

Heritage Statement - Storage Shed in Memorial Garden, Royal Haslar Hospital, Gosport



Plate 1. Entrance to Memorial Garden from within the hospital grounds

1. Introduction

1.1 This brief Heritage Statement has been prepared to support an application for planning permission for the erection of a storage building within the Memorial Garden at Royal Haslar Hospital by Haslar Developments for maintenance equipment and gardening supplies for use by the Shore Leave Haslar. Shore Leave Haslar is a non-profit community project which brings life to the Memorial Garden at Royal Haslar. It provides tri-service veterans with a safe haven, where they can go and rehabilitate through horticulture. The provision of the building will therefore enable the organisation to continue to help the veterans and to maintain the garden. The provision of the storage building has been requested by Gosport BC to assist in the provision of SANG, as required in the S.106 Agreement which was in connection with the outline planning permission for the redevelopment of the hospital.

1.2 The purpose of this Heritage Statement is to provide:

- i) an overview of the history of the site of Royal Haslar Hospital and in particular the Memorial Garden
- ii) an assessment of the heritage significance of the site and the surrounding heritage assets and
- iii) an assessment of the impact of the proposed development on the heritage significance of the site

1.3 This Heritage Statement has been informed by an inspection of the site, research in the local history section of Gosport Library and further desk-based research.

1.4 The Memorial Garden is the Haslar Conservation Area and the Royal Haslar Historic Park, which is on Historic England's Register of Historic Parks and Gardens. There are several listed buildings within the Royal Haslar Hospital. The proposal therefore has the potential to have an impact on these designated heritage assets and/or their settings.

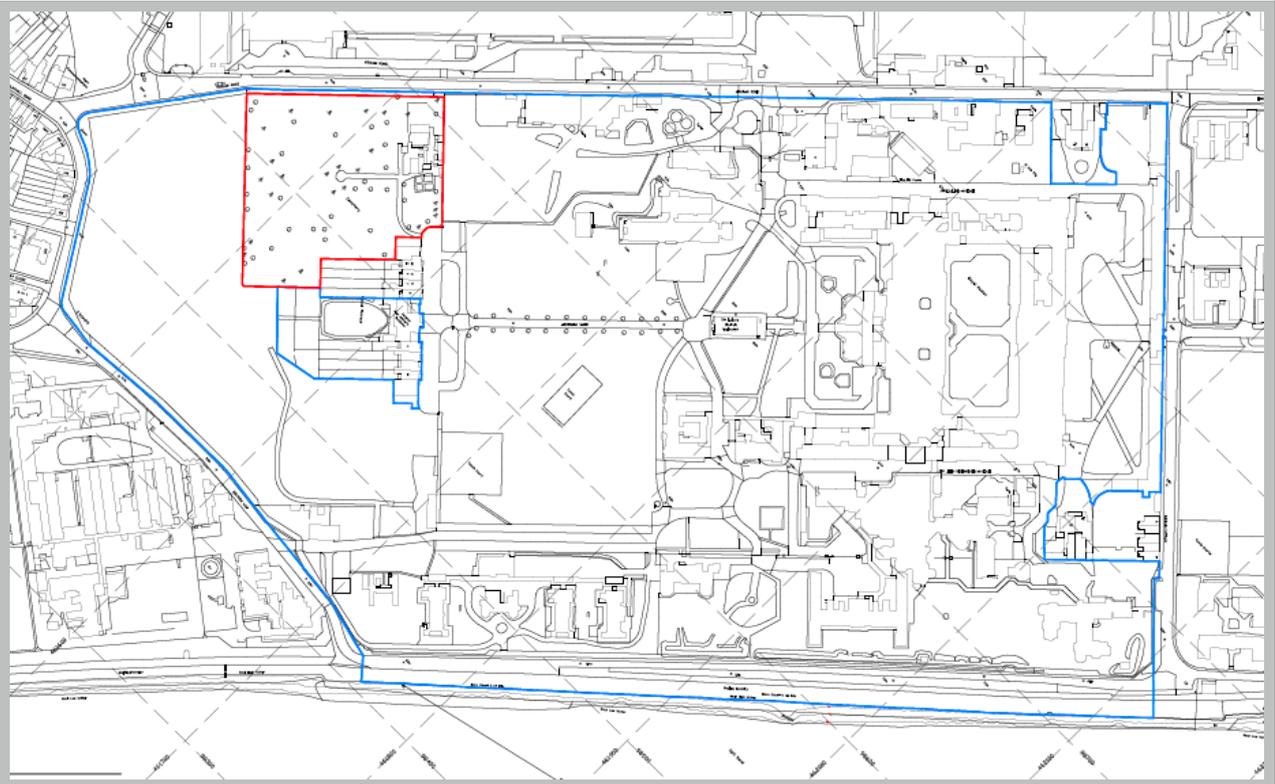
1.5 In preparing this Heritage Statement, regard has been paid to the advice in Para.s 189 and 190 of the National Planning Policy Framework (NPPF) 2019:

*189. 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....***

190. Local planning authorities should 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 assessment into account when considering the impact of a proposal on a heritage asset, to avoid or minimise conflict between the heritage asset's conservation and any aspect of the proposal.

1.6 This Heritage Statement has been prepared by John Hinchliffe of Hinchliffe Heritage for Haslar Developments.

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Plan 1. Location Plan of Proposed Shed



Plate 2. Aerial Photo of The Paddock and the Memorial Garden

2. Description

2.1 The Royal Haslar Hospital

2.1.1 The Royal Haslar Hospital was built in the mid-18th C as naval hospital. It has been expanded and altered many times with additional facilities of varying architectural and historic interest. It is located on the SE end of the Haslar Peninsula, approx 1m S of the centre of Gosport and separated from it by Haslar Bay, which is crossed via a bridge. The SE boundary of the site is adjacent to The Solent and the site is surrounded by a variety of naval or former naval sites, although is separated from them by a tall brick wall along Haslar Road.

The site is generally flat and landscaped with lawns, planting beds and trees.

The hospital closed around 2008 and has been vacant since then but it is now being converted into mixed uses in phases.

The main original hospital building was designed as two parallel ranges of ward buildings around a quadrangle (Figure 2) but the SW side was never built. The Crosslink was built between the middle of the NW and SE ranges in the 1980s but this has recently been demolished.

The main hospital building had a symmetrical layout and a classical form with an axis running through the main gates, a front garden, the pedimented central arcade (the central Block C/D) and the central courtyard/piazza.

Between the parallel ranges are internal courtyards or “areas” (except in Block D).

2.1.2 The main front and rear elevations are articulated by the Central Block C/D which projects forward with a pediment and has an additional floor. The front elevation is also articulated at each end by a pair of projecting bays which are each three-window bays wide. The principal elevations of the two rear wings are also articulated by two projections at the corners where they meet the front elevation, also three window bays wide. At the other ends of each rear block, the principal elevations are articulated by a single projection of two window bays. The projecting end bays originally all accommodated a timber staircase but all (except in Block F) have been replaced with modern staircases or removed.

2.1.3 Blocks A and B and Blocks E and F were originally linked by two pairs of two storey pavilions and parapeted arcades. Only the outer pavilions (Pavilion A1-B1 and E1-F1) survive, as Pavilion E2-F2 was damaged in WWII and Pavilion A2-B2 was demolished to make way for the Crosslink building which was constructed between Pavilion A1-B1 and Pavilion E1-F1 in the 1980s.

2.1.4 The parallel ward blocks were originally almost identical but the inner blocks have arcades of round-arched openings at ground floor facing into the Central Courtyard which were originally open for recovering patients to take air, while still being protected from the elements.

2.1.5 The buildings are all constructed from a handmade multi-red stock brick laid in lime mortar with a ruled-line flush joint, although most joints have since been repointed with cement-based mortar. Window openings originally had a simple stooped projecting Portland stone sill and gauged red brick heads, although many of the stone cills have since been replaced with concrete cills.

2.1.6 The colonnades have red-brick, rubbed and semi-circular arches with projecting Portland stone keystones and springing bands with the heads of the key stones linked by a continuous projecting string course.

2.1.7 The windows were originally configured as: six over six double-hung vertically sliding sashes on the ground and first floors and; three over six double-hung vertically sliding sashes on the second floor. Around the end of the C19th and beginning of the C20th many of the window openings were modified with the removal of the internal shutters and panelling and the splaying of

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the internal reveals to improve daylight penetration. To further this end, many of the second floor window head-heights were also increased to accommodate six over six sashes .

2.1.8 The external doors into the covered arcades were originally flush beaded six-panel doors with deep reveals and similar timber panelled linings, but most of the doors and linings have been removed and altered.

2.1.9 The whole complex of linked blocks, forming a horseshoe, has: simple corbelled bands of a single stepped plinth; stepped brick string courses between ground and first floors and between second floor and the parapet and; a parapet with a stone capping.

2.1.10 The more elaborate Central Block has flat stone projecting bands at first floor and third floor levels with cyma recta moulded pediment triangle and half gables. The flat stone projecting window surrounds are combined with a stone spandrel to unify the first and second floor windows embellished only with simple scroll sill brackets.

2.1.11 The roofs now all have steel framed structures (except in Block F) and all have a covering of natural slate.



Plate 3. Rear of Central Block C/D



Plate 4. Front of Central Block C/D

2.2 The Memorial Garden

2.2.1 The Memorial Garden is located at the W end of the grounds of Royal Haslar Hospital and immediately N of Haslar Terrace and S of Haslar Road. It is an almost square area of flat ground, slightly lower than the level of the main grounds of the hospital. It is surrounded on all sides by tall brick walls of varying height, and so is a mostly secluded area, albeit partly overlooked at an angle from Haslar Terrace. Within the wall on the NW and SW sides is a metal security fence, which creates an inaccessible perimeter.

2.2.2 The Memorial Garden has two entrances:

- a pedestrian entrance directly from the hospital grounds through a gateway in the wall N of Haslar Terrace, which has a modern metal gate and is surrounded by a collection of untidy, mostly redundant fixings. From the gateway, a concrete path winds down into the garden.
- a slightly wider entrance from Haslar Road through a pair of painted timber gates.

2.2.3 The Memorial Garden is maintained by volunteers and veterans from Shore Leave Haslar, a non-profit community project. The garden is laid out with a small area of intensive vegetable plots, sheds, poly tunnels and greenhouses at the NE end and more informally elsewhere, with a variety of different treatments, including a rockery, a circuit walk, gravestones, a tree-lined walk and groups of trees. Its fundamental purpose now is to provide an area for quiet contemplation for the thousands of patients and sailors who were buried within it and in the large Paddock further S and W.

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2.2.4 The full listing description of the registered historic Haslar Park by Historic England is provided at Appendix 1. The description of the Memorial Gardens is:

To the north of the officers' terrace lies the nearly square cemetery, c 1.5ha in extent, enclosed by a high brick wall. It is approached from the north end of the officers' terrace forecourt, the entrance being via an iron gate set into the curving screen wall which extends north from the terrace. The gateway gives access to the east corner, down a steep ramp to the level cemetery. A path leads from the entrance north-eastwards for 30m, turning south-west and leading for a further 30m to the centre of the cemetery, this section of path being lined by the overgrown remains of a holly hedge. At the centre lies the base of a former shelter (OS 1856). The cemetery is largely laid to lawn with scattered stone memorials, some of which have been moved to the edges, and mature tree planting, particularly evergreens. At the north-east end a section is set aside as a nursery, with lean-to glasshouses against the north-east wall (mid C19, OS 1856). The cemetery was laid out in 1826 (Tait 1905), to replace the practice of burying in the wider grounds, and closed in 1859 when a replacement cemetery was opened nearby in Clayhall Lane. Some of the tombstones formerly scattered over The Paddock were moved to the edges of the cemetery (ibid).



