

National Hospital for Neurology &
Neurosurgery,
Queen Square, London WC1N 3BG
Heritage Appraisal

November 2023

Consultancy for the
Historic Built Environment

KMIHeritage

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1 Introduction

- 1.1 This report has been prepared on behalf of University College London Hospitals NHS Foundation Trust in support of a planning application for the National Hospital for Neurology & Neurosurgery, Queen Square, London WC1N 3BG.

Purpose

- 1.2 The purpose of the report is to assess the effect of the proposed scheme on the significance of the National Hospital for Neurology & Neurosurgery and other heritage assets in the vicinity of the Site and to measure that effect against national and local policies relating to urban design and the historic built environment.
- 1.3 This report should be read in conjunction with the drawings and Design & Access Statement prepared by Medical Architecture and other application documents.

Organisation

- 1.4 This introduction is followed, in Section 2 by an assessment of the history and significance of heritage assets in the vicinity of the site, a description, in Section 3, of the national and local policy and guidance that is relevant to this matter. Section 4 describes the proposed development and its effects, Section 5 assesses the proposed development against policy and guidance and Section 6 contains a conclusion.
- 1.5 The National Hospital for Neurology & Neurosurgery is referred as the 'Site' throughout this report.

Author

- 1.6 The author of this report is Nick Collins BSc (Hons) MSc MRICS IHBC. Nick has twenty years' experience in the property sector, including most recently as a Director of the Conservation Team at integrated design consultants, Alan Baxter & Associates. Nick spent nine years at English Heritage as Principal Inspector of Historic Buildings & Areas where he led a specialist team of historic building inspectors, architects, and archaeologists on a wide range of heritage projects in East & South London. Previously Conservation Officer at the London Borough of Bromley, Nick began his career at international real estate consultancy Jones Lang LaSalle as a Chartered Surveyor. This experience has given Nick an in-depth understanding of the

property industry, listed building and planning process, heritage policy and guidance and funding bodies.

- 1.7 Research and drafting for this report was undertaken by Anne Roache MA. Anne is a researcher with over 25 years' experience. She has worked for leading commercial organizations in the fields of property, planning and law. Anne has a specialisation in the archaeology, architectural and social history of London.

2 The site and its context

- 2.1 The National Hospital for Neurology and Neurosurgery (informally the NHNN, The National or Queen Square) is a neurological hospital in Queen Square, London, WC1. The hospital has been described as the ‘cradle of British Neurology’ and many important advances in neurological and neurosurgical therapy were pioneered here.¹ It is part of the University College London Hospitals NHS Foundation Trust.
- 2.2 The hospital is housed in several buildings around Queen Square, most notably the Grade II listed Albany Wing, and lies within the Bloomsbury district of the London Borough of Camden. The area is a mixed townscape of medical, residential and commercial use which retains some of its original Georgian buildings as well as late 19th and 20th century buildings.

Historical background

The development of Queen Square

- 2.3 Until the beginning of 18th century, the area in which Queen Square now stands was still fields. Queen Square was first set out in 1716 by the speculative developer Nicholas Barbon on land owned by Sir Nathaniel Curzon. It was completed in 1729 and was originally known as Devonshire Square but was soon after renamed in honour of Queen Anne.
- 2.4 Houses were erected around three sides of the Square between 1713-1725 and occupied by wealthy professionals and minor gentry. The north side of the Square was left open, providing clear views across the fields up to Hampstead until Guilford Street was laid out in 1794 blocking off some of these views. The Church of St. George the Martyr was built at the southern end of the Square in 1706 as a chapel of ease for the parishioners of St Andrew, Holborn.
- 2.5 Horwood’s map of 1792-99 shows the Square at the northernmost extent of the new suburb of Bloomsbury (fig. 1²). The Foundling Hospital for destitute children, built in 1745, can be seen in its grounds to the north and to the east is the British Museum founded in Montagu House in 1753.

¹ Queen Square Archives online: <https://www.queensquare.org.uk/archives>

² Horwood, Richard (1792). ‘Plan of the Cities of London and Westminster the Borough of Southwark, and parts adjoining Shewing every house’.

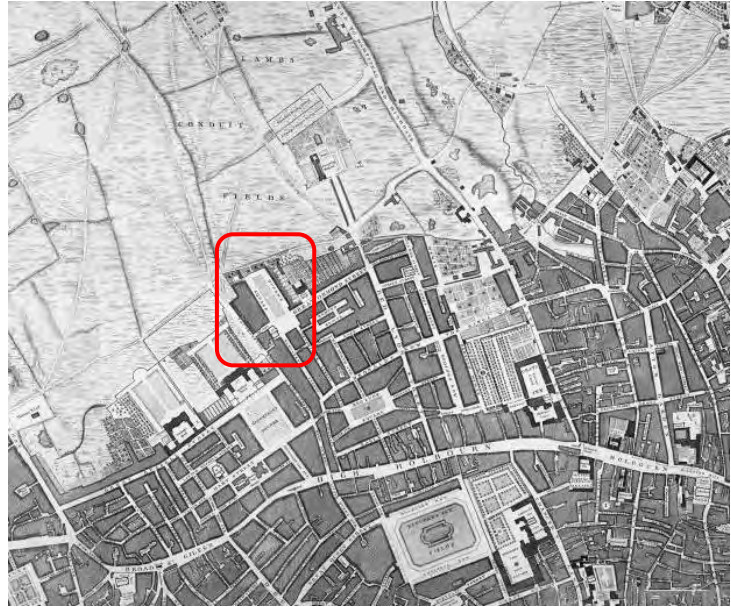


Figure 1: Queen Square in Richard Horwood's plan of 1792-99

2.6 The detail of Horwood's map shows the standard rows of terraced houses around the planted square (fig. 2³).

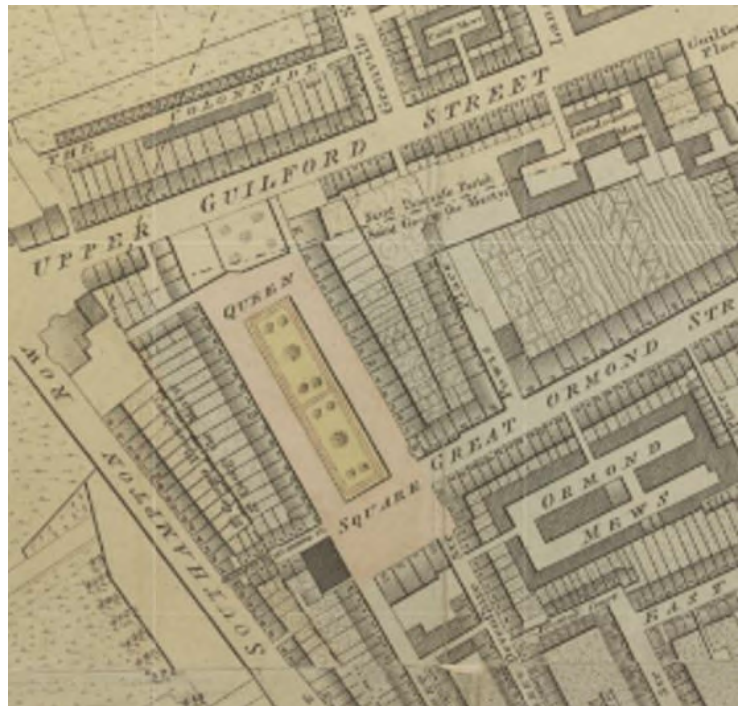


Figure 2: Queen Square, detail, Richard Horwood's plan of 1792-99

³ *Ibid.*

- 2.7 A view of Queen Square from the early 19th century shows the imposing town houses arranged around the planted gardens (fig.3⁴).



