

Heritage Impact Assessment

Proposed installation of solar panels at Mount Vernon Hospital, Rickmansworth Road, Hillingdon



Hillingdon Hospitals NHS Foundation Trust

GLA/355
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1.0 Introduction

- 1.1 This document constitutes a Heritage Impact assessment (HIA) in relation to the proposed installation of solar panels on buildings at Mount Vernon Hospital, Hillingdon. It has been prepared by Grover Lewis Associates Limited on behalf of the Hillingdon Hospitals NHS Foundation Trust. The report has been written by Philip Grover BA (Hons), BTP, Dip Arch. Cons., MRTPI, IHBC.
- 1.2 Grover Lewis Associates is a planning consultancy that specialises in consideration of development proposals relating to the historic environment. The practice is recognised as a Historic Environment Service Provider by the Institute of Historic Building Conservation (IHBC).
- 1.3 The Heritage Impact Assessment responds to the requirements of paragraphs 189 and 190 of the National Planning Policy Framework (NPPF - July 2021), which require that applicants for planning permission should describe the significance of any heritage assets affected by development proposals, including any contribution made by their setting, and that local planning authorities should take account of available evidence and any necessary expertise when considering the impact of a proposal on heritage assets.
- 1.4 The three modern, utilitarian healthcare buildings on which it is proposed to install solar panels are not considered to form part of the listed buildings on the Mount Vernon Hospital site. All are post-1948 structures that do not constitute curtilage listed buildings. Only one of the buildings is tenuously connected to the main listed building via another modern structure. For this reason, it is considered that listed building consent is not required for the current proposal to install solar panels on modern buildings at Mount Vernon Hospital. In any event, no harm to the heritage significance of the listed buildings would be caused by the application proposals.

2.0 Historical development and heritage significance

- 2.1 Mount Vernon Hospital has its origins as the *North London Hospital for Consumption and Diseases of the Chest*, which was founded in 1860 on a site in Fitzroy Square, London. The hospital moved to a site in Hampstead and became known as the Mount Vernon Hospital. In 1901 the Committee of the Mount Vernon Hospital received a very large anonymous donation, and in the following year purchased 60 acres of the Norwood Park Estate for the purposes of building a purpose-built sanatorium, to serve as a 'country branch' of the Mount Vernon Hospital. The hospital's chief benefactor turned out to be Charles Dunnell Rudd (1844-1916), a partner in the De Beers Mining Co. (a

plaque commemorating him is displayed in the staircase hall of the original principal hospital building.

- 2.2 The principal two-storey hospital building was designed in 1901 by the London-based architect Frederick L Wheeler on behalf of London County Council. The innovative hospital building was designed with two long ward wings either side of a central staircase hall. It was purpose-designed with a sun-trapping inverted V-shaped or 'butterfly' plan form with long, south-facing elevations to enable patients to benefit from exposure to sunlight during the day. The design concept was specifically intended to encourage patients to inhabit the balconies and sun terrace, in line with the 'open air' philosophy for treatment of patients. The extensive landscaped grounds, with their varying gradients, were an integral part of the hospital treatment concept, designed to encourage patients to increase their exercise to get fitter. The principal landscaped area is the sloping lawned garden on the south side of the main hospital building. The foundation stone of the hospital was laid in May 1902 and the first patients were admitted into the purpose-built premises in 1904.
- 2.3 Part of the original design concept for the hospital site incorporated a free-standing chapel, located to the east of the main hospital buildings. The chapel was also designed by FL Wheeler. This dates from 1905 and was designed in an eclectic Art Nouveau style, faced externally in knapped flint with ashlar stone dressings. Internally the building is faced with coloured stones and mosaic.

Heritage significance of listed buildings at Mount Vernon Hospital

- 2.4 The hospital buildings and the associated chapel are considered by many to be amongst FL Wheeler's finest works. The architectural and historical significance of the hospital building is recognised in its status as a Grade II Listed building. The greater architectural significance of the chapel is reflected in its status as a Grade II* listed building.
- 2.5 Since the original foundation of the hospital the site has seen incremental change, with the erection of many new healthcare and associated buildings. Most of these buildings are utilitarian and functional structures which have been designed with no regard to the setting of the original hospital buildings. Together with large areas of associated surface car parking, the utilitarian healthcare buildings detract from the original 'open air' concept for the site, and seriously degrade the original setting of the listed buildings. Despite these changes, the essential qualities of the listed buildings still survive.

