# Unison Centre, 130 Euston Road Camden

HERITAGE STATEMENT | OCTOBER 2024
On behalf of Unison



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130 EUSTON ROAD | CAMDEN



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# Section 1 Introduction.

1 Introduction

# Introduction

### Overview

- 1.1 This Heritage Statement has been prepared to provide an assessment of the significance of 130 Euston Road, formerly the 'Elizabeth Garrett Anderson Hospital' (henceforth 'the Site'), and to consider the impact a proposed development upon the site's significance. This is provided as part of an application submission for internal alteration associated with the continued use of the building by Unison.
- 1.2 The proposed development can be summarised as follows:
- 1.3 Minor internal renovations to the former attic space, including the removal and installation of new furniture as well as decorations throughout.
- 1.4 This report will:
  - Set out the relevant legislative and policy framework within which to understand the proposed development of the Site;
  - Provide a proportionate and robust analysis of the Site and surrounding area's historic development;
  - Describe the Site and identify relevant heritage assets, their significance and the contribution of their setting to significance;
  - Provide an assessment of the potential effects to the significance and setting of identified heritage assets resulting from the proposed development.
- 1.5 The methodology used in this assessment is set out in Appendix 1. The baseline was prepared using ongoing desk-based research.
- The report is produced by Iceni Projects. Specifically, it is authored by Rebecca Mason, Associate Director, Built Heritage & Townscape and Poppy Malcomson BA(Hons) Consultant, Built Heritage & Townscape with guidance and review by Laurie Handcock MA (Cantab) MSc IHBC, Director Built Heritage & Townscape.

# Design Involvement & Pre-application Feedback

1.7 Iceni have been involved in advising the design development of the scheme since March 2024. The scheme has now developed further with additional internal alterations.



Figure 1.1 Site Context 3D Aerial View
Google Earth

# Section 2

# Relevant Planning Policy, Legislation & Guidance.

# 2 | Relevant Planning Policy, Legislation & Guidance

# Planning Policy and Legislation

### Introduction

- 2.1 The Development Plan for Camden consists of the London Plan (2021), together with the London Borough of Camden Local Plan (2017).
- 2.2 Relevant guidance includes:
  - Historic Environment Good Practice Advice in Planning Note 2 - Managing Significance in Decision Taking in the Historic Environment
- 2.3 The National Planning Policy Framework (2023) ('NPPF') is a material consideration throughout this Heritage Statement.
- 2.4 Recently, a consultation draft of revisions to the NPPF has been published (30th July 2024). Whilst these changes are still undergoing consultation and therefore hold limited weight, it is worth noting that the revisions maintain the focus on delivering high quality design, but remove references to 'beauty'.

## Legislation

- 2.5 Where any development may have a direct or indirect effect on designated heritage assets, there is a legislative framework to ensure the proposals are considered with due regard for their impact on the historic environment.
- 2.6 As this proposal includes internal works only section 16 applies.

## National Planning Policy Framework (December 2023)

- 2.7 The NPPF affirms, in paragraph 135, the need for new design to function well and add to the quality of the surrounding area, establish a strong sense of place, and respond to local character and history, while not preventing or discouraging appropriate optimisation, innovation or change (such as increased densities).
- 2.8 Paragraph 139 requires development that is not well-design to be refused, whilst significant weight should be given to development which reflects local design policies and/or is outstanding, innovative and helps raise the design standards in the area.
- 2.9 Paragraph 200 states that local planning authorities should require applicants to describe the significance of heritage assets affected and any contribution made by their setting. The level of detail provided should be proportionate to the significance of the asset.
- 2.10 Paragraph 201 emphasises that local planning authorities should take account of the desirability of sustaining and enhancing the significance of heritage assets and putting them to viable uses consistent with their conservation.
- 2.11 Paragraphs 205 208 address the balancing of harm against public benefits. If a balancing exercise is necessary (i.e. if there is any harm to the asset), great weight should be applied to the statutory duty where it arises, and any harm to significance should require a clear and convincing justification. Where substantial or less than substantial harm will arise as a result of a proposed development, this harm should be weighed against the public benefits of a proposal, including for less than substantial harm, securing its optimum viable use (para.208). In the case of substantial harm, this must be necessary to achieve substantial public benefits, or a number of criteria set out in paragraph 207 apply.
- 2.12 Paragraph 212 encourages opportunities for new development within, and within the setting of, Conservation Areas and World Heritage Sites, to enhance or better reveal their significance. Whereas paragraph 213 notes that loss of an element which makes a positive contribution to these should be assessed according to paragraphs 207 and 208, taking into account its contribution to the whole.