Figure 3: Queen Square looking to the south, 1812

- 2.8 Greenwoods map of 1827 illustrates how in the space of the intervening 30 years since Horwood's map, the area north and east of the Square had rapidly filled with similar planned streets and squares of terraced properties (fig. 4⁵).



Figure 4: Bloomsbury and surrounds, Greenwoods Map of London, 1827

⁴ © London Metropolitan Archive, Collage ref.: 314684.

⁵ Greenwood, Christopher & John (1827). Map of London, from an actual survey made in the years 1824, 1825 & 1826. © The British Library Board, Maps.M.T.Z.a.1. Reproduced with kind permission from the British Library.

The National Hospital for Neurology & Neurosurgery

- 2.9 The National Hospital for Neurology & Neurosurgery was a charitable foundation, founded by Joanna Chandler in 1860 as the National Hospital for the Paralysed and Epileptic.⁶ It was the first hospital to be established in England dedicated exclusively to treating the diseases of the nervous system.
- 2.10 When it opened in a terraced property at No. 24 Queen Square, it had beds for eight female patients and this was quickly followed by a ward for male patients. In 1866 the charity bought the adjacent property (No. 23) and both buildings were further adapted, doubling the size of the Hospital to 36 beds.⁷ In 1880 the foundation purchased properties in nearby Powis Place for redevelopment increasing the number of beds to 64.⁸
- 2.11 The first edition OS Map surveyed in 1868 shows the footprint of the original hospital buildings before redevelopment (fig. 5⁹).

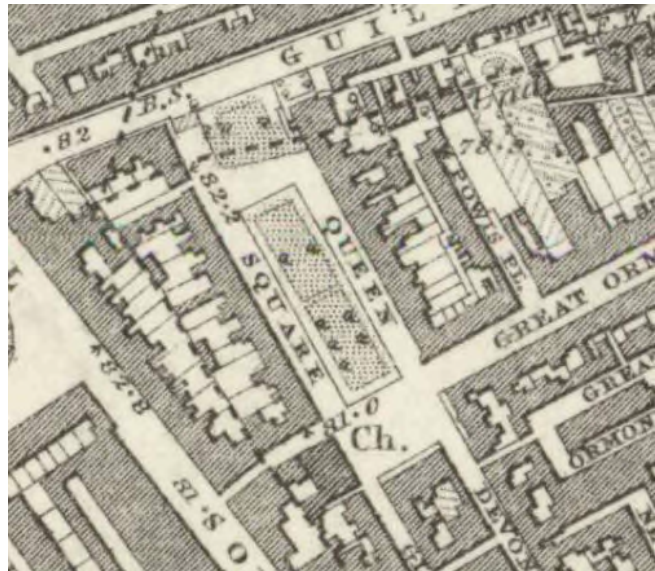


Figure 5: Queen Square, OS Surveyed 1868

- 2.12 Such was the success of the hospital, that by the end of the 19th century plans were made to modernise and extend. Under the patronage of Queen Victoria's youngest son, HRH Duke of Albany, finances were raised and a new hospital designed by

⁶ The history of the hospital is covered in detail in the Queen Square Archives online: <https://www.queensquare.org.uk/archives>

⁷ Queen Square was also the home of some notable charitable institutions such as St Luke's Home for Epileptic and Infirm Women (1860s) and The Italian Hospital (1884).

⁸ The Powis Place building was demolished in the 1990's to make way for the current Chandler Wing

⁹ OS Middlesex XVII (includes: Bethnal Green; City Of Westminster; Finsbury; Holborn; Islington; London; Shoreditch; Southwark; St Pancras; Stepney.) Surveyed: 1868 to 1873

John W. Simpson¹⁰ and M.P. Manning and was built between 1883-5 upon Nos. 25-28, 32 and 34 Queen Square. The East Wing was opened by Princess Helena in 1884 and the West, Albany Wing, by Edward, Prince of Wales, in 1885. This is the building that faces Queen Square today (fig. 6). The two buildings combined contained some 170 beds, were famed for their design described as ‘the first hospital erected in this country on truly artistic lines’.¹¹



Figure 6: The Albany Wing, National Hospital for Neurology & Neurosurgery, 2018

- 2.13 The Albany Wing building is faced in red Suffolk brick with ‘a richly ornamented terracotta frontage’¹² incorporating string courses manufactured by Doulton. Of three storeys plus basement and attic, the symmetrical block is amply lit across its 22 bay frontage by a range of window styles and sizes alleviating any potential monotony in the façade. A handsome terracotta entrance porch and recessed terracotta balustraded loggias link blocks and give decorative interest. Inside, the ground floor houses a reception area, offices, board room - which boasts a fireplace inset with De Morgan tiles - and a chapel with marble columns. The wards are located on the floors above.
- 2.14 The OS Map Revised: 1893 to 1895 shows the expanding footprint of the hospital along the eastern side of the Square

¹⁰ Simpson was President of the Royal Institute of British Architects from 1919 to 1921. A prolific architect, one of his best known buildings was Wembley Stadium (1923). He was in partnership with M. P. Manning from 1881 to 1884.

¹¹ *Op. cit.* Queen Square Archives online.

¹² Cherry, B. and Pevsner, N. (2002) *The buildings of England: North*. London: Yale University Press.

and of the extensive buildings of Great Ormond Street Hospital to its east (fig. 7¹³).

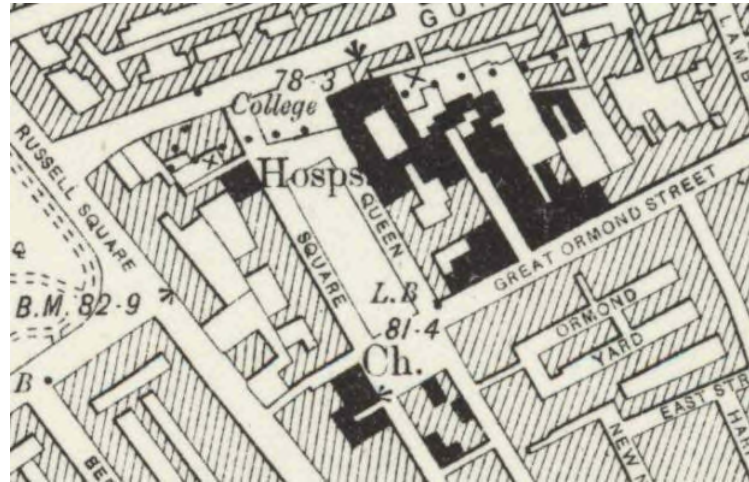


Figure 7: Queen Square, OS revised 1893-95

- 2.15 The hospital continued to expand during the early years of the 20th century and a further new building was opened by King Edward VII in 1909.
- 2.16 The OS map of 1914 shows hospital buildings on the east side of the square (fig. 8¹⁴). In 1917, four adjoining houses were purchased and an annexe of 30 beds for discharged sailors and soldiers opened.

