

FAO Planning Representations
Development and Regeneration Services
Glasgow City Council
229 George Street
Glasgow
G1 1QU

31 October 2017

By email

Dear Sir / Madam

Pollokshields Community Council representation re: Planning and Listed Building Consent Applications:

17/02059/DC Erection of residential development with office (Class 4) and commercial uses (Class 1, 2 and 3) and associated parking and landscaping. Site Formerly Known as Victoria Infirmary 517 Langside Road Glasgow

17/02061/DC Internal and external alterations to the Administration Block of the former Victoria Infirmary. Site Formerly Known as Victoria Infirmary 517 Langside Road Glasgow

I write as the Planning Convener for Pollokshields Community Council (PCC) to confirm that while we are supportive in principle of the regeneration of the Victoria Infirmary campus site as a mixed use predominantly housing led development we wish to submit the following detailed representation including three objections in the strongest possible terms with regards to the two-mentioned planning and listed building consent applications.

Executive Summary

PCC are making this representation as members of both the Victoria Forum and Glasgow City Council's Battlefield Working Group and want the following points to be noted:

- PCC **object in the strongest possible terms** to the lack of a distinct Masterplan document which we believe to be contrary to City Development Plan Policy CDP2 – Sustainable Spatial Strategy. PCC believe consideration of the planning application should be deferred until there is an approved masterplan produced in accordance with City Development Plan policy and the guidance in PAN83 Masterplanning specifically, social and economic analysis and a delivery strategy.
- PCC **object in the strongest possible terms** to the demolition of the Private Patients Ward and design of the proposed Block A2 as we believe this to be a failure of placemaking so contrary to City Development Plan Policies CDP1 - The Placemaking Principle and CDP9 - Historic Environment as well as City Development Plan Interim Planning Guidance IPG1 - Placemaking and SG9 - Historic Environment.
- PCC **object in the strongest possible terms** to the twin failure to better connect the site to the surrounding neighbourhoods and look at 'designing streets' solutions to the heavily utilised roads around the site which we believe is contrary to City Development Plan Policies CDP1 - The Placemaking Principle, CDP2 – Sustainable Spatial Strategy, CDP4 – Network of Centres and CDP11 – Sustainable Transport.
- PCC **welcome** the retention and reuse of the Nightingale Wards and the 'B' listed Administration block.

- Finally, PCC has sought to be a 'critical friend' by providing further constructive comments on the design proposals including further analysis required for the public spaces on the spine route through the site, brickwork specifications and details, a design strategy for shopfronts, an ornament and arts strategy for the site and the handling of small scale but key details such as the locations of satellite dishes, TV aerials, alarm boxes, boiler flues and movement joints. We hope these comments are taken in the spirit intended.

PCC Comment – why we are making a representation

Over the last five years Pollokshields Community Council have been actively campaigning for better planning outcomes in the Pollokshields Ward and though the Victoria Infirmary campus is not within our ward boundary we are conscious that it is a site of strategic importance to the Southside of Glasgow and are keen to see a good outcome of the sake of the wider Southside community.

We are therefore happy to collaborate with and support our Southside Community Council partners in the Victoria Forum to this end having been invited to join the Forum in Spring 2017 after attending the well run community consultation meeting the Forum hosted in Langside Church on 22 February 2017. This in turn led to our attendance at the Battlefield working group chaired by Councillor Archie Graham and supported by all the Langside ward councillors - Susan Aitken, Anna Richardson and Tanya Wisely - as a result of the advocacy of the Victoria Forum.

We have actively engaged with the pre-application process over the site having attended all three of Sanctuary Housing Association's consultation sessions during which we approached the applicant and consultant team with queries and constructive suggestions for improvements. We made clear to the design team that we would supply a professional response to their consultation session hence this representation. We have attempted to do this as constructively as possible nevertheless there are inevitable areas of disagreement which we have outlined below.

The other reason for our interest in the Victoria Infirmary is our awareness that the hospital was built via public subscription and bequests from the late 1870s onwards i.e. that the original Victorian, Edwardian and Interwar hospital complex was very much the creation of an interested and motivated Southside public who were concerned about their health and this included many families from Pollokshields.

