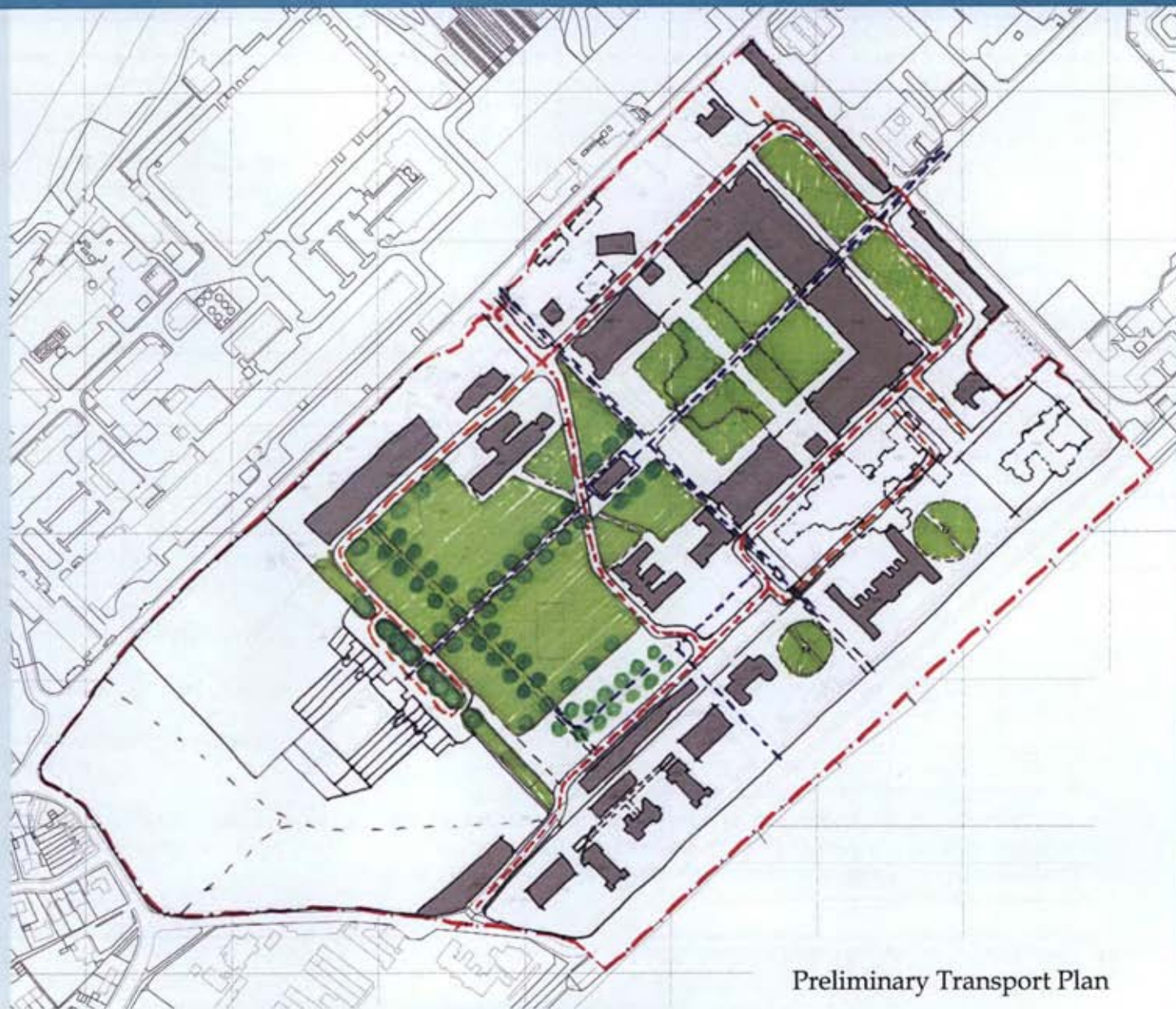
3.3.5 In order to address the local highway authority's objective to demonstrate a "nil-detriment" traffic position, White Young Green, transport consultants at the workshop calculated the traffic generated from the site at present. As the site is not fully occupied, and so not to generate a biased result, the traffic generated from when Haslar Hospital was running at its peak capacity in 2001, was also calculated. These results were then compared against an indicative development mix (established from views on building utilisation, which evolved during the workshop). This exercise concluded that on the basis of the redevelopment mix tested it would result in a 'nil detriment' scenario in line with the local highway authority's requirements. A technical note summarising the findings is attached at **Appendix 3**.

3.3.6 The internal design issues including a permeable site layout with pedestrian/cycle connectivity linking into a potential walking/cycle route on the South-East waterfront boundary of the site were drawn and agreed.

3.3.7 The concern over the potential for opening sections of the Listed wall was overcome by carrying out a walk of the wall and identifying any previous openings that could be re-used. This was approved by the Heritage Group. It was felt that re-opening these access points would provide most of the permeability required, other than the need to make one new opening to the South-West of the

site, providing pedestrian access onto Clayhall Road. It was agreed that this could be possible as historic plans show an intended route from Haslar Terrace to the wall, suggesting that opening the wall at this location would fit with the original aspirations for the site.

3.3.8 The concern over the impact of the road layout to the South-West of the site, fronting Haslar Terrace, was due to the potential for a new road link (completing a circuit route for the site) being located within the Listed grounds. A compromise position was reached where a road link would be provided from the West, connecting with the improved road and new development on that side of the grounds, but with the link to the East being pedestrian / cyclist only. Whilst not ideal in purely transport terms, this was felt to be acceptable and allowed for the central avenue connecting Haslar Terrace, the Chapel and Hospital Blocks to be retained as a strong pedestrian route, which may otherwise have needed to be opened to all traffic in order to serve the Terrace.



Preliminary Transport Plan

3.3.9 Parking was “pepper-potted” around the site in order to reduce its visual impact, split between on street formalised parking bays on the more major avenues and parking courtyards and clusters of grouped parking spread throughout the proposed redevelopment areas. It was estimated that the quantum of parking required for the site is in the region of 300 - 350 spaces and that this could be accommodated without significant problem or damage to the visual setting of the historic buildings.

3.3.10 One compromise that was made in order to address heritage concerns over parking was to provide one-sided on-street parking on those roads running adjacent to the main hospital building, with parking provided on the far side from the building only. This was considered to create a better setting for the main building and resulted in the loss of only a few parking spaces that were relocated within the site.

3.3.11 The commercial issues were largely resolved on the third day of the work-



shop, following a comprehensive walk of the site, measuring corridor widths and ensuring that the proposed transport links could be delivered without overly restricting development space. The issue of land availability at the proposed development area by the Zymotic Wards was overcome by splitting the footway and carriageway, providing a pedestrian link within the grounds, offset several metres from the running carriageway. This allowed sufficient development area to be retained, whilst maintaining a high quality pedestrian route in a better setting.

3.3.12 The issue of the treatment of the frontage of the Main Hospital building was addressed through a three-way discussion between the Development and Ecology Group, the Heritage Group and the Transport Group, with an agreement that the front entrance to the hospital building would have to allow for some parking, albeit short stay, for loading / unloading etc, in order for a conversion to other uses to be viable. This could be combined with a lower key route running almost adjoining the front wall and serving any conversion of the smaller units there.

Outstanding issues

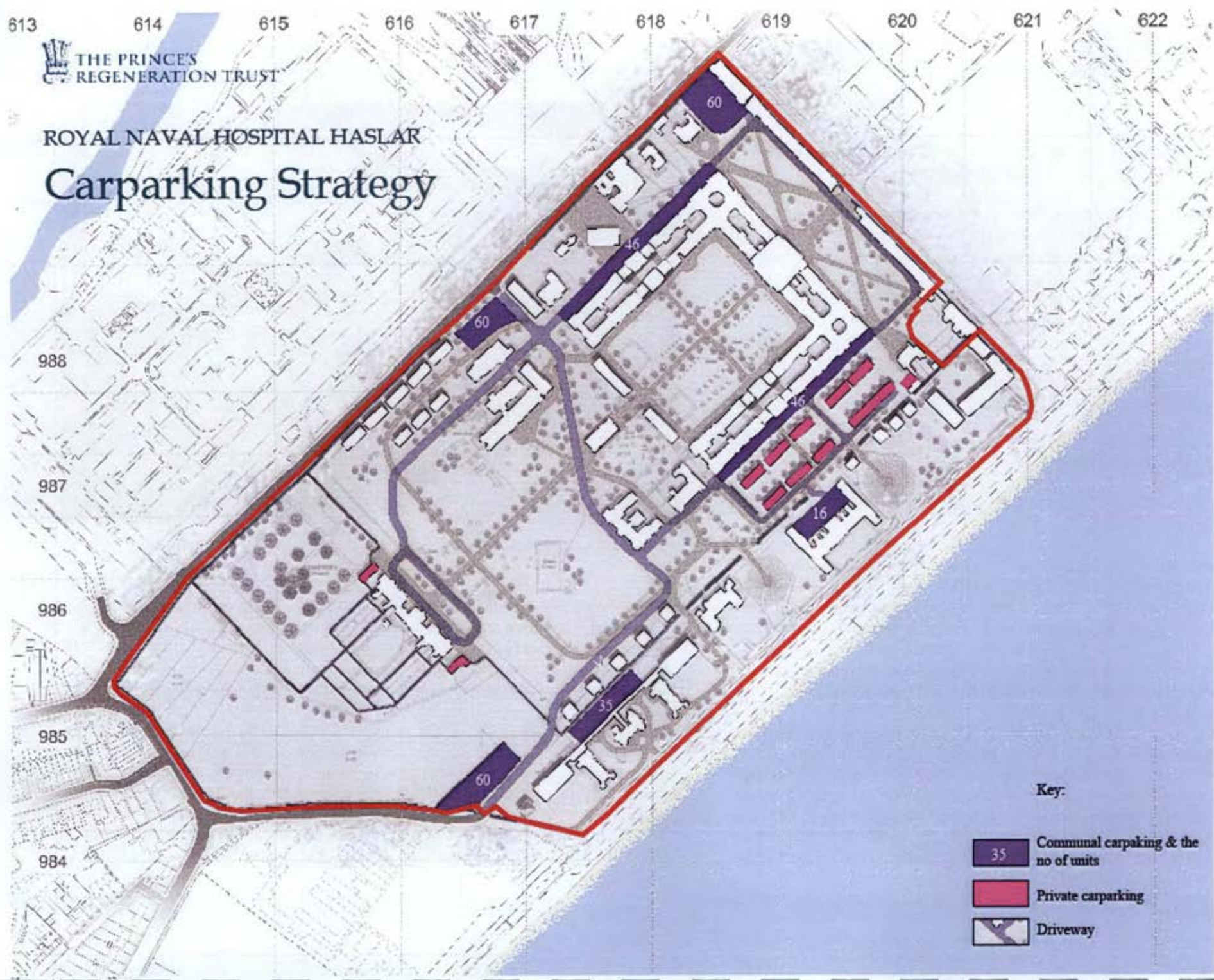
3.3.13 There are some issues which will need to be resolved to ensure the successful redevelopment of the Haslar Hospital.