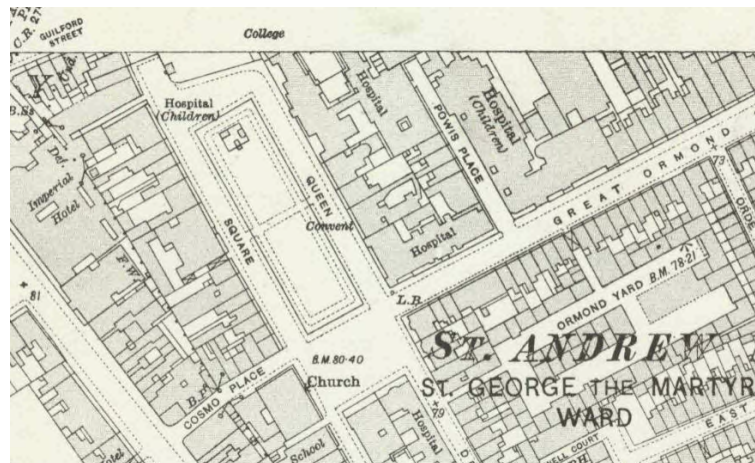


Figure 8: OS Queen Square, OS revised 1914

¹³ OS Surrey III.NW (includes: City of Westminster; Finsbury; Holborn; Inner Temple; Lambeth St Mary; London; Southwark.) Revised: 1893 to 1895. Published: 1898.

¹⁴ OS London (1915- Numbered sheets) V.10 (City of Westminster; Finsbury; Holborn; Inner Temple; Lambeth St Mary; London; Southwark). Revised: 1914. Published: 1936.

- 2.17 In 1926 the hospital was renamed the 'National Hospital for the Relief and Cure of Diseases of the Nervous System including Paralysis and Epilepsy'.
- 2.18 1938 saw the opening, by Queen Mary of a large extension, the Queen Mary wing, which required the demolition of the Georgian houses originally on the site and completed the hospital's colonisation of the eastern side of the Square. This chiefly provided a Surgical department and increased research facilities (fig. 9¹⁵).

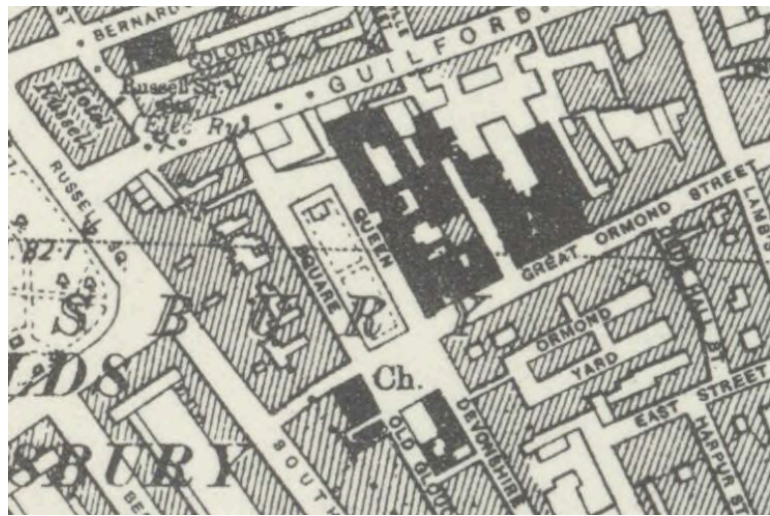


Figure 9: OS Queen Square, OS revised 1938

- 2.19 Parts of the hospital was badly damaged during the London Blitz of Second World War. With the advent of the National Health Service in 1948, the hospital become part of the NHS and was designated part of the postgraduate teaching hospital group called 'The National Hospitals for Nervous Diseases'. The hospital changed its name to the National Hospital for Neurology and Neurosurgery in 1988, became part of the University College London Hospitals NHS Trust in 1996. It is currently the UK's largest dedicated neurological and neurosurgical hospital.

The Proposed Site – Albany Wing

- 2.20 It is proposed that the new UKPN room and substation are located at the basement level of Albany wing, replacing the existing Medical Illustration department.

¹⁵ OS London Sheet K (includes: Bethnal Green; City of Westminster; Finsbury; Holborn; Islington; London; Shoreditch; Southwark; St Pancras; Stepney.). Revised: 1938.

2.21 These rooms are illustrated in the photographic survey accompanying the application. Located in the basement, the majority are internal, with no windows, and comprise utilitarian spaces with suspended ceilings, modern wall mounted trunking and modern services. Created entirely for functional purposes they do not contain any elements of special interest. Even those spaces with outward facing windows look into deep lightwells.

2.22 The following photographs from the photographic survey illustrate the nature of the space.



- 2.23 These photographs show how the space now contains suspended ceilings and modern services including wall mounted trunking and modern kitchen facilities. The modern door frames and skirting are further evidence of the new and altered nature of the partitions as well as the specific functions that take place in the space created.



- 2.24 The images above show how the modern space interacts with the more historic fabric – in the first two, the original ceiling height can be seen behind the modern ceiling mounted equipment, and the historic sash windows can be seen the bottom image.

Heritage context

Conservation area

- 2.26 Queen Square is located in the Bloomsbury Conservation Area which was first designated by Camden Council in 1968 and subsequently extended. The initial designation of Bloomsbury as a Conservation Area sought to protect elements from the Georgian and earlier eras but excluded areas where there had been significant later redevelopment. The numerous subsequent extensions to the Conservation Area that have been made mostly reflected a growing appreciation of Victorian and Edwardian and high quality 20th century architecture. The current Conservation Area Appraisal and Management Plan was adopted in 2011¹⁶.
- 2.27 The Bloomsbury Conservation Area covers an area of approximately 160 hectares extending from Euston Road in the north to High Holborn and Lincoln's Inn Fields in the south and from Tottenham Court Road in the west to King's Cross Road in the east. There are more than 1000 listed buildings and structures within the Bloomsbury Conservation Area and many of its squares are protected under the 1931 London Squares Act and on the Register of Parks and Gardens of Special Historic Interest. As well as being a residential district, Bloomsbury has a concentration of specialist hospital uses as well as retail, restaurant, public houses, churches and hotels.
- 2.28 The Bloomsbury Conservation Area is divided into 14 sub-areas. Queen Square falls into Sub Area 11: Queen Square/Red Lion Square.¹⁷ A plan of this area can be found in Appendix A.
- 2.29 Although Sub Area 11 is architecturally diverse, there are a number of unifying elements. The formally planned squares comprise landscaped gardens enclosed by cast-iron railings surrounded by a variety of building types, styles and ages. The character and built form of the streets surrounding these squares largely derives from their use. There is a particular concentration of specialist hospital uses.¹⁸
- 2.30 Although much of the street pattern survives, few of the original buildings surrounding Queen Square are intact. It was transformed, especially on the east side, by redevelopment of the original townhouses during the late 19th and early 20th centuries. This redevelopment has, over time, led to a range of

¹⁶ L. B. Camden (2011). Bloomsbury Conservation Area Appraisal and Management Strategy, Adopted 11 April 2011.