- 2.6 As well as their intrinsic architectural and historic interest, the listed buildings at Mount Vernon Hospital derive heritage significance from their visual and functional relationship with one another. The main hospital building draws significance from its visual relationship with the open landscape that it was designed to address to the immediate south. The listed buildings draw no heritage significance from the densely-packed groups of utilitarian modern hospital buildings and the associated areas of car parking and access roads to the north, east and west.

Extent of protection through listing

- 2.7 Under Section 1(5) of the Planning (Listed Buildings and Conservation Areas) Act 1990 the listed building includes not only the building identified as such on the statutory list compiled or approved by the Secretary of State, but also:
- a) any object of structure fixed to the building or
 - b) any object or structure within the curtilage of the building which, although not fixed to the building, forms part of the land and has done since 1st July 1948.
- 2.8 In the case of Mount Vernon Hospital, this means that the grade II listed status of the original hospital building includes not only the V-shaped hospital block (see Plate 1), but also the 1904 hospital buildings which sit to its immediate north, and are physically connected by narrow vaulted corridors. These buildings comprise the Restaurant (No. 53), the Administration/IT building (No. 54), and the Admissions/Patient Affairs/Main Entrance building (No. 55) (see Plates 2, 3 and 4). Together with the hospital ward building itself and the interlinking corridors (see Plate 5), they are architecturally refined structures. The free-standing former hospital chapel is statutorily protected in its own right as a grade II* (see Plate 6).
- 2.9 The modern hospital structures that are directly attached to the original hospital buildings, for example Building 53 (the large modern extension to the restaurant block) and Building 82 (Radio therapy Building) could technically also be considered to form part of the listing, due to their physical annexation to the original listed hospital building. However, they clearly have no intrinsic architectural or historic significance that would warrant protection through listing. Building 52 (New Radiotherapy Building) is indirectly linked to the original V-shaped listed hospital building by means of a narrow vestibule link via another modern hospital building, and therefore cannot reasonably be regarded as forming part of the listed building.
- 2.10 In terms of curtilage structures, the free-standing ancillary building that is currently occupied by the shop and minicab base (Building No. 43) appears to

be of pre-1948 date, and is therefore covered by the listing of the main hospital buildings. It should, however, be noted that this building, which lies at the core of the site, and is surrounded by modern hospital buildings, has been extended and much-altered (see Plate 7). The Gate Lodge off Rickmansworth Road (Building 97) and surviving pier is also of pre-1948 date, and is therefore covered by the listing of the main hospital buildings (see Plate 8). The plan Appendix 2 shows the extent of protection through statutory listing.

3.0 Heritage legislation, policies and guidance

- 3.1 The relevant legislative provisions relating to listed buildings are set out in the Planning (Listed Buildings and Conservation Areas) Act 1990. Section 66 (1) of the Planning (Listed Buildings and Conservation Areas) Act 1990 makes it a statutory duty for a local planning authority, in considering whether to grant planning permission for development which affects a listed building or its setting, to *'have special regard to the desirability of preserving the building or its setting or any features of special architectural or historic interest which it possesses'*.
- 3.2 As well as having regard to the relevant legislation, the application proposal must be assessed in the context of prevailing Central Government planning policy. The Government's planning policies for England is set out in the National Planning Policy Framework (NPPF), published by the Ministry of Housing, Communities and Local Government in July 2021, and which replaces the earlier editions of the NPPF. The policies in the NPPF are a material consideration in planning decisions.
- 3.3 The Government's policies on conservation and enhancement of the historic environment are set out in Section 16 of the NPPF.
- 3.4 The policies in section 16 of the NPPF place an emphasis on *significance*, which is defined as *'the value of a heritage asset to this and future generations because of its heritage interest. That interest may be archaeological, architectural, artistic or historic. Significance derives not only from a heritage asset's physical presence, but also from its setting'*. (Annex 2: Glossary).
- 3.5 With regard to proposals affecting heritage assets paragraph 189 of the NPPF states that *'In determining applications, local planning authorities should require an applicant to describe the significance of any heritage assets affected, including any contribution made by their setting. The level of detail should be proportionate to the assets' importance and no more than is sufficient to understand the potential impact of the proposal on their significance'*. This document aims to satisfy this requirement.