- The potential for the site infrastructure to be adopted by the Highway Authority was not confirmed during the workshop
- The drainage system is likely to be privately managed and maintained by the MOD - will this be adopted by the local statutory undertakers?
- The status of Dolphin Way remains uncertain, it appears likely to be owned and managed by the Home Office as part of the Haslar Immigration Removal Centre. Currently this is used extensively for (illegal) parking, which limits the potential of Dolphin Way as a secondary or emergency access route to the site. In addition there may be development ransom or other issues to consider.
- In the long-term ideally the old main entrance through Fort Blockhouse should be opened up.
- The potential to establish a series of ferry links between the marinas, Haslar Hospital and the Historic Dockyards and Gun Wharf should be investi-

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ROYAL NAVAL HOSPITAL HASLAR Carparking Strategy

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Key:

- 35 Communal carparking & the no of units
- Private carparking
- Driveway



3.4 Community Facilities (Day 1) and Commercial Viability (Days 2 & 3)

3.4.1 This Group included representatives from Naval Charities (representing tri-service initiatives) and other local charities. Rather unusually it had a split remit. Day one focused on mapping key health, education and community facilities, with the aim of identifying gaps in provision, which could be met through the re-development of Haslar Hospital and on days two and three the group considered the issue of commercial viability.

Community Facilities

3.4.2 The key findings from day one showed that there were a number of Hospitals and General Practitioner's (GP) practices throughout the Gosport region and that full complement of health services were jointly provided at Gosport War Memorial Hospital or to be provided at the Queen Alexandria Hospital in Cosham. There was currently no additional demand for a new GP practice, as each practice must comprise a minimum of two doctors, with one doctor per 1,800 head of population. There was, however, a demand for Elderly Mental and Infirm (EMI) beds and for care home beds. The representative from the Portsmouth Hospitals NHS Trust stressed that there was no additional demand for non-emergency operating procedures but that complementary health care to encourage rehabilitation and preventative care would be welcomed for example, physiotherapy and health and well-being facilities.

3.4.3 The need for community facilities was raised including the provision of care beds, treatment facilities, specialist education facilities, ex-offender rehabilitation facilities and a community centre. A mix of community uses may come forward as viable option(s) either jointly or independently.. Where community/healthcare uses are proposed that do not produce a surplus, it is likely that these uses will not contribute to the overall viability of the scheme and will therefore require cross funding from enabling development on the site or support from the public sector or private donor funding.

3.4.4 Finally, it was suggested St Luke's Chapel should be re-opened to provide a venue for weddings, burials etc should the demand be sufficient. Also, that a part of the main hospital block should be set aside to house a Heritage Centre

which would be used to tell the story of Haslar Hospital, and a series of walks signposted through the site highlighting key areas and buildings to support the Haslar offer.

Commercial Viability (Day 2 and 3)

3.4.5 The first day addressed the potential demand for both commercial and non-commercial health uses. The focus on days two and three then moved to additional or alternative uses for the site that would generate a capital receipt and contribute to development viability.

3.4.6 An assessment of commercial viability is now an essential part of testing the robustness of emerging planning policy, including the Core Strategy and Site Allocations DPD. A commercially robust Masterplan will create a positive framework for regeneration and ensure that a much wider range of social and economic benefits are capable of delivery. It was agreed by the Group at the start of the process that a commercial input would ensure that financial issues are addressed. These include:

- The implementation of the Masterplan – ensuring that it is capable of delivery from a financial perspective.
- An assessment of the most optimum uses and their phasing.
- Key issues, costs/unknowns and risks to viability and deliverability are highlighted. This should highlight further work and provide next steps.

3.4.7 It was agreed that the issue of commercial viability of any development in the current climate should consider the following issues:

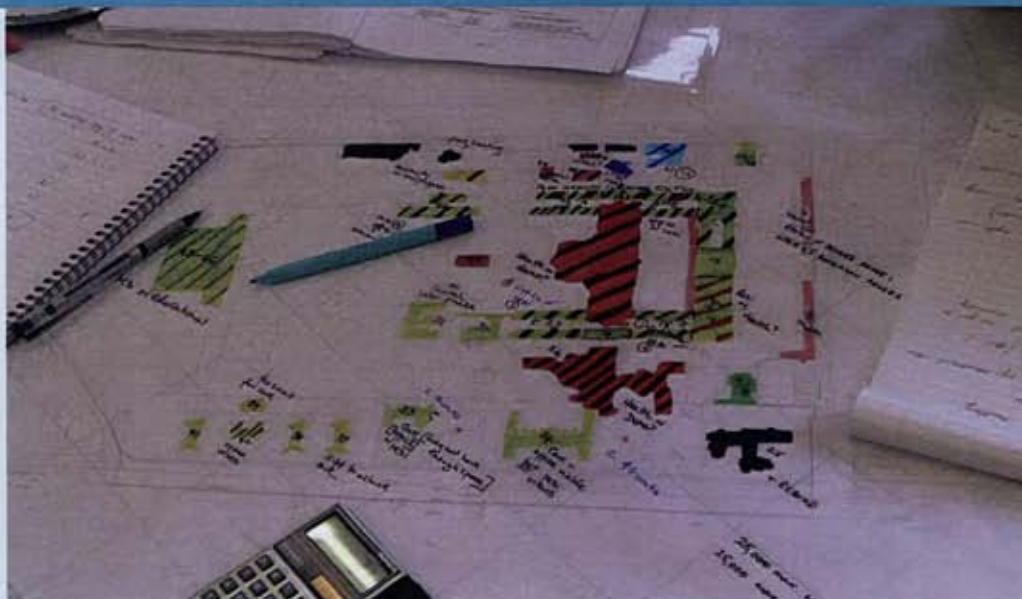
- The market downturn in both the residential and commercial sectors of the property market has seen a marked change in market conditions. Developers are finding it difficult to obtain funding for new development schemes and are experiencing much weaker demand for the end product. Accordingly, many developers are mothballing existing schemes and are not acquiring new sites. Many developers require much higher margins to reflect the risk involved.
- The fall in the availability of mortgage finance, the threat of recession and the fear of redundancy are also contributing to the downturn.

- The property markets in Gosport generate low values when compared to neighbouring settlements such as Portsmouth and Southampton. Gosport's location on the peninsula has limited development activity and the reduces the attractiveness of Gosport as a location for businesses. These factors, will limit the ability to achieve values generated in developments elsewhere and this in turn will restrict the nature of uses that are viable.
- The workshop highlighted that the Masterplan should consider the site in isolation (although it should have regard to connections with neighbouring sites which may be the focus of regeneration in the long term). Development at Haslar Hospital on a standalone basis would be particularly challenging without the strategic regeneration of the wider area, which would be more likely to attract public funding.

3.4.8 In addition to the above factors, a number of site specific issues were identified which would affect the viability and development at Haslar Hospital. These include:

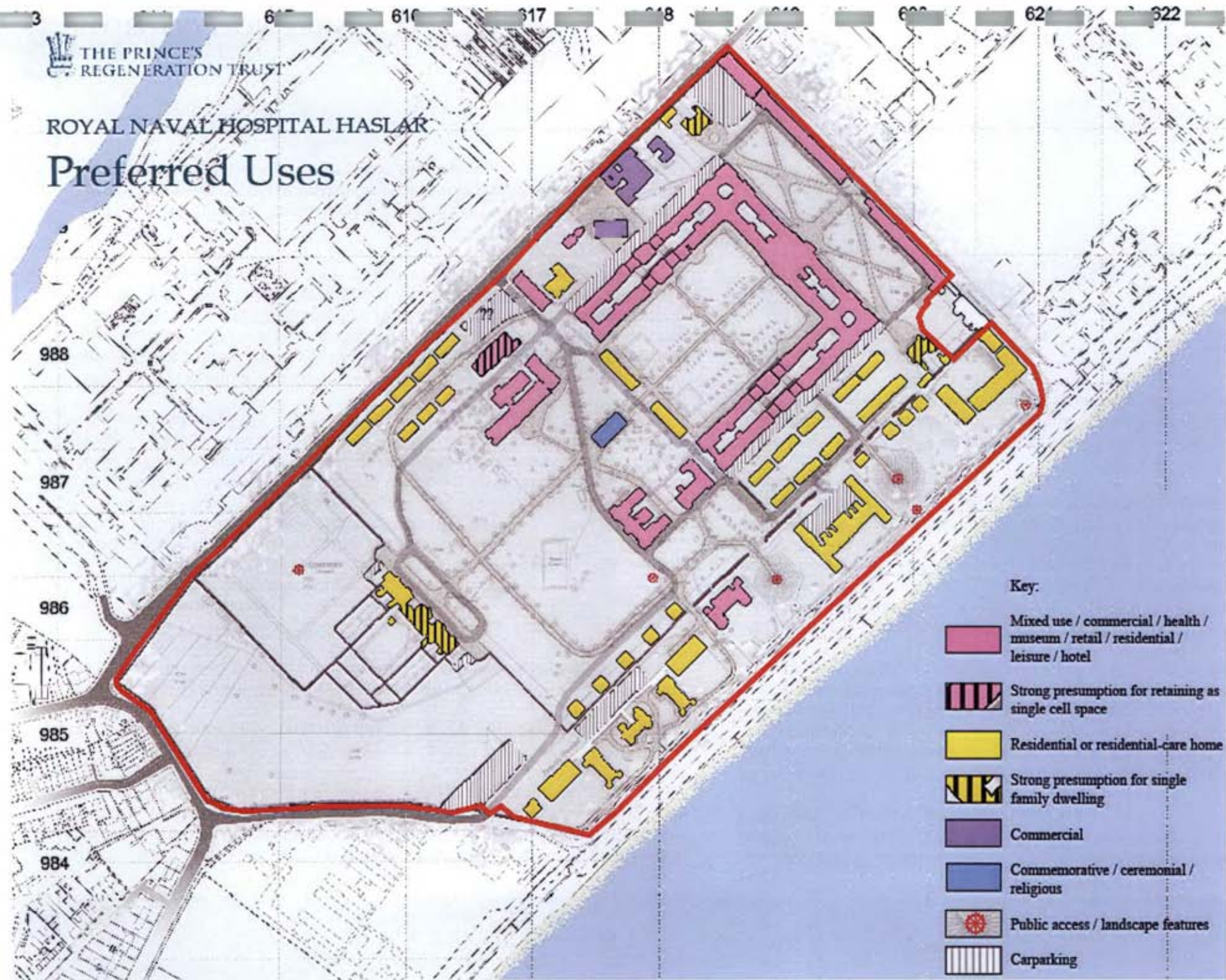
- Building refurbishment costs were estimated by GVA Grimley to be in the order of £37 million - £43 million, with an additional £7 million attributable to repair costs. These values would need to be secured before the revenue generated by the scheme could contribute to additional development costs.
- On and off-site costs were unknown and not yet included in the assessment of viability (such as site infrastructure, remediation and landscaping etc). These costs are likely to be significant.
- The site is complex, with a number of significant issues that constrain development eg listed buildings, the existence of burial grounds and repair costs to the Seawall.