¹⁷ L.B. Camden, Bloomsbury Conservation Area. Online: www.camden.gov.uk

¹⁸ *Op. cit.* L. B. Camden (2011).

architecturally diverse buildings which create the mixed character of the Square.¹⁹

- 2.31 The predominant height in the southern portion of the Square is four to five storeys rising to six storeys at the northern end (the, thirteen-storey tower of the UCL Institute of Neurology, sits just outside the north-east corner of the square). The National Hospital for Neurology & Neurosurgery itself stands at the north-eastern side of the square and is three storeys plus attics and basement. Queen Square Gardens comprises of formally laid out lawns enclosed by cast-iron railings. Hospital and medical uses dominate the square, which is active and busy with people throughout the day.²⁰

Listed buildings and structures

- 2.32 The National Hospital for Neurology & Neurosurgery and attached railings is listed Grade II under the Planning (Listed Buildings and Conservation Areas) Act 1990 as amended for their special architectural or historic interest.²¹

- 2.33 The Listing was made in December 1997 and the description reads:

Hospital. 1883-5. By MP Manning and J Simpson. Red Suffolk brick with Doulton's terracotta cornices and string courses; tiled roof. Single rectangular block originally fronted earlier building which no longer survives. PLAN: symmetrical composition around central block: projecting blocks with recessed link to flanking pavilions. EXTERIOR: 3 storeys plus attic and basement. 22 bays altogether. Venetian windows and carved brick in pavilion gable ends; triangular pediments on second floor. Tall, narrow round-headed windows with hoods above and pediments on second floor. Tall, narrow round-headed windows with hoods above and aprons below on the first floor. Rusticated brickwork on ground storey. Handsome terracotta entrance porch with voussoirs. Recessed terracotta balustraded loggias to link blocks, in French Renaissance style. Ornate blind aedicules on north pavilion flank wall. INTERIOR: entrance foyer, offices, board room and chapel on ground floor; wards above. Doric screen between foyer and main staircase compartment. Staircase rises to first floor against rear wall, dominated by large Venetian

¹⁹ *Op. cit.* L. B. Camden (2011).

²⁰ *Op. cit.* L. B. Camden (2011).

²¹ Historic England: <https://historicengland.org.uk/listing/the-list/list-entry/1245487>

window with stained glass. Chapel to right of entrance, rectangular in plan, lit by octagonal dome with coloured glass border. Green marble Corinthian columns and pilasters. Plain frieze with dentilled cornice. Covered ceiling. Stained glass window behind altar dates from 1885. Board room to right of entrance also, fronting Queen Square, panelled and with fitted cupboards having leaded glazed fronts; elaborate wooden mantelpiece above faience surround fireplace inset with De Morgan tiles.

2.34 Figure 11 indicates the location of listed buildings in the vicinity of Queen Square.²²

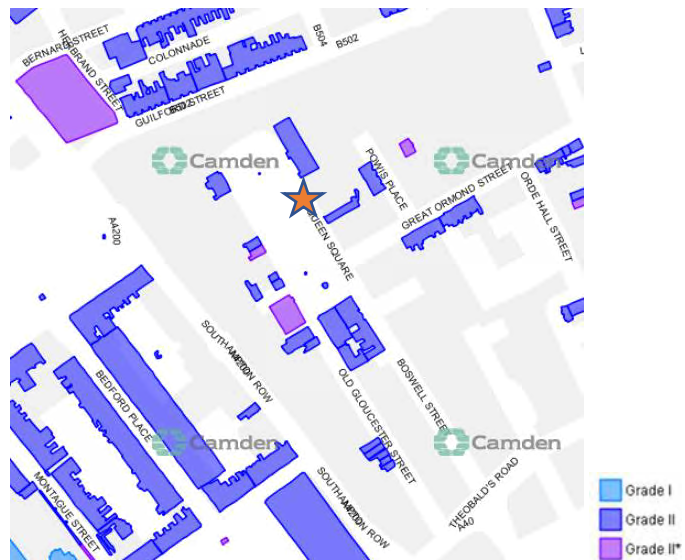


Figure 11: Location of listed buildings in vicinity of Queen Square

2.35 Listed buildings on Queen Square include:

Grade II*

- Church of St George The Martyr (1706).

Grade II

- Queen Square: Nos. 2, 6, 7, 13, 14, 15, 33 and attached railings; Italian Hospital and attached Wall and Railings; Queen's Larder Public House; Statue of a Queen at North End of Queen Square Gardens.

Locally listed buildings

2.36 There are no locally listed buildings on Queen Square.

Register of Parks and Gardens of Special Historic Interest

²²London Borough of Camden: <http://gis.camden.gov.uk/geoserver/ListedBuilding.html>

- 2.37 Queen Square is not on the Register of Parks and Gardens of Special Historic Interest.
Archaeological Priority Area
- 2.38 The site falls within Camden’s ‘London Suburbs’ Archaeological Priority Area.²³
- Heritage significance
- Definitions
- 2.39 The National Hospital for Neurology & Neurosurgery, the nearby listed buildings and the Bloomsbury Conservation Area are all ‘designated heritage assets’, as defined by the National Planning Policy Framework (NPPF).
- 2.40 ‘Significance’ is defined in the NPPF 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’. The English Heritage ‘Planning for the Historic Environment Practice Guide’ puts it slightly differently – as ‘the sum of its architectural, historic, artistic or archaeological interest’.
- 2.41 ‘Conservation Principles, Policies and Guidance for the sustainable management of the historic environment’ (English Heritage, April 2008) describes a number of ‘heritage values’ that may be present in a ‘significant place’. These are evidential, historical, aesthetic and communal value.
- The heritage significance of National Hospital for Neurology & Neurosurgery
- ‘Historic interest’ or ‘Historical value’
- 2.42 The National Hospital for Neurology & Neurosurgery is clearly a building of special historic interest as acknowledged by its Grade II listing. It is a good example of a purpose-built 19th century hospital and is a key part of the historic development of Queen Square.
- 2.43 In terms of English Heritage’s ‘Conservation Principles’ the buildings provides us with ‘evidence about past human activity’ and by means of their fabric, design and appearance communicates information about its past.