Statutory Development Plan			
Policy Document	Relevant Policy	Summary	
Camden Local Plan (2017)	Policy A1 - Managing The Impact Of Development	This policy seeks to protect the quality of life of occupiers and neighbours to ensure that any development contributes towards building strong and successful communities by balancing the needs of development against the needs and characteristics of the local context. The factors considered include: visual privacy and outlook; sunlight, daylight, and overshadowing; transport; and, lighting among others.	
	Policy D1 - Design	This policy requires new development (among many other factors): to be of the highest standard in terms of materiality and detailing; to respond to local character, and to make a positive contribution to streetscape; including creating attractive, functional and clearly defined public and private space.	
	Policy D2 - Heritage	This policy reflects the NPPF, in that it seeks to ensure that schemes preserve (and where possible enhance) the significance of heritage assets, particularly recognising the weight to be given to designated heritage assets.	
London Plan (2021)	Policy GG2: Making best use of land	To create successful sustainable mixed-use places that make the best use of land, including the following considerations relevant to this report: Enabling the development of brownfield land, including sites within and on the edge of town centres; Promoting higher density development, particularly in locations that are well-connected to jobs, services, infrastructure and amenities by public transport, walking and cycling; and Applying a design-led approach to determine the optimum development capacity of sites.	
	Policy D3: Optimising site capacity through a design-led approach	Policy D3 requires that 'all development must make the best use of land by following a design-led approach that optimises the capacity of sites[Meaning] ensuring that development is of the most appropriate form and land use for the site'. This includes: enhancing local context by positively responding to local distinctiveness through layout, orientation, scale, appearance and shape; providing active frontages, and responding to the existing character of a place.	
	Policy HC1: Heritage conservation and growth	This policy requires boroughs to develop evidence that demonstrates a clear understanding of London's historic environment. It further requires Boroughs to use this knowledge to inform the effective integration of London's heritage in regenerative change. Part C states:  "C. Development proposals affecting heritage assets, and their settings, should conserve their significance, by being sympathetic to the assets' significance and appreciation within their surroundings. The cumulative impacts of incremental change from development on heritage assets and their settings should also be actively managed. Development proposals should avoid harm and identify enhancement opportunities by integrating heritage considerations early on in the design process".	

Table 2.1 Summary of Local Policy

# 2 | Relevant Planning Policy, Legislation & Guidance

## Relevant Guidance

## Planning Practice Guidance ('PPG')

Historic Environment (Last Updated 23 July 2019)

- 2.13 Paragraph 002 states that conservation is an active process of maintenance and managing change that requires a flexible and thoughtful approach.
- 2.14 Paragraph 006 sets out how heritage significance can be understood in the planning context as archaeological, architectural, artistic or historic.
- 2.15 Paragraph 018 explains that, where potential harm to designated heritage assets is identified, it needs to be categorised as either less than substantial harm or substantial harm (which includes total loss) in order to identify which policies in the NPPF (paragraphs 207-208) apply. It goes on to state that whether a proposal causes substantial harm will be a judgment for the decision-maker, having regard to the circumstances of the case and the policy in the NPPF. In general terms, substantial harm is a high test, so it may not arise in many cases.
- 2.16 The PPG also provides clear guidance in paragraph 020 on the meaning of 'public benefits', particularly in relation to historic environment policy, including paragraphs 207 to 208 of the NPPF. The PPG makes clear that public benefits should be measured according to the delivery of the three key drivers of sustainable development: economic, social and environmental outcomes, all of which are reflected in the objectives of the planning system, as per Paragraph 8 of the NPPF.

## Historic Environment Good Practice Advice

2.17 To support the national policies, four separate Good Practice Advice in Planning Notes ('GPA's') have been published by Historic England. The GPAs relevant to this report, GPA2 and GPA3, are summarised below.

GPA 2: Managing Significance in Decision-Taking [2015]

- This document provides advice on the ways in which decision-taking in the historic environment could be undertaken, emphasising that the first step for all applicants is to understand the significance of any affected heritage asset and the contribution of its setting to its significance.
- 2.19 In line with the NPPF and PPG, the document

- states that early engagement and expert advice in considering and assessing the significance of heritage assets is encouraged.
- 2.20 The advice reiterates that heritage assets may be affected by direct physical change or by change in their setting. Assessment of the nature, extent and importance of the significance of a heritage asset and the contribution of its setting at an early stage can assist he planning process in informed decision taking.