Plate 5. NE end of Memorial Garden with Polytunnel to be replaced (on R)

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Plate 5. NE end of Memorial Garden



Plate 6. Information plaque



Plate 7. Inside the entrance



Plate 8. E corner with Haslar Terrace beyond



Plate 9. SW boundary wall



Plate 10. SE boundary wall and relocated gravestones

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Plate 11. Gravestone



Plate 12. Gravestone

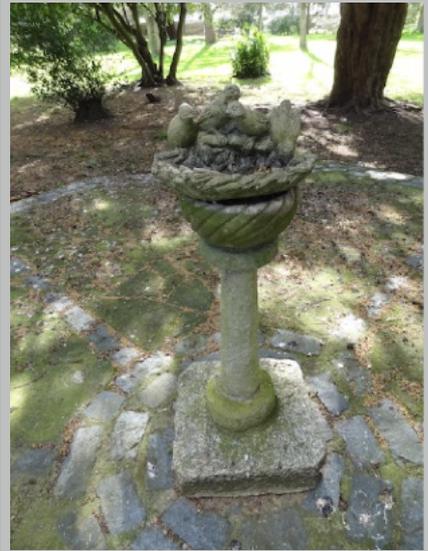


Plate 13. Sundial with added feature



Plate 14. Group of mature trees



Plate 15. Sundial in its setting



Plate 16. NW boundary to Haslar Road

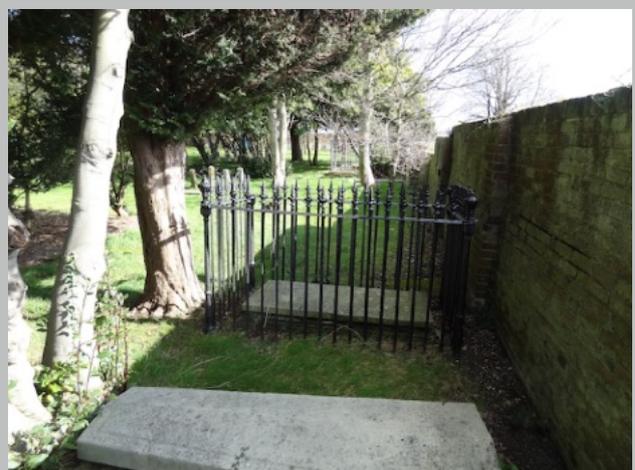


Plate 17. Gravestones

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Plate 18. NE end of garden



Plate 19. Base and plinth for shed, from NE



Plate 20. Base and plinth for shed, from SE



Plate 21. View towards base and plinth for shed, from SW



Plate 22. View towards base and plinth for shed, from NW



Plate 23. View towards base and plinth for shed, from are-lined path

3. History

3.1 Royal Haslar Hospital

3.1.1 A detailed account of the history of Royal Haslar Hospital is provided in the previous submissions, notably the *The Conservation Management Plan for Royal Haslar, Gosport* (updated 2014), the *Pre-Commencement Management Plan* for the Main Building at Royal Haslar and the *Heritage Statement* for the Reserved Matters applications for the Main Building at Royal Haslar. A brief summary of the history is provided below.

3.1.2 The Royal Haslar Hospital is an ensemble of buildings and a landscape of architectural and historic interest. Its historical background is rooted in its role as an example of: mid- Georgian architecture on a grand scale; the architecture of the British Royal Navy and; more specifically, a Royal Navy hospital, which later came to be used by other armed forces and then the wider public.

3.1.3 The foundations of the Royal Haslar Hospital were begun in 1746 to designs by the architect Theodore Jacobsen, the first patients were admitted in 1753 and it was completed in 1762. The first part to be completed and brought into use was the front (NE) range, which now comprises Blocks C and D (Buildings 12 and 13). This is confirmed by: the sketch (Figure 1) of c.1750 showing just that part of the building; the map (Figure 4) of c.1750, showing just that part of the building and; the plan (Figure 3) which shows that range in bold as built with the annotation "Additional wings, ordered to be built..."

3.1.4 The original design was to accommodate 1,500 patients but in 1744-5 this was increased to 1,800 and by 1762, when the additional two wings had been completed, the hospital had 84 general and surgical wards, together with consumptive and isolation wards for fever and smallpox, making a total of 114 wards. By then, it had over 2,000 beds and later had almost 2,500. Each ward had its own water closet and there was a bath house for new admissions.

3.1.5 The hospital was a functional building and its use is reflected in the layout of the building. It comprises a substantial basement (under only part of the building), three floors and an attic storey which was also originally used as ward accommodation and was lit and ventilated by dormer windows. The building was historically divided into blocks (referred to as Blocks A to F and in the current proposals as Buildings 10,11, 12, 13, 14 and 15). Between these blocks were stairwells, staff accommodation and store rooms.

3.1.6 Each block had two parallel ranges separated by an inner open courtyard. The blocks are largely identical in layout. Each range comprised two wards at each end of which were the stairs, staff 'cabins' and storerooms. Half way along the wards, a toilet block projects into the inner courtyard, each ward initially having a single toilet.

3.1.7 Patients were received within the arcade at ground level in the centre of the main façade from the jetty in the bay, later being conveyed from there on tram tracks. From the Central Arcade, the patients were taken to an appropriate ward, depending on their condition. Each block was assigned a specific purpose, including for what were described in the 18th Century as 'insane patients' wards, and other wards for highly contagious diseases, as well as the more typical injuries sustained by naval and military personnel in combat or by accident.

3.1.8 Royal Haslar Hospital has employed several major figures in the world of medical and naval history, including: James Lind (1716-94), known as the Father of Nautical Medicine; Sir John Richardson (1787- 1865), the Surgeon-Naturalist on Franklin's Arctic expeditions and a harsh Physician and; Eliza Mckenzie, a pioneering nurse who served at Therapia during the Crimean War.

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3.1.9 The facilities at the hospital evolved and expanded during the 19th and 20th Cs to accommodate new technologies, developing medical treatments and a wide range of patients and staff. Notably, new separate parts of the hospital were built, including: the Zymotic Hospital for infectious diseases around 1899; G Block for psychiatric patients in 1910 and; Canada Block, funded by donations from Canadian women, for nurses accommodation around 1915.

3.1.10 The main hospital building itself also underwent many changes, especially around the turn of the 19th C, when all wards were comprehensively “modernised” and “fire-proofed” by the removal of timber floors and their replacement with iron beams and concrete floors. The two wards in each block, which had previously been separated by a cross wall were connected by wide, arched openings. All dormer windows were removed and all timber roof structures were replaced with steel roof trusses (except in Block F [Building 15]). Almost all original internal fittings, decorative elements and staircases (except in Block F) were removed. During the 20th C, approximately half of the traditional vertically sliding sash windows were replaced by modern windows which bear little resemblance to the original windows.

3.1.11 Royal Haslar was built specifically to treat servicemen of the Royal Navy, although it did admit other servicemen when the need arose especially during WWII. Following the establishment of the National Health Service in 1948, the hospital was allowed to take more patients from the army and the RAF as well as civilians, although the latter were not admitted immediately. In 1967, 85 beds were allocated for civilian cases and a further 20, when staffing permitted. As demand and acceptance of civilian patients increased, a major reorganisation and extensions were required. In 1984, the Crosslink was completed in an uncompromising brutalist architectural style. It linked the two original rear wings, but in the middle at the pavilions to create a rectangular central courtyard, rather than at the end to create a square courtyard.

3.1.12 Despite vigorous public protests, the hospital closed as a military hospital in 2007 and as an NHS hospital in 2009 and has been vacant and disused ever since. The whole site was bought by Harcourt Developments in 2011 and preparations have been underway since then for the comprehensive restoration and redevelopment of the site. The restoration and redevelopment commenced in 2018. with the demolition of the Crosslink and other buildings of no architectural interest. The redevelopment has continued with the recent restoration and conversion of G Block and Canada Block.



Figure 1. Sketch of Royal Haslar from across the bay c.1750



Figure 2. Jacobsen's original design (not fully implemented)

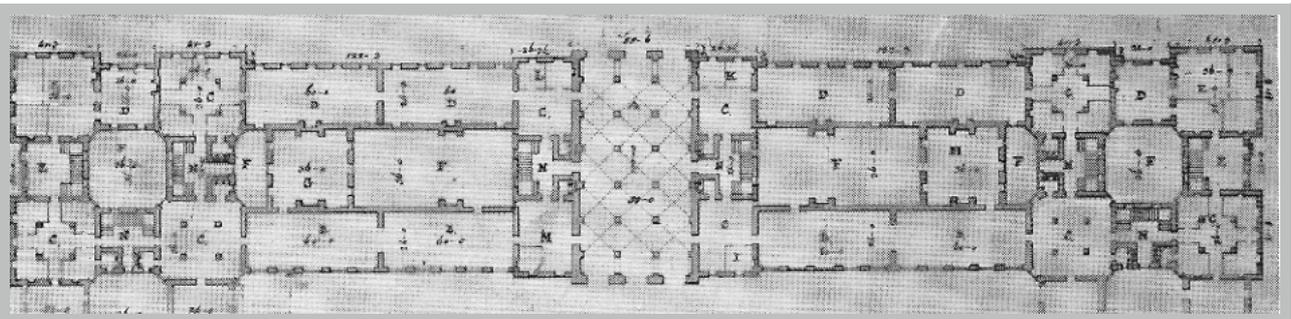


Figure 3. Jacobsen's Plan of 1756, as built, with "Additional wings, ordered to be built..."



Figure 4. 1750 Map



Figure 5. 1910 OS Map - Memorial Garden marked as Cemetery (Disused)