- 3.6 NPPF Paragraph 193 states that in considering the impact of a proposed development on the significance of a designated heritage asset, *'great weight should be given to the asset's conservation (and the more important the asset, the greater the weight should be. This is irrespective of whether any potential harm amounts to substantial harm, total loss or less than substantial harm to significance)'*.
- 3.7 Paragraph 194 states that *'Any harm to, or loss of, the significance of a designated heritage asset (from its alteration or destruction, or from development within its setting), should require clear and convincing justification'*. It goes on to state that substantial harm to or loss of:
- a) *grade II listed buildings, or grade II registered parks or gardens should be exceptional.*
 - b) *assets of the highest significance, notably scheduled monuments, protected wreck sites, registered battlefields, grade I and II* listed buildings, grade I and II* registered parks and gardens, and World Heritage Sites, should be wholly exceptional'.*
- 3.8 Interpretation of the policies in the NPPF is provided by the on-line Planning Practice Guidance (PPG), most recently updated on the 23 July 2019. In relation to the NPPF definition that significance is the value of a heritage asset to this and future generations because of its heritage interest and that heritage interest may be archaeological, architectural, artistic or historic
- 3.9 The PPG stresses the importance of understanding the potential impact of development proposals on significance (paragraph: 007 Reference ID: 18a-007-20190723) and that understanding the significance of a heritage asset and its setting from an early stage in the design process can help to inform the development of proposals which avoid or minimise harm (paragraph: 008 Reference ID: 18a-008-20190723). The PPG goes on to advise that applicants' assessments of significance should include analysis of the significance of the asset and its setting, and, where relevant, how this has informed the development of the proposals (Paragraph: 009 Reference ID: 18a-009-20190723).
- 3.10 The Historic Environment Good Practice Advice in Planning (GPA2), entitled *'Managing Significance in Decision-Taking in the Historic Environment'* was published by Historic England/English Heritage in March 2015. This guidance forms part of a suite of good practice advice documents that supersede the earlier *PPS5 Historic Environment Planning Practice Guide*. GPA2 reiterates earlier guidance that the assessment of the significance of heritage assets is

an essential part of the planning process. Due regard has been had to this advice in preparing this Heritage Impact Assessment.

4.0 The application proposals and their heritage impact

- 4.1 The application proposal involves the installation of solar panels on the roofs of three of the modern, utilitarian healthcare buildings at Mount Vernon Hospital, namely Building 36 (Medical Block), Building 38 (Princess Christian Unit) and Building 52 (New Radiotherapy Building). These proposals are illustrated on the site location plan and proposed elevation and roof plan application drawings prepared by Oxford Architects. A copy of the site location plan is provided at Appendix 4.
- 4.2 The application drawings show that the roof areas on which the proposed solar panels are proposed to be installed are of shallow pitch, and set well away from the sensitive elevations of the statutorily listed buildings on the site. Consequently, there would be negligible impact on the settings of the listed buildings and now impact on their heritage significance.
- 4.3 Two of the buildings on which it is proposed to install solar panels, Building 36 (Medical Block), and Building 38 (Princess Christian Unit), are modern, free-standing utilitarian healthcare buildings that are not physically attached to any of the listed buildings on the site, and do not therefore form part of the listing. As post-1948 buildings these structures do not form part of the curtilage of any of the listed buildings on the site and are of no architectural or historic significance (see Plates 9 and 10). Therefore, it is considered that listed building consent would not be required for the installation of the proposed solar panels on Buildings 36 and 38.
- 4.4 The third building on which it is proposed to install solar panels, Building 52 (New Radiotherapy Building), is, as previously highlighted, indirectly linked to the original V-shaped listed hospital building by means of a narrow vestibule link via another modern hospital building. It cannot, therefore, reasonably be regarded as forming part of the listed building. Consequently, it is considered that listed building consent would not be required for the installation of the proposed solar panels on Building 52.

5.0 Conclusions

- 5.1 This Heritage Impact Assessment has outlined the heritage context in which the application for listed building consent to install solar panels on buildings at Mount Vernon Hospital must be considered. The report sets out the legislative and policy context in which proposals should be assessed, and considers the impact of the proposed works upon the significance of the listed building concerned.
- 5.2 It is considered that the three modern, utilitarian hospital buildings on which it is proposed to install solar panels do not form part of the listed buildings on the Mount Vernon Hospital site. The buildings to receive solar panels are post-1948 structures do not constitute curtilage listed buildings. Only one of the buildings is tenuously connected to the main listed building via another modern structure.
- 5.3 Taking these matters into account, it is considered that listed building consent is not required for the current proposal to install solar panels on the three modern buildings at Mount Vernon Hospital. If the London Borough of Hillingdon, as local planning authority, decides to the contrary, and considers that listed building consent is required, this report concludes that the proposals would have no adverse effect on the listed buildings on the site. Having regard to the duties under s66 (1) of the Planning (Listed building and Conservation Areas) Act 1990, it is concluded that the listed buildings and their settings would be preserved, and that consequently, should listed consent be deemed to be required, it should not be withheld.