²³ Historic England: <https://content.historicengland.org.uk/content/docs/planning/apa-camden.pdf>

- 2.44 The National Hospital for Neurology & Neurosurgery, the listed and unlisted buildings nearby, and their relationship to one another and to the Bloomsbury Conservation Area collectively illustrate the development of this part of London. Historical value is described as being illustrative or associative. The story of the development of Bloomsbury illustrates a good deal about how London evolved from the 17th century to present times, about the transformation of the old landed estates and about social change and lifestyles during ensuing periods.
- 2.45 The National Hospital for Neurology & Neurosurgery has historic, evidential and communal value illustrating the development of the area in the 18th and 19th centuries and, in particular, the evolution of the medical and educational institutions of Bloomsbury from the 19th century onwards. The hospital has important philanthropic and social links with the area and has been described as the ‘cradle of British Neurology’ with many important advances in neurological and neurosurgical therapy continuing to be pioneered here
- ‘Architectural interest’, ‘artistic interest’ or ‘aesthetic value’
- 2.46 It is clear that The National Hospital for Neurology & Neurosurgery is a building of special architectural interest as acknowledged by its Grade II listing and it makes a positive contribution to the Bloomsbury Conservation Area.
- 2.47 The Hospital has ‘architectural’ and ‘artistic interest’ (NPPF) or ‘aesthetic value’ (‘Conservation Principles’). In respect of design, ‘Conservation Principles’ says that ‘design value... embraces composition (form, proportions, massing, silhouette, views and vistas, circulation) and usually materials or planting, decoration or detailing, and craftsmanship’. The building retains the features of the original external design that contribute to each of these qualities.
- 2.48 As is often the case with purpose-built hospitals, the elements of the interior of highest quality and detailing are limited to public spaces and rooms – often focussed on the main entrance and staircase.
- 2.49 In this case, the entrance foyer, offices, board room and chapel on ground floor contain elements of architectural detailing, and there is a Doric screen between foyer and main staircase compartment. The staircase rises to first floor against rear wall, dominated by large Venetian window with stained glass. The Chapel to right of the entrance is lit by an octagonal dome with coloured glass border and has green marble Corinthian columns and pilasters with a plain frieze with dentilled cornice and

coved ceiling. A stained glass window behind altar dates from 1885. To the right of the entrance is the Board room, fronting Queen Square which is panelled and with fitted cupboards having leaded glazed fronts and an elaborate wooden mantelpiece above faience surround fireplace which is inset with De Morgan tiles.

- 2.50 The wards and other spaces were historically more utilitarian in finish and are now fitted out for modern medical provision.
- 2.51 The area of basement identified for the substation is currently used by the Medical Illustration Department and has been previously modified to meet their needs and contains no detailing of special architectural or historical interest. The space is, as to be expected in a working hospital, utilitarian and functional. It is illustrated in the previous section.
- 2.52 In terms of the reason for listing, it is important to reiterate that there is nothing 'special' either in plan form, materials or detailing about the space proposed for the new substation. The plan form has clearly already been altered and there are no features of special architectural interest (as illustrated in the previous section) therefore any changes to it, whilst altering it, will not prevent an ability to fully appreciate the reasons why the building were listed in the first place – which clearly relate to its external architecture, the key public spaces and its communal value.

3 The policy context

Introduction

- 3.1 This section of the report briefly sets out the range of national and local policy and guidance relevant to the consideration of change in the historic built environment.

The Planning (Listed Buildings and Conservation Areas) Act 1990

- 3.2 The legislation governing listed buildings and conservation areas is the Planning (Listed Buildings and Conservation Areas) Act 1990 ('the Act'). Section 66(1) of the Act requires decision makers 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' when determining applications which affect a listed building or its setting. Section 72(1) of the Act requires decision makers with respect to any buildings or other land in a conservation area to pay 'special attention... to the desirability of preserving or enhancing the character or appearance of that area'.

The National Planning Policy Framework

- 3.3 The revised version of the National Planning Policy Framework (NPPF) was published in September 2023.

Proposals affecting heritage assets

- 3.4 Chapter 16 of the National Planning Policy Framework: 'Conserving and enhancing the historic environment' deals with Heritage Assets describing them as 'an irreplaceable resource' that 'should be conserved in a manner appropriate to their significance, so that they can be enjoyed for their contribution to the quality of life of existing and future generations'.²⁴
- 3.5 Paragraph 189 brings the NPPF in line with statute and case law on listed buildings and conservation areas. It says 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

²⁴ The policies set out in this chapter relate, as applicable, to the heritage-related consent regimes for which local planning authorities are responsible under the Planning (Listed Buildings and Conservation Areas) Act 1990, as well as to plan-making and decision-making.

assets' importance and no more than is sufficient to understand the potential impact of the proposal on their significance.'

3.6 In terms of the local authority, paragraph 190 requires that they

'identify and assess the particular significance of any heritage asset that may be affected by a proposal (including by development affecting the setting of a heritage asset) taking account of the available evidence and any necessary expertise. They should take this into account when considering the impact of a proposal on a heritage asset, to avoid or minimise any conflict between the heritage asset's conservation and any aspect of the proposal.'

3.7 Paragraph 197 says that

'In determining applications, local planning authorities should take account of:

'a) the desirability of sustaining and enhancing the significance of heritage assets and putting them to viable uses consistent with their conservation;

b) the positive contribution that conservation of heritage assets can make to sustainable communities including their economic vitality; and

c) the desirability of new development making a positive contribution to local character and distinctiveness.'

Considering potential impacts

3.8 Paragraph 199 advises local planning authorities that 'When 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 its significance.'

3.9 Paragraph 201 says:

'where a proposed development will lead to substantial harm to or total loss of significance of a designated heritage asset, local planning authorities should refuse consent, unless it can be demonstrated that the substantial harm or loss is necessary to achieve substantial public benefits that outweigh that harm or loss, or all of the following apply:

- the nature of the heritage asset prevents all reasonable uses of the site; and

- no viable use of the heritage asset itself can be found in the medium term through appropriate marketing that will enable its conservation; and
- conservation by grant-funding or some form of charitable or public ownership is demonstrably not possible; and
- the harm or loss is outweighed by the benefit of bringing the site back into use.’

3.10 Paragraph 202 says that

‘where a development proposal will lead to less than substantial harm to the significance of a designated heritage asset, this harm should be weighed against the public benefits of the proposal including, where appropriate, securing its optimum viable use’.

3.11 In taking into account the effect of an application on the significance of a non-designated heritage asset the local authority should employ a ‘a balanced judgement’ in regard to the scale of any harm or loss and the significance of the heritage asset (paragraph 203).

3.12 The NPPF introduces the requirement that ‘Local planning authorities should not permit the loss of the whole or part of a heritage asset without taking all reasonable steps to ensure the new development will proceed after the loss has occurred.’ (paragraph 204).

3.13 Where a heritage asset is to be lost, the developer will be required to ‘record and advance understanding of the significance of any heritage assets to be lost (wholly or in part) in a manner proportionate to their importance and the impact, and to make this evidence (and any archive generated) publicly accessible’ (paragraph 205).²⁵

3.14 In terms of enhancing the setting of heritage assets the NPPF states that ‘local planning authorities should look for opportunities for new development within Conservation Areas and World Heritage sites, and within the setting of heritage assets, to enhance or better reveal their significance. Proposals that preserve those elements of the setting that make a positive contribution to the asset (or which better reveal its significance) should be treated favourably. (paragraph 206).

²⁵ Copies of evidence should be deposited with the relevant historic environment record, and any archives with a local museum or other public depository.