Therefore, when it first came to our attention in 2015 that NHS Greater Glasgow and Clyde was proposing to demolish the former hospital buildings (ref: 15/02740/DC) and alter the 'B' listed Administration Building (ref: 15/02741/DC) we were concerned about the possible loss of a set of buildings with high Civic presence which make a major impact on the character of Glasgow Southside. Historic Scotland's tone-deaf response to these applications did little to allay our fears and this arguably set the terms for where we are now.

It is disappointing that NHS Greater Glasgow and Clyde chose to go down this route in order to maximise the value of its estate rather than thinking through the implications to the surrounding communities of the destruction of yet another memorable piece of townscape in Glasgow (especially considering how much has been lost from the 1960s onwards) when we know that health and wellbeing are intimately linked to memory and sense of place and should be central to good urban planning. We hope that in future both statutory bodies learn from this experience and that it influences their participation in the Glasgow Community Planning Partnership.

PCC Objection to the lack of a distinct Masterplan document

The regeneration of the Victoria Infirmary Campus has been anticipated for at least a decade with reference made to it in both City Plan 2 and the new City Development Plan where it is designated in the Plan's Policy and Proposals Map under Policy CDP2 – Sustainable Spatial Strategy as an area which requires the preparation of a 'Masterplan'. The site is also identified as a masterplan site under 'other masterplans' in the diagram accompanying policy CDP 10 Meeting Housing Needs.

The reference to the requirement for a masterplan for the Victoria Infirmary site was more explicit in the 2014 draft City Development Plan but in the final version was placed in the appendix to the plan. Nevertheless, it is now referred to in the council's City Development Plan Action Programme of June 2017 where it is identified as one of the Actions to Deliver Glasgow City Development Plan's Policies and Proposals under CDP 2 Sustainable Spatial Strategy Action 8D where the action is indicated as being for Development and Regeneration Services to: *Support preparation of masterplan by private developer to help shape future development of this former NHS site* i.e. this was confirmation of a process already underway whereby a 'Developer Led' Masterplan was to be progressed for the site.

In consequence, this is what the surrounding community council were anticipating. Unfortunately, alarm bells have been ringing over the applicant's unwillingness to attend the Victoria Forum's community consultation in February or participate in Glasgow City Council's Battlefield Working Group. Our fears have been realised by this detailed planning application and in particular the Supporting Planning Statement prepared by Farningham Planning Consultants which challenges the need for a separate and distinct masterplan document using a selectively edited extract from Planning Advice Note 83 Masterplanning which omits the need to link a masterplan to social and economic analysis and a delivery strategy while simultaneously admitting the approach they have adopted of preparing a Masterplan as an integral part of a detailed Planning and Listed Building Consent application, so these can be processed simultaneously, is '*somewhat unique*' in a Glasgow context.

Of the areas of disagreement, the failure to produce a masterplan is the primary one for PCC. Indeed, it is disrespectful of Glasgow City Council who have made very clear that this is what they were looking for. The lack of a masterplan is simply not acceptable as in planning terms it means there is no context within in which to properly evaluate the detailed application which should instead follow on from a masterplan. This is particularly critical from a social and economic point of view as well as with regards to the delivery of 413 new homes and the impact this may have on the surrounding mature residential neighbourhoods. We note that the design team does not include an economist who could have examined this.

The problem is that the applicant's proposals for the Victoria Infirmary site effectively treat the site as though it were an island separated from the remainder of the Southside i.e. it only deals with issues within the site and not at how the site connects to the broader context. Tangential to this are issues to do with the impact on local services such as schools and health and road and transport issues. And when you start looking holistically at the surrounding context you realise that within a very short distance there are over 856 new homes planned or proposed including:

- 413 homes at former Victoria Infirmary campus site
- 154 homes within the grounds of the former Scottish Power Headquarters
- 125 homes within the former Scottish Power Headquarters building
- 101 homes at the former Mansionhouse Unit site
- 47 homes in the conversion of the former Holmlea Primary school
- 16 homes in a new build tenement on Sinclair Drive

Therefore, the masterplan needs to provide a clear development framework to show how the design team have analysed the surrounding context to arrive at their conclusions in terms of the area's capacity for development, its economic and market potential, housing type and tenure, education provision (the community's perception is local schools are at capacity), amenity and greenspace as well as health, roads and transport issues. All this needs to be taken into account during the appraisal process so as to provide the context within which the application can be assessed. So far, the applicant has failed to do so.