Appendix 1: List descriptions

RICKMANSWORTH ROAD NORTHWOOD (South Side)

Mount Vernon Hospital

GV II

Hospital. 1902-4 by F L Wheeler. Flemish bond brown brick with red brick quoins and dressings; stone ashlar dressings; gabled plain tile roofs; brick ridge and lateral stacks. Y-shaped plan, with V-shaped wards facing south with central block linked by corridors to entrance/dining block and domestic block to rear. Edwardian Free style. Central 3-storey, 5-bay block, with stone ashlar ground floor and central 4-storey tower, flanked by 2-storey, 14-bay wings. Central tower, with stone Ionic pilasters set on angle buttresses, has stone ashlar facing to 3 lower storeys with glazing bar casements set in semi-circular arched wood-mullioned and transomed window, square-headed stone-mullioned and transomed window and upper Ipswich window with blind tympanum; brick upper storey has continuous glazing bar casements divided by Ionic colonettes; classical stone cornice beneath copper roof surmounted by bell cupola. Tower flanked by 2-bay elevations with canted bay windows, stone mullioned and transomed windows, and dentilled stone cornice beneath 2-light stone mullioned windows and shaped gables with stone-coped parapets. This central block is flanked by semi-circular arched doorways with Ionic colonettes to jambs, set in ashlar surrounds with pilasters, and lower 2-storey wings with similar off-centre shaped gabled bays which each have stone mullioned and transomed window above semicircular arched entry; gauged red brick arches over later 1980's windows and French windows; continuous balconies with balustrades; modillioned wood cornices. Each wing terminated by tall winter garden, gabled with cast-iron casements to front; tall brick piers with moulded stone caps to each corner. Rear elevations, corridors and attached blocks in neo-Georgian style with sashes; central corridor linked to two blocks; first block has dining room, with lunette over curved bay window, to left and entrance block with modillioned stone cornice to two gables, plain ashlar pilasters to upper floor above ashlar lower floor which has fine pedimented doorway with Corinthian columns flanked by oculi set in carved rococo frames; rear block, former nurses home and kitchen area, has square bay window and pedimented doorway to multi-gabled facade. Interior green glazed brick dados, and semicircular ribs to corridor ceilings; staircase hall in central block has stained glass windows, plasterwork and staircase with turned balusters. History: Built as a hospital for the treatment of tuberculosis patients, and as a branch hospital of the original Mount Vernon hospital in Hampstead (built 1879-80). Noted for its advanced plan, including isolation wards and facilities including X-ray room and dental unit. (THE BUILDER, 27.2.1914, pp 246-7).