3.4.9 Having considered the above factors, the Group concluded that it was vital to consider the most 'viable' or revenue generating uses for buildings in order to meet the additional costs. This in turn would improve the viability of the scheme and therefore the prospect of the Masterplan's delivery. One of keys to a viable and deliverable Masterplan will be to keep the mix of uses as flexible as possible to enable it to encompass changes in market demand over its' lifetime. This would also increase the attractiveness of the site and the ability to attract a developer(s).



ROYAL NAVAL HOSPITAL HASLAR

Preferred Uses



Key:

- Mixed use / commercial / health / museum / retail / residential / leisure / hotel
- Strong presumption for retaining as single cell space
- Residential or residential-care home
- Strong presumption for single family dwelling
- Commercial
- Commemorative / ceremonial / religious
- Public access / landscape features
- Carparking

3.4.10 The Buildings and Landscape Terrier, prepared as part of the information pack, listed the condition of each key building, the repair costs, alteration costs and assessment of commercial viability being scored from -3 (significantly negative) to +3 (a good return). This information helped the group to:

- Assess the viability of potential new uses for each building on the site.
- Compare each potential commercial use on a building by building basis.

3.4.11 It did not, however, enable an assessment of the viability of the entire site to be undertaken as this work did not take into account additional site wide costs, for example:

- Professional fees
- Upgrades to infrastructure
- Abnormal costs (eg repairs to the Seawall and Boundary Walls and any additional costs for re-interring human remains).
- Environmental/contamination/remediation issues

3.4.12 Many of these costs at the time of the workshop were unknown, but are likely to be significant given the nature of the site. For further details on the Seawall refer to Haslar Hospital and Fort Blockhouse Seawall - Maintenance and Upgrade Strategy (2007).

3.4.13 Market research undertaken by GVA Grimley prior to the workshop revealed that a mixed use development at Haslar Hospital could accommodate approximately 1,400 to 2,300 sq m (15,000 to 25,000 sq ft) of gross office space and 1,400 to 2,300 sq m (15,000 to 25,000 sq ft) of gross retail space. When considering the floorspace provided by the additional buildings (c. 75,000 sq m, 815,000 sq ft), office and retail uses were likely to accommodate no more than 15% of total existing floorspace.

3.4.15 In planning policy terms, it is evident that Gosport High Street should remain the primary retail centre, and that any retail premises located on the site would have to be either ancillary to other development, serve the convenience

needs of the local neighbourhood, or compliment health services and therapies. Examples of the retail offer that the site may attract include restaurant/cafés, a small convenience store and health food shop.

3.4.16 There is also limited demand for industrial space, and what little demand is evident is for small units in the region of 50 to 100 sq m (550-1,100 sq ft) likely to be in the form of small workshop/manufacturing units. Much of the existing accommodation throughout the site will not suit occupier requirements. In addition, any industrial space that is provided is likely to suit occupiers requiring low cost storage premises, limiting the amount of jobs created by this use.

3.4.17 If the most commercially viable uses for Haslar Hospital are pursued, it is likely that the majority of the existing floorspace at Haslar Hospital would comprise a mix of residential and residential care space. However, within these sectors, likely uses could include care beds, nursing beds, key worker housing, family accommodation and residential educational facilities, given the significant amount of existing floorspace to be converted. However, the impact of the provision of affordable housing on the overall viability of the scheme should be carefully considered.

3.4.18 Using this information and the feedback from the other groups the Commercial Viability Group prepared a Preferred Uses Plan and a Phasing Plan (over a 5-15 year period), which should inform the master planning process.



ROYAL NAVAL HOSPITAL HASLAR

Phasing Plan

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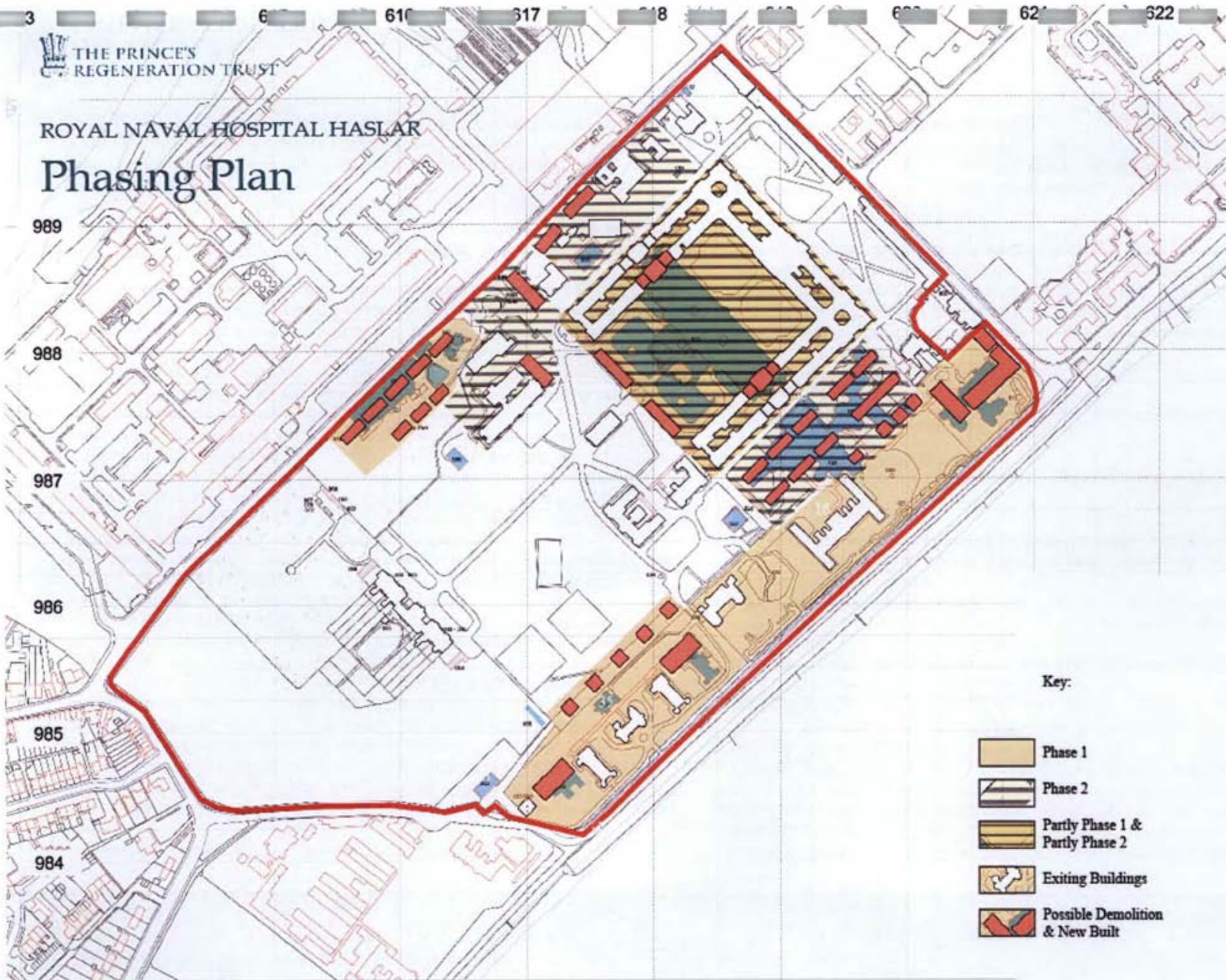
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


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Key:

-  Phase 1
-  Phase 2
-  Partly Phase 1 & Partly Phase 2
-  Existing Buildings
-  Possible Demolition & New Built

3.4.19 Other conclusions from the Group are as follows:

- The Masterplan should contain the most viable alternative uses (consistent with planning requirements) to improve the viability of the scheme.
- That residential development was the most viable alternative uses for Haslar Hospital and is considered essential to improve commercial viability.
- Residential care/nursing home or care village, as well as employment, will also provide a viable use for parts of the site (up to c. 5 acres).
- Industrial/retail/ office uses were marginally viable although would account for a small area of the existing floorspace.
- Key costs remain unknown such as infrastructure and site remediation costs. However, given the nature of the Haslar site these costs will be substantial and will impact on the viability of the Masterplan.
- That enabling residential development identified by the Development Group would be vital to improve the commercial viability of the Masterplan and should be delivered in the early stages of development.
- The Masterplan should be developed to be as flexible as possible in terms of new build, phasing and uses. A mix of residential/care uses that produce a commercial receipt should be encouraged. These may provide an opportunity for retirement, key worker and private housing for young and old people/singles and families, although the impact of affordable housing on the viability of the master plan should be closely monitored.
- Commercially viable healthcare options, such as Care and Nursing homes beds, (perhaps with ancillary health facilities) or a Care Village, should also be included in the master plan. This will build on the Haslar brand as a health and care destination and also fit with the growing demand across the UK to meet the needs of an increasingly aging population. In addition, a mix of uses will support other uses such as an autistic college, retail, and leisure facilities.
- There is little market demand at present for a hotel based upon recent experience in Gosport at Priddy's Hard. In the long term, the aspiration for a hotel at Haslar could be supported as part of a wider strategic regeneration strategy and change in the surrounding area.
- The Cross-link and adjoining Building 026 should remain in the Masterplan until such time as a private health operator coming forward has been explored. In the event that these buildings are demolished, then the courtyard

would be opened up to make an attractive space for residents and visitors and further new build could be allocated on the footprint of building 026. Albert Block could be demolished to allow enabling development to take advantage of sea views.

- Any building refurbishment should be designed to meet Heritage Lottery Funding standards to ensure that applications for grant funding to repair the historic fabric can be applied for.
- Designs will be required to consider the requirement for carbon zero building by 2016 which will further impact on viability.
- A request for a commemorative plaque or memorial dedicated to the memory of all the military personnel who died at Haslar, was raised and should be investigated.
- Public access through the site should be encouraged, linking in with the existing network of pedestrian and cycle routes, as this will further encourage use of the new facilities provided on site.
- A management body should be set up to ensure that the site is well maintained, providing value for money for both the public and private residents/ occupiers.