# Summary

- 2.21 Therefore, the key policy considerations for the Site are:
  - Policy D1 Design and Policy D2 Heritage, from Camden's Local Plan (2017)
  - Policy HC1: Heritage conservation and growth from the London Plan (2021)

# Section 3

# Historic Development of the Site & Surroundings.

# 3 | Historic Development of Site & Surroundings

# Historic Development of Surroundings

### Early History

- 3.1 The Elizabeth Garrett Anderson Hospital stands as a testament to the pioneering spirit of its namesake and the revolutionary strides made in healthcare for women in the late 19th century.
- 3.2 Founded in 1866 by Elizabeth Garrett Anderson, the hospital traces its origins to the St Mary's Dispensary in Seymour Place, where Anderson served as the General Medical Attendant for over two decades.
- This humble dispensary evolved into the New Hospital for Women in 1872, aiming to provide medical care to underprivileged women under the expertise of qualified female practitioners; an unprecedented concept during that era.
- In 1874, the hospital relocated to Marylebone Road, marking its commitment to expanding its reach and impact. However, it was not until 1889 that the foundation stone for purpose-built facilities on Euston Road was laid by the Princess of Wales. This act signalled royal endorsement and support for the groundbreaking endeavour.
- The hospital was designed by renowned architect J.M. Brydon, with invaluable contributions from Anderson's sister and cousin, Agnes Garrett and Rhoda Garrett. In 1890, the hospital officially opened its doors as the New Hospital for Women, thus making history as the first purpose-built institution dedicated to female doctors and patients.

## 20th Century Onwards

- 3.6 The original layout of the Euston Road hospital, characterised by a circular ward block and open connecting balconies, reflected the influence of renowned figures such as Florence Nightingale and Sir Douglas Galton. In 1918, the hospital was renamed the Elizabeth Garrett Anderson Hospital, honouring the legacy of its visionary founder following her passing
- 2.7 Over the years, the hospital underwent significant expansions and alterations, notably in the 1920s, when it embraced modernisation and growth. The removal of semi-circular wards and the addition of an Adam revival block marked a new chapter in the hospital's evolution, accommodating the changing needs of healthcare and medical education.
- Despite facing threats of closure in the 1960s and the announcement of imminent shutdown in 1976 by the Camden Area Health Authority, the hospital's staff and supporters rallied to preserve its invaluable contribution to women's healthcare. The occupation of the building in 1976 and continued campaigning until 1979 underscored the unwavering commitment to upholding its historic significance.
- In subsequent decades, the hospital underwent further extensions and renovations, including the addition of a colour-coated metal structure in the 1980s. However, preservation efforts faced challenges, resulting in the loss of some original features, such as rooftop structures and railings. Despite these changes, the Elizabeth Garrett Anderson Hospital retained its status as a beacon of progress and innovation in healthcare for women.
- 3.10 In recent years, the site has undergone redevelopment, with a mix of offices and residential units replacing non-listed buildings. However, the first-generation structures, particularly the frontage block on Euston Road, stand as enduring symbols of the hospital's historic significance and architectural importance.