- 3.15 It goes on however that ‘Loss of a building (or other element) which makes a positive contribution to the significance of the Conservation Area or World Heritage site should be treated either as substantial harm under paragraph 195 or less than substantial harm under paragraph 196, as appropriate, taking into account the relative significance of the element affected and its contribution to the significance of the Conservation Area or World Heritage site as a whole’ (paragraph 207).
- 3.16 Finally, paragraph 208 requires that the onus will be on local planning authorities to ‘assess whether the benefits of a proposal for enabling development, which would otherwise conflict with planning policies but which would secure the future conservation of a heritage asset, outweigh the disbenefits of departing from those policies’.

Planning Practice Guidance

- 3.17 Planning Practice Guidance²⁶ provides streamlined guidance for the National Planning Policy Framework and the planning system. It includes guidance on matters relating to protecting the historic environment in the section entitled ‘Conserving and Enhancing the Historic Environment’. It is subdivided into sections giving specific advice in the following areas:
- Overview: historic environment
 - Plan making: historic environment
 - Decision-taking: historic environment
 - Designated heritage assets
 - Non-designated heritage assets
 - Heritage Consent Processes and
 - Consultation and notification requirements for heritage related applications.

Camden Council’s Local Development Framework

- 3.18 Camden Council adopted its Local Plan in July 2017. The Plan sets out the Council’s planning policies. It replaces Camden’s Core Strategy and Development Policies planning documents (adopted in 2010).

²⁶ Ministry of Housing, Communities and Local Government, Online: www.gov.uk/guidance/conserving-and-enhancing-the-historic-environment

3.19 Section 7 of the Plan deals with Design and Heritage saying that 'the Council places great importance on preserving the historic environment'.

3.20 Policy D1 Design says that:

'The Council will seek to secure high quality design in development. The Council will require that development:

- a. respects local context and character;
- b. preserves or enhances the historic environment and heritage assets in accordance with "Policy D2 Heritage";
- c. is sustainable in design and construction, incorporating best practice in resource management and climate change mitigation and adaptation;
- d. is of sustainable and durable construction and adaptable to different activities and land uses;
- e. comprises details and materials that are of high quality and complement the local character;
- f. integrates well with the surrounding streets and open spaces, improving movement through the site and wider area with direct, accessible and easily recognisable routes and contributes positively to the street frontage;
- g. is inclusive and accessible for all;
- h. promotes health;
- i. is secure and designed to minimise crime and antisocial behaviour;
- j. responds to natural features and preserves gardens and other open space;
- k. incorporates high quality landscape design (including public art, where appropriate) and maximises opportunities for greening for example through planting of trees and other soft landscaping,
- l. incorporates outdoor amenity space; m. preserves strategic and local views;
- n. for housing, provides a high standard of accommodation; and
- o. carefully integrates building services equipment. The Council will resist development of poor design that fails to take the opportunities available for improving the character and quality of an area and the way it functions.'

3.21 Policy D2 Heritage deals with Camden's heritage assets. The policy says that:

'The Council will preserve and, where appropriate, enhance Camden's rich and diverse heritage assets and their settings, including conservation areas, listed buildings, archaeological remains, scheduled ancient monuments and historic parks and gardens and locally listed heritage assets.'

3.22 In relation to designated heritage assets generally the policy says:

'The Council will not permit the loss of or substantial harm to a designated heritage asset, including conservation areas and Listed Buildings, unless it can be demonstrated that the substantial harm or loss is necessary to achieve substantial public benefits that outweigh that harm or loss, or all of the following apply:

- a. the nature of the heritage asset prevents all reasonable uses of the site;
- b. no viable use of the heritage asset itself can be found in the medium term through appropriate marketing that will enable its conservation;
- c. conservation by grant-funding or some form of charitable or public ownership is demonstrably not possible; and
- d. the harm or loss is outweighed by the benefit of bringing the site back into use.'

3.23 The Council will not permit development that results in harm that is less than substantial to the significance of a designated heritage asset unless the public benefits of the proposal convincingly outweigh that harm'.

3.24 In relation to Conservation Areas the policy says:

'In order to maintain the character of Camden's conservation areas, the Council will take account of conservation area statements, appraisals and management strategies when assessing applications within conservation areas. The Council will:

- e. require that development within conservation areas preserves or, where possible, enhances the character or appearance of the area;

f. resist the total or substantial demolition of an unlisted building that makes a positive contribution to the character or appearance of a conservation area;

g. resist development outside of a conservation area that causes harm to the character or appearance of that conservation area; and

h. preserve trees and garden spaces which contribute to the character and appearance of a conservation area or which provide a setting for Camden's architectural heritage.'

3.25 In relation to Listed Buildings the policy says:

'To preserve or enhance the borough's listed buildings, the Council will:

i. resist the total or substantial demolition of a listed building;

j. resist proposals for a change of use or alterations and extensions to a listed building where this would cause harm to the special architectural and historic interest of the building; and

k. resist development that would cause harm to significance of a listed building through an effect on its setting.'

3.26 In relation to other heritage assets and non-designated heritage assets including those on and off the local list, Registered Parks and Gardens and London Squares the policy states:

'The effect of a proposal on the significance of a non-designated heritage asset will be weighed against the public benefits of the proposal, balancing the scale of any harm or loss and the significance of the heritage asset.'

3.27 Sections 7.42-7.69 discuss the detail of the Council's approach to implementing Policy D2 under the following headings: Enhancing the historic environment (7.42-7.43); Designated Heritage Assets (7.44-45); Conservation Areas (7.46-7.56); Listed Buildings (7.57-7.62); Archaeology (7.63-7.67); 'Other' and Non-designated heritage Assets (7.68-7.69).

4 The proposed development and its effect

4.1 This section of the report describes the proposed scheme for The National Hospital for Neurology & Neurosurgery and its effect on the heritage significance described in the previous section.

4.2 The proposed scheme is illustrated in the drawings and Design & Access Statement prepared by Medical Architecture.

The proposed scheme

4.3 The proposed scheme is to deliver an upgrade to the electrical infrastructure of the Hospital through a series of alterations and reconfigurations. The proposals relate to both the Albany Wing (Grade II) and the Chandler wing (1980s).

4.4 The proposals are mainly located at the basement level of both buildings, with other minor implications at ground floor level and plan installed on the existing flat roof at the second floor level.

4.5 The project became vital after an electrical failure in July 2016 saw a power outage across the Hospital and led to a review of provision and need.

4.6 The review identified the need for a number of new rooms to be placed on the site: UKPN room, substation with switch room, Albany Wing switch room, Chandler Wing switch room and a series of minor Essential Electrical Works (such as panels, ducts and boards) throughout the site.

4.7 Whilst the project covers both buildings, it is only those affecting the Albany Wing that have the potential to affect anything of heritage significance.

4.8 A number of options have been considered, and discounted, and the reasons for this are outlined in the Design & Access Statement.

The Albany Wing

Basement Level

4.9 It is proposed that the new UKPN room and substation are located at the basement level of Albany wing, replacing the existing Medical Illustration department.

4.10 These rooms are illustrated in the photographic survey accompanying the application. Located in the basement, the majority are internal, with no windows, and comprise utilitarian spaces with suspended ceilings, modern wall mounted trunking

and modern services. Created entirely for functional purposes they do not contain any elements of special interest. Even those spaces with outward facing windows look into deep lightwells.