3.4.20 For a more detailed market analysis, please refer to GVA Grimley's Property Market Analysis Report (2008).

3.5 Masterplan















3.5.1 The aim of the Masterplan group was to agree a consensus for the re-development of Haslar Hospital drawing on the reputation the site has for health provision and wellbeing. Owing to the planned closure of the hospital facilities, new uses for the Listed buildings need to be found. This gives all participants the chance to help shape a vision for the future of the site so it can become a positive attribute to the wider region.

3.5.2 The vision was developed drawing on the work and local knowledge of the key stakeholders and on the basis of wider regional and local analysis, which was undertaken at the start of the workshop and shown on the Regional Consolidation Plan and Consolidated Structure Plan.



DAY 1
REGIONAL
CONSOLIDATION
PLAN

KEY

-  HOSPITAL SITES
-  SPORT / LEISURE
-  OPEN SPACE / PARK
-  TOURISM
-  DOCTORS
-  HERITAGE MOD
-  HERITAGE / POST
-  PRIMARY ROUTES
-  MOTORWAY
-  PROPOSED GUIDED BUS
-  PROPOSED SDA
-  EMPLOYMENT / RETAIL
-  URBAN CENTRE (1977 MAP)
-  URBAN CENTRE (1945 MAP)

SCALE 1:25,000



Wider Area
 Vicinity of Royal Haslar Hospital
 Gosport

Project No: 156/08/25000_A0
 Date: 21/10/2008
 Scale: 1:24,000

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- KEY**
- TRANSIT ROUTE
 - DESIGNATED ROUTE
 - MAJOR ROUTE
 - BUS ROUTE
 - FERRY ROUTE
 - CYCLING ROUTE
 - PARKING FOR FERRY TRIP
 - COMMERCIAL USE / CENTER
 - INDUSTRIAL USE
 - LAND / OUTLINE
 - STREETFIELD
 - OPEN SPACE / GREEN
 - CURRENT TRAILHEAD
 - WILDERNESS CATCHMENT

CONSOLIDATED
STRUCTURE
PLAN

Scale: 1:5000

DATE: DAY 1

Regional context

3.5.3 Haslar Hospital draws its' evolution from a strong military history and location on the Solent. A detailed description of the regional context may be found in section 2.2 of this report.

3.5.4 The site is bounded to the west and north by a series of neighbourhoods, with minimal community facilities. These neighbourhoods vary in prosperity and tenures.

3.5.5 A series of marinas are located to the north-east of the Haslar site, which have clear identities. These are labelled on the Vision Plan.

3.5.6 **Marina 1** is known locally as Paddy's Hard, in which the Museum is located.

3.5.7 **Marina 2** has recently been regenerated to become a mixed use environment, where the local brewery is located. It has become a lively successful place because of its mixed use offer and its connectivity via ferry to neighbouring areas, such as the historic dockyard.

3.5.8 **Marina 3** is recognised for its leisure offer and is also a major employment area. A pedestrian footpath is located from the marina's edge to Haslar Hospital. It was created as part of a major infrastructure project a few years ago. This walk is also approximately parallel to the Gosport High Street, which is one of the primary shopping streets in the region, but is struggling economically. The workshop findings revealed that the new pedestrian footpath, which takes footfall off the High Street, may contribute negatively to the High Street's success. It also revealed that the High Street is pedestrianised and therefore no vehicular traffic would contribute as passing trade.

3.5.9 **Marina 4** is situated at the tip of the peninsula and is identified for its leisure and historic potential.

Site context

3.5.10 The main Haslar hospital building sits between a front and back Georgian garden and originally had airing fields to its sides. The setting out of the building, and both gardens are determined by symmetry, whose main axis demarcates the infamous journey from the creek, into the hospital and finally to the Chapel and burial ground.

3.5.11 The main hospital building and front garden's dimensions match those of the back garden as can be seen in Option 2, when mirrored along the main building's horizontal axis.

3.5.12 The hospital grew in two different patterns. One pattern of growth is where new buildings were placed out with the Georgian landscape, and the other pattern is where new build was placed within the Georgian landscape, in line with the mirrored symmetry created by the dimensions of the main hospital building. Buildings such as the Canada block and the Zymotic wards are examples of the former pattern, and buildings such as the Medical mess and the Eliza Mackenzie House are examples of the latter.

3.5.13 The site's boundary walls are a typical example of the numerous walls and fortifications found throughout the region, which form part of the regional character.

Key ideas underpinning both Masterplan options

3.5.14 Preventative care and achieving healthy lifestyles are considered by medical professionals to be the current leading ideas in the medical field. The Masterplan Group raised the possibility of new uses including preventative care and education facilities, which could continue the tradition of this site providing facilities that are at the forefront of current medical ideas.

3.5.15 The examples of preventative care uses and facilities that were identified included podiatry, chiropody, acupuncture, physiotherapy, osteopathy, yoga, alternative medical practice and training facility, massage, and spa treatments.

3.5.16 There are opportunities to strengthen movement and connectivity to and from the site and within the site itself. Key opportunities include:

- Re-opening previous access points through the site's walls to enable pedestrian movement, and improving routes through the site
- Creating a route between the new public square and Gosport High Street (and the public square and Alverstoke in the opposite direction) that is pedestrian friendly
- Opening up routes to the public south and west of the site to facilitate movement to the south and south west portion of the coast
- Establishing a series of ferrys between the marinas, Haslar site and the Historic Dockyards and Gun Wharf
- Integrating the site into a public transport strategy

3.5.17 There is an opportunity for the site's heritage to promote tourism and attract visitors, as this forms part of a wider heritage trail. This would help entice visitors to remain visiting the region for a longer period of time than presently, as there would be a richer regional tourist offer. Visitors would also spend more time at the site itself to use the preventative care facilities. The additional visitors and time spent in the area could over time contribute to the demand for hotel facilities.

3.5.18 The preventative care uses and facilities could form part of a mixed use offer. The aim is that where possible a walkable neighbourhood is created, where

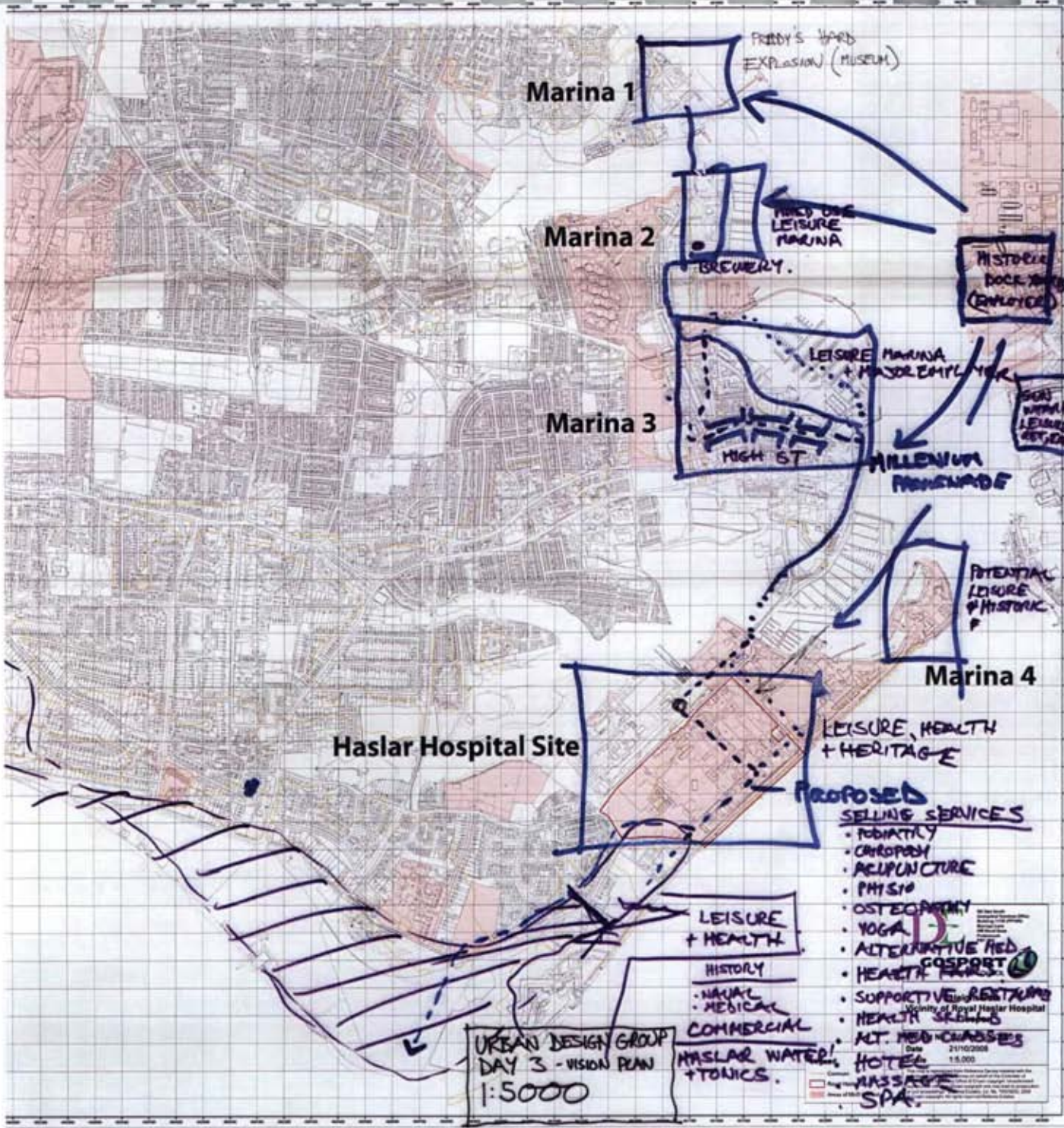
residents may obtain their daily needs from a variety of outlets without the use of their cars. The balance of commercial, retail, education, leisure and housing types should try to be calibrated to achieve this, and any new build must be designed to be flexible so that they may change use in line with future market conditions.

3.5.19 A neighbourhood centre in the form of a public square should be located where the entrance to the Haslar site currently exists, and this would aim to provide the surrounding neighbourhoods with their daily needs, as they have very few community and retail facilities. This public square will create a few focal point along the Haslar Road. The Haslar Road currently has very long and high walls along each of its edges, and this discourages people from walking this route, as it is tiring and uneventful. This square will break this monotony, so that pedestrians may find this walk to be a more enjoyable and manageable experience. car parking will also be provided by the square and community facilities.