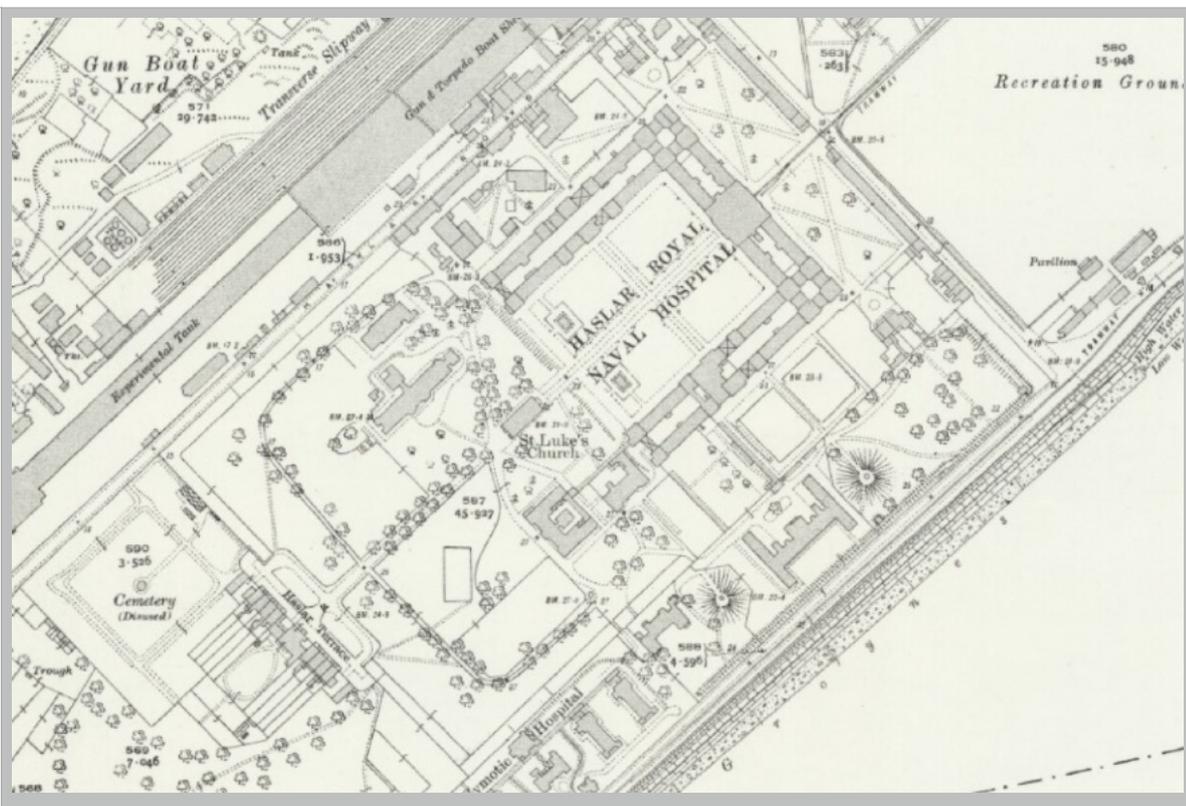


Figure 6. 1933 OS Map

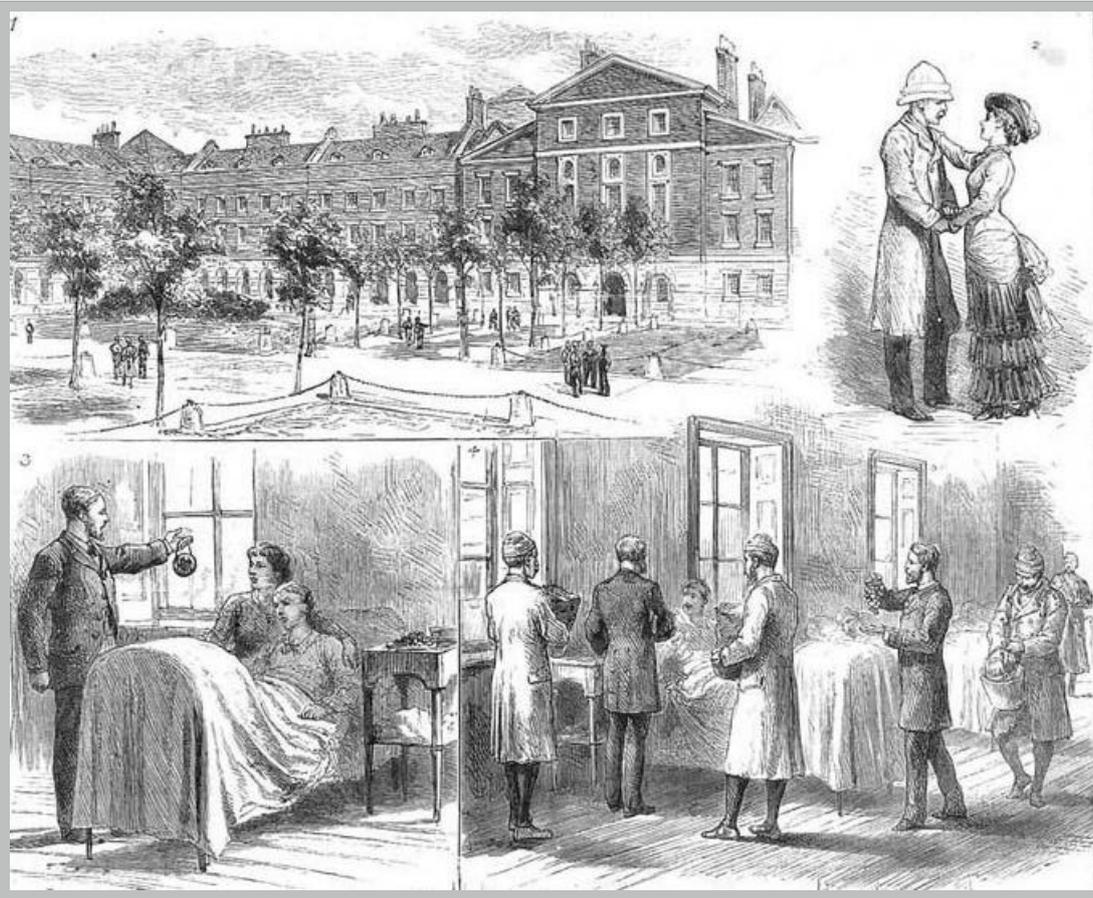


Figure 7. Early 20th C sketches of hospital



Plate 13. Crosslink - now demolished

3.2 Memorial Garden

3.2.1 Much of the land SW of the hospital, including the Paddock and the Memorial Garden was historically used from the opening of the hospital for burials of patients from the hospital and those sailors who had died en route to it, as well as some soldiers. The exact number of burials is unknown but it is likely to be in the tens of thousands, as there were 1,716 burials in 1779-80 alone. A few of the graves were marked with gravestones but the vast majority were buried in unmarked graves.

3.2.2 The N corner of the Paddock was enclosed in 1826 and the headstones from other parts of the Paddock were moved to line the wall of the enclosed area which became a more official cemetery. Until 1859, the cemetery was the main place for burials of patients, staff and families but from then, burials were diverted to the newly established Naval Cemetery in Clayhall Road. The funeral processions went from the Dead House or mortuary at the N of the Main Hospital Building to the Naval Cemetery, passing by the Memorial Garden, and the route became known as "Dead Man's Mile".

3.2.3 The Memorial has since been re-arranged slightly into its current layout, with mostly open gardens and gravestones around the edges.

3.2.4 The first formal archaeological dig was undertaken in the Paddock in 2005 and found that bodies were mostly interred individually and sequentially with at least some respect, rather than on top of each other. The bodies were aligned NW-SE.

3.2.5 The Haslar Heritage Group wanted to show respect for all who had been buried in unmarked graves and so erected a memorial plaque dedicated to all who served their country and ended their days at Haslar. It was unveiled in 2005 by Admiral Sir Alan West GCB, DSC, ADC, First Sea Lord.

4. Heritage Designations

4.1. Listed Buildings

4.1.1 The listed buildings within the site at Royal Haslar Hospital are itemised in Table 1a and plotted on Plan 2 below.

Table 1a. The statutory listed buildings on the site, their grades and significance (as stated in the Conservation Management Plan)

Building	Grade	Significance
The Main Hospital Buildings - Ward blocks A, B, C, D, E, F and Centre (Buildings 10, 11, 12, 13, 14 and 15)	II*	Exceptional, though repeatedly modified internally
Chapel of St Luke (Building 23)	II*	Exceptional both in own right and for group value
Medical stores NW of main entrance (Building 8)	II	Considerable for function, framing and symmetry
Medical stores SE of main entrance (Building 9)	II	Considerable for function, framing and symmetry
Nos 11 and 12 and attached railings (Building 16)	II	Exceptional both in own right and for group value
Nos 13 and 14 and attached railings (Building 6)	II	Exceptional both in own right and for group value
Nos 1-5 Consecutive (Not in ownership of HDL)	II	
Haslar Terrace (Not all in ownership of HDL) (Building 25)	II	Exceptional both in own right and for group value
Central gateway and railings to NE of Royal Haslar Hospital (Between Buildings 8 and 9)	II	Exceptional both in own right and for group value
Boundary wall to NE of Royal Naval Hospital (Not numbered)	II	Exceptional both in own right and for group value
Water tower (Building 2)	II	Considerable
Mortuary and Dead-house (Building 3)	II (Listed 1.4.15)	Exceptional
Laundry (Building 4)	II (Listed 1.4.15)	Exceptional

4.1.2 Neither the walls around the Memorial Garden nor any structure within the garden are a principal listed building but S.1(5) of the Planning (Listed Buildings and Conservation Areas) Act 1990 states:

a "listed building" means a building which is for the time being included in a list compiled or approved by the Secretary of State under this section; and for the purposes of this Act—

(a) any object or structure fixed to the building;

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(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 so since before 1st July 1948, shall be treated as part of the building.

Structures which are a) attached to a listed building and/or b) are within its curtilage or form its curtilage and have done so since 1948, therefore have the same protection under the act as the principle listed buildings. The historic walls around the Memorial Garden which form the curtilage to the listed buildings are therefore considered as “curtilage listed building” and treated as part of the listed buildings.

4.2 Unlisted Heritage Assets

4.2 The site contains other heritage assets which are not listed in their own right but which are afforded protection by virtue of being within the curtilage of listed buildings. They are referred to as Curtilage Buildings and have varying degrees of heritage significance. A list of heritage assets is provided in Table 1b below, with assessments of significance using the same categories of significance as used in *Conservation Management Plan Vol 1* (Jan 2014) but with levels of significance updated in consultation with GBC. Most of the larger unlisted heritage assets are plotted on Plan 2, including Canada Block (Building 19).

Plan 2. Listed Buildings and Curtilage Buildings

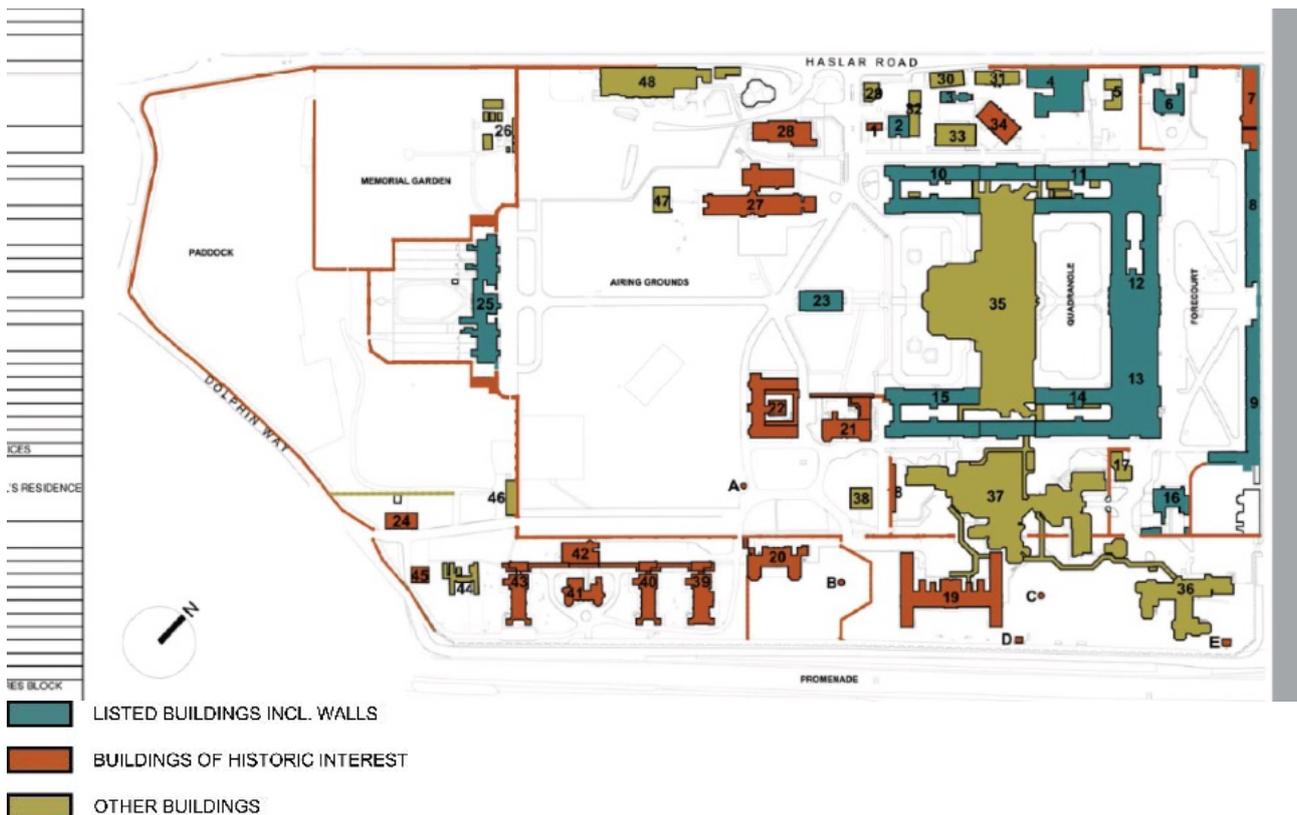


Table 1b. Heritage Assets which are Curtilage Buildings

Building	Significance
Boundary Walls (excluding NE Boundary Wall) (Shown in blue on Plan 4)	Exceptional
Outdoor Ward (Building 18)	Exceptional

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Building	Significance
Pharmacy Store (Building 7)	Considerable
Pathology Laboratory (Building 34)	Considerable
Laser Pathology Laboratory	Considerable
Gazebo A	Considerable
Pagoda B	Considerable
Pagoda C	Considerable
Shelter D	Some
Shelter E	Considerable
Surgeons' Quarters (Building 22)	Considerable
Nursing Sisters' Quarters and Walkway (Building 21)	Considerable
Zymotic Hospital	
- Ward Blocks (Buildings 39, 40 and 43)	Considerable
- Administration Block (Building 41)	Considerable
- Kitchen Block (Building 42)	Considerable
- Surviving remnant of Stores (Building 45)	Some
- Disinfecting Block (Building 24)	Considerable
Officer Patients' Block (Building 27)	Considerable
Mental Hospital - G-Block (Building 20)	Considerable
Errol Hall (Building 28)	Considerable
Canada Block (Building 19)	Considerable
Air Raid Shelters in Zymotic Hospital	
-1 (Between Buildings 39 and 40)	Some
- 2 (SE of Building 41)	Some
- 3 (Between Building 41 and 43)	Some
Air Raid Shelter south of Nursing Sisters Quarters	Some
Air Raid Shelter south of Canada Block	Some
Air Raid Shelter south east of Canada Block	Some
Boundary walls and outbuildings to No. 11, 12, 13 and 14.	Considerable
Boundary walls and outbuildings to the Terrace and SRA's Residence	Considerable
Boundary Wall to former Works Yard immediately NE of No.13.	Considerable

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Building	Significance
Cannon Bollards immediately north of the A-B Link Block	Considerable
Covered Shelter (Outdoor Ward) for Patients adjacent to Western Boundary Wall of 'Insane Patients' Airing Grounds (Building 18)	Considerable
Walls to Cemetery of 1826	Considerable
Boundary Walls to former 'Insane Patients' Airing Grounds	Considerable
Former Gas Meter House (OS 1906): MoD Building No.87	Some
Former Police Lodge North Side of Main Historic Entrance	Some
Former Police Lodge South Side of Main Historic Entrance	Some
Hearse House (OS 1880s), Fire Engine House No. 1 (1906): MoD Buildings 3	Some
Lamp Column 1 NE of the Terrace	Some
Lamp Column 2 E of the Terrace	Some
Lamp Column 3 SE of the Terrace	Some
Boundary Walls to the Paddock	Some
Memorial to Sick Berth Staff and Auxiliary Sick Berth Staff E Central Block	Some
Numerous Graveyard Monuments within Cemetery of 1826-1850s	Considerable
Pair of Granite Bollards at entrance to G Block courtyard	Some
Former Smith's Workshop (OS 1880s), adjacent to Office, Fumigating Room and Bedding and Clothes Store	Considerable
Stone and Brick Built Plinth to former railing E of The Terrace & SRA's Residence	Considerable
17 No. Stone Bollards within Quadrangle	Considerable
Store for Patients Effects (MoD Building 126: Proposed Museum)	Considerable
Toilet Block & Meter House (OS 1880s) immediately N of Listed Store Rooms (MoD Building 129-130)	Some
Boundary Wall N of Zymotic Hospital	Considerable

Some of the graveyard monuments within the cemetery are considered to be undesignated heritage assets of Considerable significance.