- 4.11 Although clearly part of the listed building it is not regarded that these spaces form part of the reasons why the building is listed.
- 4.12 The substation requires wide and tall spaces that allow for equipment movement, installation and the passing of cables. In this regard, most of the existing partitions are removed, to be replaced with structural box frames and reinforced concrete slabs.
- 4.13 The new structure will sit within the existing hospital structure, and where it goes in front of existing windows, these will be retained with a white protection film applied on the internal face – to ensure that the visual appearance of the building remains intact. This new structure is necessary in part to provide shielding from electro magnetic effects that could interfere with the clinical equipment within the hospital.
- 4.14 The roof and floor will be finished with industrial floor paint and the walls and ceilings will remain unfinished as it will be necessary to identify any items for future adaptations and maintenance.
- 4.15 The switch room in the Albany Wing will have a similar treatment to the substation: stripping out of all existing finishes and ceilings, new openings and reinforcement of slab to support equipment loads.
- 4.16 Ventilation requirements require a number of existing windows to be removed and replaced with louvers and the fire strategy requires an additional means of escape requiring one of the window openings to be lowered to form a door opening into the lightwell. The louvers will be fitted within existing window openings and the new door formed similarly from the existing proportions of the window but with lowered cill – thus minimising the need to remove any historic fabric.
- 4.17 Where cables are to penetrate the walls this will be undertaken by diamond drill to minimise the extent of the openings to only that necessary.
- 4.18 The existing switch room shall be transformed into an office and a store. Whilst functionally converted this will re-instate the room back into a practically useable space for the hospital.

Ground Floor

- 4.19 At ground floor level of Albany Wing an access hatch is required for the delivery of substation and UKPN equipment. The hatch involves alterations to the existing flat roof (which is effectively at street level) and the removal of the current pitched vent. This roof and vent appear to be later additions to the building and do not visually contribute to the hospital's architectural interest.
- 4.20 The proposed new hatch will be created flush with the flat roof and sealed such that it appears as part of the roof. The removal of the existing pitched vent will improve the visual appearance of the building's street elevation and thus also the contribution of the building to the conservation area.
- 4.21 On the courtyard side of the building ground floor cable duct penetrations are made to the existing flat roof. Similar to the front elevation, the roof and ramp in this location appear to be later, functional, additions to the original building. The proposed cable riser will be covered with a coping and the roof surface made good, thus mitigating any impact that this alteration might have.
- 4.22 Any other interventions required for this project take place within the Chandler Wing, which is not listed and not of any historical or architectural special interest.

Effect on heritage significance

- 4.23 The proposed scheme has been identified as absolutely necessary to ensure the hospital is properly protected against electrical outage.
- 4.24 Considerable research and preparation has been undertaken to consider the best location for the proposed new spaces, taking into account technical and practical requirements as well as the need to minimise the impact on any heritage assets.
- 4.25 The proposed location has been deemed the best option to achieve all of these elements.
- 4.26 The internal spaces to be impacted by the proposal are at basement level and are within a part of the building that contains little of architectural or historical importance. The majority of the basement has either been re-configured or at the least contains no features of any 'special' interest with regards either the history or architecture of the building.
- 4.27 The key spaces of interest have been identified in the earlier parts of this report and are primarily on the upper floors.

- 4.28 Whilst the proposals will require the removal of some internal partitions and therefore alter the plan form in a small part of the basement, this plan form is not in itself intrinsically of any significance – being part of a warren of basement rooms created for entirely functional purpose.
- 4.29 Existing wall finishes are modern plaster; the floor slab a concrete base; door openings non-historic.
- 4.30 Where the proposals impact the external fabric of the building, windows and window openings will be retained where possible, and when replaced by louvers will be done so within the existing openings. The visual impact of this will be minimised by the basement location, with only glimpsed views from limited positions from ground level.
- 4.31 The removal of the existing pitched vent is, arguably, a positive intervention on the street fronting elevation of the building.
- 4.32 Thus the impact on the significance of the listed building has been kept to a minimum and mitigated through careful design solutions.
- 4.33 The impact on the conservation area is arguably positive, with the simplification of the front elevation by the removal of the later-added pitched vent.

5 Compliance with legislation, policy and guidance

5.1 This report has provided a detailed description and analysis of the significance of The National Hospital for Neurology & Neurosurgery and its heritage context, as required by Paragraph 189 of the National Planning Policy Framework.

5.2 In addition, the report also describes (in Section 4 'The proposed development and its effect') how the proposed scheme will affect that heritage significance and townscape character. The effect is positive, and for that reason, the scheme complies with policy and guidance. This section should be read with Section 3.

The Planning (Listed Buildings and Conservation Areas) Act 1990

5.3 The conclusion of our assessment, contained in previous sections in this report, is that the proposed scheme will not affect the special architectural or historical interest of the listed building and preserves and enhances the character and appearance of the Bloomsbury Conservation Area by virtue of the space proposed for the location of the alterations and the positive effect that the development will have externally on the setting of the conservation area. The proposed development thus complies with S.66(1) and S.72(1) of the Planning (Listed Buildings and Conservation Areas) Act 1990. It does not lead to 'substantial' harm or any material level of 'less than substantial' harm to any heritage assets.

The level of 'harm' caused by the proposed scheme to heritage assets

5.4 As outlined in Section 3, the NPPF identifies two levels of potential 'harm' that might be caused to a heritage asset by a development: 'substantial harm...or total loss of significance' or 'less than substantial'. Both levels of harm must be caused to a designated heritage asset – in this case, the listed building and the Bloomsbury Conservation Area.

5.5 The proposed scheme does not lead to 'substantial' harm or any level of 'less than substantial' harm to any designated heritage asset. As has been explained earlier, the proposal does very evidently not result in the 'total loss of significance' of the conservation area or any listed building.

- 5.6 The only potential for 'less than substantial' harm would be if the proposed scheme caused the loss of something central to the special interest of the listed building or the Bloomsbury Conservation Area or the setting of nearby listed buildings. There is nothing about the proposal that would give rise to this level of harm.

The balance of 'harm' versus benefit

- 5.7 We believe that the proposals strike the right balance between intervening in the listed building to provide vital and necessary electrical infrastructure improvements with ensuring that they are located in a part of the building of least significance and mitigating any external alterations by using existing openings and windows to achieve the changes required. However, even if others were to believe that a small element of 'less than substantial' harm were caused by these proposals this would be at the very lowest end of the scale for the reasons given earlier in this report. This perceived harm would have to be weighed against the very clear and substantial benefits of ensuring the hospital can remain permanently functioning and operational – which we believe outweighs any small amount of harm that might be regarded as caused by the proposals and is thus, on balance, positive.