3.5.20 The health uses listed above, and any educational facilities (apart from a nursery/crèche which should be located off the public square), should be located on the ground floor of the main hospital building, which could spill out into the external courtyard space where necessary. There would be a mix of uses on the upper floors of the main building, probably comprising various residential housing types and could include care beds.

3.5.21 A mix of housing types should be provided on the site to ensure a mix of families, young and old people, and singles and couples will exist in the proposed development to form a balanced community. A strong community helps to create a safer place, which is watched at different times by different people, and fosters social capital throughout.





The Masterplan

3.5.22 Two options were produced during the Haslar workshop. The first option is the one that was agreed delivered best fit with the aspirations of the participants of the workshop.

3.5.23 Both options recognise that there is a need to create new building in the most sensitive manner to the site, where the new build is placed logically in relation to the existing buildings so that a series of public, semi public and private spaces may evolve as a result, and where there are no backs of plots located on public thoroughfares. Back spaces such as these are unwatched and are thus places prone to crime. It could be argued that there are buildings on the site currently whose backs 'front' the site, however if this site is to be transformed into a sustainable neighbourhood with a substantially higher number of homes, then it is essential that the layout is based upon good urban design practice.

Option1

3.5.24 Option 1 is based upon setting out any new build in a manner which does not impinge upon the main Georgian landscaped area because it is protected. It endeavors to restore the Georgian geometry as closely to the original plan as possible, in light of the quantity of Victorian buildings that have been developed. It bases itself upon the precedent of developing new buildings on brownfield sites and along the southerly edge of the site facing the coast, such as the Zymotic wards and the Canada Block areas, where they were placed out with the main Georgian landscaped area.

3.5.25 Option 1 allows some new building for the purpose of financing the rescue and maintenance of the existing Listed and curtilage buildings. A compromise is suggested, where buildings are placed at the edges of the main landscaped area; one row of buildings has its back to one of the walls, and one row has its back to a primary thoroughfare, as illustrated in the Option 1 plan. It also suggests that new build is located on the old airing fields.

3.5.26 Assuming no alternative, viable uses can be found for the modern buildings, they would be demolished, freeing up a great deal of garden space; restoring the main courtyard and series of airing fields back to their original forms. The main building would also be given space to 'breathe' again and to be seen from a distance if these external spaces were recreated.

3.5.27 A proposed new row of family houses would be built on the brownfield site created by the demolition of Albert Block and Building 026.

3.5.28 Research is still to be undertaken to determine the fate of the Zymotic wards. If it is found that they should be replaced, then it is suggested that new terraces with a mix of homes are put in their place, but with their long edges facing the sea to make the most of the sea views. A row of villas on the northern side of the wall by the Dolphin Way entrance would also be permitted.

3.5.29 A neighbourhood centre could be located between Haslar Road and Errol

Hall. Errol Hall is already a community building and its use is suited to this public space. It was suggested that the building could be altered so that it presents more of a front to the square.

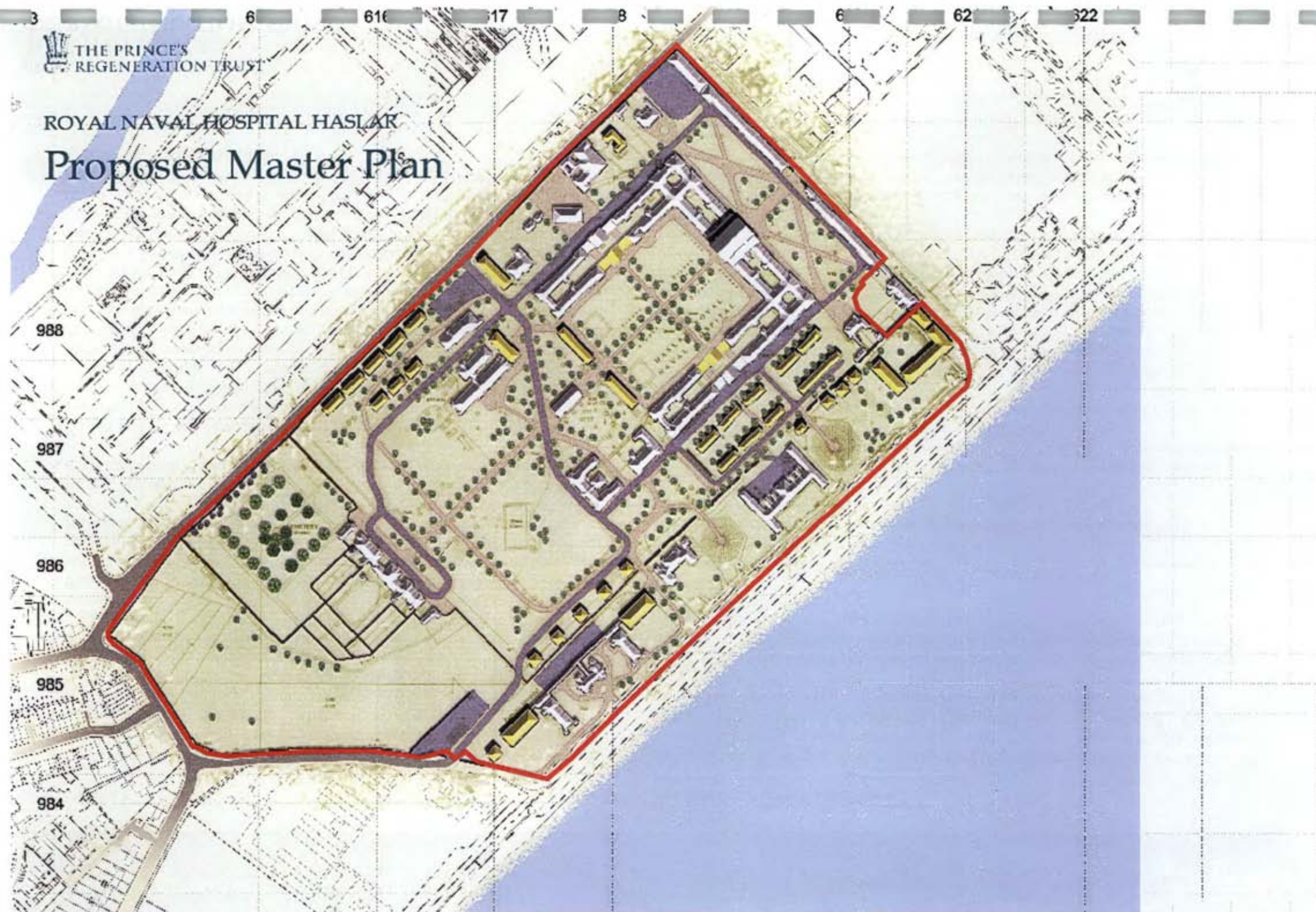
3.5.30 The health uses listed above, and any educational facilities (apart from a nursery/crèche which would be located off the public square), are envisioned to be located within the ground floor of the main hospital building, which could, where necessary, spill out into the external courtyard space.

3.5.31 A revitalised entrance would be created where the water tower stands. The water tower and a new building would form a 'gateway' into the site.

3.5.32 It is suggested that the buildings to the north of the main building, in particular the Old Pathology Lab, which is on an angle to the site's geometry, are used for business premises.



Proposed Master Plan



Option 2

3.5.33 Option 2 takes conceptual basis from the way in which the Victorian buildings in the ground used the main building's mirrored geometry to set them within the back Georgian garden. It is based upon the recognition that there is a Georgian symmetry within the back garden, but it has been eroded by many of the subsequent good quality buildings that have been placed on the site, and therefore this garden will not have the opportunity to be restored fully to its original plan. It was agreed that the Victorian buildings contribute greatly to the setting and it would be wrong to remove these for the purpose of restoring the symmetry in the back Georgian garden. In this vein there is no reason why the proposed new buildings too, if designed strictly according to a sympathetic pattern book, could also contribute positively to this Listed garden setting, albeit they would be in the garden. It should also be noted that Option 2 sets the new buildings around the existing Georgian footpaths, so that these may continue to be walked in the future. The setting out of the new buildings does not disrupt the sight lines from the church to the edges of the site, as can be seen in the Option 2 plan.

3.5.34 Option 2 follows a similar pattern to the evolution of Hampton Court evolution. The way Hampton Court evolved is an interesting example which can be used as a precedent for determining the best approach to placing new buildings within the site. Hampton Court is also a walled site, which began with a grand mansion house, with a courtyard at its centre, and a chapel at its rear in the back gardens. The original building was extended and a series of buildings began to be added to the original building and the chapel, hence creating internal courtyards. Growth was organic yet controlled so that there was a logical succession of public, semi public and private spaces within the complex. Growth also occurred both within the back garden and eventually into the adjacent private orchard. New gardens were subsequently added. This development was permitted due to the demand for growth. As a result the new development was located in the gardens, and the approach taken was to build what was needed in a beautiful and logical manner, and to create new gardens further afield.

Similarities within Option 1 and 2

3.5.35 Both of these options suggest that the main building is used for a mix of health, commercial, retail, educational and recreational uses, with a mix of residential units mainly being located on the upper floors as appropriate. All new build is also proposed to be flexible enough to accommodate future changes of use and tenure.