Source: English Heritage

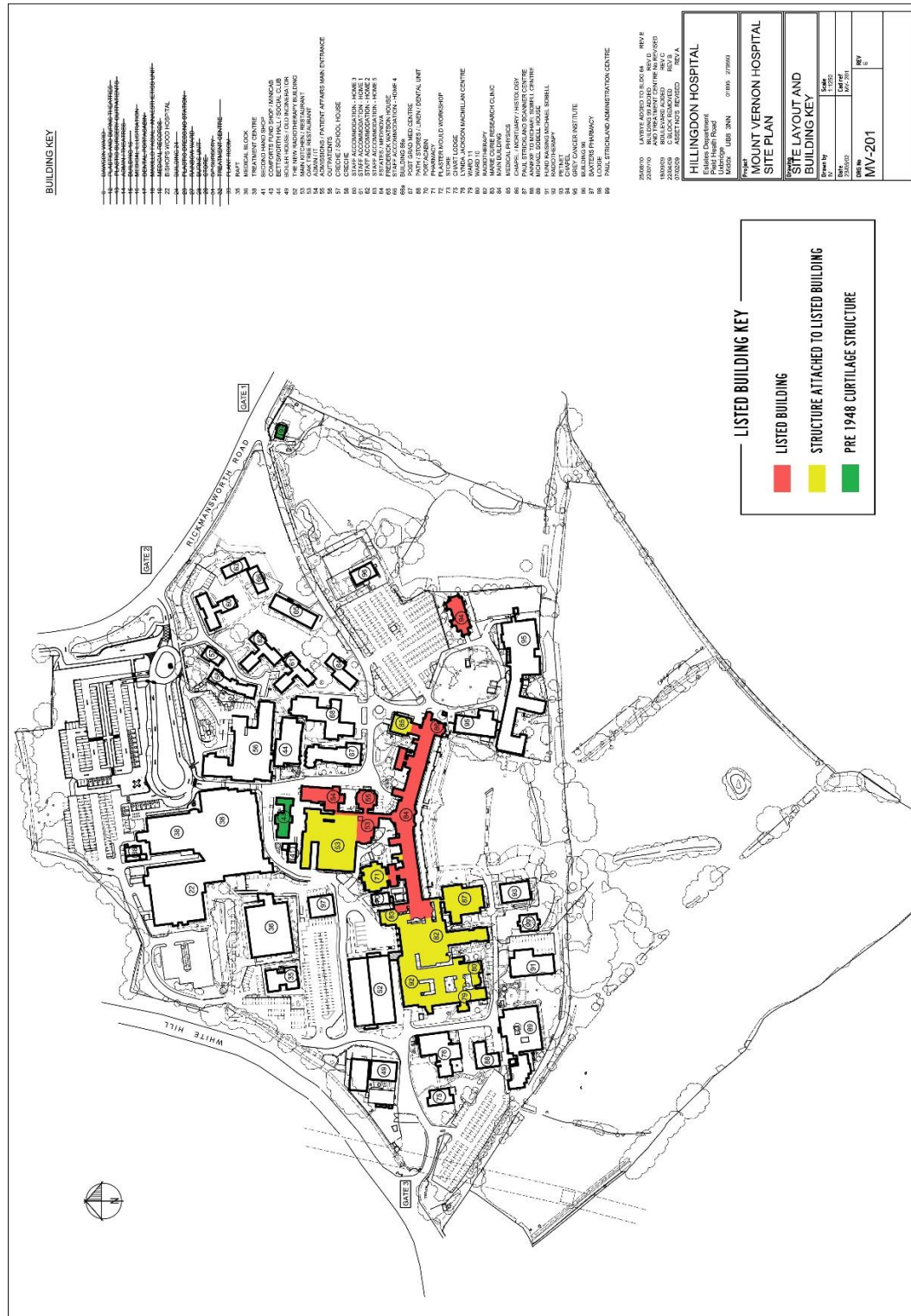
**RICKMANSWORTH ROAD NORTHWOOD (South Side)
Mount Vernon Hospital Chapel**

II*

1904 by F L Wheeler. Building in Art Nouveau style, of closely set knapped flint with ashlar dressings. Bay divisions are tall battered buttresses crowned by carved medallions with masks. Along north and south walls 5-light stone-mullioned and transomed windows fill the 4 bay spaces. Square west tower with battered buttresses at angles and lights, only in top stage, recessed under segmental relieving arches. Low-pitched swept tiled roof, with central spike and visible rafter ends at eaves. West door, also under segmental relieving arch, flanked by carved reliefs and side walls. Projecting 2-storey north vestry extension, with traceried window, at east end. Large high east window also traceried. Main roof tiled with east gable; chancel projects slightly from this. Inside of very high-quality material and workmanship. Carved oak fittings include organ gallery, west pews, choir stall and choir screen with free serpentine garland to top beam. Excellent metal work inlaid with enamels and semi-precious stones. Sanctuary walls also inlaid with coloured stones and mosaic.

Source: English Heritage

Appendix 2: Plan showing extent of protection through listing



Appendix 3: Plates



Plate 1: Original V-shaped main hospital ward block (Building 84)



Plate 2: Restaurant (Building 53)



Plate 3: Administration/IT block (Building 54)



Plate 4: Admissions/Patient Affairs/Main Entrance (Building 55)



Plate 5: Linking corridor - external view



Plate 8: The former Chapel (separately listed Grade II*) (Building 94)



Plate 7: Shop/mini cab base (Building 43)



Plate 8: Gate Lodge off Rickmansworth Road (Building 97) and surviving pier



Plate 9: Medical Block (Building 36) to receive solar panels



Plate 10: Princess Christian Unit (Building 38) to receive solar panels

Appendix 4: Site plan showing location of proposed solar panels