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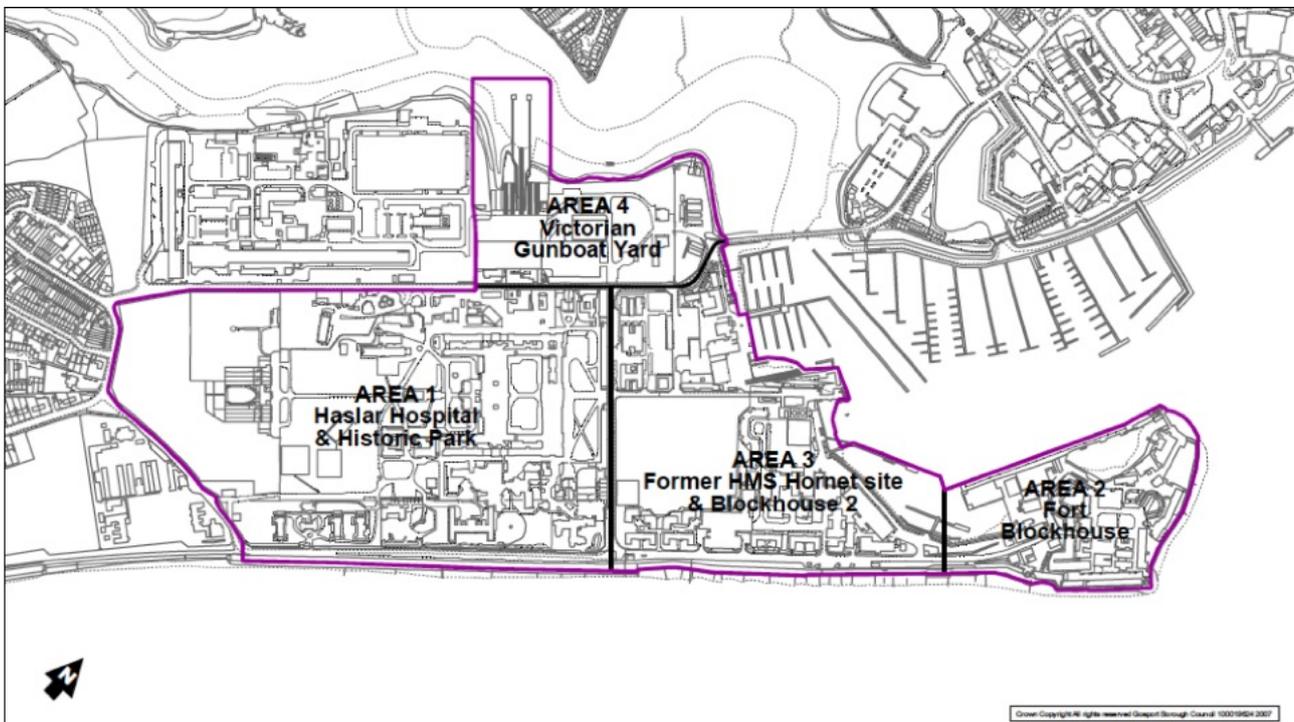
4.3 Haslar Conservation Area

4.3.1 The Royal Haslar Hospital and the Memorial Garden are within the wider Haslar Peninsula Conservation Area, for which a Conservation Area Appraisal was prepared by Gosport BC in 2007. The Appraisal includes some “Opportunities for Enhancement” of the conservation area, including:

- 1. Retain and reinforce the dominance of Haslar Hospital by protecting views to it and ensuring the scale of other buildings are kept distinctly subservient in scale. Sight lines around the building should also remain uninterrupted by keeping the adjacent roadways clear of development.*
- 2. Reinforce and protect the historic boundary to the site and look to improve areas where this has been partially eroded (particularly on the Boundary to Haslar Road and at the south east corner of the site).*
- 3. Protect and enhance the historic landscape of the hospital.*
- 4. Improve the poor layout of the site around the public car park area and seek opportunities to restore a sense of its presence within the Historic Park.*
- 6. Retain separation between Haslar Hospital and Blockhouse by keeping the clear break between the sites. This is indicated on the ground by the road along the northern boundary of Haslar.*

4.3.2 Using the levels of heritage significance which were established in the *Conservation Management Plan* (see S 5.3 of this Heritage Statement), the Haslar Conservation Area is assessed as being of **Considerable** Heritage Significance.

Plan 3. Haslar Peninsular Conservation Area



4.4 Royal Haslar Historic Park

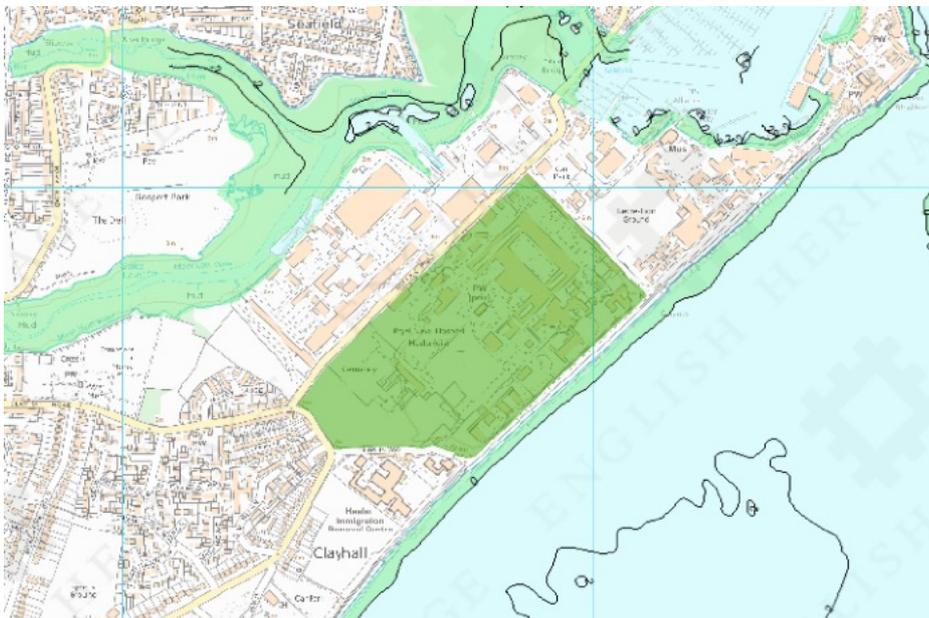
4.4.1 The whole hospital site, including the Memorial Garden, was placed on English Heritage’s Register of Historic Parks and Gardens at Grade II in 2001 as List Entry No.1001558. The extensive description can be found at <http://list.english-heritage.org.uk/resultsingle.aspx?uid=1001558> and at Appendix 1 of this document.

4.4.2 The elements of the historic park which are of heritage significance, but not included in the lists of listed or unlisted buildings above, are listed in Table 1c below. The boundary of the registered historic park is shown on Plan 4.

4.4.2 Using the levels of heritage significance which were established in the *Conservation Management Plan* (see S 5.3 of this Heritage Statement), the Haslar Historic Park is assessed as being of **Considerable** Heritage Significance and the Cemetery/Memorial Garden is assessed as being of Exceptional significance, albeit more for its historic interest than its architectural or landscape interest.

Table 1c. Elements of the historic park which are of heritage significance

Landscape Element	Significance
Frontage Garden	Some
Hospital Courtyards	Little
Airing Grounds	Considerable
Seafront Areas	Exceptional
Cemetery	Exceptional
Paddock	Considerable
Car Parks/Yards	Little
Access/Movement routes	Considerable (Routes rather than existing materials)
Trees	Various



Plan 4 Royal Haslar Historic Park

5. Heritage Significance

5.1 The National Planning Policy Framework 2019 (NPPF) defines Heritage Significance 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...

5.2 In *Conservation Principles* (2008), English Heritage states that a tangible heritage asset can have any or all of the following four values:

1. *Evidential value - the potential of a place to yield evidence about past human activity.*
2. *Historical value - the ways in which past people, events and aspects of life can be connected through a place to the present.*
3. *Aesthetic value - the ways in which people draw sensory and intellectual stimulation from a place.*
4. *Communal value - the meaning of a place for the people who relate to it, or for whom it figures in their collective experience or memory.*

5.3 There is no definitive grading system for assessing the levels of significance or values. The *Conservation Management Plan for Royal Haslar Hospital* (2014) (CMP1) follows the guidelines established by James Semple Kerr in *The Conservation Plan* (1996 and later editions) which has been adopted by the Heritage Lottery Fund, English Heritage and others. Those levels of significance used have therefore been repeated in this Conservation Management Plan. The levels of significance are:

- **Exceptional** - important at national to international levels, reflected in the statutory designations of Scheduled Monuments, Listed Buildings and equivalent nationally graded sites (including those of ecological value).
- **Considerable** - important at regional level or sometimes higher.
- **Some** - of local to regional significance, often for group value (eg a vernacular architectural feature).
- **Little** - of limited heritage or other value.
- **None** - of no heritage or other value.
- **Negative** or intrusive features, ie those that actually detract from the value of a site, such as the former Cross Link (Building 35).

5.4 Levels of significance are not permanently fixed and a current low designation of significance does not necessarily imply that a feature is expendable. Future research and improved understanding of heritage assets could result in raising or lowering the ascribed level of significance, especially where there is a lack of information or understanding at the moment.

5.5 Other important considerations when assessing levels of significance are the authenticity and integrity of the heritage assets:

Authenticity is a measure of truthfulness. Understanding of the concept of authenticity is guided by ICOMOS's *Nara Document on Authenticity* (1994)

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Integrity is a measure of the wholeness and intactness of cultural heritage and its attributes.

5.6 Historic England issued *Managing Significance in Decision-Taking in the Historic Environment: Historic Environment Good Practice Advice in Planning: 2* in 2015 and whilst this provides much helpful guidance on heritage significance, it does not provide guidance on assessing levels of significance.

5.7 Historic England issued *Statements of Heritage Significance (October 2019)* which explores the assessment of significance of heritage assets as part of a staged approach to decision-making in which assessing significance precedes designing the proposal. This Heritage Statement incorporates the advice in the advice note.

5.8 The Advice Note recommends:

For each heritage asset, describe the various interests:

Archaeological interest

There will be archaeological interest in a heritage asset if it holds, or potentially holds, evidence of past human activity worthy of expert investigation at some point.

Architectural and artistic interest

These are interests in the design and general aesthetics of a place. They can arise from conscious design or fortuitously from the way the heritage asset has evolved. More specifically, architectural interest is an interest in the art or science of the design, construction, craftsmanship and decoration of buildings and structures of all types. Artistic interest is an interest in other human creative skills, like sculpture.

Historic Interest

An interest in past lives and events (including pre-historic). Heritage assets can illustrate or be associated with them. Heritage assets with historic interest not only provide a material record of our nation's history, but can also provide meaning for communities derived from their collective experience of a place and can symbolise wider values such as faith and cultural identity.

Having described the various interests, assess the level of the general significance of the heritage asset and the particular contribution to that significance of any features which would be affected by the proposal, or of its setting if it, too, is affected by the proposal.

Again in the development of proposals and during works, more information may become available which increases the understanding of the heritage asset, and of its significance. The opportunity may usefully be taken to re-appraise significance in such cases.

The applicant can assist the LPA's decision-making by setting out a clear and succinct explanation of the impact of the proposal on significance and how negative impact on significance has been avoided, by continuing to follow the staged approach, as shown below.

5.9 Statement of Significance of Royal Haslar Hospital and the Memorial Garden

The Significance of the Site as a Whole

5.9.1 Royal Haslar Hospital has heritage significance as the first naval hospital in England which was developed in the mid-18th C but which has evolved subsequently with a range of ancillary buildings. The original building is a Grade II* listed building and many other subsequent buildings are Grade II listed buildings. They are all within the Haslar Conservation Area and the Grade II listed Haslar Park, which is on Historic England's Register of Historic Parks and Gardens.