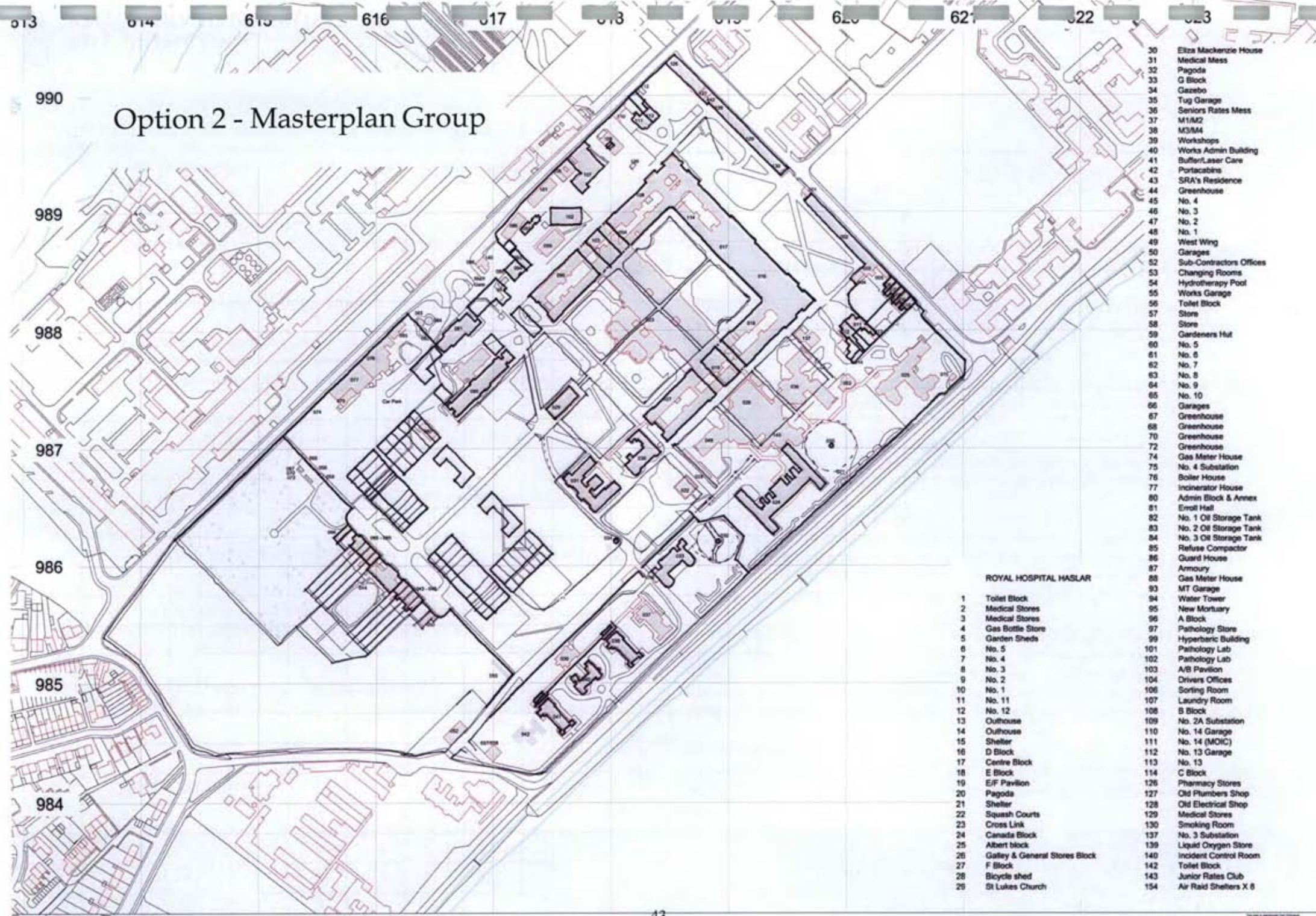
3.5.36 In the first instance the Cross Link would be retained to enable a significant health care facility to remain on site. If it was found that no viable new use or user could be found, the buildings would be demolished to enhance the setting and value of the Listed buildings.

3.6 Conclusions

3.6.1 During the three day workshop, considerable progress was made with a number of key consensus reached:

- 1) Every effort should be made to retain some medical presence on the site.
- 2) If a private health company could be secured to manage the hospital, only a small part of the site would be required for health facilities.
- 3) New uses would need to be found to preserve the redundant historic buildings.
- 4) Since market research, carried out by GVA Grimley prior to the event, revealed that the Gosport market could only accommodate approximately 25,000 sq business space and 25,000 sq ft retail space, comprising a small part of the total development, many of these buildings would have the potential, when the market improves to be converted to residential use as potentially, the only viable option.
- 5) Attendees concluded that new build residential development would be needed to help secure the future of the historic buildings on the site through the application of a cross subsidy process. Initial calculations indicated that in the region of 150,000 sq ft could be provided.
- 6) In order to make the site viable and attractive to a potential purchaser, this enabling development will be essential. Maximum advantage should be taken of sea views, to generate as high a return as possible to facilitate the development of the remainder of the site.





Option 2 - Masterplan Group

- 30 Eliza Mackenzie House
- 31 Medical Mess
- 32 Pagoda
- 33 G Block
- 34 Gazebo
- 35 Tug Garage
- 36 Seniors Rates Mess
- 37 M1M2
- 38 M3M4
- 39 Workshops
- 40 Works Admin Building
- 41 Buffer/Laser Care
- 42 Portacabins
- 43 SRA's Residence
- 44 Greenhouse
- 45 No. 4
- 46 No. 3
- 47 No. 2
- 48 No. 1
- 49 West Wing
- 50 Garages
- 51 Sub-Contractors Offices
- 53 Changing Rooms
- 54 Hydrotherapy Pool
- 55 Works Garage
- 56 Toilet Block
- 57 Store
- 58 Store
- 59 Gardeners Hut
- 60 No. 5
- 61 No. 6
- 62 No. 7
- 63 No. 8
- 64 No. 9
- 65 No. 10
- 66 Garages
- 67 Greenhouse
- 68 Greenhouse
- 70 Greenhouse
- 72 Greenhouse
- 74 Gas Meter House
- 75 No. 4 Substation
- 76 Boiler House
- 77 Incinerator House
- 80 Admin Block & Annex
- 81 Enroll Hall
- 82 No. 1 Oil Storage Tank
- 83 No. 2 Oil Storage Tank
- 84 No. 3 Oil Storage Tank
- 85 Refuse Compactor
- 86 Guard House
- 87 Armoury
- 88 Gas Meter House
- 93 MT Garage
- 94 Water Tower
- 95 New Mortuary
- 96 A Block
- 97 Pathology Store
- 99 Hyperbaric Building
- 101 Pathology Lab
- 102 Pathology Lab
- 103 A/B Pavilion
- 104 Drivers Offices
- 106 Sorting Room
- 107 Laundry Room
- 108 B Block
- 109 No. 2A Substation
- 110 No. 14 Garage
- 111 No. 14 (MOIC)
- 112 No. 13 Garage
- 113 No. 13
- 114 C Block
- 126 Pharmacy Stores
- 127 Old Plumbers Shop
- 128 Old Electrical Shop
- 129 Medical Stores
- 130 Smoking Room
- 137 No. 3 Substation
- 139 Liquid Oxygen Store
- 140 Incident Control Room
- 142 Toilet Block
- 143 Junior Rates Club
- 154 Air Raid Shelters X 8

ROYAL HOSPITAL HASLAR

- 1 Toilet Block
- 2 Medical Stores
- 3 Medical Stores
- 4 Gas Bottle Store
- 5 Garden Sheds
- 6 No. 5
- 7 No. 4
- 8 No. 3
- 9 No. 2
- 10 No. 1
- 11 No. 11
- 12 No. 12
- 13 Outhouse
- 14 Outhouse
- 15 Shelter
- 16 D Block
- 17 Centre Block
- 18 E Block
- 19 E/F Pavilion
- 20 Pagoda
- 21 Shelter
- 22 Squash Courts
- 23 Cross Link
- 24 Canada Block
- 25 Albert block
- 26 Galley & General Stores Block
- 27 F Block
- 28 Bicycle shed
- 29 St Lukes Church

4 Design Principles

4.1 Existing Buildings

- A conservation approach should be adopted to both the repair and the conversion of existing Listed and curtilage buildings.
- The level of intervention in the fabric should recognise the significance of each building as a heritage asset and the vulnerability of each building to change.
- Special features referred to in this report should be preserved wherever possible.

Example: the surviving 18th century staircases in the main hospital buildings should be retained in use as staircases

Example: the fixtures and fittings of St Luke's Chapel should be retained in situ, as a single entity, for their group value

- A conservation approach should be adopted to materials which should be wherever possible sourced on a like for like basis.

Example: serious damage has been done to the exterior brickwork of many of the historic buildings on the site – and their appearance damaged as a result – through re-pointing in inappropriate materials such as hard mortar and inappropriate techniques of repointing.

- The circulation patterns of the buildings should be respected wherever possible.

Example: wherever possible the arrangement of corridors accessed from staircases at the end of blocks in the main hospital should be retained; new staircases and entrances should be avoided.

- It may be desirable in some cases to correct or remove damaging later interventions to Listed buildings, but in other cases changes may be retained as acceptable as part of the 'built-in history' of the site. Each case will need to be

weighed on its merits, depending on whether the change affects the value of the building as a heritage asset and whether the change affects the stability or usefulness of the building.

Example: the proportional spacing of the windows has been retained only in the main entrance block; elsewhere sills have been dropped to first floor windows and window heads raised to the top floor windows. This has had the effect of making the facades very dull and repetitive, in marked contrast to the lengths of unaltered facade. This would be costly to reverse and would involve major interventions in the brickwork so might be omitted.

Example: the alterations to the fenestration of the Main hospital block over successive phases of change has led to a mix of window types in different materials and to different patterns. As many will require renewal for new uses or because they are at the end of their useful life the opportunity should be taken to reverse these changes and to re-fenestrate with units close to the original.

- If no viable alternative uses can be found, the buildings identified on the Potential Demolitions Plan should be demolished and their sites used either for restored landscape or for new build.

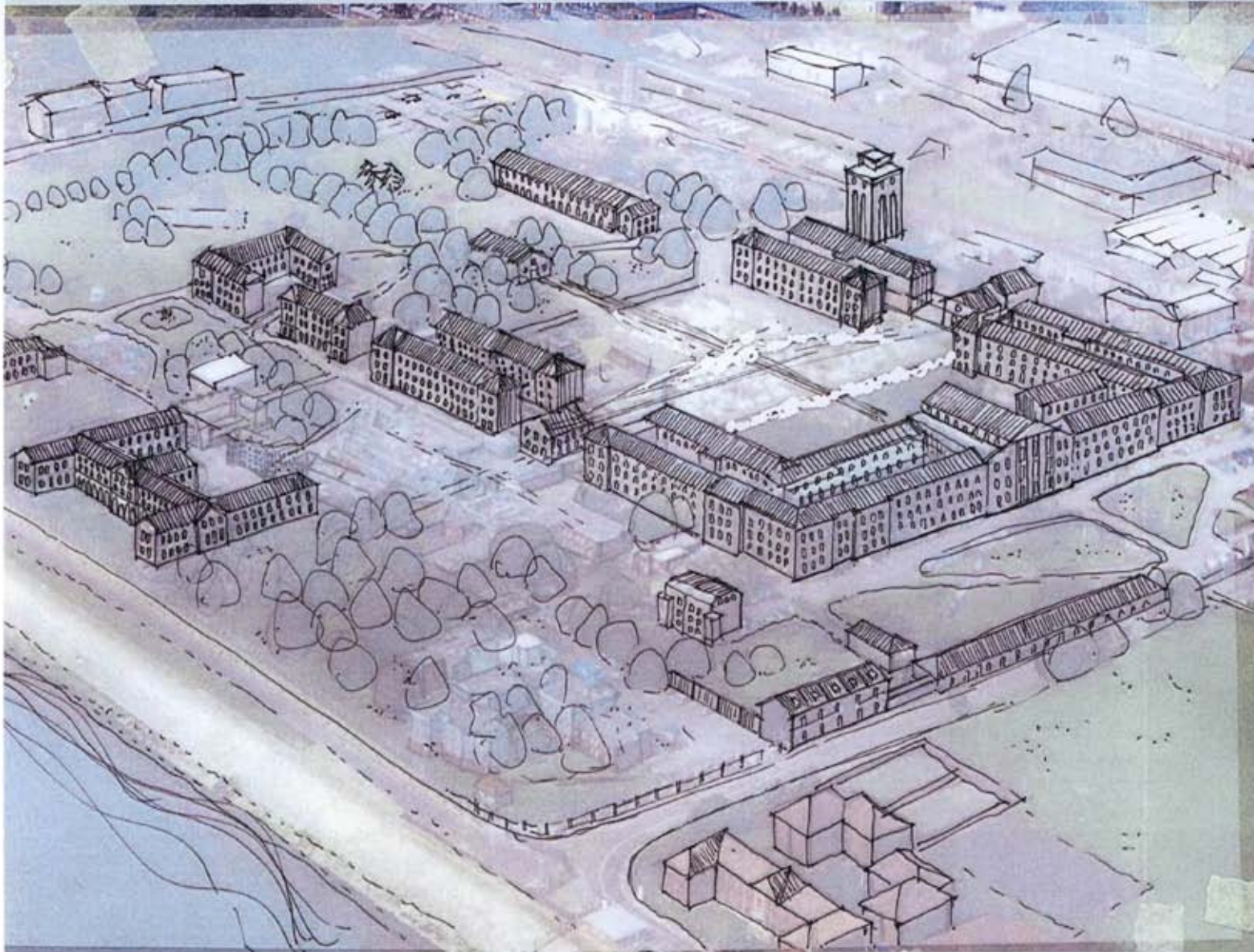
Example: If the surgical hospital block is demolished there is a presumption against building on this site and in favour of restoring the Hospital Courtyard and surrounding loggia