Therefore, the PCC **object in the strongest possible terms** to the masterplan approach the applicants have adopted of preparing a Masterplan as an integral part of a detailed Planning and Listed Building Consent application rather than as a distinct document with a clear development framework so the detailed application has a proper planning context within which to be evaluated. We believe this to be contrary to City Development Plan Policy CDP2 – Sustainable Spatial Strategy; however, the reality is this sort of forward planning is something the council needs to think about as people start moving back into Glasgow and the population density increases and is something the

Scottish Government have been discussing as part of the Planning Review in advance of next year's Planning Bill. PCC believe consideration of the planning application should be deferred until there is an approved masterplan produced in accordance with City Development Plan policy and the guidance in PAN83 Masterplanning.

PCC Objection to demolition of Private Patients Ward and design of proposed Block A2

There is a major flaw in the basic premise of the design statement i.e. that the former Victoria Infirmary site is treated as an island - repeatedly referred to as such in the design statement text - when planning guidance IPG1 Placemaking makes very clear that: *'Development proposals should respond to their context and reflect local character, history, the identity of their surroundings and materials'* For clarity the site is not an island, rather, it is fundamentally bound into its Southside of Glasgow context.

Therefore, it is a major weakness of the site appraisal that the townscape diagrams omit key existing buildings which contributed to the surrounding context instead showing the bulk of the site as a tabula rasa while simultaneously paying scant attention to the surrounding context all contrary to what is set out in the Scottish Government's PAN 83 Masterplanning.

This shows in the handling of surrounding buildings such as the 'B' listed Battlefield Rest which is not brought into the scheme - a major lost opportunity for placemaking - but is symptomatic of the design approach to the site failing to address broader issues in the area particularly the complex road network around the Battlefield Rest and the Monument which would benefit from simplification. This is contrary to IPG1 Placemaking which encourages *'thinking outside the red line boundary'* as *'new development should not be considered in isolation'*.

In turn, there is a lack of exploration of retention of existing buildings within the Victoria Infirmary campus site with what is presented in the design statement simply being a fait accompli. Could more of the stone built pre-WWII buildings have been retained and re-purposed as per what is indicated in interim planning guidance IPG1 Placemaking:

*Buildings of historical and local interest (refer to SG9 - The Historic Environment and SG1 - Placemaking, Part 2, Detailed Guidance, Cultural Heritage) should be re-used on site and existing natural features retained, wherever possible. Listed buildings and those that contribute to the character of Conservation Areas should be retained and a sympathetic use established to secure their future. **Some buildings, not on a statutory list, will also have local interest and their retention and reuse can add character and give historic meaning to new development.*** [PCC emphasis]

Therefore, what was the justification for demolition of the other pre-WWII buildings? As discussion regarding this was entirely excluded from the pre-application consultation it could not be raised with the applicant – who anyway refused to discuss it - or the design team who made clear it wasn't part of their brief from the applicant as it was covered by a separate demolitions contract which was underway so had not formed part of any masterplan discussions. This was manipulative and contrary to best practice for consultation as well as IPG1 Placemaking.

It was also disappointing as we had been led to believe that the applicant had indicated in their bid to NHS Greater Glasgow and Clyde that demolitions would not take place in advance of the conclusion of the consultation into the masterplan and planning application and yet by this stage they were well underway.

This exclusion was a major failing of the community consultation and was contrary to PAN 83 Masterplanning which encourages: *collaboration with communities, and organisations, with either a stake or an interest in the area.* If there was adequate economic and design justification for the non-retention of these buildings, it could have simply been explained so people from the surrounding communities were treated like adults and put at the heart of the decision-making process as per the requirements of IPG1 Placemaking.

While the continuing use of the 'B' listed administration block as offices and the retention of the Nightingale Wards (with modern interpretation of the balconies) is **welcomed by PCC**, arguably this strategy could have been taken further for the benefit of the proposal, the surrounding context and the built heritage of the Southside of Glasgow.