### Historic Map Progression

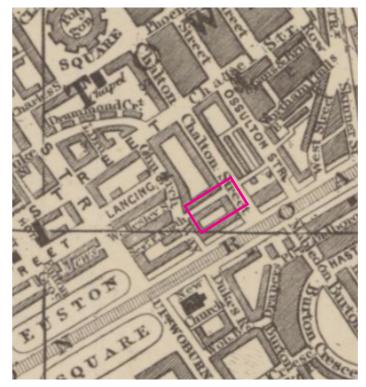


Figure 3.1 1869 OS Map With Site Location Outlined

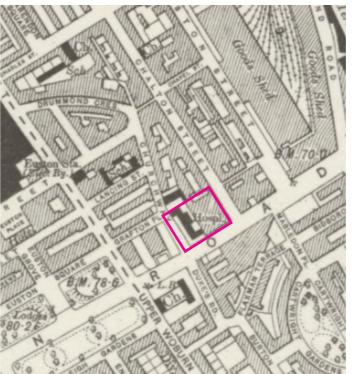


Figure 3.3 1920 OS Map With Site Location Outlined



Figure 3.2 1893 OS Map With Site Location Outlined



Figure 3.4 1951 OS Map With Site Location Outlined

# Section 4

# Assessment of Significance.

# 4 | Assessment of Significance

# Site Description and Identification of Assets

### The Site

- 4.1 The Site is located on the north side of Euston Road, adjacent to the junction with Churchway. The former Hospital has primary frontages on the south and west elevations, with the modern office block which now forms part of the site successfully wrapping around the building to the east and north.
- 4.2 The Former Hospital building is Grade II listed (LEN: 1390775). The list entry specifically excludes the modern additions to the building. The Site does not lie within a conservation area.
- 4.3 The Grade II listed Rocket Public House is located to the east on the same street block. Given the works proposed are all internal, the Rocket Public House can be scoped out of this assessment.
- 4.4 The Elizabeth Garrett Anderson Hospital reflects the Queen Anne style prevalent during its construction. Constructed primarily of stock brick with red brick dressings, the building boasts a striking timber cupola atop a tiled roof, lending it a distinctive character.
- 4.5 The layout of the hospital comprises a rectangular front block parallel to Euston Road, intricately linked to an administrative block along Churchway. Later expansions to the north and east, while functional, hold lesser architectural interest compared to the original structures.
- The exterior of the frontage block facing Euston Road commands attention with its three-storey and attic structure. Characterised by a four-bay front, the entrance, situated to the left, features a projecting porch crafted from red brick. Notable architectural elements include a moulded arched opening flanked by blocked pilasters, a central chimney stack bearing a cut brick cartouche within a pedimented aedicular surround, and rusticated quoins of red brick. Though the original 6/6-pane sash windows have been replaced with UPVC copies, the segmental-arched window design remains, adorned with keystones over the centre. A modillion cornice in brick adds a touch of elegance to the façade, while a mansard roof and dormers punctuate the skyline.
- 4.7 Moving to the west-facing return elevation, a twostorey canted bay dominates the ground and first floors, embellished with a segmental pediment

- enriched with cut brick decoration. A Venetian window at the second floor level adds further architectural interest, while small windows within the gable end complete the composition.
- The former administrative block on Churchway, intricately linked to the frontage block, boasts a three-bay frontage with a central canted bay. Paired and tall sash windows adorn the lower and upper floors, while a modillion cornice and attic storey contribute to the building's visual appeal. Previously crowned by a tall ornamental spirelet, the south-facing gable end, featuring truncated chimney stacks, hints at the building's former grandeur.



Figure 4.1 Drawing of New Hospital For Women (later known as Elizabeth Garrett Anderson Hospital)

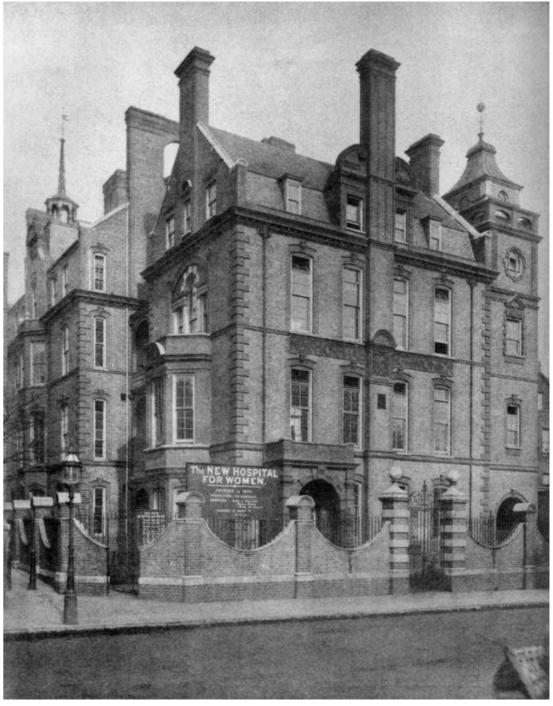


Figure 4.2 New Hospital For Women (later known as Elizabeth Garrett Anderson Hospital)

# 4 | Assessment of Significance

# Assessment of Significance

## Assessment Methodology

- 4.9 The assessment methodology used here for assessing the significance of the identified heritage assets and their settings is the framework set out in the November 2017 consultation draft of Historic England's best-practice guidance document Conservation Principles.
- historical, archaeological, and architectural and artistic in assessing what makes a place and its wider context special. These are broadly in line with the values evidential [now archaeological], historical, aesthetic [now architectural and artistic], and communal [now part of historical] set out in the previous, 2008 version, but are consistent with the heritage interests in the NPPF, the definitions for which are now included in the updated Planning Practice Guidance