Example: if the incinerator and utilities buildings are demolished there is a presumption in favour of new build on this site in line with the parameters set out in this report.

- If the use of a building is changed, the new uses should be compatible with the fabric, layout, vulnerability of the buildings and unsuitable uses resisted.

Example: the single family houses on the site should be retained as single family dwellings. Lateral conversion should be resisted as this destroys the integrity of the houses. Conversion into shared housing should be resisted as it involves alteration to the fabric, for example to meet fire regulations.





- New uses of existing buildings should bear in mind the impact on the Registered Landscape

Example: some uses will require an increase in delivery and servicing by motor vehicle. Where possible these should be sited on existing paved roadways to minimise impact on the designed landscape.

4.2 Design Principles - New build

- New buildings should be commensurate with the parameters set out in this report.
- New buildings should be suited by way of scale, massing, density, layout, materials, use and elevation to form part of the setting of the Listed buildings on the site and the Registered Landscape.
- Siting of buildings should be such as to minimise motor vehicle movements and the need for parking on the site.

Example: uses which require regular vehicle access for customers and visitors should, where possible, be clustered near to existing vehicular routes.

- There is a strong presumption in favour of casing new buildings in brick-

work as the predominant material. The type and colour of the brickwork varies considerably across the site from plum /buff bricks made on site for the primary build to industrial red bricks to soft red Hampshire clay stocks.

- Where visible, roofs should be finished in slate. There is also precedent on the site for concealed roofs behind parapets.
- There is a presumption against entrances above or below ground floor level.
- There is a presumption against any tall buildings on the site and that the Water Tower should remain the dominant vertical emphasis.
- The security fence around the perimeter of parts of the site should be removed once no longer required for security purposes.
- There is a strong distinction between the design of the Phase 1 buildings which were large institutional style buildings, designed on a Palace Plan, and later Phases where self contained buildings were designed and situated according to a Park Plan. Therefore there is potential to design different styles of accommodation.

Example: the new 'villas' located near the Zymotic Wards are positioned close to the main boundary wall and should be read as detached 'villa-like' structures. Their mansard/ upper floors would have a view over the boundary wall to the Solent. The spacing of the villas should be such that from the vantage point of the West end of the St Lukes Chapel the boundary wall can still be clearly read as the boundary between them and that the full extent of the enclosure of the Pleasure Grounds should be visible.

Example: the new buildings to the South of E/F Block are to be not more than three storeys high. The layout should reflect the three part division of the airing ground for mental patients on which they are sited and the cross axis through the main hospital building should be re-established as visible and usable where it penetrates this site. The upper floors/mansards of these buildings will have sea views over the Solent. Ground floor integral car parking is assumed for these building in order to achieve acceptable parking

densities elsewhere on the site.

Example: the new buildings to be located on the site of the incinerator should abut but not be attached to the Boundary wall. In some places the boundary wall at this point has been rebuilt but should be retained on the original alignment. The South façade should respect the historic walk around the Pleasure ground and the historic tree clumps.



- All development should reflect the best use of contemporary technology, opportunities for renewable energy and promote sustainability.



5 Next Steps

5.1 The Haslar hospital site should be part of a mixed use offer, so that a walkable neighbourhood, which is sustainable, safe and vibrant may be created. Getting the mix right is therefore essential. The balance of commercial, retail, education, leisure and housing types must be calibrated to achieve this, and any new build must be designed to be flexible so that they may change in line with future conditions.

5.2 Moreover, the region's and site's naval and medical heritage, could become a key focus of the site, and a visitor attraction in itself. It could form part of a regional heritage trail and strategy, which could strengthen the region's tourism offer as a whole, helping to attract more visitors to the area and use the facilities on site. This would mean that visitors who would normally visit the region for a day, might consider extending their visit for longer because of the more extensive number of attractions that are marketed. This will boost the potential demand for a hotel and other leisure facilities and should be strongly promoted in any marketing package.

5.3 The key to developing a successful offer at Haslar Hospital is to allow the market to determine the mix of development, whilst at the same time ensuring the right development comes forward. This can be achieved by the use of covenants during the sale process and planning conditions, set by Gosport Borough Council. For example a prospective purchaser must:

- Agree to prepare a Design Code that complies with the set of Design Principles set out in Section 4.
- Prepare and comply with a Conservation Management Plan for the Listed buildings (and curtilage buildings), which is to be agreed by EH.
- Establish a Management Company, with tenant representatives, to ensure the long-term vision for the site is adhered to.
- Enter into a restrictive covenant to undertake not to build on the paddock or Memorial Gardens.
- Capacity of on and off site infrastructure needs to be further investigated

by the potential developer(s) with the relevant statutory suppliers.

- A strategy will need to be determined, in consultation with the EA and other stakeholders), in order to minimise the costs of flood protection.

5.4 Other outstanding matters include:

- It will be important for DE to actively participate in the planning processes and submit representations to have the site allocated as a core site for mixed use/ and any enabling development which is considered necessary.
- Further discussions should be held with Gosport Borough Council with respect to potential planning mechanisms that could be utilised to supply greater planning certainty to the disposal process and therefore potential to achieve a sensitive and viable development scheme.
- Additional work could be undertaken with respect to the viability analysis once the views of the local planning authority on potential uses is clarified. Such work would be to appraise the development costs and values as a whole to inform the overall development equation.
- Prepare a Delivery Plan to ensure the project is robust and achievable.

5.5 Finally, in the long-term it is likely that additional DE sites will come forward for development. The development of Haslar Hospital must not prejudice the development of any adjoining sites, in particular Fort Blockhouse and Blockhouse 3.

Appendix 1 - List of Attendees

Company / Contact Name	Title
Rod Bailey	Senior Estate Surveyor at Defence Estates
Sam Heal	Defence Estates
Josie Falkner (Observer)	Defence Estates
Chris Daniell	Historic Buildings Advisor, Defence Estates
Graham Keevill	Historic Buildings Consultant, Defence Estates
Martin Lloyd	Head of Disposals for Defence Estates South
Mark Limbrick	Principal Planner, Defence Estates
Frances Allan	Director of the Royal Hospital Haslar Defence Estates
Brigadier McIntosh	
Tam Turvett	
Andy Daw	
William Yardley	DE Director Operations South
Wendy Ivess-Mash	Deputy Director Operations South
Robert Smith	Principal Estate Surveyor at Portsmouth
Dr Sue Jordon	Sustainability Team
Peter Edgar	Councillor, Gosport Borough Council
Councillor Christopher Carter	Conservative Councillor Gosport Borough Council
Cllr Robert Forder.	Liberal Democrat Councillor Gosport Borough Council
Councillor Mrs Ingeborg Forder	Liberal Democrat Councillor Gosport Borough Council
Councillor Mrs June Cully	Labour Councillor Gosport Borough Council
Ian Lycett	Chief Executive, Gosport Borough Council
Mike Jeffery	Development Services Manager, Gosport Borough Council
Rob Harper	Head of Conservation and Design, Gosport Borough Council
Jayson Grygiel	Principal Planning Officer, Gosport Borough Council
Andrew Broster	Head of Traffic Management, Gosport Borough Council
Lynda Dine	Head of Economic Prosperity, Gosport Borough Council
Stephen Hollowood	Director, GVA Grimley
Samantha Tarling	Senior Planner, GVA Grimley
Alastair Baillie,	Director Building Consultancy, GVA Grimley

Nigel Simkin	Development Appraisal of Haslar, GVA Grimley
Alan Johnson	English Heritage
David Brock	English Heritage
Rosie Fraser	Commercial Director, PRT
Roland Jeffery	Projects Adviser, PRT
Nick Brown	Projects Adviser, PRT
Paul Gardner	Administrative Assistant, PRT
Kit Martin	Consultant, PRT
Lita Khazaka	Urban Designer, Foundation for the Built Environment
Lewis North	GIS/CAD Technician
Mary-Ann Toop	Highways and Transport, Hampshire County Council
Laura McCulloch	Highways Development Control, Environment Department, Hampshire County Council
Caroline Dudley	Former Head of Museums and Archives, Hampshire County Council
Hannah Fluck	Senior County Archaeologist, Hampshire County Council
Sally Jones	Area Director S.E. Hampshire Adult Services
Andy Trotter	Senior Planner-Urban Designer , Estates, Hampshire CC
Inger Hebden	Director of Capital Planning, Hampshire PCT
Jethro Punter	White Young Green (Traffic Consultants)
Roger Saunders	Feasibility Study for the Charities Group
Commodore Peter Swan	Chairman, Royal Navy Benevolent Trust
ComanderPaddy McClurg	Royal Naval Association
John Rees	HMS Excellent, Whale Island
Peter Linstead-Smith	Head of Strategic Development, Greenwich Hospital
Robert Robson	CEO of the Royal Navy and Royal Marines Charity
Jan Thomlinson	National Offender & Enterprise Manager
Ruth Over	Project Officer for the post-19 autistic college, Priors Court Foundation
Eric Birbeck	Historian
Mrs Marion Budgett	Royal Naval Submarine Museum
Thomas Schindl	Natural England,
Tom Lord	Natural England,
Joyce Upperton	Chair of the Gosport Society
Rose Chadwick	Investment Manager, Housing Corporation