For example, the Nurses Wing - already designed for domestic use - could have been readily adapted to flats or a student housing block. The Private Patients Ward, on the other hand, could have been internally stripped and re-purposed as robust office space (a very fashionable aesthetic at present for example look at the recent conversion of the Garment Factory in Ingram Street) to further the mix of uses on, and therefore sustainability of, the site.

There was also no reason why the ground floor of the Private Patients Ward could not have been adapted to retail use with shops cafes and restaurants carved out of the existing stone facade and being placed to face across a new south-east facing plaza towards the Battlefield Rest.

Therefore, as none of this has been properly explored by the design team, we must ask, is the proposed Block A2 a better design than the Private Patients Ward?

Unfortunately, it is currently difficult to make the comparison as there are no drawings or perspectives supplied which allow for this. Again, this is a major failing of this application and, given the applicant's attitude at the pre-app consultation we believe the omission deliberate particularly as it had already been highlighted in the Glasgow Urban Design Panel's (GUDP) report on their pre-application discussions with the consultant team on 30 March 2017 which will have been provided to the applicant.

GUDP found the loss of the Private Patients Ward 'troubling' noting in their conclusion that:

The panel felt that there was merit in re-considering the south-west corner of the site, currently strongly expressed and with a relationship to the Battlefield Rest, but - as proposed - less responsive to the corner location. Is there the opportunity to retain and adapt the existing building?

PCC strongly agrees with the GUDP's thinking in this regard and it is disappointing that the applicant has chosen to ignore this good advice. There were good reasons for the retention of this building and not just for its obvious architectural and urban design qualities in relation to the 'B' listed Battlefield Rest.

The loss of the Private Patients Ward will inevitably have a detrimental impact on the backdrop to the Battlefield Rest. The integrity of the urban space surrounding the Battlefield Rest has already been badly eroded over the course of the last two decades by the loss of the extensive campus of Victorian Glasgow school board buildings (including a major Glasgow style school building) that comprised Queen's Park School and their replacement by an NHS surface level car park with only the boundary walls, cast iron railings and stone gate piers left in place. The loss of the Private Patients Ward will further render this key Southside of Glasgow urban space unrecognisable with the charming 'B' Listed Battlefield Rest Tram halt of 1914-15 by Frank Burnet and Boston Architects having lost virtually all its Victorian, Edwardian and Interwar townscape backdrop.

In architectural terms the handsome and understated Private Patients Ward is important as it is by architects John Watson and his son John Watson Junior, of the practice Watson, Salmond and Gray, who were two of the finest Glaswegian neo-classical architects of late Victorian through to the Interwar period.

John Watson designed the superb 'A' listed extension to the City Chambers which in 1927 was awarded the first RIBA Scottish Architecture medal for the best city building completed within the preceding five years and was featured as one of the best Scottish buildings of last 100 years in the Scotstyle Exhibition for the Festival of Architecture 2016. The practice's other major Southside of Glasgow building is the 'A' listed former Waverley Cinema in Frankfort Street, Moss-side Road and Bertram Street in the Shawlands Conservation Area.

John Watson Junior trained under both Sir JJ Burnet and E. Vincent Harris - one of the finest classical architects of his generation who designed the extension to Manchester's Town Hall and Manchester's Central Library. John Watson Junior's training shows in the restraint and understatement of this interwar building which was designed to respect the Battlefield Rest while it also shows the influence of Nordic Classicism in Scotland.

From a placemaking perspective the key issue is how to transform the area around the Battlefield Rest into a really effective urban space. To do that you need to surround it with high quality urban buildings and the architectural calibre of the Interwar Private Patients Ward is high - dating as it does from a Golden age for Glasgow Architecture – while it respectfully shapes and contains the space around the Battlefield Rest.

The problem with the proposed Block A2 design is its failure to adequately respond to the Battlefield Rest. For a start the proposed new building presents its flank to the Battlefield Rest, instead attempting to both terminate the view down Sinclair Drive while echoing, in a modern idiom, the turrets on the Nightingale Wards with the mass and form of the building focused on this. Block A2 is also significantly closer to the Battlefield Rest than the existing building to the extent that it's taller scale crowds out and dominates the smaller listed building. This is directly due to impoverished townscape analysis at the outset and the failure to consider matters beyond the red line boundary of the site with the result that the existing building does this job better than the proposed new one.