# Significance of the Site

- 4.11 The Elizabeth Garrett Anderson Hospital on Euston Road holds significant historical and architectural importance in accordance with Historic England's conservation principles
- 4.12 The hospital represents a pivotal moment in the history of healthcare, being the first purpose-built institution devoted to female doctors and patients. Its founding in 1890 by Elizabeth Garrett Anderson, a pioneering female physician, reflects a progressive movement towards gender equality in medicine. As such, the hospital's preservation ensures the safeguarding of this important aspect of social history.
- 4.13 Designed by architect J. M. Brydon, with contributions from Agnes Garrett and Rhoda Garrett, the hospital's architecture embodies the principles of the late 19th-century hospital design. Whilst the original layout has been lost, subsequent expansions and alterations reflect evolving healthcare needs, maintaining the architectural integrity of the building and contributing to the site's historical layers.
- 4.14 As a result of its evolution and its subsequent use as a commercial office block, the interior of the building is considered to be of less interest than its exterior.
- 4.15 While the hospital has undergone alterations and extensions over the years, efforts to preserve

- its original features, such as the frontage block on Euston Road, demonstrate a commitment to maintaining its authenticity and integrity. Despite some losses, such as rooftop structures and railings, the core architectural elements remain intact, allowing visitors to appreciate its historical significance.
- 4.16 The hospital's location adds to its contextual significance; it is situated on Euston Road which is a prominent thoroughfare in London. Its presence in the heart of the city underscores its accessibility and visibility, further amplifying its role as a symbol of progress and innovation in healthcare.
- 4.17 The hospital's history of resilience, demonstrated through staff occupation and community campaigning during times of threat, highlights its deep-rooted connection to the local community. Its continued relevance as a healthcare institution and later as a site for redevelopment underscores its ongoing importance to the community's identity and well-being.
- 4.18 In summary, the Elizabeth Garrett Anderson
  Hospital exemplifies significance deriving from its
  architecture as well as its historic importance. Whilst
  of architectural interest, particularly externally, it's the
  Site's historic association with the medical movement,
  particularly for women, where its special interest is
  most prominent.



A WARD IN THE NEW HOSPITAL FOR WOMEN.



Figure 4.3 Wards in the New Hospital For Women (later known as Elizabeth Garrett Anderson Hospital)

# Section 5 Proposed Development

# **5** | Proposed Development

# The Proposed Development

- The proposed development includes internal alterations, which are mainly focussed on the old attic. The attic is located on the top floor of Elizabeth Garrett Anderson Hospital and is currently used as a meeting room as part of the Unison Centre. The ambition is to upgrade the space to be more functional as a meeting room as part of the wider office complex. The scope of proposed works to the attic space are outlined as below:
  - · Removal of old storage units to the perimeter.
  - · New LED lighting throughout
  - New acoustic considerations throughout the room
  - Insertion of a dry point kitchenette (i.e. not plumbed in, just cupboards with a countertop).
  - New carpet
  - · Decorations and renovations throughout
  - Installation of modern tablets onto existing doors for digital booking purposes
  - Removal of all existing furniture (including the long table)
  - Installation of new furniture with more modern seating and modular tables for more flexibility
- 5.2 Other alterations include the demolition of a wall on the third floor, as well as the demolition of some low level cupboard fixtures. Both of these are modern additions and not part of the historic fabric.