Appendix 2 – Updated Schedule of Significance and Robustness

Building	Bldg. No.	Statutory Designation	Significance	Robustness
Medical Stores	2&3	Grade II	5	5
Gas Bottle Store	4	Curtilage	1	1
Excluded from study	5-10	excluded	-	-
South Georgian Entrance Terraces	11&12	Grade II	6	5
Stables and Carriage House	13&14	Grade II	6	6
Patient Shelter	15	Curtilage	4	2
D Block	16	Grade II*	7	5
Receiving House	17	Grade II*	8	7
E Block and South Pavilion	18, 19	Grade II	7	7
Summer Houses & Gazebos	20, 21 & 32	Curtilage	5	7
Squash Courts	22	N/A	1	2
Surgical Block and Crosslink	23	N/A	1	1
Canada Block	24	Curtilage	4	5
Albert Block	25	N/A	2	2
Galley and General Stores	26	N/A	1	1
F Block	27	Grade II	7	7
Airing Ground Shelter for Mental Patients	28	N/A	6	5
St Luke's Chapel	29	Grade II*	7	8
Eliza McKenzie House	30	Curtilage	5	5
Medical Mess	31	Curtilage	4	6
Mental Patients Block	33	Curtilage	5	5
Gazebo	34	Curtilage	4	3
Garage	35	Curtilage	1	1
Senior Rates Mess	36	N/A	1	1
Zymotic Wards	37, 38 41 & 42	Curtilage	4	3
Zymotic covered walkway	39	Curtilage	4	6
Zymotic Kitchen	39	Curtilage	4	2
Zymotic Administration Building	40	Curtilage	4	3
Surgeon Rear Admiral's Residence	43	Grade II	7	7
Haslar Terrace (South Range) and stables	44-50	Grade II	7	6
Zymotic Sleeping House Tanks	57&58	Curtilage	4	2
Gardeners Hut	59	Curtilage	2	2
Haslar Terrace (North Range) and stables	60-65	Grade II	4	4
Haslar Terrace North Stables	66	Grade II	7	6
Greenhouses	67-72	N/A	2	2
Officers Patient's Administration Block	80	Curtilage	4	2
Erroll Hall	81	Curtilage	4	5
Oil Tanks, Incinerator, chimney and ancillary plant incl. sub-stations	74-77, 82-85, 88, 93, 97, 104, 106, 109, 137, 139, 140	N/A	1	1
Guard House & Armoury	86, 87	Curtilage	2	1

Water Tower	94	Grade II	6	4
New Mortuary	95	N/A	1	1
A Block	96	Grade II*	6	4
Hyperbaric Building	99	N/A	4	1
New Pathology Lab	101	N/A	2	1
Old Pathology Lab	102	Curtilage	6	3
A & B Block – North Pavilion	103	Grade II*	7	5
Laundry and Water Tank	107	Curtilage	3	2
B Block	108	Grade II*	7	5
Garages to No. 111	110	N/A	3	3
North Georgian Terraces	111	Grade II	7	8
Garage to No. 113	112	Curtilage	4	2
North Georgian Entrances Terraces	113	Grade II	6	5
C Block	114	Grade II*	7	5
Pharmacy Stores	126	Curtilage	5	3
Plumbers Shop & Toilet Block	127, 142	Curtilage	6	5
Stores & workshop	128 -129	Curtilage	5	3
Main Entrance Gates, Gate piers & former Guardhouses	130	Curtilage	7	7
Junior Rates Club	143	N/A	1	1
WWII Air Raid Shelters	154	Curtilage	5	2
Cold War Shelter adjacent to Bldg. 80	-	N/A	6	2

Key

Value as a heritage asset is measured by *Significance*

7,8	Exceptional	national or international significance
5,6	Considerable	regional significance
3,4	Some	local significance
1,2	Negative or Negligible	negative or limited heritage value

Heritage assets are vulnerable when they face change or neglect and measured by degrees of *Robustness* or its opposite, *Fragility*

7,8	Highly fragile	Highly fragile and very vulnerable to change and neglect. Only capable of accepting minimal interventions carried out with great care if these avoid compromising significance. A conservation approach needed.
5,6	Fragile	Vulnerable to change and neglect. Capable of accepting some changes if these avoid compromising significance. A conservation approach needed.
3,4	Moderately robust	Capable of accepting a number of changes without compromising significance. Significance must inform proposals.
1,2	Extremely robust	Very major or major interventions possible without compromise to significance.

Note The setting of buildings in the Registered Landscape and as part of the setting of designated buildings has been reflected in the significance scores.

Appendix 3 – Technical Note on “Nil Detriment” Traffic Impact, White young Green

Introduction

One of the issues arising during the 3 day Haslar, Gosport Enquiry by design was the desire of the local Highway Authorities to see a development which resulted in a “nil detriment” traffic situation when considered against the traffic generation of the current hospital use. The following Technical Note summarises the initial trip generation methodology that was carried out during the Enquiry by Design process to provide an general indication of whether this would be achieved (in light of the development mixes proposed).

Trip Generation – Existing

Traffic count data was obtained by WYG at the Haslar site access on the 17th July 2008 and summarised in the Haslar Transport Feasibility Report dated 13th October 2008. This detailed the levels of traffic recorded in and out of the site access (currently the only actively used access point) as being:

Table 1 – Traffic flows at site access 2008

	Arrivals	Departures	Total
AM	304	94	398
PM	54	240	294

However this traffic count data is related to a period of time in which the hospital site is understood to have been only partially occupied, with the understood peak of its recent operation being in 2001.

As such, it would be reasonable to relate any “nil-detriment” target to the potential traffic generation of the site in 2001. A conversion factor was therefore calculated by comparing the Gross internal floor space in active use in 2008 with that in 2001.

Following discussion with members of the site Management Team it was understood that the hospital site, at the height of its operation in 2001, had approximately 78,868.5m² of occupied space. Comparatively, due to a decline in use and closure of various elements of the site, by 2008 the active floorspace was only 40,290m², i.e. a reduction of nearly 50%.

Using the factor of difference between the two as a proxy, this would suggest that a more realistic traffic generation of the site could be:

$$(78,868.5/40,290) = 1.96 \text{ times the recorded flows in 2008.}$$

If you were to apply these factors, the assumed trip generation of the hospital site (assuming 2001 levels of operation) could be:

Table 2 – Potential trip generation in 2001

	Arrivals	Departures	Total
AM	596	184	780
PM	106	470	576

These figures were “reality checked”, by carrying out a brief TRICS assessment of the potential traffic generation of the Haslar site, assuming a General Hospital – Without Casualty use classification.

The trip rates used to estimate the potential trip generation of the Haslar site are detailed below, with the rates detailed below detailing the level of traffic expected from an average General Hospital (without casualty) per 100m² of gross internal floor area:

Table 3 – TRICS trip rates for a General Hospital (per 100m²) – without Casualty

	Arrivals	Departures	Total
AM	0.788	0.177	0.965
PM	0.214	0.445	0.659

Applying these trip rates to the GIA of the Haslar site results in the following total trip generation.

Table 4 – Potential trip generation using TRICS trip rates

	Arrivals	Departures	Total
AM	621	139	760
PM	168	350	518

Whilst the split between arrivals and departures is slightly different, the total trip rates calculated for the AM and PM periods using TRICS data are close to those resulting from factoring up the current recorded traffic generation to 2001 fully operational levels. As such this would suggest that the assumptions used when factoring up the trip rates can be considered to be realistic.

Trip Generation – Proposed

A potential trip generation, considering the development mix proposed during the Enquiry by Design process, was then calculated to be able to provide a broad comparison with that of the hospital use of the site.

The re-development of the site was assumed to consist of the following:

-
- 2,500m² Office space
- 393 mixed residential units
- 80 beds assisted living accommodation
- 65 bed care home



The trip rates utilised in the Haslar Feasibility report for the office, assisted living and nursing home rooms, detailed in Tables 6-7, were used to assess the future potential traffic generation of the site. In light of the information arising from the Enquiry by Design process, (with particular regards to the likely mix of unit types on site), it was considered to assess the residential element of the development using trip rates for mixed private housing. This assumes a mix of housing and flats in private ownership, therefore any elements of the site set aside for social units would likely result in a further decrease in overall traffic generation. Any more detailed Transport Assessment work for the site would have to be based on a more detailed interrogation of the TRICS database.

The trip rates used for the various use classes are detailed below:

Table 5 - Trip rates for mixed private housing (per unit)

	Arrivals	Departures	Total
AM	0.139	0.298	0.437
PM	0.248	0.171	0.419

Table 6 - Trip rates for B1 Office (per 100m²)

	Arrivals	Departures	Total
AM	1.477	0.172	1.649
PM	0.212	1.211	1.423

Table 7 - Trip rates for Care Home (also used in this assessment for Assisted living units) (per bed)

	Arrivals	Departures	Total
AM	0.071	0.049	0.12
PM	0.069	0.100	0.169

Applying these peak hour trip rates to the proposed development mix gives the following total trip rates, detailed in Table 8 (below):

Table 8 - Potential redevelopment trip generation

		Arrivals	Departures	Total
393 Residential Units	AM	55	117	172
	PM	98	67	165
2,500m ² Office	AM	37	5	42
	PM	6	31	37
145 bed Care Home / Assisted Living units	AM	11	8	19
	PM	10	15	25
Total	AM	103	130	233
	PM	114	113	227

Summary

The potential estimated redevelopment trip generation can then be compared to that of the active hospital use to give a balanced view of the impact of the redevelopment proposals. This is provided in Table 9 (below)

Table 9 - Difference in trip generation

	Arrivals	Departures	Total
Existing use			
AM	596	184	780
PM	106	470	576
Potential use			
AM	103	130	233
PM	114	113	227
Difference			
AM	-493	-54	-547
PM	+8	-357	-349

This brief assessment demonstrates that the proposed redevelopment of the Haslar Hospital site, based on the assumed development mix detailed previously, could result in a significant reduction in trips on the local network in the AM and PM peak periods. Due to the change in use there is some change in the tidality of movements to and from the site, which does result in an extremely minor increase in departures in the AM peak, but this should be considered against the overall removal of up to 896 trips in the combined peaks.

This demonstrates that the redevelopment of the Haslar Hospital site would have marginal impacts on the surrounding local road network and would result in significant overall reduction in trips when considered against a fully operational use of the current site.