5.9.2 Royal Haslar Hospital is a site of multiple heritage significance, for the following reasons:

The first full-scale, purpose-built Royal Navy hospital in the British Empire

Haslar Hospital is of exceptional significance as the first full-scale, purpose-built Royal Navy hospital in the British Empire. It was constructed in the mid-18th C, at a time when hospitals were only just beginning to emerge from the medieval traditions whereby such buildings were almost entirely given over to palliative or charitable care, with surgery and diagnostic medicine being all but unheard of. The inclusion of wards and operating theatres (probably general areas rather than specific/dedicated rooms at first), and the emphasis on cleanliness and hygiene from the very beginning marks the design and layout as being of unique importance.

Its Role in the UK's military healthcare operations

The hospital is also of exceptional significance for its historic role in the UK's military healthcare operations, although the military hospital closed officially in 2007. The hospital as a whole closed fully in 2009. In 2001 the provision of acute healthcare within Royal Hospital Haslar (RHH) was transferred from the Defence Secondary Care Agency to the PHT. The latter now hosts the largest Ministry of Defence Hospital Unit (MDHU) in the country. This agreement between PHT and the Ministry of Defence ensures that military staff have exposure to the clinical experience and skills they need during periods of deployment around the world. This reflects Haslar's long primacy in naval and military medical history, something that deserves to be remembered now that the hospital is closed.

Architectural Significance

The hospital is of exceptional significance for the overall quality and character of its architecture and layout, with many individual buildings that merit this level of assessment as well as for their group value. It was designed by Theodore Jacobsen who also designed major buildings at Trinity College, Dublin and the Foundling Hospital in London. As Pevsner and Lloyd note, 'the 18th-century external appearance of the hospital remains remarkably intact', though the same cannot be said of the interiors, which have been improved and modernised repeatedly in the past. Despite the alterations, the symmetrical layout of the main hospital building, the officers' houses, the church, the Terrace, the original entrance, the front garden and the central courtyard still provide strong evidence of the formal axial design principle.

Burial Archaeology

The burial archaeology is also of exceptional significance, with extraordinary numbers believed to have been buried here. Haslar could contain one of the largest group of burials anywhere in Britain or Europe outside of modern urban cemeteries and battlefields (eg the Somme). There is also likely to be a perhaps unique demographic character to the cemetery's population, with a very substantial (if not quite total) male bias, and probably within a generally more restricted age range than would be expected in a 'normal' civilian group. One would expect most of those buried at Haslar to be men in a range from (perhaps) late teenage to early middle age, with few children or older-aged individuals (with likely exceptions in the officer class). Women are likely to be severely under-represented.

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Building Archaeology

The archaeology of the buildings themselves is variable, ranging from considerable significance where structures survive in broadly original condition (though this is in fact quite rare) to little or no significance for modern structures (some of which are indeed intrusive). With the already stated exception of the burials, the site seems to have little or no significance for below-ground archaeology pre-dating the hospital. It is more difficult to determine the significance of other hospital-related remains such as the water supply and sewerage systems They could also be of considerable significance.

Evolution of the site and the landscaped park

The successive phases of building development from the 18th to the early 20th centuries were accompanied by closely related changes in the design of the landscape. The central quadrangle and the area between the hospital and its main gates were formal, highly geometric areas from the beginning (though construction of the cross-link largely destroyed the formality of the quadrangle). The 19th-century cemetery, gardens of the two pairs of officers' houses at the north-east end of the site and of Haslar Terrace were also laid out more or less formally (but this is less apparent now). The airing grounds, Paddock and seaside grounds were very much less formal, though with distinctive layouts such as the tree-lined circuit-paths in the main airing grounds. The history of the landscape and its development at Haslar is therefore of exceptional significance. The grounds are well maintained, but they been impacted on by modern development in several areas, the worst being the large car park and modern buildings on the south-west quadrant of the main airing grounds. The latter also suffer from some poor quality hard surfacing and too many tennis courts (though these have historic precedent from the earlier 20th century). Nevertheless in their current fragmented and compromised state the grounds are only of some significance, but they could certainly be brought back to a much higher level by sympathetic enhancement, as planned by Haslar Developments Ltd.

Enclosure and containment were specific aspects of the hospital's layout that were also of exceptional significance from the very beginning. While there were good medical reasons for this (containment of disease, security of mental patients etc), the high walls along Haslar Road (and indeed on all sides) were at least as much to directed towards the patients themselves. This was intended to deter two things (though it did not prevent them): the smuggling of liquor and other illicit goods, and (even more) desertion. The high walls have a monastic flavour to them, in giving a veritable and clear message to the public - Keep Out - but also to the patients - Keep In!.

Group Value with surrounding Sites

The hospital is also of exceptional significance for its group value with other sites in the area, eg the Clayhill cemetery, Gunboat Yard, Monckton and Blockhouse forts, submarine base etc specifically on the Haslar peninsula, and within the wider context of the Portsmouth Dockyards and Sole

5.9.3 An additional assessment of the heritage significance of the hospital was provided in the *Heritage Statement* (24.4.15), which was also submitted as supporting information with the applications for RM1. It expands upon the significance of Royal Haslar in the context of:

- The Evolution of Architectural Style in the 18th Century
- Architecture of the Royal Navy
- Naval Hospitals

Overall, the hospital is of **Exceptional Heritage Significance**.

Significance of the Main Hospital Building

5.9.4 The Main Hospital Building is a Grade II* Listed Building. It is thus in the top 5.5% of listed buildings in England and is therefore considered by Historic England to be one of the “particularly important buildings of more than special interest”. The listing description of the Main Hospital Buildings, which was written in 1983 is:

Naval hospital. 1746-62; altered and partly infilled C20, N ranges unified 1967. Preliminary design by Sir Jacob Ackworth, Surveyor to the Navy, developed by Theodore Jacobsen; built by James Horne, surveyor, and John Turner, Portsmouth dockyard carpenter. Dark red Flemish bond brick with paler rubbed brick heads and Portland dressings and carving, brick ridge stacks and slate hipped roof with a central ridge lantern. PLAN: 6 parallel ranges of ward blocks form three sides of a large courtyard open to the N, with corner residential blocks containing octagonal courtyards. EXTERIOR: Palladian style. 3 storeys; main front a 3:2:3:10:7:10:3:2:3-window range. A massive symmetrical front has a double-stepped ashlar plinth, first-floor plat band, cornice and parapet, the end 3-window sections set forward, a 4-storey central section with a pediment and raking parapets to 2-window flanking sections. The central section has stone bands, round ground-floor arches connected by imposts, the middle one a through arch, outer ones with inner round-arched 6/6-pane sashes; 3 first-floor 20/20-pane sashes and second floor round-arched lights within rectangular stone frames with bracketted cills and panelled transoms between, and upper 8/8-pane sashes in stone surrounds. A fine, richly-carved tympanum with George II coat of arms and allegorical figures and emblems depicting Navigation and Commerce by Thomas Pierce (1752). End 2-bay linking sections between projections have 2 round ground-floor arches. Central through arch has quadripartite vaulting on massive stone piers to a paved courtyard, and 4 stone door cases with fully-detailed cornice, frieze, and architrave. Windows with rubbed brick flat heads to 6/6-pane sashes and 3/3-pane sashes to the second floor. Coupled side wings have plainer elevations with similar articulation, most sashes replaced by mid C20 glazing; central pedimented 2-storey 3-window unit connected by single-storey; 3-window arcade, formerly led through to the courtyard. Inner elevations similar with a ground-floor round-arched arcade, 2 bays deep with flat beam ceiling, mostly infilled by late C20 glazing, and splayed corner treatment.

Overall, the main hospital building is of **Exceptional Heritage Significance**.

The Significance of The Memorial Garden

5.9.5 The Memorial Garden has heritage significance as part of the burial grounds and the overall ensemble of the historic naval hospital of Royal Haslar which was created in the mid 18th C. The Memorial Garden was created out of the wider burial grounds, now as The Paddock in 1826 and was in use until 1859. Most of the graves were unmarked and many of the gravestones, which were erected, have since been removed or relocated and the site has been laid out with a combination of informal walks and a cottage vegetable garden at the NE end.

Although there are no listed buildings in the Memorial Garden, its boundary walls form the curtilage of various listed buildings and the site is within the Haslar Conservation Area and the Royal Haslar Historic Park, which is on Historic England’s Register of Historic Parks and Gardens.

The Memorial Garden has some architectural and aesthetic value as it is surrounded by historic brick boundary walls and contains a few gravestones and memorials from the 19th C but its significance, integrity and authenticity have been much diluted by the removal and relocation of most of the gravestones. Some of the planting and layout, including the formal tree-lined path, informal paths and individual trees have aesthetic value but little heritage significance per se. The cottage vegetable garden at the NE end provides a valuable service for veterans and thus has

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some communal value but they various sheds and poly tunnels create a disparate collection of modern structures and has no heritage significance per se.

The Memorial Garden has high historic value as an integral component of a self-contained military hospital. It bears witness to the need to bury those sailors of the Royal Navy who were fatally injured or caught fatal diseases whilst seeing in the Royal Navy.

It also has high communal value as a valued part of a hospital which is much appreciated by the local community.

Overall, the Memorial Garden is of **Considerable Heritage Significance**.

6. Relevant Heritage Policies and Legislation

6.1 National Legislation

6.1.1 Planning (Listed Buildings and Conservation Area) Act 1990

This is the primary legislation for heritage assets.

- S.66 of the Act places a statutory duty on Local Planning Authorities to:

...have special regard to the desirability of preserving the (listed) building or its setting or any features of special architectural or historic interest which it possesses.

- S.72 (General duty as respects conservation areas in exercise of planning functions) of the Act is:

(1) In the exercise, with respect to any buildings or other land in a conservation area, special attention shall be paid to the desirability of preserving or enhancing the character or appearance of that area.

6.2 National Policy

6.2.1 National planning policy is provided by the National Planning Policy Framework 2019 (NPPF). Three over-arching objectives of the planning system for achieving sustainable development set out at Para 8, are:

*a) **an economic objective** – to help build a strong, responsive and competitive economy, by ensuring that sufficient land of the right types is available in the right places and at the right time to support growth, innovation and improved productivity; and by identifying and coordinating the provision of infrastructure;*

*b) **a social objective** – to support strong, vibrant and healthy communities, by ensuring that a sufficient number and range of homes can be provided to meet the needs of present and future generations; and by fostering a well-designed and safe built environment, with accessible services and open spaces that reflect current and future needs and support communities' health, social and cultural well-being; and*

*c) **an environmental objective** – to contribute to protecting and enhancing our natural, built and historic environment; including making effective use of land, helping to improve biodiversity, using natural resources prudently, minimising waste and pollution, and mitigating and adapting to climate change, including moving to a low carbon economy.*

In Section 16 “Conserving and enhancing the historic environment” it states, inter alia:

*193. 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.*

6.2.2 The NPPF effectively identifies three levels of harm to heritage assets: Total Loss; Substantial Harm and; Less Than Substantial Harm. It states:

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196. 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 securing its optimum viable use.

6.3 National Guidance

6.3.1 Historic England issues national guidance to assist LPAs in making decisions about their own cultural heritage at a local level. The key Historic England guidance which is relevant to this proposal are listed below:

a) Conservation Principles: Policies and Guidance for the Sustainable Management of the Historic Environment

This is an over-arching document which seeks to establish good policies and practice.

b) Making Changes to Heritage Assets Historic England Advice Note 2

This document provides information on repair, restoration, addition and alteration works to heritage assets to assist local authorities, planning and other consultants, owners, applicants and other interested parties in implementing historic environment legislation, the policy in the National Planning Policy Framework (NPPF) and the related guidance given in the Planning Practice Guidance (PPG).

6.3.2 The Institute of Historic Building Conservation (IHBC) has issued its *Guidance on Alterations to Listed Buildings* in January 2021. Although this is not statutory guidance, the IHBC represents professionals who in the conservation of historic buildings. It is a respected institute and its guidance sets out general principles and good practice on dealing with alterations to listed buildings and should be given considerable weight.

6.4 Local Heritage Policy and Guidance

The *Gosport Borough Local Plan 2011-2029* was adopted in October 2015. It sets out Gosport Borough Council's planning strategy for the Borough over the period from 2011 to 2029. It identifies key proposals, allocates land for development and sets out detailed policies which the Borough Council will use to determine planning applications.