The National Planning Policy Framework

- 5.8 This report has provided a detailed description and analysis of the significance of The National Hospital for Neurology & Neurosurgery and its heritage context, as required by Paragraph 194 of the Planning Policy Framework.
- 5.9 The proposal satisfies paragraph 195 in that the proposals ensure that the heritage asset is maintained in a 'viable use consistent with its conservation'. It will also enable the hospital to continue to contribute to 'sustainable communities including its economic vitality' through the world leading care provided by the hospital.
- 5.10 The proposed scheme complies with Paragraph 199 and 200 in that great weight was given to choosing a location within the building that ensures the conservation of the heritage asset and does not contribute to any substantial harm or loss of significance. Much consideration was given to the choice of location, which combines both a desire to locate the substation in a place of minimal impact to any element of heritage significance with the requirements of UKPN.

- 5.11 With regard to Paragraph 202, whilst the proposals will lead to some alteration to a small amount of historic fabric, as described in the previous section, this fabric is utilitarian in nature – both physically and in plan form - and we do not believe directly contributes to what makes the building of special architectural or historical interest.
- 5.12 As described in the previous section, where the proposals impact the external fabric of the building, windows and window openings will be retained where possible, and when replaced by louvers will be done so within the existing openings. The visual impact of this will be minimised by the basement location, with only glimpsed views from limited positions from ground level.
- 5.13 The removal of the existing pitched vent is, arguably, a positive intervention on the street fronting elevation of the building.
- 5.14 Thus the impact on the significance of the listed building has been kept to a minimum and mitigated through careful design solutions.
- 5.15 The impact on the conservation area is arguably positive, with the simplification of the front elevation by the removal of the later-added pitched vent.
- 5.16 We therefore do not believe that less than substantial harm is caused to the listed building.
- 5.17 However, this is a finely balanced judgment and even if it is believed by others that a small element of ‘less than substantial harm to the significance of a designated heritage asset’, is caused by these proposals, this is outweighed by ensuring the ‘optimum viable use’ of the hospital by the fundamental requirement to protect it from electrical outage, and the works have been mitigated through a careful design approach to the external elements of the scheme. This work is Essential and will deliver a considerable public benefit.
- 5.18 We believe that the removal of the later-added pitched vent will also be of minor benefit to the visual appearance, and therefore significance of the listed building as well as the character and appearance of the conservation area and preserves those elements of the setting that make a positive contribution to the asset as required by paragraph 200.

Camden Council’s Local Development Framework

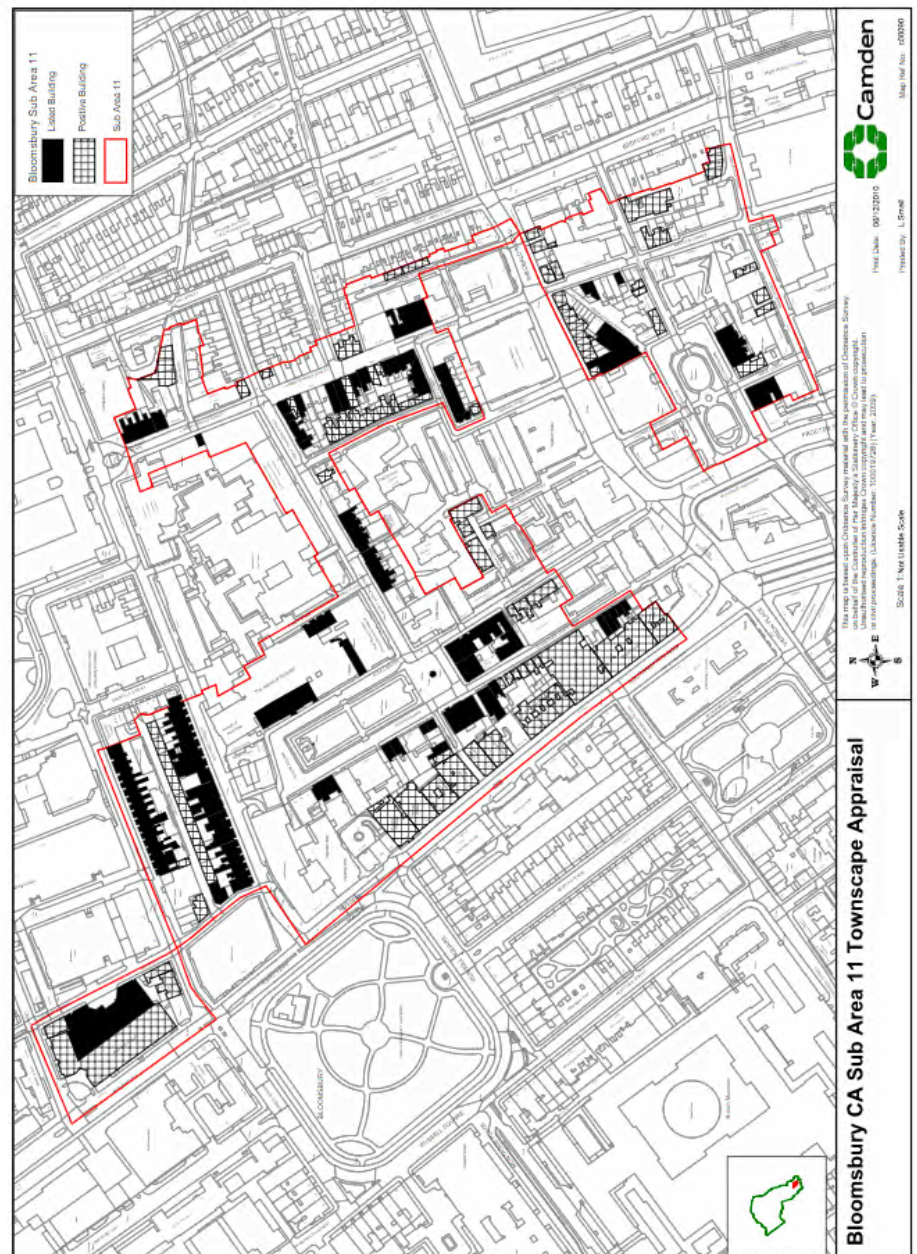
- 5.19 In positively addressing the requirements of the National Planning Policy Framework, the proposal also meet the policy

requirements of the Camden Council's Local Plan relevant to heritage assets.

6 Summary and conclusion

- 6.1 The National Hospital for Neurology and Neurosurgery (informally the NHNN, The National or Queen Square) is located in Queen Square, London, WC1. It is part of the University College London Hospitals NHS Foundation Trust.
- 6.2 The hospital is housed in several buildings around Queen Square, most notably the Grade II listed Albany Wing (1885) and lies within the Bloomsbury district of the London Borough of Camden.
- 6.3 The proposed works are to provide a vitally required electrical infrastructure upgrade, however they have been carefully designed to respect the heritage significance of the listed building. They conserve the heritage asset and do not contribute to any substantial harm or loss of significance.
- 6.4 The works will assist in sustaining the present optimum viable use of the building by means of a careful intervention commensurate with its heritage significance, and which preserve that significance.
- 6.5 Similarly, the setting of other listed buildings and the character and appearance of the Bloomsbury Conservation Area will be preserved and arguably enhanced by the proposed works.
- 6.6 For these reasons, the proposed works will comply with the law, and national and local policies and guidance for urban design and the historic built environment.

Appendix A: Bloomsbury Conservation Area: Sub Area 11: Queen Square/Red Lion Square



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