The demolition of the Private Patients Ward to be replaced by the proposed Block A2 also means that the Battlefield Rest, rather than having a stone backdrop will have a brick one. According to Sir John Betjeman, Glasgow is the finest Victorian city in the world, indeed this is one of Glasgow's USPs for heritage tourism and future economic growth; however, these buildings – which underscore the city's character - are a finite resource so, as it is an irreversible step, serious thought should be given prior to demolition. The reality is any serious European city that values its architectural heritage and culture wouldn't even contemplate demolishing a good stone building (i.e. a superior and more expensive material) to build a brick one (i.e. an inferior and cheaper material).

This is something GCC City Design team are on record as agreeing with as demonstrated by their commentary on the earlier application 15/02741/DC | *Internal and external alterations to listed building, associated with demolition of former unlisted hospital buildings. | Victoria Infirmary 517 Langside Road Glasgow G42 9TY* when they note that:

"It is a great shame that these buildings which, while not listed, do have townscape and historic merit could be lost if this work is progressed within any future development of the site. Several of these buildings incorporate interesting and high-quality design and materials and it is unlikely that buildings of this type or quality could be constructed by modern developers."

Therefore, as PCC are in agreement with both the Glasgow Urban Design Panel and the GCC City Design team we **object in the strongest possible terms** to the demolition of the Private Patients Ward and to the design of the proposed Block A2 on the grounds that this is a failure of placemaking so is contrary to City Development Plan Policies CDP1 - The Placemaking Principle and CDP9 - Historic Environment as well as City Development Plan Interim Planning Guidance IPG1 - Placemaking and SG9 - Historic Environment.

PCC Objection to the failure to better connect the site to the surrounding neighbourhoods.

PCC whole-heartedly endorses the approach adopted by Gilles MacPhail and the Battlefield Community Project in their efforts to point out how the approach the applicants have taken with the Victoria Infirmary campus site by treating it as an island makes it unsuitable for a large scale residential development as they have failed to address the heavy traffic on the roads surrounding the site

Within the application there is no evidence of safe walking routes or crossing points and other sustainable transport routes to or from Battlefield or Queens Park, and no evidence of integrated public realm proposals that attempt to provide these links. In addition, it remains unclear how cars will

access the underground car-parking, or delivery vehicles will access the site via Grange Road without causing congestion. Beyond the site boundary there is little evidence that the applicants have looked to address the standards set out in the Scottish Government's 'Designing Streets' policy statement.

Therefore, PCC **object in the strongest possible terms** to this failure which is contrary to City Development Plan Policies CDP1 - The Placemaking Principle, CDP2 – Sustainable Spatial Strategy, CDP4 – Network of Centres and CDP11 – Sustainable Transport.

PCC remaining commentary on the Application

1. PCC notes the lack of sun-path diagrams particularly for the impact of shade and light on the three-interlocking public spaces in the central connecting spine of the scheme. We ask how does the movement of the sun throughout the day and the resultant shadows from the surrounding new buildings (Blocks A1 and 2 in particular) impact on these spaces throughout the day? At key periods (lunchtime etc) are they in sunlight or shade? A convincing, well thought through masterplan would undertake analysis of this.

2. PCC question the activation of the new public spaces via active frontage and uses which could part occupy the spaces i.e. cafes or a creche. Most of the retail units indicated for Blocks A2 and B1 face east. There is one retail unit in Block A1 which faces east towards the rear of Block A2; however, none of these units addresses the public realm spine which is otherwise fronted by wheelchair access flats behind front gardens - a use which may come into conflict with the public nature of the route.

3. PCC suggests that the design team need to think carefully about the design and character of the interlinking public spaces on the central spine. Whilst we appreciate that the team are aiming for '*a bold and contemporary design... ..to acknowledge the historic nature of the site via elegant and uncomplicated detailing reinforced by areas of mass planting*' judging from both the drawings and images supplied, the reality looks more corporate, bland and sterile than what should be a series of intimate part domestic scaled spaces. We feel that this proposed ethos is entirely wrong for these spaces which have the potential to be an unusual and highly interesting addition to Glasgow's public realm.