The key policies on heritage issues are:

POLICY LP11: DESIGNATED HERITAGE ASSETS INCLUDING LISTED BUILDINGS, SCHEDULED ANCIENT MONUMENTS AND REGISTERED HISTORIC PARKS & GARDENS

1. The Borough Council will work with landowners, developers, Historic England and other stakeholders to:

- a) ensure that new development conserves or enhances designated heritage assets;*
- b) ensure that historic buildings are appropriately re-used as soon as possible to prevent deterioration of condition;*
- c) reduce the number of buildings on the "Buildings at Risk" Register; and*
- d) make information about the significance of the historic*

2. When considering an application that would affect a designated heritage asset, an applicant will be required to describe the significance of the asset with a proportionate level of detail relating to the likely impact a proposal could have on the asset's historic, architectural and archaeological interest.

3. Planning permission will not be granted for development proposals which would harm the significance of a Listed Building, Registered Park & Garden or Scheduled Ancient Monument.

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4. *Planning permission will be granted for proposals that make a positive contribution to, or better reveal the significance of the setting of a designated heritage asset.*

5. *If it is determined through the relevant evidence that currently undesignated buildings, structures, landscapes or archaeology are of national significance, the above points (1-4) will apply.*

POLICY LP12: DESIGNATED HERITAGE ASSETS: CONSERVATION AREAS

1. *The Borough Council will aim to:*

- a) *conserve or enhance the character or appearance of existing Conservation Areas;*
- b) *produce and update Conservation Area Appraisals; and*
- c) *where appropriate, identify additional Conservation Areas.*

2. *Proposals for development in Conservation Areas will be permitted provided that:*

- a) *the location, form, scale, massing, density, height, layout, landscaping, use and external appearance conserves or enhances the special historic or architectural interest of the Conservation Area; and*
- b) *it conserves or enhances the setting of the Conservation Area and is not detrimental to inward or outward views.*

3. *Proposals for consent to demolish a building in a Conservation Area will be permitted provided it has been demonstrated that:*

- a) *the building does not contribute to the character or appearance of the area;*
- b) *the building is of no historic or architectural interest or is wholly beyond repair and is not capable of beneficial use; and*
- c) *new development proceeds after the loss has occurred within a reasonable and agreed timescale and that the new development is of architectural merit which conserves and enhances the character of the Conservation Area.*

POLICY LP6: HASLAR PENINSULA

General principles

1. *Planning permission will be granted for development provided that:*

- a) *the distinctive built heritage and setting of the Haslar Peninsula is conserved and enhanced, and opportunities are taken to interpret the historic significance of Royal Hospital Haslar and Blockhouse/Haslar Gunboat Yard;*
- b) *it accords with the principles set out in Policy LP45 on flood risk including the need to undertake a Flood Risk Assessment with the appropriate flood defences and mitigation measures;*
- c) *measures to avoid and mitigate any adverse impacts on internationally important habitats are taken. Proposals should protect and enhance biodiversity on-site and within the vicinity including protected species and important habitats;*
- d) *opportunities to improve public transport services and cycling/pedestrian access to and from the site are taken as appropriate;*
- e) *any additional traffic generated by the development should be within the capacity of the existing road network and should not compromise the safety of existing roads; and*
- f) *contamination issues are addressed.*

Royal Hospital Haslar

2. *Planning permission will be granted to provide a number of uses at the Royal Hospital Haslar site (as shown on the Policies Map) as set out below:*

- a) *medical, health and care facilities including residential care will be the prime uses on this site including the re-use of existing facilities and buildings;*
- b) *other employment uses will be encouraged including the re-use of buildings for small offices and workshops;*
- c) *there may be opportunity for the development of a range of small scale retail facilities and services to serve the site and the local community;*

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d) appropriate leisure and tourism uses;

e) up to 300 dwellings (Use Class C3) will be considered if it can be demonstrated that it is necessary for facilitating the other medical, health and care uses on this site and that it is appropriate to the character and setting of the Hospital site.

3. In addition to the general principles (set out in Point 1), planning permission will be granted provided:

a) The Listed Buildings and the Historic Park and Garden are conserved and where appropriate enhanced;

b) that public access to the Historic Park and Garden and the Solent frontage is secured; and

c) the development is served by sufficient levels of infrastructure including:

i) a connection to the sewerage system at an appropriate point of adequate capacity;

ii) requirements outlined by other policies in the Local Plan.

...

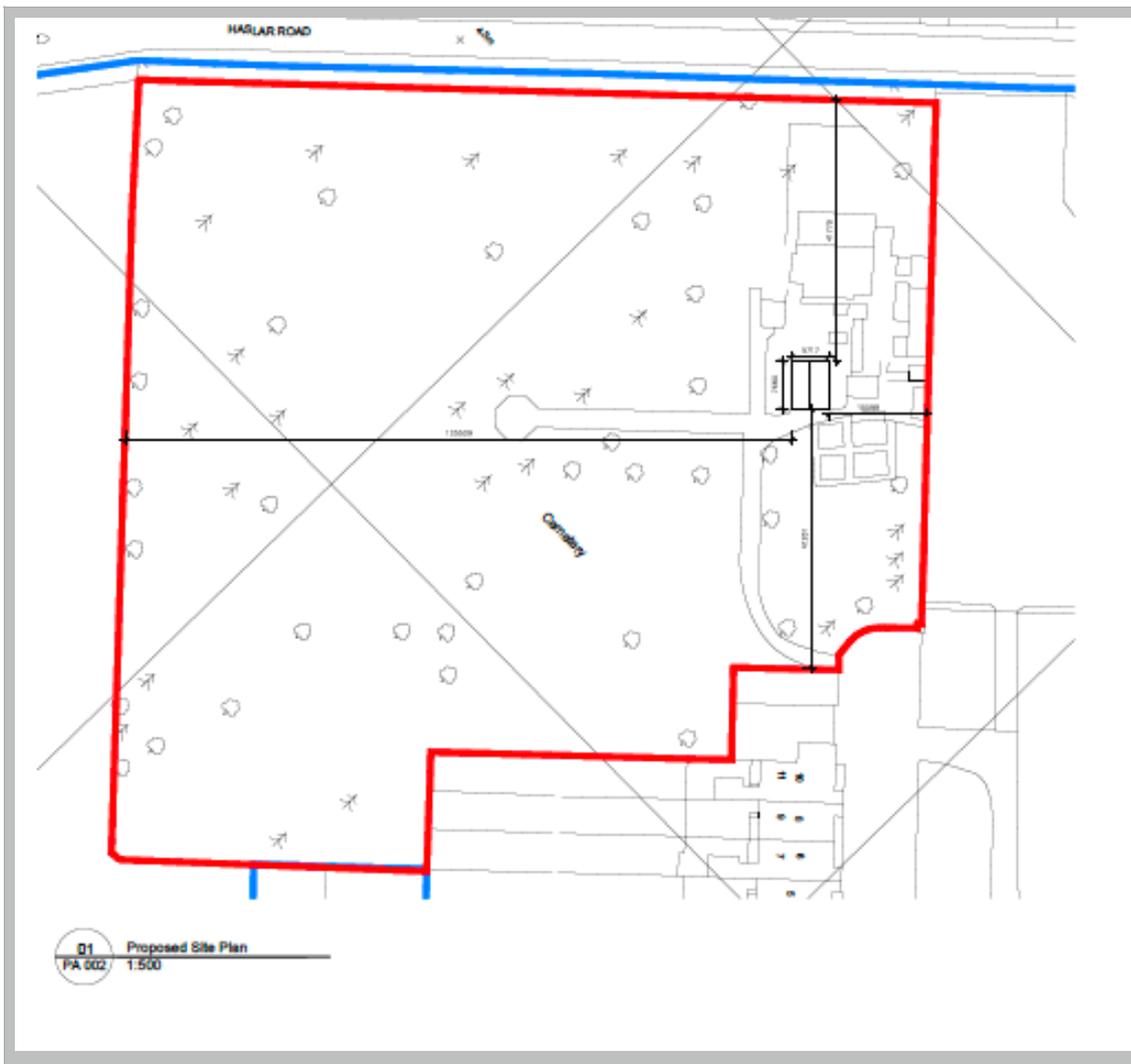
7. The Current Proposal

7.1 The current proposal is limited to the replacement of a polytunnel in the Memorial Garden with a timber storage shed for use by the charity Shore Leave, in connection with its general maintenance of the Memorial Garden and the more intensive use of the NE end as a vegetable garden.

7.2 The plans for the building are shown (not to scale in Plans 5-7) below but are shown to scale in plans submitted with the application.

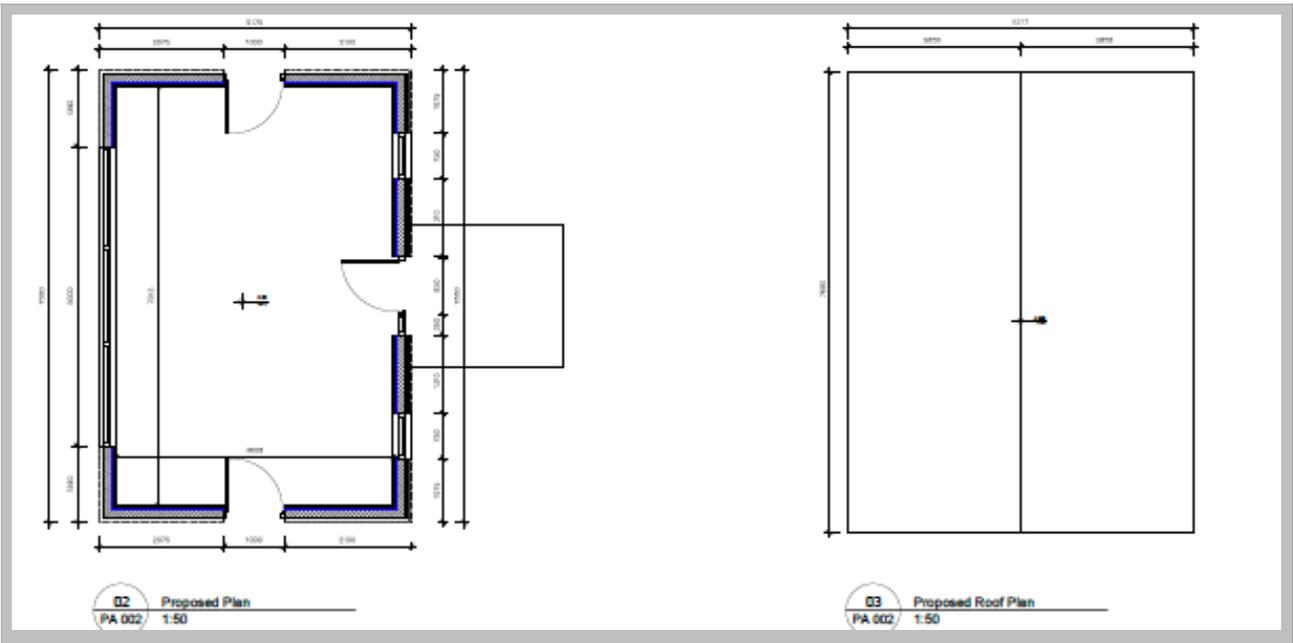
7.3 It is understood that the proposed shed will:

- a) be 7.8 m long x 4.6 m wide x 4.6 m high
- b) be built on the site of a previous poly tunnel at the NE end of the Memorial Garden
- c) be built on the existing low brick plinth (Plates 19 and 20) but have a timber frame and have a cladding of Charred Timber horizontal wide board cladding (Oak or Larch)
- d) have Hardwood Timber windows with traditional shutters & doors painted dark grey
- e) have black PVC rainwater goods
- f) have a dual pitch roof of narrow traditional corrugated profile metal roof in colour dark grey

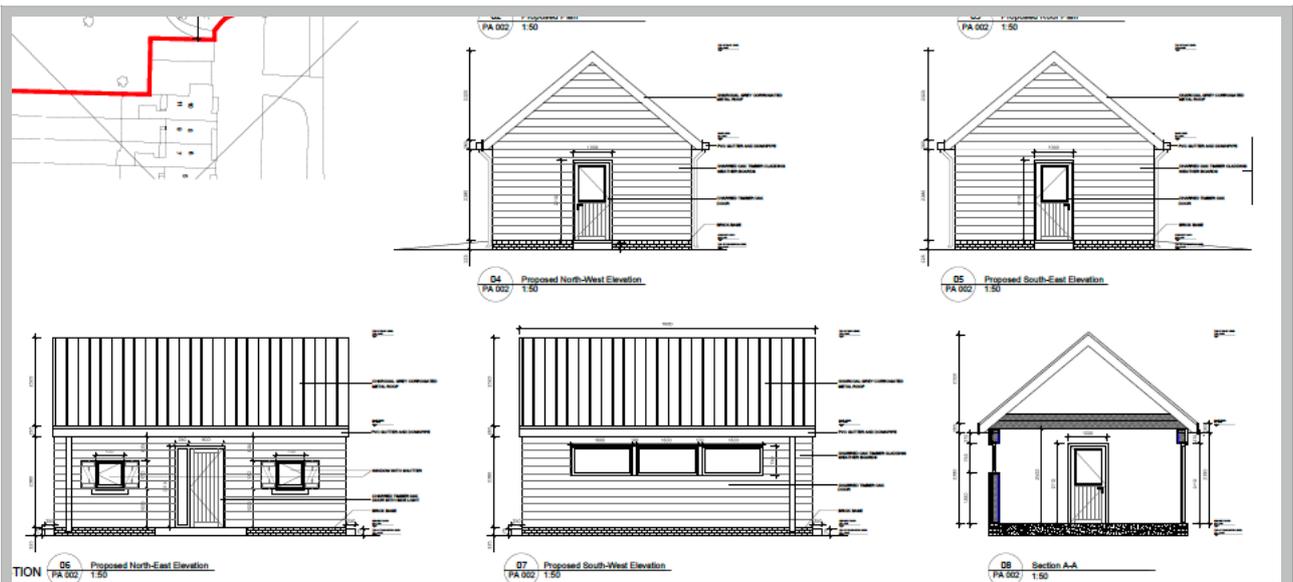


Plan 5. Site plan

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Plan 6. Proposed floor plan and roof plan



Plan 7. Proposed elevations and sections

8. Assessment of the Impact of the Proposal

8.1 Change in the Historic Environment

8.1.1 This heritage statement has been prepared on the understanding that there is no objection in principle to change affecting heritage assets. Indeed, the NPPF (2019) acknowledges the potential for new development to enhance a heritage asset or its setting. It states:

185. Plans should set out a positive strategy for the conservation and enjoyment of the historic environment, including heritage assets most at risk through neglect, decay or other threats. This strategy should take into account: ...