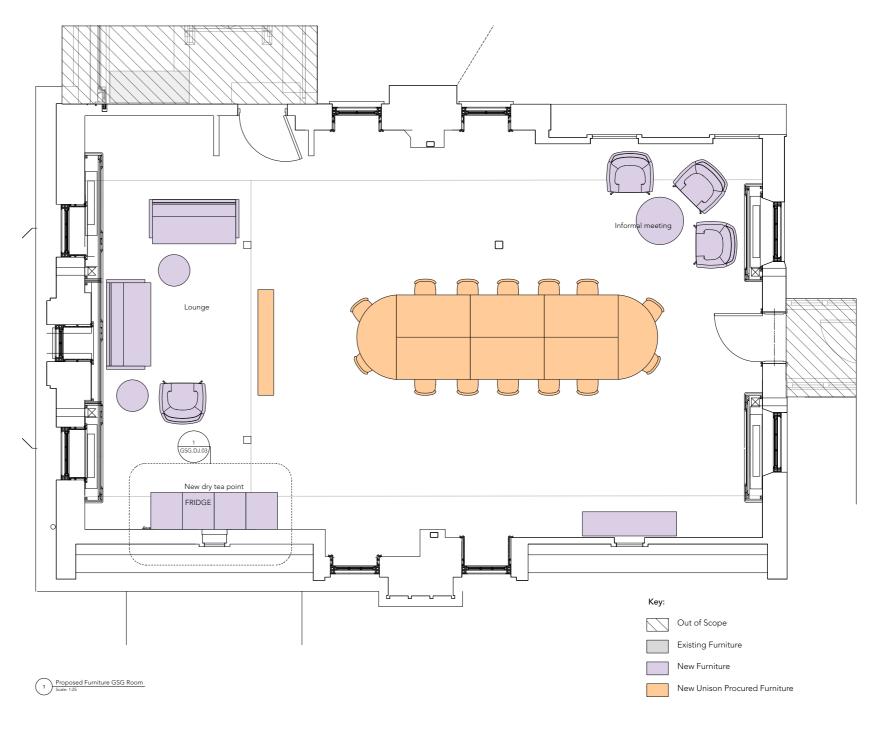


Figure 5.1 Proposed Floor Plan With Alterations

# **6** | Proposed Development

# **Current Interiors**

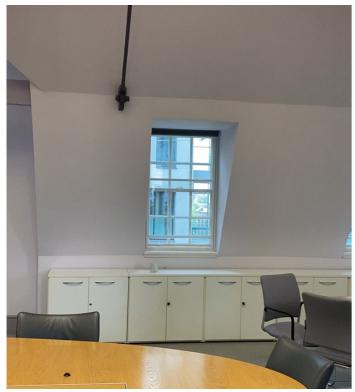


Figure 5.2 Current Internal Condition of Attic Space



Figure 5.6 Current Internal Condition of Attic Space



Figure 5.3 Current Internal Condition of Attic Space



Figure 5.7 Current Internal Condition of Attic Space



Figure 5.4 Current Internal Condition of Attic Space

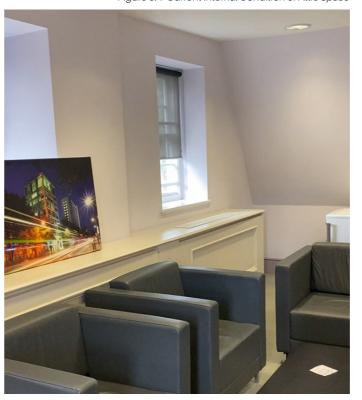


Figure 5.8 Current Internal Condition of Attic Space



Figure 5.5 Current Internal Condition of Attic Space



Figure 5.9 Current Internal Condition of Attic Space

# Section 6 Assessment of Impact

# 7 | Assessment of Impact

# Assessment of Impact

## Heritage Assessment

- 7.1 The proposed internal alterations to the former Elizabeth Garrett Anderson Hospital encompasses a range of minor modifications aimed at enhancing the functionality of select internal spaces. However, it is imperative to assess the potential impact of these alterations on the special interest and historical significance of the building.
- 7.2 A number of internal alterations are proposed, focussing on the reconfiguration of the former attic room. All fabric identified for demolition is of modern construction, with only one wall being demolished (see figure 5.11), and these were inserted when the building was redeveloped. Any historic fabric that is of interest remains untouched and therefore unimpacted by the works.
- 7.3 There will be a minor change to the floorplan but only in regards to furniture placement, with the addition of some built in seating. However this room has already been altered from its previous state as an attic room for the hospital into a modern meeting room. Therefore, this particular space no longer bears resemblance to its original design and function. In regards to this information, the change in internal arrangement, including removal of existing furniture and installation of modern furniture, will not impact on the special interest of the listed building.
- 7.4 Lighting is proposed to be upgraded in some areas.

  Most ceilings feature a modern suspended ceiling
  within which the lights sit. As such there will be no
  impact on fabric as a result of these works. The
  existing lighting design approach will be followed and
  therefore the internal character and appearance of
  the building will be maintained.
- The approach is similar to the recently consented scheme (2024/1253/L). The room must be upgraded as a meeting room, the acoustic performance needs to be enhanced including the addition of accoustic panels to the ceiling. In addition to accoustic upgrades, modern booking systems are being installed in the form of electric tablets. However these additions are minimally invasive, in most instances they are being affixed to modern fabric, such as the tablets to the doors, and should not possess an impact to the historic significance.