Our suggestion is the design team look instead towards precedents such as Christopher Alexander's hugely influential book - A Pattern Language (Publisher: OUP USA 1978 ISBN-10: 0195019199) particularly Pattern 98 – Circulation Realms, Pattern 100 – Pedestrian Street, Pattern 106 – Positive Outdoor Space, Pattern 121 – Path Shape, Pattern 124 – Activity Pockets and Pattern 125 – Stair Seats. Alternatively, the other obvious precedent is Charles Moore's Kresge College on the University of California's Santa Cruz campus where Moore and William Turnbull designed the winding central 'street' as a playful version of an 'Italian hill town' overlooking Monterey Bay resulting in a successful and popular social space.

It would also be preferable if the applicant re-thought their site boundary constraint to connect these interlocking spaces to a plaza extending across to the Battlefield Rest which could then act as a focus and café terminus for the whole route. While requiring negotiation with Glasgow City Council for the reduction of Grange Road this single move would vastly improve the overall proposal. Perhaps it is here where a well overlooked children's play area could be placed as it would also really activate and enliven the space.

4. PCC query the lack of a design strategy for the retail units. How are the retail frontages to be handled? Is there a signage zone as all signage should be subservient to the architecture? Will there be a design code to handle this? Therefore, we formally request that a separate design strategy for the retail units be conditioned by the local authority.

5. PCC point out that the Brickwork specification is key to the success of the new buildings as it is only defined as a '*tonally varied facing brick (grey/buff)*' at present. Any selection of brick colour and texture needs to ensure a good fit with the predominant use of yellow (possibly Giffnock) sandstone on the site

6. On the same point, PCC also note that the selection of mortar specification is key to the appearance of the brickwork so requires careful consideration. If a coloured mortar would work best this should be costed for in the first place. Therefore, regarding points 4 & 5, PCC formally request that both brickwork and mortar specification be conditioned by the local authority.

7. The brickwork detailing - style, types and creative use of brick patterns to help breakup un-relieved large-scale planes of brickwork is also important to the success of the architecture for it will introduce smaller, human scaled, detail. At present the brickwork is shown only as a standard bond which on this scale would be very boring and dull indeed. This small human scale level of detail is critical to the success of the architecture and should also be conditioned by the local authority.

8. An ornament strategy and how this ties into placemaking and by extension health and wellbeing. For instance, the architects could look at how successful Hendrick Petrus Berlage's 1912 masterplan for the southern extension to Amsterdam (Plan Zuid) is at integrating a sculptural programme into the brickwork throughout the suburb even though the buildings were designed by different architects. Again, this level of detail provides the human scale to the development which will help with health and wellbeing. Therefore, is there to be an arts strategy for the site which could help with this? Perhaps this could touch on the historic links to the Battle of Langside whose 450th anniversary falls in 2018?

Can found ornamental elements from the existing demolished buildings - carved stone details for instance - be retained and re-cycled into the new buildings as a way of connecting to the surrounding context and retaining memories of the hospital complex? This should have been thought through before the hasty start to demolitions.

9. The handling of other small scale but key details are also critical to the success of the proposed design: location of satellite dishes, TV aerials, alarm boxes, boiler flues and movement joints. Again, these can impact on the architecture so careful and sensitive locations for these elements need to be considered at the outset. Therefore, we formally request that these details be conditioned by the local authority.

Conclusion

While PCC are supportive in principle of the regeneration of the Victoria Infirmary campus site as a mixed use predominantly housing led development, we object in the strongest possible terms to the lack of a distinct Masterplan document; the demolition of the Private Patients Ward and the design of Block A2; and, the failure to explore 'designing streets' strategies for linking the site to the surrounding neighbourhood. Nevertheless, where possible we have tried to act as a 'critical friend' with suggestions for the design team and welcome the retention and re-use of the Nightingale Wards and the 'B' listed Administration block.

Yours faithfully,



Niall Murphy
Planning Convener
Pollokshields Community Council
CC
Stewart McDonald MP, Glasgow South Constituency
Paul Sweeney MP, Glasgow North East Constituency
James Dornan MSP, Glasgow Cathcart Constituency
Councillor Susan Aitken, Langside Ward
Councillor Anna Richardson, Langside Ward
Councillor Archie Graham, Langside Ward
Councillor Tanya Wisely, Langside Ward