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

8.1.2 Historic England also adopts this approach to change in the historic environment, as set out in its over-arching document, *Conservation Principles*.

It states at Para 4.1:

*Change in the historic environment is inevitable, caused by natural processes, the wear and tear of use, and **people's responses to social, economic and technological change.***

It asserts at Para 4.2 that:

*Conservation is the process of **managing change to a significant place in its setting in ways that will best sustain its heritage values**, while recognising opportunities to reveal or reinforce those values for present and future generations.*

8.1.3 It goes on to state at Para 138 that:

New work or alteration to a significant place should normally be acceptable if:

- a. there is sufficient information comprehensively to understand the impacts of the proposal on the significance of the place;*
- b. the proposal would not materially harm the values of the place, which, where appropriate, would be reinforced or further revealed;*
- c. the proposals aspire to a quality of design and execution which may be valued now and in the future;*
- d. the long-term consequences of the proposals can, from experience, be demonstrated to be benign, or the proposals are designed not to prejudice alternative solutions in the future.*

8.1.4 Historic England provides further guidance on "Additions and Alterations" to heritage assets in its *Making Changes to Heritage Assets Historic England Advice Note 2*. It states at Para 41:

The main issues to consider in proposals for additions to heritage assets, including new development in conservation areas, aside from NPPF requirements such as social and economic activity and sustainability, are proportion, height, massing, bulk, use of materials, durability and adaptability, use, enclosure, relationship with adjacent assets and definition of spaces and streets, alignment, active frontages, permeability and treatment of setting. Replicating a particular style may be less important, though there are circumstances when it may be appropriate. It would not normally be good practice for new work to dominate the original asset or its setting in either scale, material or as a result of its siting. Assessment of an asset's significance and its relationship to its setting will usually suggest the forms of extension that might be appropriate.

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There is thus no objection in principle by Historic England to change in the historic environment, provided that the criteria in Para 138 of *Conservation Principles* are met and the advice in Para 41 of *Making Changes to Heritage Assets* is followed.

8.1.5 Furthermore, Gosport BC has accepted the principle and some details of change at Royal Haslar Hospital in general and at Canada Block in particular through the approval of applications for change.

8.2 Impact Assessment Methodology

8.3.1 Large and complex development proposals affecting major heritage assets usually require that a full heritage impact assessment should be undertaken to a recognised methodology. However, whilst the high heritage significance Royal Haslar Hospital is acknowledged, in this case, the proposal is very modest and does not justify a full heritage impact assessment.

The NPPF at Para 189 states that:

The level of detail (of heritage statements) should be proportionate to the assets' importance and no more than is sufficient to understand the potential impact of the proposal on their significance.

Thus, although this heritage statement assesses the impact of the proposal on the heritage assets and their settings comprehensively, it does so in a simple and straightforward manner.

8.3.2 As recommended by most formal impact assessment methodologies, including that in the IHBC's *Guide to the conservation of historic buildings* (BS.7913:2013) and the *Design Manual for Roads and Bridges* (DMRB), the Heritage Statement assesses the direct impact into one of several categories. The DMRB states:

5.34 The magnitude of the impact (degree of change) can be negative or positive, and should be ranked without regard to the value of the asset. The total destruction of a Low Value asset will have the same magnitude of impact on the asset as the total destruction of a High Value asset; the value of the asset is factored in when the significance of the effect is assessed. The magnitude of impact should be ranked according to the following scale:

- major;
- moderate;
- minor;
- negligible;
- no change.

8.5 Impact of the Shed on the Setting of Listed Buildings, the Haslar Conservation Area and the Haslar Historic Park

Visual Impact

8.5.1 The proposed shed will be very modest in size. It will be single storey and located approx 60m from the nearest listed building (Haslar Terrace) and approx 20m from the nearest historic wall. It will therefore have no meaningful impact on the setting of the listed buildings or the wall.

8.5.2 The ground level of the Memorial Garden is lower than the adjacent land to the NE and so this level difference and the presence of the tall brick boundary walls and planting within the Memorial Garden mean that it will not be visible at all from outside the Memorial Garden and so will have little impact on the wider perception of the Haslar Conservation Area or the historic park.

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8.5.3 The proposed shed will be visible from within the Memorial Garden, especially at the NE but due to its location, size, form and materials it will integrate successfully into the area at the NE of the garden, where there are vegetable plots and other functional garden structures. Indeed, the proposed shed will have the conventional orthogonal form and dual-pitched roof shed and is exactly the kind of structure which would be expected to support gardening activities.

The proposed materials of Charred Timber horizontal wide board cladding, Hardwood Timber windows with traditional shutters & doors painted dark grey, black PVC rainwater goods and narrow traditional corrugated profile metal roof in colour dark grey are also traditional and attractive, as illustrated in Plate 14. The proposed building will thus sit comfortably into the setting of other garden structures

8.5.4 The proposed shed will be partly visible from within the SW part of the garden but it will be substantially screened by the many mature trees and in particular the hedge which runs NW-SE and which separates the kitchen garden from the ornamental garden. The proposed shed will thus have minimal visual impact on the character, appearance and significance of the Memorial Garden, the conservation area and the wider historic garden, even when seen from within the garden.

8.5.5 The previous polytunnel on the site was always intended to be a temporary structure but its poor condition and its form and materials detracted from the general scenic qualities of the garden, albeit that it was substantially screened from view from the SW by the existing hedge and trees and, in any event, it was seen in the context of a variety of other relatively temporary sheds and another polytunnel. By contrast, the proposed shed will be a clean, neat structure which is of higher quality materials and will integrate harmoniously within its immediate setting.



Plate 14. Photograph of similar structure and materials

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8.5.6 The proposed shed will be erected on a concrete base but this concrete base has been constructed mostly within a timber case and with only a few inches of excavation, to a depth of cultivation when the poly tunnel was in situ. It has therefore had no impact on any potential archaeology below the base.

Summary

8.5.7 The proposed shed will have a **Negligible Magnitude of Impact** on the setting of the listed buildings, the Haslar Conservation Area and the Haslar Historic Park

8.8 Assessment against the advice set out in Para 138 of Historic England's Conservation Principles

8.8.1 The important advice set out in Para 138 of Historic England's *Conservation Principles* is:

New work or alteration to a significant place should normally be acceptable if:

- a. there is sufficient information comprehensively to understand the impacts of the proposal on the significance of the place;*
- b. the proposal would not materially harm the values of the place, which, where appropriate, would be reinforced or further revealed;*
- c. the proposals aspire to a quality of design and execution which may be valued now and in the future;*
- d. the long-term consequences of the proposals can, from experience, be demonstrated to be benign, or the proposals are designed not to prejudice alternative solutions in the future.*

8.8.2 This Heritage Statement provides sufficient information to enable the comprehensive understanding of the proposal on the significance of the heritage assets.

8.8.3 This Heritage Statement has demonstrated that the shed will not materially harm the heritage values of the heritage assets, as set out in the Statement of Significance in this Heritage Statement.

8.8.4 This Heritage Statement has demonstrated that the shed is a structure of minimal size and has been designed to minimise its impact on the quality of design and execution of the site's conversion as a whole and its comprehensive restoration.

8.8.5 This Heritage Statement makes the case that the long-term consequences of the proposal will be benign and will not prejudice alternative solutions in the future.

8.8.6 The proposed shed thus complies with this advice in Para 138 and there is no justifiable objection to it on heritage grounds.

9. Conclusion

9.1 This Heritage Statement makes the case that the proposed shed in the Memorial Garden will cause no appreciable harm to: the setting of nearby listed buildings; the Haslar Conservation Area or; the Haslar Historic Park. Indeed, it has found that the proposals are part of the comprehensive restoration and conversion of the site, will help to provide adequate facilities for the charity Shore Leave which in turn will enable it to continue to a) provide care for veteran sailors and; b) for them to continue to maintain the gardens.

9.2 The NPPF, in Section 16 on *Conserving and enhancing the historic environment*, provides advice to local authorities on decision-making in respect of proposals which will cause some level of harm but, as the shed will cause no appreciable harm, that advice does not apply.

9.3 Rather, the advice on *The presumption in favour of sustainable development* in Para. 11 of the NPPF (2019) is more relevant. It states:

Plans and decisions should apply a presumption in favour of sustainable development.

...For decision-taking this means:...

c) approving development proposals that accord with the development plan without delay; and...

9.3 The shed does accord with the development plan and the relevant advice from Historic England and so this Heritage Statement strongly advocates that it should be approved without delay.

This Heritage Statement was prepared by:

John Hinchliffe BA (Hons), BPI, MSc (Blg Heritage and Conservation), RTPI, IHBC
Hinchliffe Heritage
5 Lincoln Drive,
Wallasey
CH45 7PL
jnshinchliffe@gmail.com
07736 970396

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Select Bibliography

The Royal Haslar Hospital Birbeck, Ryder and Ward 2009 Phillimore

Appendix 1: Description of Haslar Hospital Grounds from Entry in English Heritage Register of Historic Parks and Gardens

Details

The grounds of the first large naval hospital, opened in 1753 and completed in 1762, which was influential in Britain and Europe. The strongly axial design was further developed during the C19, including the addition of enclosed airing-court gardens overlooking the Solent to the south-east, and a separate isolation hospital set in its own grounds.

HISTORIC DEVELOPMENT

By the mid C18 it had become increasingly necessary that purpose-built hospital facilities should be provided for sailors in the Royal Navy. Finally an Order in Council stipulated that hospitals to be run by the Royal Navy should be constructed at the main naval ports, Gosport, Plymouth, and Chatham. In 1745 Theodore Jacobsen provided plans to accommodate 1500 patients in a hospital at Gosport, which were executed on the ground from 1746 by James Horne. The site chosen was former marsh and agricultural land. The north-east side of the building was completed by 1753 and patients were admitted from then onwards, but the rest of the building was not completed until 1761. A detached chapel was completed in 1762. The projected fourth side of the quadrangular design was never built; instead the quadrangle was later closed by railings erected in 1796 to deter desertion (RCHME 1998). This was the earliest of the three naval hospitals to be completed, the three together offering most of the beds for seamen throughout the C19 and much of the C20.

From the outset the hospital was set in spacious grounds of c 25ha. In 1775 a description of the hospital referred to the 'airing ground' being one mile in circumference, surrounded by a 12 foot (c 3.5m) high wall, with a burial ground separately enclosed beyond the airing ground (Portsmouth Guide).

By 1831 (Taylor) the grounds were laid out as a series of walled enclosures for various purposes. The main building was fronted by a formally laid out forecourt, from which a drive led round to the axially placed chapel, and beyond this to the officers' terrace with attached gardens which had been erected 1796-8, on the same axis as the entrance, main building, and chapel. On the south-east side of the main building enclosures were laid out as gardens and airing grounds for the insane patients in the adjacent wards. Much of the grounds was informally laid out in the style of parkland, with a formal cemetery area adjacent to the officers' terrace. It appears that a significant area of the ornamental grounds was used for burials from the earliest days.