- 7.6 Within this new meeting room there is a proposed 'dry' kitchenette, the lack of plumbing means there will be no additional alterations to the space. As such there will be no impact on the special interest of the building as a result of this intervention.
- 7.7 There is also the proposal of internal redecoration, with new carpet and renovations in the space.

  However, these works are not contentious given the existing decoration and will aid the long-term maintenance of the heritage asset.
- 7.8 To summarise, the proposed internal alterations to the attic space and third floor in the former Elizabeth Garrett Anderson Hospital aim to improve the functionality of the space as a meeting room and the building overall as a functioning office space. The alterations will be executed sensitively, with the aim to maintain the building's special interest and historical significance at the forefront of the scheme. The works principally involve alteration to modern fabric and are considered to be appropriate, therefore they will not harm the special interest of the listed building.

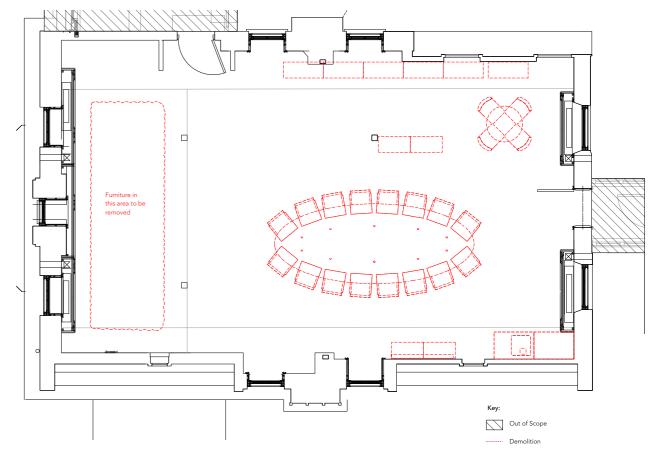


Figure 5.10 Proposed Attic Demolition Plan

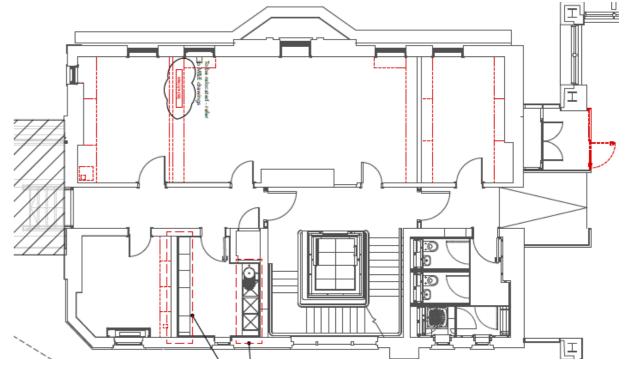


Figure 5.11 Proposed Third Floor Demolition Plan

# Section 7 Conclusion

8 | Conclusion

# Summary

- 1.1 This Heritage Statement has been produced by Iceni Projects to support a listed building consent application at 130 Euston Road for internal alterations associated with the renovation of meeting rooms within the former Elizabeth Garrett Anderson Hospital
- 8.2 This heritage assessment has set out the relevant legislative and policy frameworks to understand the Site, and has also identified designated heritage assets within and surrounding the Site. These have been identified both in terms of historic development and significance, which have the potential to be impacted upon during these proposed works. In doing so we have established the contribution that the Site makes to nearby heritage assets and assessed the effects proportionately.
- The report demonstrates that the proposals would, in our view, have no impact on the special interest, both architectural and historical, of the listed building. As highlighted significance is predominantly found in its historical association with the development of medical services specifically in relation to female care, whilst architectural interest is found in the exterior architecture. The interior of the building has been subject to significant change both historically and through the conversion of the building into offices. All proposed works are regarding removal of modern elements or reversible installations and therefore the nature of the works proposed are considered to be appropriate.

# Policy Compliance

8.4 As such, the proposals are in full compliance with Section 16 of the Planning (Listed Buildings and Conservation Areas Act) 1990 and Section 16 of the NPPF. The proposals are considered to align with Camden's policies on design and heritage, namely policies D1 and D2. It is therefore advised that this application should be considered favourably.



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