In the mid C19 a further open area dividing the grounds from the seashore was enclosed and laid out with ornamental airing grounds enclosed by brick walls. It appears to have been laid out in conjunction with the use of the adjacent wing of the main building for the treatment of lunatics. An isolation hospital, the Zymotic Hospital, was erected 1898(1902 at the southern corner of the grounds, comprising a series of brick blocks set in their own grounds, enclosed by a brick wall which prevented communication with the main hospital. This overlaid an area formerly given over as a 'Play Ground for Students of the Royal Naval College' (Taylor, 1831).

The hospital remains in use, owned and run by the Royal Navy (2001).

DESCRIPTION

LOCATION, AREA, BOUNDARIES, LANDFORM, SETTING Haslar Hospital stands at the south-east edge of Gosport, 1km south of the town centre on a peninsula which is flanked by

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Haslar Lake to the north and the Solent to the south. The c 25ha site occupies largely level ground, its setting being partly marine and partly urban, with several military sites adjoining to the north-west and north-east. A military playing field also lies adjacent to the north-east. To the south-west is an area of early C20 housing, and to the south the Haslar Holding Centre, formerly barracks. The site is bounded by roads on all sides, including Haslar Road, Clayhall Road, and Dolphin Way. The boundaries are largely marked by a high brick wall (north-east section mid C18, listed grade II) on all but the south-east side, which is in turn bounded by a chain-link fence, allowing views over the Solent towards Southsea, Palmerston's Forts standing in the Solent, and the Isle of Wight. The boundary wall was erected at the time of construction in the mid C18 to deter deserters.

ENTRANCES AND APPROACHES The main approach to the hospital enters the site c 50m north-east of the main entrance to the hospital building, close to the centre of the north-east boundary. This entrance is now (2001) approached via a road off Haslar Road to the north-west, but formerly provided direct access from Haslar Jetty lying 300m north-east of the entrance. An avenue of lime trees flanks the approach from the jetty, which was the main arrival point for sailors approaching from their ships in the Solent before admission.

The main entrance (1750s, listed grade II) is marked by a carriage gateway consisting of two massive brick piers with pediment caps, supporting iron gates with an elaborate iron overthrow. The piers are flanked by low stone copings on which stand iron railings, leading outwards to pedestrian gates set in round-arched brick gateways. The entrance is in turn flanked by long, narrow, single-storey medical stores buildings (1853, listed grade II). The gateways lead into the centre of the forecourt, which is laid largely to panels of lawn flanking a broad central drive which leads to the entrance to the hospital building. Two mature cedars stand on either side of the drive on the lawns, close to the building. The forecourt is surrounded by a perimeter drive, parts of which are used for car parking. Beyond the north-west and south-east sides of the forecourt stand two pairs of former medical staff officers' houses (1750s, listed grade II) flanking the main axis. They are reached directly via drives cutting diagonally across the panels of lawn from the main entrance to the site. The houses are set back, each pair in its own shared, walled forecourt enclosing a turning circle. Small gardens lie behind the houses.

From the north-west side of the forecourt a service drive runs along the north-west side of the hospital building to a second entrance off Haslar Road, 300m west of the main entrance. Close by to the north-east of this entrance stands a massive brick water tower with stone dressings (1881(5), listed grade II). A third entrance lies at the south corner of the site, giving access off Dolphin Way c 550m south-west of the main entrance. This entrance was created in the 1890s or 1900s to give direct access to the Zymotic Hospital on the south-east boundary.

PRINCIPAL BUILDING Haslar Hospital (T Jacobsen 1745-62, listed grade II*) stands at the north-east end of the site, of three storeys, brick-built with stone dressings, around three sides of a quadrangle. The initial intention was that the building should close the fourth side of the quadrangle, but this was never carried out. Its entrance is at the centre of the north-east front, below a massive pediment decorated with the Royal Coat of Arms and other decoration in high relief with the initials 'GR II'. The entrance to the building is via an archway giving access to an arcaded lobby off which there is access to the rest of the building. From here a long view extends back beyond the forecourt down the avenue leading to the jetty. Formerly a view also extended from the lobby south-west across the quadrangle to the entrance front of the chapel, but this is now obscured by the late C20 Cross Link block. From the ends of the north-east block coupled wings extend south-westwards, with the remains of open yards between the coupled elements. Two further octagonal courtyards occupy the spaces where the wings meet the front block. Formerly the open quadrangle which was enclosed by the three blocks was laid to panels of lawn. The lawns were divided by a cruciform pattern of paths linking the wings and chapel, and surrounded by a perimeter path, this layout having survived since the C18 (Howard, 1789). By the mid C20 the path linking the main entrance and the chapel was lined by an avenue of trees (Revell 1984). In the 1980s this quadrangle was partly filled with the two-storey Cross Link hospital block, leaving much reduced panels of lawn between the Link block and the main block to the north-east.

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Some 200m south-west of the entrance on the north-east front stands the chapel (T Jacobsen 1762, listed grade II*). It is a simple brick building in Classical style, set in lawns and aligned with the main entrance to the site and the hospital building, its entrance overlooking the former quadrangle to the north-east. Some 200m south-west of the chapel and main hospital building, and on the same axis, stands a terrace of three-storey officers' houses (S Bunce 1796(8, listed grade II). When a Governor and his Lieutenants were appointed in 1795 residences were required to supplement those flanking the forecourt, and the resulting terrace comprised a central Governor's house and, for the other officers, flanking terraces of four houses per side.

GARDENS AND PLEASURE GROUNDS The gardens include the officers' terrace gardens and the airing courts overlooking the Solent, linked to the main hospital block by a large open area of pleasure grounds.

The pleasure grounds occupy the area between the main hospital building and the officers' terrace to the south-west. The area is laid largely to open lawns, divided into two by the axial drive linking the chapel and the officers' terrace, and planted with scattered mature trees. The straight drive is flanked by an avenue of semi-mature lime trees which replaces an earlier avenue (Map of Gosport, 1832), with a view north towards the distant South Downs. The lawn has been encroached upon by several C20 buildings, and its north-west side is now (2001) laid to a car park. Some 100m south of the main building a C19, two-storey look-out pavilion stands in open lawn. It takes the form of an octagonal brick drum supporting a small, open-sided wooden shelter. This is thought to have been built as a watch tower to spot deserting sailors, but was later ornamented and used as a bandstand. Formerly each half of the pleasure grounds was laid out symmetrically with an L-shaped path flanked by trees (now gone) and planted with several clumps of trees (OS 1856, 1933).

The officers' terrace is approached via the axial drive from the chapel to the north-east. The drive arrives at a forecourt on the north-east front of the terrace, terminating at the central Governor's house and the tarmacked forecourt which runs alongside the whole of the terrace. The drive divides 30m in front of the terrace, where two spurs lead north-west and south-east respectively to the far ends of the terrace, enclosing two rectangular panels of lawn. These panels contain several mature specimen trees and are bounded by high stone kerbs which formerly supported railings or posts and chains.

The row of gardens attached to the south-west of the terrace is divided into two groups of four long narrow enclosures flanking the central broader, Governor's garden, all enclosed by high brick walls. The narrow officers' gardens, c 50m long by c 5m wide, are entered from the garden fronts of the respective houses and are largely laid to lawn. The central Governor's garden, c 60m long by c 25m wide, is entered from a central garden door on the south-west front of the building. A short flight of steps leads from beneath a first-floor iron verandah down to a narrow terrace. From here a lawn extends south-westwards, edged with flower beds and surrounded by an oval, gravel perimeter path. A further walled compartment laid to lawn leads off the south-west end of the main garden via a doorway in the south-west wall, this rectangular area in turn giving access to The Paddock beyond.

The terrace gardens were laid out at the same time as the construction of the terrace in the mid 1790s. They are broadly analogous with the Officers' Terrace at Chatham Dockyard (qv) where the gardens were laid out in the early C18 in formal patterns and were themselves derived from the Officers' Terrace at Portsmouth (designed 1692) (Longstaffe-Gowan 2001).

An area adjacent to the south-east wing of the hospital, overlooking the Solent, was given over to airing courts for the patients. This strip of ground was divided into a row of enclosed courts which was later extended towards the sea with the addition of a parallel strip of ground (OS 1856). The original area, close to the building, has largely been built upon, but much of the extension strip, closer to the sea, remains and retains its magnificent sea views. Two main enclosures remain, largely laid to lawn and bounded by a grassed bank on the seaward side. These flank the former Canada nurses' home (1920s) which stands 75m south of the main building, set in lawns. The north-east area is laid to lawn and planted with many multi-stemmed holm oak trees. A circular viewing mount crowned by a C19 octagonal wooden shelter stands at the south-west end, with, to the south of this, a C20 rectangular wooden

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shelter set on a mound at the boundary. An early C20 brick and rendered two-storey shelter stands at the eastern corner of this enclosure overlooking the sea, marking the easternmost point of the site. It has a first-floor verandah reached by a central flight of steps on the seaward side which gives access to the main viewing room. This enclosure is dominated by a late C20 medical building which stands towards the centre. A brick boundary wall remains on the north-west boundary. The second airing court, to the south-west of the former Canada nurses' home, is enclosed by C19 panelled, high brick walls, and is approximately square in plan. It contains a brick villa ward at the south-west end (possibly built as a lunatic ward) and a grassed viewing mount at the north-east end. This mount is also crowned by a wooden octagonal shelter in similar style to that to the north-east. One of these mounds and shelters was depicted in Navy and Army Illustrated in 1897 (in Revell 1984) and the airing courts were praised as a very popular part of the therapeutic facilities for the patients, as it was believed that there was 'no other hospital in the kingdom so well provided with exercising grounds for the patients as Haslar'.

To the south-west of these courts the site of the playground for students of the Royal Naval College (Taylor, 1831) was given over in the late C19 to the Zymotic Hospital, for patients with infectious diseases. The Zymotic Hospital (1898-1902) consists of the remaining three of a row of four detached villa wards with a central administration block. The Zymotic Hospital is set in its own grounds laid largely to lawn, and surrounded by a high brick wall except on the south-east side which overlooks the Solent and is bounded by the chain-link boundary fence. That stretch of wall to the north-west is probably part of the original C18 hospital wall. The main entrance to the Zymotic Hospital enclosure was formerly via a gateway giving access from the south-west off Dolphin Way, which now also gives access to the whole site. A further gateway exists at the north corner of the Zymotic Hospital enclosure, giving access directly from the main hospital buildings to the north, opened up later in the C20.

By 1831 (Taylor) the land for the outer strip of airing grounds and RN students playground (the latter area later occupied by the Zymotic Hospital) had been incorporated into the hospital grounds. By the mid C19 much of this area was laid out ornamentally with serpentine paths, informal planting, and 'summerhouses' (OS 1856). A small, rectangular Turkish Burial Ground was sited on the north-west boundary of the RN students' playground area (OS 1856), the tombstones and remains being moved to the Clayhall Cemetery c 1864 (R Harper pers comm, Jan 2002).

PARK The main area of parkland, known as The Paddock, lies to the west and south of the officers' terrace and formerly included the area later covered by the officers' terrace and gardens and the cemetery to the north. As well as being bounded by the outer boundary wall, it is enclosed to the north by the brick walls of the cemetery and the officers' terrace gardens, and to the south by a further wall linking the terrace with the Zymotic Hospital grounds. It is laid to lawn and contains a few specimen trees, the levels having been raised by up to 1m during the late C20. This area was used from the earliest days of the hospital as a burial ground for the patients and still contains their remains, many having been buried closely together in only their hammocks, near the surface. By the mid C19 (OS 1856) it contained specimen trees and was crossed by several paths, and by the early C20 (OS 1911) was well planted with groups of trees. Views extend west over nearby housing and into the grounds of the Haslar Holding Centre.

OTHER LAND To the north of the officers' terrace lies the nearly square cemetery, c 1.5ha in extent, enclosed by a high brick wall. It is approached from the north end of the officers' terrace forecourt, the entrance being via an iron gate set into the curving screen wall which extends north from the terrace. The gateway gives access to the east corner, down a steep ramp to the level cemetery. A path leads from the entrance north-eastwards for 30m, turning south-west and leading for a further 30m to the centre of the cemetery, this section of path being lined by the overgrown remains of a holly hedge. At the centre lies the base of a former shelter (OS 1856). The cemetery is largely laid to lawn with scattered stone memorials, some of which have been moved to the edges, and mature tree planting, particularly evergreens. At the north-east end a section is set aside as a nursery, with lean-to glasshouses against the north-east wall (mid C19, OS 1856). The cemetery was laid out in 1826 (Tait 1905), to replace the practice of burying in the wider grounds, and closed in 1859 when a replacement cemetery

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was opened nearby in Clayhall Lane. Some of the tombstones formerly scattered over The Paddock were moved to the edges of the cemetery (ibid).